

EARLY BIRD WEEKLY



NewbergRotaryEarlybirds.org

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Last week Casey opened with a Valentine's Day program teaser. Yes, she choreographed a lip-synced performance to a chocolate covered donut. Why would you sing to a donut?

Maybe the question should be, why not!?



Helen Anderson holds a Masters in Nursing Education and is board certified in Nurse Gerontology.

She takes herself about as seriously as a garden variety Early Bird considering herself a cereal connoisseur and having risen to the rank of yellow belt in Karate. I won't make you Google it ... white, the one before yellow, is what you get for showing up.

Helen grew up in Sheridan, OR, and became a nurse in 2004 and has worked in all areas of healthcare; ER, ICU, Short Stay and taught at Chemeketa for five years working to transform people from what they think they are into what they think they could be. Helping them understand that where they are doesn't mean it's where they have to stay.

That experience exposed a passion that led her back to school for a Masters of Science in Nursing focusing on nursing education.

She returned yet again for board certification in Nurse Gerontology to focus on older adults and how we can maximize life and health and independence as long as possible.

She loves working in Mac because she can work with many of the people she had known

her whole life growing up in Sheridan. Parents and grandparents of childhood friends.

It's fun to notice the transition from that adult telling her to stop chewing gum to "I trust you to care for my family."

We have a really special medical community in Yamhill County that's been affectionately referred to as country casual with many local providers having grown up here and raising families here.

In 2019 Helen began a focus on in-home senior care. She had been the health services director in an assisted living community. She would visit people in their homes recruiting them to her community.

She found that many really wanted to stay home but had no one to provide the care that they were coming to need in their waning years so they could stay home but be safe.

Adult kids and other friends and family aren't always a sustainable option to provide that care.

Thing is, we have so many people in our communities that have a heart for care if they only had a way to help.

Helen does apply medical good sense when assessing a person's need and whether in-home care is even prudent.

Sometimes, moving to a community is simply best to nourish the need for social stimulus.

But for those that are just too attached to they things they can't take with them Helen would like to have options for them.

Over her years she has met so many caregivers that would love to offer free care. So, she thought, "let's connect these two groups of people."

The mission of HelloCare is to built a community of caregivers to care for the seniors in our community.

HelloCare has 60 caregivers now and are adding 2 or 3 a week growing by those caregivers recruiting their friends and coworkers.

There are also 3 nurses, including herself, on staff and they are tooling up the first Hospice to be based in the Yamhill Valley.

Our community's needs are different from those in metro areas. That means a different care model.

Helen has two client



groups. Her seniors and her caregivers. She wants her caregivers to feel satisfied in their work including paying a wage and benefits that feels fair to them and rewards their expertise and years of experience.

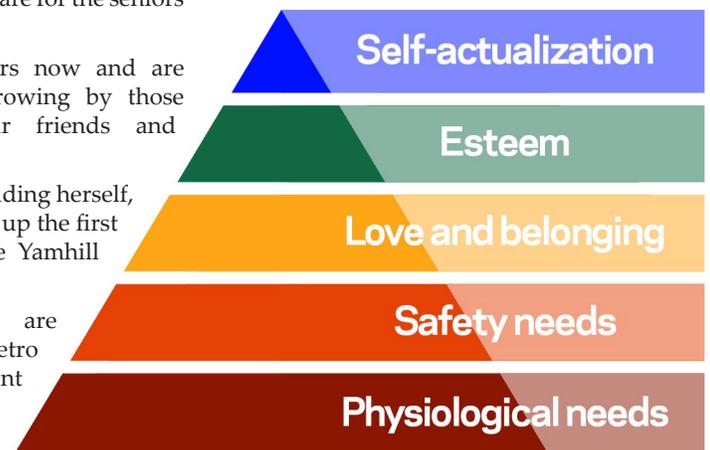
She would love to offer easy schedules but that isn't always possible so she tempers expectations because people need care even when it's icy or it's Christmas.

HelloCare has a new Skills Lab in its office with hospital beds, walkers, briefs, etc. to train folks really well to go out into homes and deliver great care.

Caregiving is a difficult job both physically and emotionally. It is important to see to the needs of the caregiver to keep that passion for care thriving. Being able to sit and console when a patient has passed is an example.

HelloCare does its best to match a caregiver to the home. There can be great vulnerability in allowing someone into your home so matching personalities and skills to needs is a high priority.

Below is what's known as Maslow's Hierarchy of Needs. This is a big discussion point at HelloCare because of the importance of that bottom, foundational tier, of the pyramid. This is true for clients AND caregivers.



