

Transcript

Episode 32: "BHHM August Board Meeting, Nurses Panel"

Episode 32 Intro Transcript

Andy Braams: In this month's episode, you're going to hear from our Directors of Nursing (DONs) from three of our facilities of Baptist Homes & Healthcare Ministries. This recording was done as a part of our board meeting in August and kind of continues the series that we've done in three of our last four board meetings where we had the Administrators last summer, we had the Campus Pastors in December, and now back in August, we have our Directors of Nursing. One of our Directors of Nursing was unable to make it due to a family medical issue that had happened just the day before. But for the other three, one from Independence and one from Chillicothe and the other from Ozark, you're going to hear a little bit about their call to nursing, as well as how [they] work with the patients and also a personal story of how helping patients has helped them. Sometimes, it may be difficult during this episode to know who is talking at what point, so let me remind you that each of our episodes does include a transcript that can be downloaded or at least followed along so that you can see who is talking: in this case, who is asking questions, which is Dr. Rodney Harrison and Brandy Parker, our Vice-President of Healthcare Administration, as well as each of the three nurses. So, I hope you'll find this episode enlightening, but also encouraging, as you hear from our Directors of Nursing at Baptist Homes & Healthcare Ministries.

Episode 32 Transcript

Rodney Harrison: Well, it is my privilege to continue kind of a tradition that we began at a previous board meeting, where we have various groups that are sharing.

You've heard in the past from the Administrators of the campus. we had a panel discussion with the Campus Pastors, and now it's our privilege to have a panel discussion with our Directors of Nurses. So I'm going to ask if Brandy Parker, our Vice-President for Healthcare Administration would come and join me.

She will be introducing our Directors of Nurses, and then we'll begin with a series of questions for them. So, if our DONs would come and you'll just kind of stand around this table here and Brandy, you and I will be at this table.

Brandy Parker: This is Kim Lowrey. She is our Director of Nursing at Independence. We have Donna Kerns. She is from Arcadia Valley, sorry. Ozark, I'm sorry. Ozark. And we have Jessie Lee from Chillicothe.

Rodney Harrison: Okay. So, we have one Director of Nurses that was not able to be here. And so that would be from Arcadia Valley.

But it is so good. Our Directors of Nurses are frontline in so many ways, but they are also administrators. They are leaders. They work directly with the campus Administrator. I have the privilege of, for a short season, being a director of nurses, way, way back when. And you

all heard my story. You know, I started off as an orderly. Orderlies get the least pay, [but] do [the] most work. LPNs help you out [and] get more pay. RNs, do nothing, but sit at a desk.

And so, I became an RN after being an orderly, then immediately realized RNs do all the work at the least pay. Directors of Nurses, sit at a desk and help out a little bit more, get more pay. And Administrators do nothing but get the most pay. So, you know, back to school again. But the reality is each one of those callings is just that it is a unique opportunity to serve.

And the Directors of Nurses are involved in scheduling, staffing, [and] so many things. And so, to hear from them, especially given kind of what we've been through the last couple of years, I thought would be a great opportunity for you as a Board to get to know the hands and feet of Jesus. So with that, I'm going to ask Brandy to begin with the first question for our panel. Go ahead.

Brandy Parker: Kim, how long have you been in nursing?

Kim Lowery: I've only been [in] about six years, but I've been in healthcare for 40-plus years.

Brandy Parker: Donna, same question for you.

Donna Kern: I've been in healthcare for about 10 years, and nursing or a nurse for, shoot...I can't even remember how long, but about nine and a half years, I think.

Brandy Parker: Jessie?

Jessie Lee: I became a nurse in 2012 and before that I was a CNA for a year, which I think is a great idea for any nurse to be a CNA first. But yeah, that's my story.

Rodney Harrison: All right. Well now the question is going to turn a little bit more to calling. So go ahead and keep that microphone because you're going to be using [it], we'll start with you Jesse. So what attracted you to a career in nursing?

Jessie Lee: My aunt is a nurse, an RN, and I watched her growing up and she was a real inspiration to me and I just saw the way that she loved helping people. And I always wanted to do that. And so that, and I loved like the science part of it too. I was always really good at that. So that intrigued me as well.

Donna Kern: Well, healthcare wasn't my first career choice. I was in Business Administration & Finance prior to [nursing], but I kind of took a turn. My mom developed breast cancer and I was helping care for her and decided to go back to school and do a whole 180 and it has been the most fulfilling change in my life.

Kim Lowery: I started off in mental health and that was my calling, but mental health loses funding every year. So, I was moving throughout the state to get jobs in mental health. And my mother had always pushed me to be a nurse. And I had told her she was crazy, but I

looked at what nursing was doing and decided that that's a job that I can do and stay put. And that has worked out very well. So, nursing has been very rewarding. Mom was right.

Brandy Parker: Okay guys, the next question, what excites you the most about Baptist Homes' Mission, Vision, and Values?

