

Daughterhood the Podcast

Episode #50 Caring at Home with Courtney Hogenson

• 49:44

Resources Mentioned

Call-Light <https://call-light.com/>

Vial of Life <https://www.vialoflife.com/>

Urban Sitter <https://www.urbansitter.com/>

Identifier 00:00

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Disclaimer 00:16

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Rosanne 01:05

Hello, and welcome to Daughterhood the Podcast. I am your host Rosanne Corcoran Daughterhood circle leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the front lines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents. We recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in daughter hood. Courtney Hogenson is a registered nurse, entrepreneur and innovator with over a decade of experience in the healthcare industry. As a certified care manager and a Legal Nurse Consultant. Courtney has extensive expertise in elder care and patient advocacy and has served as a primary liaison and medical advisor for patients and families. She has been an active member and leader of various professional and community organizations such as the Aging Life Care Association, the Alzheimer's Association, and Texas Nurses Association. Courtney is the founder and chief caregiver of Call-light and on demand health care platform that connects care seekers with trusted nurses and clinicians, for in home health

care, anytime, anywhere. Today, Courtney shares ways caregivers can provide care in the home, the importance of creating a care team, and strategies and pitfalls along the way. I hope you enjoy our conversation.

Rosanne 02:52

More and more we hear people say they want to age in place or be cared for at home when that time comes because of the cost of living in an assisted living community or not wanting to live in a nursing home, or they just don't want to leave their home. Yet. It's not always as easy as it sounds to provide care at home. Courtney, where do we start when it comes to caring for someone at home.

Courtney 03:12

I would say in a perfect world, you start before you need it. Because most cases, I find that there an emergency situation there last minute thing, it's something that look as much as none of us want to. We don't want to manifest that we're going to need the care and all the things but it's in reality, if we are lucky enough to live long enough, we're all going to need care, we're all going to be part of the care team, all of us are going to be in that. So I found that if you can plan for that in advance, before you need it, you have so many more options. So I think really just having those conversations with your loved ones as much as nobody wants to talk about getting older and what happens. And it's so key to have those conversations so that the family members that are making the decisions on the behalf of someone else, do it with confidence and do it knowing Oh, this isn't exactly what mom told me she wanted to do if she couldn't speak for herself or what have you. So I think you'd have to start with where you are and plan proactively, you know, prepare for the worst plan for the best. But just know that you're not always going to get everything you want. There's a definitely an element of compromise. You know, I've got some patients who are better off at home. And it makes sense because of all the things that work for them. But for other people home is no longer the best place. Like I had a really, really amazing CEO. He had early onset Alzheimer's and you know, everyone thought oh, he needs to stay in his home. He needs to stay in his home to a point he stayed into his home until it became unsafe, you know, because his home was like a mansion. And Bel Air and it was like, a museum. And it got to the point where like he fell and hit his head and paramedics come and everyone's like, Oh, what's, what year? Is it? What President is it? And we're like, he doesn't know those answers anymore, so you're not gonna get the right answer. But it came to a point where he was no longer safe at home, it wasn't safe. And so he's actually spent the last five or so years at this really amazing assisted living where he gets to see people every day. And it's almost like he gets to be that CEO, every day, I get down in the dining room who's waving to his people. And you know, it's just, you just you have to, you have to kind of be able to roll with what happens because some people, a situation is just not right for them. And then other people, they're very pleasantly surprised, you know, they end up at a boarding care home a nice, small home, and they say, This is great. They do everything for me. You know, and other people are like, happy to be in an assisted living, because laundry is taking care of housekeeping, taking care of meals. It just depends. And everyone's a little different.

Rosanne 06:02

Yeah. And I also think, if you know, we, I've talked to many people about the how do you talk to your parents? And how do you bring this up? Sometimes, if you have that thought in your head, if this happens, like if it's a brick wall on you, you can't break through those conversations, or you've had

those conversations to no avail. But even if you just have it in your own mind of okay, if this happens, how, how would I set this up? How could we make this work? So even? You can even be in process? In your own mind? Yeah, if you don't have the buy in? Because it's hard, and you need to build that team? Yeah, you already, you have to have it in your, in your mind of how am I going to build this team? And what advice do you have for trying to build a team.

