PAA-CSUDH JULY 28, 2020

PAA NEWSLETTER

California State University, Dominguez Hills





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PAA Newsletter Editorial Board

Andre Khachaturian Germán Sánchez Acero Suzan G. Robinson Johnny Thomas Rui Sun

Who's Who?

by Andre Khachaturian

As part of our monthly newsletter, we are introducing a segment called Who's Who? This section will appear every so often and feature our members working on the frontlines of the most important issues impacting our communities today.

Our inaugural interview is with Dr. Sheri Matson, MPA '15. Sheri is currently a Registered Nurse (RN) working for October Road Inc., a private health care organization that offers behavioral and substance abuse treatment services in Asheville, North Carolina. The organization provides outpatient mental health services for clients with severe and persistent mental illness. Before October Road, Sheri worked as an Assistant Nurse Manager on a pulmonary unit and as a Clinical II nurse and relief Nursing Unit Supervisor on a progressive care unit in a large, acute care hospital. She was also a clinical educator for two small, community hospitals.

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Sheri received her baccalaureate degree in nursing from the University of Florida in 2001 and completed her MPA from Dominguez Hills in 2015. She recently defended her dissertation in public policy and administration from Walden University. Please note the interview has been slightly edited for clarity and flow.

Dr. Matson, please tell us a little about yourself. How did your degree from DH help get you to where you are today?

I received my BSN in 2001 at the University of Florida. I knew I wanted to advance my career and education but did not want to seek a degree strictly in nursing. After researching potential graduate programs, I found that an MPA would give me the ability and versatility to gain employment in a multitude of public sector jobs while utilizing my background in healthcare. After earning a MPA degree from CSUDH, I continued my education at Walden University in the PhD program in Public Policy & Administration with an emphasis in Health Policy. The more knowledge I received regarding current healthcare policy on a national level, the more I realized I needed the doctorate in order to affect changes on a broader scope.

My capstone project at DH was a policy analysis on Prop 35—Ban on Human Trafficking and Sex Slavery. It was through this project I realized the benefit of policy analysis to determine effectiveness and identify areas of improvement on policies. My dissertation that I recently completed is titled "Healthcare Consumer Assessment of Providers and Healthcare Systems and Readmissions" where I examined the relationship between patient perception (HCAHPS survey) and the clinical, quality outcome of readmission rates. I chose this topic due to the need for increased scrutiny on the policy of reimbursement related to patient perception scores. These reimbursement methods have the potential to impact not only patients, but community health status as well.

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As a frontline healthcare professional, what has been your experience in the fight against COVID-19?

My experience with the fight against Covid-19 is best described as a roller coaster. Initially, the virus had so many questions around how both healthcare providers and the public should take precautions. Unfortunately, as

a healthcare provider, we were not protected the way we should have been with the PPE we needed. Having to reuse masks is something that we are not accustomed to and so having to work knowing that the risk of transmission is increased due to inadequate supplies is just frightening! We were not sure the mode of transmission (airborne, droplet, or contact) and this is the information that we need to know in order to know what type of precautions to take.





Why is it important that the public listen to our healthcare workers?

The public should listen to public health administrators due to our knowledge and experience in healthcare regarding virus transmission and the use of personal

equipment. Yes, the information we have received has changed multiple times (i.e., first the CDC said not to wear masks, then they said we should) and this had detrimental effects on the public trust. However, the public should also understand that this was a novel virus and we were unclear of all the details surrounding transmission and protection. However, even with that confusion, many healthcare providers have had extensive experience in not only studying viruses but methods of transmission of these viruses. As we continue to live through this pandemic, public health administrators are studying this virus. So, yes, the information might change but that's also because we are learning more about the virus.



After this pandemic has passed, what type of public policy change will come out it?

I think public policy will have tremendous changes in various arenas after this experience. We need to look at emergency responsiveness in terms of healthcare and how we can mobilize supplies and staff in a similar manner that natural disasters require responsiveness. I also think it's important to evaluate our methods of reporting large amounts of data for accuracy and efficiency. These policy changes are on a national level. I was even speaking with a colleague regarding nosocomial infections. CMS and many other health insurances will not pay for infections received while admitted in the hospital. However, when Covid-19 first showed up, was it transferred within hospitals due to inadequate knowledge of transmission? If that's the case, can insurance companies still not pay? This will be an interesting time in public policy and hopefully we can gather input from multiple experts from multiple fields of expertise to improve our current healthcare system.



Germán Sánchez Acero, MPA '20

Additional Insight from PAA Vice-President

I am a front office supervisor, and we face the same fear of getting infected with COVID-19 at work just like the medical team does. We are the first ones our patients approach as we screen them and take their temperature. Some appreciate the precautions but others make it hard on us. Their disbelief and blaming of conspiracies is one of the many difficulties we face on a daily basis as we help our community. I have received "the call" and therefore I am always dreading those calls asking how I feel as I "had registered a patient who's results came back positive for COVID-19". My team and I take our precautions seriously as we have seen some patients and team members fall ill to this painful and a potential deadly virus.

Calendar of Events

Fall Member Meeting: Monday, Sept. 14, 2020, 6:00-7:00pm (Zoom link will be distributed in August)

PAA Fellowship Program: Fall 2020 (details forthcoming in August newsletter)

Roundtable Discussion: Fall 2020 (TBA)

Skill Building Workshop: Fall 2020 (TBA)

PAA Leadership Team

Andre Khachaturian - President akhacht@csudh.edu

Germán Sánchez Acero - VP gsanchez 100@ toromail.csudh.edu

Suzan G. Robinson, Secretary srobinson 90 @ toromail.csudh.edu

Johnny Thomas - Treasurer jcthomas @csudh.edu

Rui Sun - Faculty Advisor rsun@csudh.edu

We welcome your suggestions and feedback. Please contact us at paa@csudh.edu or our individual emails listed above.

Please also consider joining our chapter's LinkedIn group at: https://www.linkedin.com/groups/13847794/

