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Announcer:

Just ahead on Pathways.

Jessica Muzzy:

You're sitting on the couch in their living room. You see their family photos, and you get to ask. They're always offering you things, and happy that you're there. It's really rewarding. A lot of them see it as a visit. You become a part of their routine, which I think is really special.

Announcer:

Most people think of nurses in hospitals, but there are several nursing careers that take you outside those walls.

Emily Tadlock:

Hello, listeners. Thanks again for joining us on Pathways, part of our Healthy, Happy, and Wise podcast series at Northern Light Health. I'm your host, Emily Tadlock.

Today, we are taking nursing to the home. We're headed out of the traditional hospital, where we've been for the past two episodes, and we're exploring something a little bit different. We're going to be talking about what home care nurses do. Here to take us through her day-to-day is Jessica Muzzy, a nurse with Northern Light Home Care and Hospice.

Jessica Muzzy:

That's right, yeah.

Emily Tadlock:

All right, awesome.

Jessica Muzzy:

Hey.

Emily Tadlock:

Thanks for being on.

Jessica Muzzy:

Yeah, you're welcome.

Emily Tadlock:

And taking some time out of your schedule.

Jessica Muzzy:

Sure.

Emily Tadlock:

First of all, tell me a little bit about you, Jess. What made you decide to become a nurse?

Jessica Muzzy:

Yeah. I come from a medical family. My mom is a nurse, and my dad is in the healthcare profession as well. He works locally at Eastern Maine. It's always been a conversation at our household. I actually initially went to school for music therapy. That helped me blossom to figure out that I did love to be in healthcare, and that I wanted to go to nursing school. I did that. I started on Grant 4, over at Eastern Maine Medical Center. And did some cardiac nursing initially. Then, had a family. I had my first daughter, and was pretty much looking for a schedule change initially.

Emily Tadlock:

Okay.

Jessica Muzzy:

That is why I was branching out, and had considered home care. That was almost nine years ago. I have been here to stay.

Emily Tadlock:

So you went for a schedule change-

Jessica Muzzy:

Yeah.

Emily Tadlock:

And decided to stay?

Jessica Muzzy:

Yeah. Definitely, yeah. It's definitely for me. I worked per diem for a number of years. Now I'm in a full-time role.

Emily Tadlock:

Okay.

Jessica Muzzy:

Yeah, it's been really rewarding. It's been a great shift.

Emily Tadlock:

Okay. You were in a traditional hospital setting.

Jessica Muzzy:

Yeah.

Emily Tadlock:

Now you're not.

Jessica Muzzy:

Yeah.

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Emily Tadlock:

What are some of the similarities and some of the differences?

Jessica Muzzy:

Sure.

Emily Tadlock:

Between working in a traditional hospital, and then working for home care.

Jessica Muzzy:

Yeah. It's pretty similar. You use all of the normal components of nursing, what we learned in school. Utilizing your assessment skills. Performing a huge variety of skills in the home. I would say, even sometimes more so than I really saw on the floor and at the hospital.

Emily Tadlock:

Okay, okay.

Jessica Muzzy:

It's patient-facing, patient-directed type care, which I think really feeds the heart of a lot of nurses.

Emily Tadlock:

Absolutely.

Jessica Muzzy:

With that said, you're with one person at a time. It's a nice change of pace, I think. The different is you have a case load, and you have a certain amount of patients that you're seeing that day. But when you're with them, you're with them. I think the interruptions, as far as what occurs during your visit and during your assessment, really varies and differs from that at the hospital.

But otherwise, it's the same. You're caring for patients, and providing a lot of education, and doing what we love as nurses.

Emily Tadlock:

Okay. But your day-to-day does look different. Can you take us through what a typical day for you looks like?

Jessica Muzzy:

Sure. You would start in the morning, and look at your schedule. That can potentially be from home.

Emily Tadlock:

Okay.

Jessica Muzzy:

Which I think is really nice, really appealing. Or you might find yourself heading into the office to get certain supplies. But you're assigned a certain amount of visits that day, a variety of visits. It could just be regular routines, those patients that we've had on service that we're providing a particular skill for. Or

potentially, this is their first visit, so we're doing an admission. Or they've been at the hospital, and we're resuming their care. The number of patients that you see per day will vary, depending on the visit type and what we're there for.

You log into your computer, you see who you're seeing that day, and what your plan is. You're triaging. I think similar to what you would potentially do in the hospital. Figuring out if you have a time to visit, or if there's somebody that you need to see first. Then you're calling them, and setting up your day, and hitting the road.

