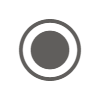
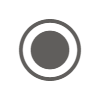
**Meeting now-20230617\_121507-Meeting Recording**

June 17, 2023, 5:15PM

13m 23s

 **Cristen Reat** started transcription

 **Cristen Reat** 0:07  
Ohh yeah, so maybe if they'd be interested in literate and so we're doing gift cards too.  
So if you want to gift cards as an incentive, I'm happy to give you the gift card for your time.  
Oh yeah, that's right.  
By the chip parts set up in the drawer.  
Gotcha.  
I got another one from Mother's Day, and I realize I have three there sitting already from the same place.  
Yeah, I I've done that too.  
OK so here are the questions.  
So the first thing is so introduce yourself.  
I haven't.  
Carolyn Curry.  
I'm just gonna type.  
OK.  
And what do you do or in your case, what did you do?  
Retire tomorrow.  
Yeah.  
OK.  
Yeah.  
Pediatric home here pediatric Home Care couldn't remember the term if it was home health or OK I'll be there.  
Yeah, don't care, OK?  
Do you mind if I record it again?  
I'm not asking for any pH.  
Have any individual OK and just so I can go back to the notes later, OK.  
So just in your capacity, either as a nurse or doing pediatric home care, can you talk about just a typical day in medication management for somebody with ID?  
And I know in your case it was kids.  
So for like the nurses or the caregivers that were assigned, what was a typical day of medication management for one year period like how many medicine medications these.  
Yeah, just like what was a typical day look like?  
Like when they went in.  
I remember we had the binder of the list and everything like that.  
So what did you know?  
Your average person?  
Yes, there's a lot.  
There was a long list for kids, probably.  
A lot of most of them are PR in medicines, OK.  
And a lot of kids had anti seizure medicines.  
That were more important to get on regular basis.  
OK.  
Uh.  
And they were.  
They were scheduled obviously every 12 hours for four to six hours.  
I could say whatever the schedule was.  
OK.  
Anything else?  
Well, I remember our goal at that time was not to make these kids independent with their care. You know?  
Umm, it was.  
They're they're taking care of them to help out the parents. Mm-hmm.  
And what was a typical kids regimen like like?  
Was it 1 medication?  
12 medications.  
Was it like a lot to keep up with?  
Maybe.  
OK.  
Yeah.  
Is this a different category kitchen?  
Yeah, we were taking care of out of the hospital.  
OK, so upon discharge of the hospital? Yeah.  
And they would go on for years, since you will know.  
Do you what was the biggest frustration that either you ever had as a nurse, managing medications or helping out patient medical manage medications or any of your nurses or staff working in peoples homes?  
What was the biggest frustration with much frustration, really private duty, home care? No.  
Specifically with managing meds, just making sure they were there on, you know, replaced and we would getting orders from the doctors to refill them was probably the biggest thing. Umm.  
To refill them.  
Yeah.  
You know, if if we didn't have an ongoing prescription, tell me more about why that was frustrating.  
Working with the doctor's office, it doesn't seem to think we existed. Ohh.  
Actually, it's more frustrating to get our our orders, you know, from the office side.  
It just ignore it.  
But politics involved in that, really.  
Yeah, the office manager, whoever was accepting, you know, filling out the patients would have their favorites.  
But sometimes the parents would would call you know, they hear about us from somebody else and they call him.  
So we had lot business from doctors who didn't really want us to have their patients or nurses.  
I mean, office staff who didn't want to have your patients.  
I used to drive out to Conroe.  
Get doctor's orders.  
Pick up doctor's orders and get your signed.  
So you had to go in person sometimes, get them signed.  
Finally got smart and told the parents that we'd have to stop services if we can get the orders and they would.  
They were little more effective.  
You can, yeah.  
Well, why do you think they didn't want you to have their clients?  
I don't think it was a doctor's knew anything about it.  
They signed whatever somebody put in front of them.  
It was the office staff.  
Yeah, because they had picked probably I think that I know that you have down shape the people that got their business outfitted their office, you know and gave great day, great gifts, gotcha.  
So there was a benefit to the office staff to get their stuff signed.  
Gotcha.  
And they weren't willing to pay.  
Ohh gotcha.  
I see.  
OK, so wow.  
So what we did, we take a gift back to the value Christmas time and stuff like that, right?  
But you have to mark it to the office staff to give services, OK.  