Courtney 06:46

I would say, you know, build your team sooner than later and have in your mind, you know, one of the most important team members is your primary care doctor, whoever that person is, really needs to be on the same page with you understand what your wishes are, what you would or wouldn't want done in the event of a heart attack, or you stopped breathing, or whatever. So that person I find to be the most important who your primary care person is. And then next to that, I feel very strongly and I'm a little bias, you need a patient advocate. And you need it to be somebody who's not a family member, not in your will. And you know, someone who has the ethical, you know, an unbiased medical professional, who can kind of cut through all the red tape, all the things because, as you know, our healthcare system is very fragmented, very siloed. Very, very hard to navigate. And so, you really need someone who speaks that language, because it's like going into a courtroom without an attorney. You know, you don't know what you don't know, you don't even know what to ask. You don't know the rules. It's like you need. So if you can't afford it, I would say hire a patient advocate before you need one. Even if it's someone who's checking in with you once a year, every quarter, hey, everything's stable. I got you in my files. I know all your meds. I know all your doctors. I know what your wishes are, who, who you want on your team. I know the plan in advance. And so if and when you need me, I'm here, rather than shit to ban. Right? I need you. Because then you just don't have a lot of options. And you're kind of scrambling if you've never had those conversations. Yeah. You don't even know what you don't know, again. No, no. And especially when you're under pressure and under stress, trying to make the best decision. Yeah,

Rosanne 08:41

When everything, like you said is fragmented. And you don't even know where to where to start.

Courtney 08:47

And if you're dealing with families, which usually are, there's so much baggage that comes with a lifetime of relationships and things. And it's like, people would often say to me, I don't know how you do it, Courtney, this, what you're doing is just like phenomenal. And I said, Well, you got to remember, this isn't my family. If this was my mom or dad, I'd probably be just as big of a mess. Maybe more, you know, but since I'm able to come in with, you know, open mind, and I come in knowing I've been probably down this road before with another patient. I've seen something like this before, I know how it could or couldn't go off the rails. And it's like, it's so much easier to not be the daughter and not be the son not be the spouse when you're going through something like this with a loved one.

Rosanne 09:33

Right. But, you know, unfortunately, in reality, that is what happens.

Courtney 09:38

Yeah. So I think in reality, you choose the best person you can you make sure that person is up for the challenge, because you certainly don't want to put that on someone who's not capable of it, or because sometimes I'll tell you from my family and from experience, my dad's dad had Alzheimer's and he moved into my parents home when I was in high school. And it's interesting how all the years up until then we thought, Well, my Aunt Sally is the closest with Pa, she's gonna take care of him, he's gonna go with her. And it's just so weird how we assume it's going to be someone, often the daughter. And in reality, it ended up being my mom and dad, I mean, Aunt Sally was participating and she was involved. But it's amazing how people will just assume it's going to be the daughter. And I can't imagine what that would have done to her life and all the things I mean, my parents, they struggled to take care of Paul, and he was an adult daycare and all the things, but I just got real insight into like, it's a, it's a family system. And some people play different roles. And you might be surprised at some of the roles people do and don't play and, and you just got to realize, you could be resentful about Uncle, you know, whoever didn't step in, but it's like, you just never know what's going on in their lives. And some people are not good fits. For those types of roles. You just never know.

Rosanne 11:00

It's true. And it's so hard to try to manage all of that, either within your family or when you do bring somebody in from the outside. It's hard to manage, because it's hard to get all of that out. Like what what's your motivation? What's my motivation? What's the end goal? How do we want to shape this, but that's all part of this. And that's, that's what makes it so difficult. And the fact that you have daughters, mostly, and some sons, we we're not excluding sons, but you have caregivers who are trying to provide this care by themselves.

Courtney 11:34

Yeah.

Rosanne 11:35

When in reality, it would take four to six people would have to be on your staff on the daily.

Courtney 11:41

Yeah.

Rosanne 11:42

And we're trying to do this. And then that's why it's so hard. That's why we're so exhausted. That's why we're so stressed. And it's just, it's just so hard to actually sit there and think about, I'm doing the work of four to six people. No wonder I'm tired.

Courtney 11:57

Oh, yeah. And those people are usually experts in something, you know, they've got different expertise. And it's like, someone's really good at this. So you're kind of thrown in as a family member, you're a novice, because you've never dealt with it more than likely. And it's like you're you're getting, it's like hitting someone with a fire hose. Like, hey, got this.

