

Speaker 1:

Ahead on Pathways.

Allie Rhorer:

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Speaker 1:

Nurses typically go into nursing to help people recover, but in some cases, recovery isn't in the cards. These nurses help heal in other ways.

Emily Tadlock:

Thanks for joining us on Pathways, part of our new, Healthy, Happy, and Wise podcast series. I'm your host, Emily Tadlock, and today we're going to continue with our theme of in-home nursing care. This week we're talking about hospice care, a much more specialized type of nursing care. With several years of hospice nursing experience, Allie Rhorer takes us through what it takes to be a hospice nurse. Allie, thanks so much for being on with us today.

Allie Rhorer:

Oh, my pleasure. Thanks for having me.

Emily Tadlock:

Of course. So first off, we spoke with Jessie Muzzy, who was a friend of yours. She is a home care nurse. We spoke with her last week. So tell me a little bit about the difference between hospice nursing and home care nursing.

Allie Rhorer:

Well, hospice nursing, we are still going into patients' homes very similar to home care nursing. However, the emphasis with hospice care is instead of rehabbing and helping people get better and eventually probably off the services of home health, likely we are supporting family members and our patients with end-of-life care. So basically, the outcome of our patients is for the most part known. And what we do is prepare family members and our patients for end-of-life care and symptom management with that.

Emily Tadlock:

Okay. So what does a typical care visit look like for a hospice nurse?

Allie Rhorer:

It's individual. It's going to be based on the symptoms that we're seeing, the needs of the patient, the needs of the family. And there are some patients that come on at very end of life who are already in the active dying state, in which case the majority of our visit is focused around symptom management, medication changes, and really a lot of support, emotional support, spiritual support, and a lot of medication changes and things of that nature.

However, the opposite to that is we often have patients who are provided with a terminal diagnosis and elect hospice care and are still able to go out and enjoy family, friends, loved ones can still go out into the

community. There's no need for a home bound status with hospice care, in which case we provide support, education, and a visit like that can be quite a joyful one. I think a lot of people think what we do is always depressing and we always are told, "How do you do what you do?" But being in sort of that intimate environment with patients and their families, it's often quite an open, intimate, if I can use the word joyful, it's often joyful and providing that level of support. So it really just depends on the needs of the patient and the family.

Emily Tadlock:

Okay. So tell me a little bit, why did you decide hospice nursing was something you wanted to do?

Allie Rhorer:

Well, it came as a very obvious decision for me. I was a marine scientist for a number of years, and I was very happy in that field. And my mother was diagnosed with lung cancer and had transitioned into hospice care and I was living in Maine, she was in Pennsylvania. And I started traveling down about a week out of the month to help my family in terms of caring for my mom.

And nobody in my family had ever considered death and dying, and nor did we know what to do in that instance. And next thing we know, hospice shows up at our doorstep. And it was honestly an instant sigh of relief for my mom, my dad, my siblings. The whole family just felt the weight of this world of the unknown lifted because there were people that were experienced and actually recognized end of life and death and dying as a natural part of the living process and worked to support my mom and my family through that. And I decided after she had died, if I can do for one family what I felt hospice did for my mother and my family, my life would have meaning. And I went to nursing school and basically I worked in the ICU for a couple of years to get my "wits about me" to be a nurse. And then I transitioned into hospice where I knew I had to go.

Emily Tadlock:

Just ignore me over here tearing up. What a beautiful story Allie. I think until people have to experience what a hospice nurse brings to the table, I don't think people really understand how important those people are to families who are going through some of the worst times in their lives. Personally, my very best friend, her mother died from cancer as well, and she was in hospice care for quite some time, and their hospice nurses became family. I mean, they were with them every day. And I don't think people realized how important that really is.

Allie Rhorer:

Yeah. Yeah. And I mean, the truth is we certainly live in a culture where death and dying is not considered an option for the most part. And when it is an option, it's like it's a smack in the face and it's not something that we are accustomed to acknowledging, let alone talking about as if it's a normal and natural part of the living process. And so when you can share space with someone that has an open heart and an open mind and an understanding that we're going to get through this and somehow it might not seem like anything can be okay, but hopefully with the support and the education and the kindness of a hospice team and the support of family and friends and loved ones, you can in retrospect see that it is okay. And working with that as a basis and having a comfort level to just bear witness with those that are kind of experiencing this vast unknown, it's a gift and an honor I feel to be with patients and their families during that time.

Emily Tadlock:

So we talked a little bit about what patient care looks like, pain management, medication management, those sorts of things. What are you doing for the families? We are talking about taking care of families. How are you doing that exactly?

Allie Rhorer:

Yeah, so hospice is an interdisciplinary team, and what that means is that there is no one person that's just going to be able to meet all of the needs of a patient and their family during this time. So hospice emphasizes symptom management through a registered nurse who typically oversees that plan of care as a case manager, but working very closely with medical social workers, spiritual counselors, hospice medical doctors, home health aides, and a volunteer network so that through hospice care we can work to provide support for patients and families in a holistic way.