Emily Tadlock:

Okay.

Jessica Muzzy:

Yeah.

Emily Tadlock:

One of the things, one of the differences maybe, would be in a traditional hospital, you have other nurses that are nearby, you have managers nearby. You have other professionals within the hospital nearby that you can run to, and tap on the shoulder and say, "I need help."

Jessica Muzzy:

Yeah.

Emily Tadlock:

I think that's something that could be scary for some people when they think about home care nursing.

Jessica Muzzy:

Yeah.

Emily Tadlock:

What would you say to those fears?

Jessica Muzzy:

Yeah. It can feel a little scary and intimidating in some ways, because of exactly what you explained. I think that's a lot of nurses who make that transition will tell you that that's what they miss, is poking your head into the hallway and saying, "Hey, can you come look at this?" Or, "Ah, help me!"

Emily Tadlock:

Yeah.

Jessica Muzzy:

There is more autonomy, and that can be great. Then you are relying a lot on your own assessment skills, which also is I think really huge, and a great learning opportunity for people. You may be physically there alone. Sometimes we do do joint visits. There are situations where we bring another nurse with us, just depending on a learning opportunity or something. Or maybe, you're doing a joint visit with another therapist.

Emily Tadlock:

Okay.

Jessica Muzzy:

Tag-teaming does happen sometimes. But otherwise, when you are alone, you're there, but technology really has connected us in some great ways. Your manager, or another nurse, or a lead nurse, or provider's office are just on the other line.

Another example of that is if we're there for wound care, or we're not quite sure if something is healing like it should, or we're not really sure as far as a recommendation to make, we can take a photo. Upload it, do remote consult with our wound nurses. There's ways to utilize your team.

Emily Tadlock:

So you're alone, but you're not alone. It sounds funny to say it that way.

Jessica Muzzy:

Yeah.

Emily Tadlock:

Yes, you're alone physically in the home-

Jessica Muzzy:

Yeah, for sure.

Emily Tadlock:

But you're still connected to an entire, and I heard you say this several times, team.

Jessica Muzzy:

Yeah, definitely.

Emily Tadlock:

It takes a team to do the type of work that you guys do.

Jessica Muzzy:

Yeah. You have others involved on your care team. You might have a patient who only has nursing in. But many of our patients that we see have a multi-disciplinary approach. Physical therapy, occupational therapy, social work might be involved.

Emily Tadlock:

Okay.

Jessica Muzzy:

Other nurses. LPNs that are on your team, home health aides. It's definitely able to consult with others to provide that type of case management approach.

Emily Tadlock:

Okay.

Jessica Muzzy:

Yeah.

Emily Tadlock:

Well, teamwork, I think it's a common theme that I've heard so far. We're only on episode three of our series for this season. But I hear the word team every single time.

Jessica Muzzy:

Yeah.

Emily Tadlock:

I think that's true, no matter what specialty in nursing you're in.

Jessica Muzzy:

Yeah.

Emily Tadlock:

You talked about this a little bit. You started in the hospital, you decided to switch to home care because of the scheduling. At what point did you know, "This is where I want to be?" You're still here, nine years later. Was there a point where it was just like, "This is it, this is where I want to be. I don't want to go back to what I was doing before?"

Jessica Muzzy:

Yeah. I think it's the relationships. With the team, that we talked about. But then, with your patients and their families. We have I think more of a unique opportunity to see somebody ... Their certification period, the amount of time that we're in with them will vary. Sometimes it's really short. We're there for a really acute amount of time while they recover from a specific surgery. Other times, we're there longterm. Providing education, caring for somebody's chronic illness, managing some chronic disease progression. You get to know them.

Emily Tadlock:

Yeah.

Jessica Muzzy:

You see them, week after week. They're grateful. You can slow down a little bit, and think about their care from a greater approach. Not just trying to solve something quickly, with discharge from the hospital in mind.

I did start to feel like nursing was noble again. I think when I was in home care for, it was probably maybe a year or two in, where I was like, "Yeah, this is really fueling that passion that I had, and why I became a nurse initially." You can get tied up, when you're running crazy on the floors, shelling out meds, call bells left and right, being pulled in and out of rooms. It can be hard to feel like what you're doing makes a difference. I think I have found that again in home care. That's really what has kept me.

