



PUBLIC HEALTH NURSING IN SYRACUSE

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WHEN the urban health demonstration was begun in 1923, the situation as to public health nursing in Syracuse was briefly as follows:

(1) The Health Department provided two nurses for the Bureau of Tuberculosis; three for the Bureau of School Inspection, serving the Bureau of Child Hygiene; and one for the Bureau of Communicable Diseases. These nurses operated independently, and each one was responsible to the bureau chief of her particular service.

(2) In the School Health Service of the Department of Pub-

lic Instruction there were twelve nurses in the specialized field of school nursing for public schools and they were responsible to the director of the School Health Service.

(3) The Visiting Nurse Association had a director and fourteen nurses giving bedside service in the home. It supplied a nurse to the pediatric and prenatal clinics of the Free Dispensary, and one for the prenatal clinic sponsored by the Junior League.

(4) The Child Health Committee of the Community Chest maintained six well-baby clinics



and one pre-natal clinic, with six nurses, who were responsible to the officers of the Committee.

(5) A small number of nurses were employed for emergency work in industrial plants.

One of the first recommendations growing out of the work of the Syracuse Health Demonstration dealt with the problem of public health nursing. It was felt that a generalized plan of nursing in the Syracuse Health Department, if it could be worked out, would be both efficient and economical. Meantime, there had been some developments:

(1) In the Department of Health, two nurses had been added to the Tuberculosis Bureau, one to the Bureau of

School Inspection, one to the Bureau of Venereal Diseases, and one to the Bureau of Communicable Diseases. In the Child Hygiene Bureau, an amalgamation of the Child Health Committee nurses and City nurses had been effected, bringing all nurses and doctors in this field under the direction of the bureau chief, with a Child Health Committee nurse as acting supervisor of nurses. This was the first step in co-ordinating the nursing activities of the City.

(2) The School Health Service of the Department of Public Instruction had been augmented by six school nurses.

(3) The Onondaga Health Association had appointed a

public health nurse to do intensive tuberculosis and social service work in a small Italian district, and a follow-up worker for Camp Hillcrest.

THE first steps in the organization of the generalized nursing program were taken early in 1925. The Health Department and Child Health Committee nurses adopted a common uniform (dark blue), and for the first time met as a single group in an office provided for them. A director was appointed April 1, 1925, for the twenty nurses working under the direction of the Health Department. The salaries of two of the Child Health Committee nurses and of all the nurses supported from funds appropriated by the Milbank Memorial Fund, except the Director, were assumed by the City early in 1925; as were also the salaries of two of the six nurses who had been added to the Public School Health Service.

A general course of instruction in the principles of public health nursing, covering the various services, was given to all the specialized nurses throughout the spring and early summer months; and each nurse was assigned to new nursing activi-

ties in addition to those of her former special field of services. Thus they received preparation for entering the generalized service in September.

The Health Department, through a co-operative arrangement with the College of Medicine of Syracuse University, took over the four pre-natal clinics already established. Two additional clinics were opened as out-patient departments of hospitals. The Health Department nurses were designated to give assistance in these clinics and supervision in the patient's home.



The City was divided into fifteen districts. The division was based on a study of the population, vital statistics, tuberculosis registration, economic conditions, natural boundaries, and transportation facilities. Specialized activities already established (such as prenatal, well-baby and chest clinics, and medical inspection in parochial schools), and the number of nurses available for field work were also taken into consideration. It was planned that each district should have one or more specialized clinic activities to which the nurse was assigned, while at the same time she was assigned for general nursing. This plan gave the nurse a district home where the people in that particular district would know she might be found at certain definite times. This idea was carried out in all but two districts where the nurses assigned to these districts alternated monthly in the service connected with the Free Dispensary chest clinic.