So how did that make you feel?  
Both as a nurse and also just running pediatric home care part of it.  
But they accepted it.  
I like I I really like that job.  
I did it for about 20 years, I guess. Uh.  
So yeah, the the problems are shared by lots of us.  
Umm, looking like all in one person's back.  
So getting those prescriptions filled and just managing that sounds like that was a lot of time.  
Yeah, to keep up with it.  
And there you know the difference between what happens from their office side of it, what happens levels like when kids had nurses several hours a day or every day maybe.  
I said end like 8 or 12 hours a day.  
Those people, pretty much the people at home pretty much took care of all that stuff.  
Yeah, they've got all day to get it done.  
So it's not like so that was like 1 to one care, yes.  
Did you ever with pediatric home care, what's the age that it went up to?  
Like, did you work with anyone?  
OK, so with the older the older patients were any of them umm.  
Able to take care of their own medication.  
I don't think the question ever came up to you.  
I'm I'm trying to think what I first started.  
I took care of a of a teenager that it had been badly injured.  
The car, car accident and he has had injuries as well as physical injuries and eventually his mother took him to Galveston.  
Yeah, I was doing in the home care and took him to Galveston and got him into some kind of rehab place.  
And so we never saw him again.  
So we don't know, you know, when he got to that point, I I assume that he eventually got to the point where he was going to and be independent.  
Mm-hmm.  
Yes, yes, yes.  
Recovering rapidly.  
Bless his heart, he spent a year in the hospital.  
1st and his dad got them all.  
The plug on him?  
Umm and.  
But you know in the in the probably six months that took care of him, he made a lot of progress.  
That sounds like it may be the good part of the job, so that's the next question is, what's the best part of?  
Ohh yeah, what you did as a nurse when I first heard you home.  
Home care, we take a lot of preemies home.  
Umm that had been in the hospital for 6 to 8 months or 6 to 12 months.  
Umm.  
And usually they sent them home to die because I didn't do anything else was in the hospital and extending the school.  
Well, there are very few guests.  
So define expectations that sounds like uh-huh.  
Well, I guess you're the one on one care.  
Hmm helped.  
And also you have two people have to take care of 24 hours. They child.  
You will have a strength.  
Mm-hmm.  
And I I think you know by having our team there, that's taking care of this child.  
It really relates and, but I think, uh, I remember one child that died.  
Right.  
But we weren't there the time.  
Umm.  
And that was before I even started working for MCH.  
So so my first got into it and that's when pediatric home care is first started. You.  
So we always kind of wondered if the parents kind of helped him over the edge.  
You just pretty bad.  
Pretty complex.  
Yeah.  
And nonresponsive.  
Yeah.  
Ohh yeah, but at the we just didn't help me.  
Yes.  
And there's another one I took care for a long time before I went in the office.  
We had of about six years and send him off to school and then the parents divorced and other agencies took him.  
And then the mother put him in.  
The both parents are in and the mother put him in an in an pediatric nursing home sometime definitely Northeast Texas.  
And he was there maybe six months before he died.  
That's so sad.  
Yeah, it really is.  
That's very sad.  
We used to talk about opening long term care facilities for kids.  
If there was any any reimbursement for it?  
Umm, yeah, we couldn't.  
We couldn't use multiple people to take care of.  
I mean, one person.  
Take care of multiple kids.  
Umm, that was not the law.  
Umm, couldn't do that?  
Umm, so that's the last question, as if you had a magic wand, what would you do with it in terms of medication?  
Well, and and you can also talk about it from personal experience, like managing anything that you've ever had to take or anybody that you've ever helped taking medication like what would make it easier?  
I just don't remember that ever being.  
Yeah.  
Uh, that would be such a small part.  
And you know, like, like with Vincent, we were crushing his medicine, getting with, with his food and and that may be an issue for somebody doing their own teaching.  
Our house swallow pill.  
Probably first problem? Umm.  
Anything else?  
I feel like I can't help you much because medication wasn't the issue.  
No, that's fine.  
Yeah, sounds like there are lots of other issues.  
Yeah, just parent parental release and I think it's a big one.  
But I yeah, I still, if I could, would open a facility, a small facility, none, 50 bed hospital.

 **Cristen Reat** stopped transcription