Emily Tadlock:

Okay. Well, one of the things ... We just, again, mentioned some of the differences that you've felt personally from going from that traditional hospital setting to home care. But we've also gone from a hospital into someone's literal home. You say you get to know people really well.

Jessica Muzzy:

Yeah.

Emily Tadlock:

What is it like, walking into someone's home?

I don't know if any of our listeners know this, but I used to be a reporter.

Jessica Muzzy:

Yeah.

Emily Tadlock:

When you'd have to go to someone's home, knock on the door to ask them if you could interview them, that was always so nerveracking to me.

Jessica Muzzy:

Yeah.

Emily Tadlock:

It was one of the scariest parts of my job. At least your folks know you're coming.

Jessica Muzzy:

That we're coming, yeah. We're not cold-calling them or anything, yeah.

Emily Tadlock:

Exactly. But what is it like, walking up into that person's home, and really becoming part of their world?

Jessica Muzzy:

Yeah, you're on their turf, for sure. It helps I think to understand them a lot more. We definitely see ourselves in some pretty unique situations, for sure. The way that people live, huge variety of lifestyle. It can get a little dicey sometimes, just as far as ... You could imagine.

Emily Tadlock:

Oh, yeah.

Jessica Muzzy:

I think it allows us to understand where they're coming from, and relate to them on a more personal level. I think it's just, for me at least, it changes my behavior. You're in their home. You're a guest in their home. You're there for a particular skill, a particular task.

Emily Tadlock:

Just recently, I was able to go with you in a little ride along for a video piece that we're working on to explain what home care nurses do.

Jessica Muzzy:

Yeah.

Emily Tadlock:

I think one of my favorite parts was when the lovely lady that you were visiting, the lovely patient, she was so delightful, and wanted to talk to you all about her family.

Jessica Muzzy:

[inaudible 00:11:38]?

Emily Tadlock:

You knew all of their names! You knew all of them.

Jessica Muzzy:

Yes. Yeah.

Emily Tadlock:

It was just like, "What?"

Jessica Muzzy:

Yeah. It's fun. Right. You're sitting on the couch in their living room. You see their family photos, and you get to ask. They're always offering you things, and happy that you're there. You see their animals and their pets. Yeah, it's really rewarding. A lot of them see it as a visit. They look forward to it, too. You become a part of their routine.

Emily Tadlock:

I like that.

Jessica Muzzy:

Which I think is really special. Yeah. But yeah, you do. Yeah, you did know them. And their hobbies. Yeah, you ask how things have gone. Yeah, it's really great.

Emily Tadlock:

I remember her talking about her shopping trip with one of her friends.

Jessica Muzzy:

Yeah.

Emily Tadlock:

It just seemed so natural.

Jessica Muzzy:

Yeah.

Emily Tadlock:

She really did seem happy to have you there. It was more than just having a nurse visit.

Jessica Muzzy:

Yeah.

Emily Tadlock:

It was just like having a friend come by.

Jessica Muzzy:

Yeah. Right, totally. There's follow-up, as far as more than just their medical stuff. You ask about things that occurred the week before, and how their grandkids are. I think that they value that as well, just as much as I do.

Emily Tadlock:

Do you feel like that gives you insight to take a more holistic approach to their care? You can see that they've been eating if they have food. If they're living situation is one way or another, is it conducive to them healing and getting better?

Jessica Muzzy:

Yeah.

Emily Tadlock:

Does it help with that?

Jessica Muzzy:

Yeah. You get a glimpse into their support system, too. What type of help they have. You get to know, I think, more establishing that relationship. You get to know their goals a little bit better. They start to open up to you. And really figure out, what do they value? What is important to them? That can help tailor their care plan, for sure.

Emily Tadlock:

Okay.

Jessica Muzzy:

I think they're receptive to that when they realize that we're there to help them.

Emily Tadlock:

Yeah. Your goal is recovery?

Jessica Muzzy:

Yeah! Yeah, yeah. The goals will vary. But yeah, essentially that's the hope is that we see some improvement. We're working towards a discharge with them. We are an acute short term service that's

helping with the transition of them being in the hospital to now being home. Or having had a new diagnosis, or something that we're educating them on. But that is the hope, is that we meet goals, and do a discharge, and that they're stronger for it.

Emily Tadlock:

I think that's important to point out because your name, a lot of times, of the organization is Northern Light Home Care and Hospice. I think a lot of times, you guys get grouped together. Not that you don't work together, obviously.