Two periods were established for reporting at the office for work on records and to receive new assignments — 9:30 a.m. and 1:30 p.m. Nurses assigned to school supervision reported at their respective schools in

the morning and at the office in the afternoon. Nurses on duty at afternoon clinics reported at the office in the morning. The record work consisted mainly of daily reports and social histories. The latter were made on such cases as tuberculosis, babies under observation, school children unable to pay for needed correction of physical defects, and registered pre-natal cases.



SERVICE was provided for thirty-one clinic periods weekly: diphtheria prevention, two; vaccination, two; prenatal, six; pre-school, three; well-baby, ten; and chest, eight. Ordinarily, one nurse could give all the service needed at a clinic. In well-baby clinics volunteers are used.

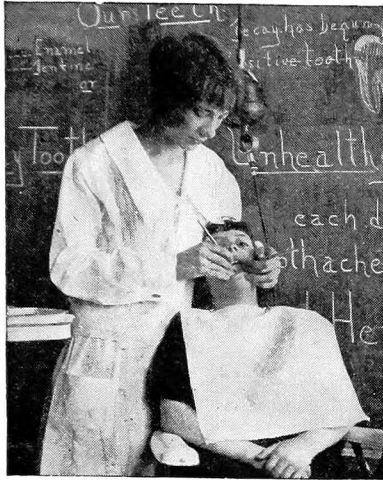
It was planned to give only the first hour or two of the day to the school hygiene service, depending on the size of the school. The routine school activities consist of monthly inspections, room by room, for contagion, or more frequent if necessary; daily inspection of cases referred; emergency treatment; assisting with physical examinations and immunity tests and with the necessary follow-up in the homes for these

services. The Director of School Health Service of the public schools became Chief of the Bureau of School Inspection in the Department of Health on April 1, 1926, thus unifying the direction of this work in the public and parochial school systems.

The pre natal work consists of following up cases registered in the clinics, teaching the hygiene of pregnancy, arranging for confinement either in the home or hospital, and securing the necessary supplies. As these clinics are used for teaching purposes by the Medical School the nurse has unusual opportunities for learning about normal and abnormal conditions in the pregnant woman.

The child welfare work was approached from two angles: through delivering birth certificates, and from attendance at clinics. When the nurse delivers a birth certificate she classifies the baby for future observation. The classification is in three groups, and is based on

the need of supervision, as indicated by the condition of the infant, the apparent intelligence of the mother and the economic condition of the home. No further calls are planned for the "first-class" baby; those in the second group are referred to the well-baby clinics and placed on a list



to receive home calls three to six months later; those in the third class receive monthly home visits, and clinic service for them is regularly urged. The follow-up work for clinic babies consists of the usual supervision of diet and hygiene.

All dispensary cases of tuberculosis are followed to assure the return of the patient to the clinic for further observation, to teach him what precautions should be taken against spreading the disease, and to supervise "contacts." This home service is given also on occasion to tuberculous patients under the care of private physicians.

In cases of contagion the nurses do not placard. They

do, however, supervise and arrange the type of quarantine, and indicate whether it shall be complete or modified. They take cultures from "contacts," and final cultures before release of quarantine cases. The cases investigated are those on which the State Department of Health requires epidemiological reports. The nurses also serve at the immunization clinics.

Early in 1926 it was found that some of the nursing districts were too large. This was especially apparent in instances where there were two day-nurseries to supervise, with a daily average of fifty to seventy-five children, or where special diphtheria-immunization campaigns were under way, or where service was required for a diagnostic clinic five afternoons a week.

Building for permanency is apt to be slow, just as education itself is a slow process. It has seemed better in Syracuse to enter fewer homes at first and establish a higher degree of efficiency in our service, rather than to visit more homes and do it slightly. As the nursing staff increases the territory covered by it also expands. That the system is establishing itself is indicated by an increased number of cases referred to the Bureau of Nurses by the local social agencies; by a large number of personal applications made through letters; by the increasing clinic visits, telephone calls and requests for speakers on the work; and by the story of what has been accomplished as told by our statistics.