Rosanne 12:19

You good. You're holding that egg in the spoon and we're gonna we're gonna turn the fire hose on you. So keep the spoon on the egg. Okay. Yeah,

Courtney 12:26

I think you have to realize that your care teams evolve over time to some people might be really good at the beginning, some people might be better at the end, you just have to realize that it's going to take a village, and you don't want this one hero, because that is just you're you're primed for exhaustion. resent meant, you know, all that someone's gonna fail. Yeah, like the caregivers gonna die sooner than the patients if it's just one person, and they're doing everything. So I think it's just all the other family members and care members need to recognize that just because someone lives closest or whatever, doesn't mean they're going to do everything. It's just, okay, you live in Hawaii? What can you do from there? What are your skills? What are your gifts? What are your talents? What is your capacity? What can you do? You know, and just, I think I found that when I come in as a, as a professional, even if the families are usually a little bit dysfunctional, I think I've heard someone say, like any family with more than one member has some dysfunction in it. Totally, totally true. So I find that you come together and like you were saying this person's motives might be this, this person's that whatever. If you come together, I found that I would like to get together. Let's say it's four siblings, and maybe half of them get along or like each other, or what have you. I always try to get together with each of them a little bit before and say, Hey, what are your goals? What are your concerns? Let's talk about that, put it in writing. And then you and me, let's talk one on one, I did it with like, all four of them. And then we all get together with mom, or whoever else is part of the care team, come together with an agenda. And I'm in charge, you know, because I'm not a family member. And I'm, they're all going to kind of listen to me a little bit more and not fight with each other. So I just say, Hey, we're all here. For the same goal. We're all here because we care about this person, or this couple, or whatever. And you may not agree with what she says, or he said or what I say or what they want. But we're all here for this one person. And if we can all agree on that, and recognize that we all want, we all want what's best for them than worse. We're starting from a good place. We're not always going to agree. But let's agree that this is why we're all here and just start from there.

Rosanne 14:34

That's great. I love that. Yeah. I love that. And because I think it's it's true, because you're all you're all working for the same goal. So let's figure out how to be on that team working for the same goal. And it would just be easier in the long run. But it's, you know, it's hard because everybody will have different needs and need different levels of care. Yeah. So how do you figure that out from that The starting point.

Courtney 15:02

Yeah, I think, yeah, you bring up so many things. My mind's just like, Oh, yeah. And then there's this situation where you get you know that and this Yeah, take your time, though I think it just you have to really meet the person where they are. You know, I've had patients where they say, Oh, this guy was this type of person, and that and then and I'm like, I get that. But that was 20 years ago that was before this thing. You have to meet them where they are, they are not living the same life, they don't have the same needs, as they did back then. And so I think you really just have to recognize where that person is, where they're safest, what their budget is, who they have on their team, what makes sense, because

if the budget is limited, you don't want to blow it all right away, you know, and most people do have a limited budget. So it's like, you want to be mindful of like, I mean, you and I know this care is very expensive. Yes. It's one of those. That's why a lot of daughters do it. And that's why a lot of women do it, because it's sort of that second shift that goes unpaid and unnoticed. And, but when you get down to it, and you get to pay for it, you realize how expensive it is? Yes. And it is. So it's like you really have to you don't want to overdo it. You don't want to hire nurses, a team of nurses, if you don't need it. You just need a caregiver. I mean, if you have a good billion dollars, maybe you do, but most of us don't know, you start with what you need. And then you work your way up. And I think it's good to have a patient advocate or a nurse or some type of medical professional who can say, Okay, you're dealing with diabetes, now, injections, you're dealing with blood sugars, okay, this is something that someone else should maybe be managing, when it comes to medication filling up that pillbox once a week or every other week, like, maybe that should be a nurse, there's a lot of meds going on here. I mean, I know from my husband, I was watching him try to get just like a mail order pharmacy. And it was like a full time job being on the phone with this company. And I'm like, thank goodness, he's not gonna die from not having this medication, but this is crazy. So you don't need to have someone kind of managing. If they're really important medication, you need to have someone managing that these are never going to run out. If you're traveling, you know all those things. Yeah. So I think just having different levels of care and access to that. That's what I find by having an advocate. That's a nurse or somebody like that they usually have a village as well. Like, I know, a fiduciary. I know an estate planning attorney. I know. Like we know the homecare agency, we know that Geriatric Care Manager, we know all these people. And so if and when you need them, we just pull them in.