Jessica Muzzy:

Sure, yeah. We help each other out.

Emily Tadlock:

But you get grouped together, and really it's two different types of nursing. While you may still be using a lot of the same skills, and things like that.

Jessica Muzzy:

Yeah.

Emily Tadlock:

It's still two different types. I think it's important that we talk about that separation, that difference.

Jessica Muzzy:

Yeah, totally.

Emily Tadlock:

Even though you're under the same organization.

Jessica Muzzy:

Yeah. The approach is different. It looks the same, in a lot of ways, as far as us caring for them in the home. But with home care, you're right. The goal is for discharge, for improvement. With hospice, it's the approach of improving quality of life, symptom management for those with a terminal prognosis.

Emily Tadlock:

Yeah. Next week, we're actually speaking with one of your colleagues, Allie Rohr, who is a hospice nurse for Northern Light Home Care and Hospice in Ellsworth.

Jessica Muzzy:

Yeah.

Emily Tadlock:

She's going to explain a little bit-

Jessica Muzzy:

Yeah, she's great.

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Emily Tadlock:

About what that's like, being a hospice nurse. For those of you listening and are interested in that, make sure you tune in next week for that episode.

Jessica Muzzy:

Yeah.

Emily Tadlock:

But really, it sounds like home care is a really personal experience. Maybe it's not for everyone, but it could be.

Jessica Muzzy:

It could be, yeah. Those who are interested, we totally encourage to come hang out. Do a ride along day.

Emily Tadlock:

Okay, yeah.

Jessica Muzzy:

Just see what it's all about. I think for the most part, people are pleasantly surprised with the types of environments that we're entering in, and the connections that we make, and the skill that we provide. It's fun stuff. I was beyond surprised with the amount of tasks and skill that we can provide in the home. Wound care, IV lab draws, central-line care, ostomies, a lot of education. It's fun. You're definitely not losing your skills when you come to home care.

Emily Tadlock:

Well, that's good to know because I think some people think home care is for those nurses who have been working as nurses their entire lives, and they want something slower paced.

Jessica Muzzy:

Right.

Emily Tadlock:

They want to get out of the traditional hospital, and do something.

Jessica Muzzy:

Sure.

Emily Tadlock:

But that's not really the case. You guys have a new grad program.

Jessica Muzzy:

We do.

Emily Tadlock:

That's new and it's flourishing.

Jessica Muzzy:

Yeah! Yeah, our residency program.

Emily Tadlock:

Talk a little bit about that.

Jessica Muzzy:

Sure. It's for new nursing grads. It's a yearlong residency program, where you're paired up a preceptor and oversight from a clinical lead. It's great. We encourage new grads to come, and really work on their assessment skills, and their education skills in the home care setting. It's definitely something that we're excited about. I think it is growing and expanding.

You're right. It used to be you graduate from nursing school, and you go do your time on the floors.

Emily Tadlock:

Yeah.

Jessica Muzzy:

You go do your night shift, or your schlepping around and doing those 12-hour shifts. That's not really the case anymore. We have opportunity to be here, and to learn, and to educate those new nurses in this type of setting.

Emily Tadlock:

Another common word that's used, opportunity.

Jessica Muzzy:

Opportunity, yeah.

Emily Tadlock:

There's so many opportunities for people who have a nursing degree. There's so many different avenues to take. Now we've explored this one.

Jessica Muzzy:

Yeah.

Emily Tadlock:

Going outside of the hospital, and heading into someone's home.

Jessica Muzzy:

Yeah. Keeping them home.

Emily Tadlock:

Yeah.

Jessica Muzzy:

Playing a part in helping them stay home, and stay strong, and independent. And it's really rewarding.

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Emily Tadlock:

For so many of us, independence is so important.

Jessica Muzzy:

Yeah.

Emily Tadlock:

Yeah. Well, Jess, I can't even say how much I appreciate you-

Jessica Muzzy:

Yeah, you're welcome.

Emily Tadlock:

Being on this podcast with me. I hope that people have a better understanding now of what home care looks like.

Jessica Muzzy:

Yeah. Me, too.

Emily Tadlock:

Thanks to our listeners, for joining in as well. We spoke about it earlier on the episode, but in two weeks, we'll come back out with a new episode. This one focusing on hospice nursing. We head to Ellsworth, and speak with Allie Rohr. Trust me, you're not going to want to miss her amazing story, so make sure you tune in again to Pathways in two weeks.

Announcer:

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