Kim Lowery: I think this is a difficult one for me because everywhere I've ever been, there's been a mission, vision, and value. And I consider myself a compassionate person, or I wouldn't have worked in the health field all these years.

But I was very excited to come to Baptist Homes because I saw a teamwork there that is just non-existent in many of the other facilities and healthcare. And that's when, what is very exciting to me, seeing the teamwork that occurs in these homes. It is phenomenal. And I really appreciated the comment about how Independence has changed in the past year.

And I'd like to think that I've been a part of that as well. It's...I'm excited that there we're dedicated to people and you have put your money where your mouth is. And that's awesome.

Donna Kern: I agree with Kim wholeheartedly on the teamwork aspect. I've taught in several different facilities and while there's several nice ones in the area, nothing compares to Baptist Homes.

We have a great reputation. And I think a lot of that is attributed to the way we can couple our spiritual beliefs with the care that we give and that compassion that we extend to others. And it just sets us, I feel like it, sets the bar higher amongst the other facilities. It's a pretty phenomenal experience.

Jessie Lee: Yeah, pretty much the same. I worked at other facilities, did clinicals at other facilities, but when I walked into Baptist Homes, it was just a totally different atmosphere. And you know, that everybody there is, you know, serving the residents, serving God and all like-minded, and it's not about, "Oh, well, you know, being a nurse pays well."

So that's why I'm a nurse, you know, it's deeper than that. And it's just an amazing company to work for.

Rodney Harrison: So, what would you like a high school student, maybe from a church youth group to know about a career as a CNA or a nurse? So, think about this high school student. They're trying to figure out, "What am I going to do?"

What would you like them to know about a career as a CNA or as a nurse?

Jessie Lee: I would say it's hard work, but it's very rewarding work. It's very...it can be challenging at times, but you know, you can see it in your patient (resident), whatever in their eyes or their families whenever you're helping them. And so, if you have the heart for it, you can definitely do it, but it's not gonna be an easy road, but it's worth it in the end.

Donna Kern: I actually used to teach with a Community College in Springfield: High School students with their vocational program [and] with the health and sciences program.

And the class would start out really big. And then all of a sudden they would get to clinicals and they would notice what a shock it is, you know, compared to what they're used to. And a lot that plays into it is communication style. They focus a lot on geriatrics in with CNAs and because it's kind of full spectrum, you know, as far as skill goes, you know, they can practice all those skills that they need competency in.

And when they get there, they really...it's an eye opener and they say, you know, "This is what I wanna do with the rest of my life," or "I'm gonna go join the culinary class," but I'm not kidding, and it takes several weeks for them to kind of come around and knock down those communication barriers.

But that is the one thing that I would focus on at the very beginning, because regardless of generation or personal preference or, you know, abilities with technology, if you cannot communicate with your resident effectively, you cannot be an effective...you can't advocate for them effectively.

You cannot care for them fully. And then we're doing them a disservice. So, for me, that's one of the most important things is effective communication.

Kim Lowery: I think what I would tell a young person thinking about this field is certainly go where your heart goes. But one of the things that is really neat to watch, even in some of the older CNAs that come into the facility, maybe they've been working for a long time is when they get that "Thank you," from our residents.

I can't describe that. I had...I've been doing this for a long time and just last week I was helping a resident. She was complaining about not feeling up to par and I was talking to her about, you know, what we're going to do and what I'm going to do for her and how I'm going to advocate for that. And she just stopped.

And she looked up and she reached up and she grabbed my face and she said, "You are beautiful." How can you describe that to somebody that's going into the field? That's phenomenal to get that feedback from our residents. When you do good work, you will feel it 10 times versus that paycheck that comes in.

So that's what I would tell them. This is where your heart [is].

Brandy Parker: Okay. I want you guys to tell us a quick story about serving a resident that made their quality of life better.

Kim Lowery: I don't know. I've been doing this for a long time, both, like I said, both mental health and now in medicine. And I think probably what stands out most in my mind is I was helping a resident. He had wounds from the knees down and he kept telling me that what he wanted to do was to be able to walk again.

And as a nurse, I knew he was not going to be able to walk again. I was going to be amazed if we could get these wounds healed up. So every day when we would go in and I would have to change the bandages, I would hear about how he was this much closer to being able to walk again. And just through as days would go by, we would talk about this.

And finally, you know, one day I just told him, I said, "You know, what is more important to you? Being able to walk again or feeling good? What, you know, how, where do you want to go with this?" And he finally said, you know, "I've been pulling your leg for about the last six months, and I know I'm never going to walk again, but you have never once come in here and dashed my hopes, you've always been realistic with me. You've never made promises that you couldn't keep. And that was very meaningful for me."