Death and dying is much more than a physical event. Death and dying is spiritual, emotional, often physical with different symptoms. So working with other people with expertise in their field, we can provide a team approach to providing care and it really can make the difference. I think, to silo death and dying as a medical event would be an extremely unfortunate thing to do because for many people there's an emotional need to relinquish control, spend time with loved ones, reconnect with people. Being told you have a terminal diagnosis often will open up a lot of questions for people. And so to be able to provide support through social work and spiritual counselors, we can add more than just check the box, we'll give you pain meds if you have pain or oxygen if you're short of breath, being able to treat somebody in all aspects of their lives and their family.

Emily Tadlock:

That's an incredible way to look at it. And I think it's fantastic that we're able to offer all of those things through Northern Light Home Care and Hospice. That's just amazing. And it probably takes a lot of stress off the families to not have to go to 15 different places to find the certain care that they're seeking for their loved ones.

Allie Rhorer:

Yeah. And if the clinician in the home doesn't know how to answer it, you have a whole team that you can rely on. So when it comes to having emotional support or if somebody needs paid caregivers because they don't have enough time or enough family support in the house to help their loved ones, medical social workers are the gurus at getting those things done. And when you have people in spiritual distress, it's not appropriate for an RN or a social worker to provide that level of care. So we really rely heavily on different aspects of our team, and it's the way that we can provide that level of care in their homes or nursing home, or even sometimes inpatient hospitals as well too.

Emily Tadlock:

Was there a moment when you got into this that you were like, "This is exactly what I should be doing. I am where I should be"?

Allie Rhorer:

I knew before I became a nurse that this was exactly where I should be. And honestly, when I took the job with Northern Light Hospice, it exceeded any and all expectations. It is such a supportive environment here. We have amazing management, we have amazing team members, and everybody that I work with exudes that feeling of just intellect and compassion. And to be able to unite those two in all aspects of the interdisciplinary team and be surrounded by that is an extremely supportive environment. And so we support each other as much as we support our patients.

Emily Tadlock:

And that's huge because we don't want to look at this as a depressing job all of the time. You said that yourself, but it can be very sad. You get to know your patients and their families really well, and so when the time comes, you're doing your best to support them. But sometimes you need support too.

Allie Rhorer:

Yeah, sure. And we do have a great team dynamic that we can all talk to one another, which is definitely a gift. And then I would say too, in terms of just being with patients and their families, I think for me personally, there's just this understanding that human nature, sometimes you can't help but forming some level of attachment to people. And so that can be difficult at times, but really being able to focus on what you can do in a situation and the more we start to hold in our hearts and our minds that death is a truth of this life, being able to provide support, education, and interventions to help people to not only acknowledge the truth of what's happening, but also to just be comfortable and have their symptoms managed throughout all of that, it allows the team to focus on what you can do instead of focusing on losses only and being able to do something for a patient in need definitely gives a provider a sense of purpose and meaning, and it's not sad through that lens for me.

Emily Tadlock:

Okay. No, that's such a fantastic way to put it. Hearing you explain that really kind of opens my mind to understanding exactly how you guys do what you do, that focusing on taking care and doing your job and doing your job well to make sure that everyone's comfortable and maintaining dignity through all of this. That's huge. So hospice probably for most people, unlike yourself, is probably not the first thing that comes to mind when they think about a nursing career. So I want to be a nurse and I want to work in the ED, or I want to work on telemetry or whatever. What would you say to encourage more nurses to look at hospice care as an avenue for a career?

Allie Rhorer:

This maybe sounds weird, but I feel it's almost more of a calling. And if you know that that's something in your heart and in your mind that you are open to and feel that you can be a support to those four in that situation, then I think you come to this field. I don't exactly know how to answer that because I never anticipated being a nurse, let alone being a hospice nurse until I personally felt deep within my core that that is what I had to do.

Emily Tadlock:

Let's go back for a second. You said before you had a different career before you became a nurse.

Allie Rhorer:

I did, yeah.

Emily Tadlock:

When you went back to get your nursing degree, what was that like? How hard was that? What did you do for school?

Allie Rhorer:

Yeah, so I already had a bachelor's degree, so I had a bachelor's in marine ecology and environmental science. So I had already kind of been through college and was pretty much well-prepared for that. And I decided because I was becoming a nurse later in life, that I would do an accelerated RN course. So I went

to a technical school to receive an 18 month degree to get an RN. It was tough. It's accelerated and you don't have a life. But I knew what I wanted to do. And I think having already had a bachelor's degree, I had the mindset of studying and just nose to the grindstone. Is that a real phrase? I don't know.

Emily Tadlock:

Something like that. And it's funny because you're not the first one to say this either. We've had a couple of other nurses who have come on who have talked about taking that accelerated program, and they're like, "It's a grind."

