

# Connections

A PUBLICATION FOR BAYSTATE HEALTH TEAM MEMBERS

## Cold Coffee, Pet Greetings, and Lots of Caring

*Stephanie Feliciano, BSN, RN, RN Case Manager shares a “day in the life” of an on-the-go Baystate Home Health Nurse*

**7:30-8 a.m.**

Once I have had my coffee, I begin to review my emails and my schedule for the day.

**8 a.m.**

I am ready to make my phone calls and schedule out my day. Of course, only after I have run in and out of my house ten times because I have forgot my pen, my phone, or my badge.

**8:15 a.m.**

I get into my “office” and realize it is quite cold. My office is my car and on this day I forgot to start my car early since I live in New England and this year we went from 100 degrees to 50 degrees. Once my office is finally ready to go, I begin my drive and grab a cup of coffee on my way to my first patient.

**9 a.m.**

As I set up my patient’s IV medication at their bedside we discuss how my patient is feeling. I have to pay close attention to every step of setting up, as working in the home does not provide me with the perfect environment to perform sterile procedures. Once the medication is set up and running, I take my patient’s vitals and do an assessment.

Upon finishing we say our goodbyes and agree to same time tomorrow.

**10:30 a.m.**

I get into my car office and take a much-needed sip of my coffee only to remember how cold it is outside and now my coffee is cold. I begin my drive to my next patient with my cold coffee in hand and singing along to my favorite tunes.

**10:45 a.m.**

I have arrived at my next patient’s home only to realize there is no parking near the home. I drive down the street a bit and find a spot. I get out of my office, grab my bag, and head to my patient’s home. I knock on the door and I hear, “Nobody’s home. Just kidding, come in.” I enter into the home and I am greeted by the family including the four dogs, a talking bird, and cat. After acknowledging all the animals, I start to talk with my patient and his family. Before I know it 15 minutes have passed and I start my assessment and do wound care. Time seems to just slip away at times when I am out caring for my patients and before I know it, I am on to the next patient.



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**11:30 a.m.**

I get back in my car office and realize I have no service on my phone or tablet. I then drive around until I get signal so I may check my emails. I realize one of my patients has called reporting his wound dressing has fallen off and needs me to come

now. I reach out to my coordinator for her to add an as needed visit to my tablet. I then need to move everyone around so I may go see the patient. I begin making phone calls, moving all my patients back so I am able to go fix a dressing.

**11:45 a.m.**

I arrive at the patient's home and assess the wound and breathe a sigh of relief to see only the dressing has come off and the packing is still in place. I take my patient's vitals, fix the dressing, and head on my way to the next patient.

**12:20 p.m.**

It is finally getting warm enough for me to roll the windows down and cruise to my next patient. Or not, as I come to a complete stop because of all the construction.

**12:45 p.m.**

I arrive at my last revisit before my start of care. I head into the patient's home and review the patient's telehealth records and begin to discuss fluid retention as my patient's weight has gone up four pounds in one week. I review monitoring their salt intake, as the patient tells me they only ate some sandwich meat for dinner the other night. I re-educate that sandwich meats are high in sodium, like canned foods. Before leaving I have the patient tell me what foods they will avoid, ensuring I provided understandable education.

**1:20 p.m.**

I get back to my office and start driving to my new admission.

**1:30 p.m.**

I arrive at my new patient's home and introduce myself. I begin to review the pamphlet with the patient and caregiver. One of the important pieces I review is our service promise. I explain to the patient and family what to expect from our services. We discuss if a nurse is not a good fit it is okay to call the office and request someone else. I joke with my patients telling them I talk too much and understand if they want a nurse who talks less; this is a good way for me to ease any anxiety or concerns. Often patients are unsure of what we are there for or worry about what we actually do in

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the home. As I move on, I begin to assess not just the patient but their home life as well. I discuss medications and provide any ordered treatment requested by the physicians. About an hour goes by and I have finally collected all the information needed and provide the patient with their schedule of when we will be coming.

**2:30 p.m.**

I get back into my mobile office and find a quiet place to finish charting my notes. I make any needed phone calls, follow up on any emails, and review my schedule for the next day. Before I know it, I am finished charting and have followed up on any patients that I need to.

**4 p.m.**

I clock out and drive my mobile office home. Looking around I think to myself I should probably organize my office, but as always I think to myself, "maybe tomorrow."



*From left is Stephanie with manger Ashley Spear and team scheduler Joanna Giordano; Stephanie is in constant communication with both throughout her day (photo taken in a non-patient care area).*