There are times when clients and caregivers behave in a way that “are mystifying to us.”

In many cases we can go back to that pyramid and find that they’re not sleeping or not eating or they’re in pain. All these basic things that must be satisfied before anything else can truly matter.

What makes HelloCare unique?

It starts with listening to families. Helen often considers her place as augmenting family care teams when there are family caregivers in place.

Just as often those family care teams, or individuals, that are exhausted and need some respite. HelloCare positions itself to give that person(s) time for a nap or shopping or just personal time.

HelloCare doesn’t want to just show up and do things their way. Rather to respect the efforts of the last months or years’ worth of loving care. Learn what’s working and add their own tips and tricks from years’ worth of experience.

In addition to matching caregivers to personalities HelloCare also tries matching geography and mitigate the tedium and time of travel.

They have people coming to HelloCare that want to provide caregiving that may have cared for a family member(s). They found they got something out of it and wish to do the same for others as a career option.

Those people, however eager, may have a very limited, focused set of skills and may need a lot of training. For them there are classes they will need to work through.

Some, however, have been providing care for years in many different capacities and need less training.

So it’s vital that HelloCare listens to its caregivers and tailor instruction to their strengths and weaknesses.

Health maintenance is always a priority since it’s so much easier to maintain good health than to get it back once it’s lost.

So it’s important to identify risk factors early, address them and work to turn them around.

As nurses they operate on a case management model. That means looking at the person, their environment, the care team in place, and work on risk factors.

They observe for activity and strength to keep people moving safely as much as

possible because the move it or lose it adage is so true.

So many people (she was referring to her seniors but we all know this means everyone ever), when a knee starts hurting we tend to just sit in our chairs “until it gets better.”

They have folk that have gotten hit with COVID then released home where they suffer from post-illness fatigue and right back to the same sitting “until you have the strength.” So they sleep and sit more. There begins the cycle of you don’t walk, time passes, more time at rest, soon enough you can’t walk.

So they do what they can, safely, to keep people moving. So a part of the assessment is what they can do to improve health for the long term?

Honest conversations with their clients are important and urgent, to get decisions and plans in place before the situation degrades to crisis and hospitalization.

If you think you’re unmotivated with a bum knee, imagine having to be intubated because you hadn’t been getting mobility attention you needed in those early stages.

Have ongoing conversations with the seniors in your own lives. What are their goals for the next weeks, months and years?

Examples: “Is your goal to stay in your home until the end of your life?” “Are you open to the idea of a senior living community if you lose a spouse or just need more help?”

These are great conversations to practice with because, like it or not, we’re all gonna get there one day!

No one escapes the decline and end of our lives. It may feel like a taboo for many but it’s only so because of the shared sense of mortality and perceived loss of dignity.

Q: How do you handle pain management?

A: HelloCare works with primary care

physicians on that pain management. Sometimes a special referral is needed for a pain management clinic or specialist that the PCP may not be familiar with but HelloCare advocates for those. As nurses they are in a place they can tell the doctor what their clients need. She understands the system feels broken and hard to navigate. They can offer insight and make those phone calls to say what is or isn’t working. And they’re in a position respected enough to put some urgency behind the request.

Physicians see a lot of different types of patients and may need some gentle badgering to make that decision happen.

Q: Has COVID impacted how many people want to stay home?

A: Absolutely yes. People want to stay home where they feel they have control of their own environment (restrictions, lock-downs, rules rules rules).

Q: What percentage are transition versus long term?

A: Yes, about 20/80.

Q: POLST Form (Physician’s Order for Life Sustaining Treatment).

A: This is your instruction to first responders that, if you cannot speak for yourself, this document can.

CPR and life extending measures can be traumatic for the recipient and we have to know, is this what this person would want? Give that person the dignity of making that choice in advance.

Q: Actually as much comment as question. End of Life is a rich man’s game. What are we doing for low income end of life seniors? How can we make sure the right people are called in a crisis and make sure the person’s wishes are known and honored?

A: I would put a bright piece of paper under a fridge magnet with DNR/POLST info and a best contact person/number. Don’t make first responders have to look for instructions. Their first job is to rescue and resuscitate. Don’t make staff find and scrutinize a chart.

And we have Medicaid beds in our community for low income.

Postscript: Helen is a [published writer](#) and holds two patents, one being the [Milk Saver](#).

She also holds the title of Mrs. Oregon from 2016.

Strangely, however, she is not yet an Early Bird. Hmmm.