Donna Kern: Probably my...sorry...probably my most heart-melty experience with a resident would be a resident that I had developed a very close bond with probably the closest one I've had. This month marks her two-year passing. She was very...she had Parkinson's and she also had an extensive psych history.

With [that], she had difficulties with OCD and also schizophrenia. She had auditory and visual hallucinations. So pretty much at any given point when you walk into her room or wherever she is, you have no idea how noisy it is or how crowded that area is for her. So, being able to calm her or keep the environment calm is really important.

And over time, she was the resident of Baptist Homes and I took care of her for probably seven and a half years. And over time she just clung to me like glue. She would not, she doesn't want care from anybody else. So [on] my days off, she would start yelling for me or they would have to call because, you know, and they thought it was all just these behaviors, you know, and with her psych history, you know, a lot of times I would battle with, "Okay, is this keeping her safe? Or am I enabling?" And it got to the point where she didn't want the beauty shop to touch her hair. She wanted me to curl it. She wanted me to do her makeup. I had to get her dressed, get her in her jammies, you know, that kind of thing. And eventually, she started coming out to sit at the nurse's station or in the vicinity.

And she would just fixate on me all day long. And so, we were trying to get break some of these behaviors, you know, but through that, you know, if we happen to make eye contact, she would look at me and she'd say, "I love you." And she would whisper it because she was afraid if she got too loud that she would start hearing...you know, it would bring the bad people back.

One day you know, these things just kind of progressed in intensity and it was very challenging for staff. Nobody else could take her to doctor's appointments. It was pretty, you know, her family had to call me when they were out with her because she wouldn't cooperate or listen for pretty much anybody.

And so, we were talking and I was expressing to her, I said, "You know, pat, I really would love it if you would let so and so help you do this or help you do that." And she said, "Do you know why I sit out here? And I look at you every day?" And I said, "Why?" She said, "Because when I see you, I know I'm not in the bad place." And it just kind of...you can't

help but fall in love with these people. And they do things, whether it's behaviors, recognized behaviors or not, there's usually a reason.

Jessie Lee: There's so many, but one particular lady comes to mind and she had a lot of psych issues as well. A lot of the staff didn't want to deal with her, didn't have the patience to deal with her. So, I was always the one that they would, you know, ask to come and talk to her, be with her, get her to do whatever they wanted to do with her, whatever.

And she told me one day that I was the only person that made her feel like she wasn't crazy or treated her like she wasn't crazy. And even though, I mean...I knew she had issues, but I didn't treat her that way. I just kind of, you know, went there with her as you have to do. And she asked me when she knew she was dying, if I would be there with her.

And so I stayed after and was there whenever she passed away and it's just, yeah. And she didn't really have any other family that came to visit her either. And nobody else that was there with her at her, you know, time of passing. So, I got to be that that person for her.

Rodney Harrison: As you can hear, nursing is a little bit of a challenge.

We have one more question. One more question. So, on average, how many miles a day do you walk on your shift?

Jessie Lee: 152000.

Rodney Harrison: Okay.

Donna Kern: Well, I would say some days it feels like I've outlived my back and my feet, but others, you know, it's like, oh, I really should hit the gym, you know, because no matter what, as a DON you're not as active as your charge nurse and your charge nurse will never be as active as your CNAs. And they break themselves every single day. So doesn't matter what I do. They're the ones that get the...

Kim Lowery: I agree with that. The CNAs are the show, truly, but I put a few miles on with us being under construction. We have to go around a lot. So, you know, I'm the one that's like, "Is there anybody looking? I think I can take that shortcut and get away with it."

But no, we put a lot of miles on, but the CNAs and the charges are, are the ones that are wearing their feet down.

Rodney Harrison: So, if any of you are wanting to get in shape and get paid for it, we have openings as CNAs at several of our campuses. So let's give them applause.

Episode 32 Outro Transcript

Andy Braams: As I mentioned in concluding in a previous episode of *Biblical Perspectives on Aging*, our desire is to get back to some content that is not just about what is happening and some of the plans that are occurring at Baptist Homes, but also getting back to our roots of

this podcast and that is helping the audience, you, the audience, to better understand some of the issues of aging. But in the last month or so, we've had a couple of interesting things occur that we do need to update you on. And so, that will be the next couple of episodes. One of which I'm very much looking forward to bringing to you.

It was an interview [that] was a bit of a surprise that we were able to do from one of the Administrators' daughters. This daughter dates back to the 1930s in her time at Ironton as a daughter of who would become the Administrator, John Burney, who would be later become the Administrator at Arcadia Valley.

So that is an exciting interview that will be coming, as well, but also, we have recently added two new campuses join the Baptist Homes & Healthcare Ministries family. And we want to give you an update on what that means and the direction that that might allow us to be taking in the future as well. So please do continue to tune in to *Biblical Perspectives on Aging* to hear more about not only aging, not just Baptist Homes, but ultimately what we believe God is doing in and through this ministry for the sake of others.