Allie Rhorer:

You already have the light at the end of the tunnel going into school because you know that you want to do it right? So it's just day by day you just plot away and then you get the job of your dream.

Emily Tadlock:

Oh, I love that. And so you said you went to an ICU first just to gain experience.

Allie Rhorer:

Yes. I felt hesitant just going straight into somebody's home. Not to say that you can't do that. And we actually just started a nurse residency program for hospice, which is really awesome.

Emily Tadlock:

Which is great. And Jesse talked about on the last episode about what we're doing to help some of our new grads feel supported. So we'll come back to that in a minute, but continue talking to me about your ICU nursing experience.

Allie Rhorer:

So I went straight into the ICU, which interestingly is another specialty field, but I really enjoyed it. I learned a lot and I felt well-supported just having other nurses on the floor, being able to stick my head out of a patient's room and see the charge nurse there, you have that level of support. Your questions are answered immediately. You never "feel alone" when you're in a hospital on the floor there. So you're surrounded by nurses, doctors, tons of clinicians. And I did that for a couple of years until I felt that finally I have enough nursing wits about me possibly that I can go into somebody's home. I say unsupported, but we're really never unsupported. We have such a great network that other nurses and managers and other clinicians are a phone call away.

Emily Tadlock:

I was going to say that's one of the things that Jesse said as well is that you may be driving by yourself, you may be walking into a home by yourself, but you're never really alone and you have all that support. And now there are some new programs that we've put in place to help some nurses who know that this is what they want to do, start directly into this type of field. Can you tell us a little bit about this new program with hospice?

Allie Rhorer:

Yeah, so we have a hospice residency program that just started. We have our first RN enrolled in it now on the Ellsworth team. And it's going really well. So basically it's a year long residency program, nursing visits, education, clinical skills, emphasizing all of your basic RN skills, but through the lens of hospice nursing. So really from the get go, getting somebody's feet wet with going into patient homes, engaging

with end of life care planning and what that looks like in terms of symptom management, just working with new grads, which is great because they're filled with so much information from nursing school. And they're also just this open vessel. They're just so willing to learn and they're so open. And I feel that the program has been very positive, although it's still our first RN and it's just the beginning, but I believe it's going really, really well.

Emily Tadlock:

Oh, that's fantastic. And I think there's a misconception that coming into hospice nursing, you don't use the skills that you learned in nursing school.

Allie Rhorer:

Yeah, I mean, certainly it's a specialty field and you learn different skills, but I mean, every nurse places a Foley at some point for the most part. And there are definitely technical that nurses need to be proficient with, the same as with on a med surge floor. So medication administration, your technical skills of, we have patients with lines and drains occasionally with pumps. So yeah, they still get their hands "pretty dirty" at times.

Emily Tadlock:

Yeah. Allie, this has just been such a wonderful conversation and it's so interesting, and I hope our listeners feel this too. It's been so interesting and eye-opening, hearing from you about what it is and what it means to be a hospice care nurse. So are there any parting words that you have for our listeners, for future nurses, for anyone who's hesitant about hospice?

Allie Rhorer:

Yeah, I think...

Emily Tadlock:

That's a lot to lay out on the table here, Allie. Just tell the whole world everything they need to know.

Allie Rhorer:

I think hospice nursing definitely requires this skill of being able to read a room. You can go into certain visits and I tell people that I will laugh more in a day than I could have ever imagined. And you can feel extremely uplifted, positive. We were sharing before that. Sometimes I'll say, I put the spice in hospice. You have a good time and you meet people where they are. And often people are just wanting to be in that present moment and appreciating what's there in front of them and being able to share that with others is definitely a gift. But then again, the importance of reading a room. There are also times where you're just meeting people where they are and that's sometimes delivering really difficult news that your loved one, you didn't anticipate them dying at all. And here we find them actively dying with maybe minutes to hours to go and just bearing witness, holding someone's hand as walking them through this.

It's an intimate space that we share. I feel as if in terms of being present with a mother as she's giving birth, you want to be able to provide that experience to a new mom and a baby to show that kindness and love of what the world is. And we want to be able, I believe, to share that same nurturing and love and understanding and support when someone leaves this world. And again, it's an honor and a gift to just be there for people in this time, recognizing that at some point we're all going to go through it.

Emily Tadlock:

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Allie, I can't even begin to tell you. On behalf of everyone everywhere, thank you so much for everything that you do and for being there for people when they need it. And I think that goes for all nurses, but in particular at the end of life. Thank you so much for hopping on with me today and for taking me through it and taking our listeners through it. We really appreciate it.

Allie Rhorer:

No, I thank you for your time and thanks for making the trip out here.

Emily Tadlock:

Of course. And to our listeners, thank you as well for your support. Be sure to tune in again in two weeks as I head up to Greenville, Maine to chat about rural healthcare with two amazing nurses at Northern Light CA Dean Hospital.

Speaker 1:

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