Rosanne 17:44

Well, and it's that's the best case scenario of everything. But much like care, there is no I mean, you have to pay out of pocket for all of that. Yeah. And we know Medicare doesn't pay for long term care. They don't pay for companion care, they don't pay for any of that. Which is a surprise to some people, which, you know, because everybody thinks, Well, you just Medicare will pay for it. It's like Medicare will not pay for this.

Courtney 18:08

I remember learning that, you know, my grandfather had Alzheimer's. It's like, oh, we'll pay for all these other things. Kidney failure and whatever. Alzheimer's nope, not that one. Sorry. Not that box, you're on your own. You're on your own. And then it's like, okay, well, thank you. And it's unsustainable, because at this point, there are so many more people that are living so much longer, and they're having these chronic conditions. And it's like, we're going to break our healthcare system, if we don't change it.

Rosanne 18:37

Totally. And I think because people, again, don't realize it until they're in it. And because they hadn't been in the hospital for a long time, or whoever, you know, when they're when their grandparents were cared for, it was different. It was a different time. And now to actually have to get a pre certification for the medication that you've been taking, because of this chronic illness. Like there was a cured, it wasn't cured. It's a chronic illness. They they've been taking this medication for the last 10 years. And now we have to go through these hoops again, it doesn't make any sense. And all of that adds to the time and

the energy that a caregiver has to spend exhausting, it's exhausting. It's exhausting, and it's not recognized and it's an in the meantime, this is part of your daily life.

Courtney 19:23

I think for people that don't know, like this kindness I think that's why you and I are probably like why are more people not outraged? Why are more people not trying to help people and it's like, right, I remember being in it UCLA and the ICU, which was a fantastic hospital. Like if I needed to go to a hospital. I'd go there, the great nurses, great doctors, but I remember thinking like okay, well when they leave the ICU when they go home if they're, if they're requiring home health or hospice, like they're gonna have a team of people like there's going to be some coordination of care some continuity, like, especially someone who's got a heart transplant like surely there's going to be you know, some No. Like, I remember being shocked like, wait a minute, you're just on your own are too. And it was just unbelievable. I just I couldn't believe that people were on their own, who had no idea how to navigate these systems. And I just thought, wow, we're really in trouble.

Rosanne 20:18

Yeah, it's it's horrifying not only navigate the systems but provide that type of care. I mean, you go home with the piece of paper and the phone number to call. Okay, if you have any trouble call this number. Okay, I hope somebody's answering. I hope it's not after seven o'clock at night. I hope it's, you know, productive. And as the caregiver, you, you are, you're on your own. Yeah. And it's, it's just and that's the thing, and you know, then they're talking about hospital at home, which kind of makes me very nervous. I understand the concept. But it makes me very nervous. Because how are you carrying out that care? As a caregiver? Yeah. How are you supposed to what, what can you do to carry out this care?

Courtney 20:57

With support, I mean, you have to have a team, and you have to have a coordination of care, you can't just rely on the caregiver to do these things. I mean, I know when patients are getting out of the hospital from, you know, maybe like an acute event, like a stroke or heart attack, they are going to do a lot better, if they have a nurse going home with them, or a team of nurses who are going to oversee the first 48 or 72 hours of care, they're going to make sure those prescriptions got picked up, they got filled, they got taken, you know that the person took them as they were supposed to, if there's any side effects, they're going to report that immediately. So it's almost like you need someone there. And I feel like insurance companies are eventually going to get hit with it like, oh, yeah, we're gonna reduce readmissions, if we have a nurse going home with a patient and making sure they show up for their first post op appointment. And all the things are triaged right there at home. You know, it's like, they're starting to get it. But right now, it's like, we're just building these teams on our own. And not everyone has access to those type of things. No, and and when you don't, how do you suggest the caregiver has tried to be that person, and care and provide that care without anybody? What what kind of options? Are there for them? For You mean for like, care at home? And things like that? Um, yeah, like, actually, yeah, I would say, if you're starting, you know, you're starting from scratch, you've never done anything like that. I think you just have to. It's all so personal, everything's so different. And someone may have had the best caregiver or best agency or whatever, in the past. But if that person is not available, or that team of people, it's like, you know, proximity comes into, all so many factors come in. So I find that if

you can find us a support group, some sort of whatever it is, other people that are going through what you're doing, hopefully, that are a little bit further down the road that can kind of tell you what's coming and what they did, what they tried, what did work, what didn't work, what they would do differently, if they knew what they knew. Now, you know, like, it's so great to have these different people, because there is no one right path or one right answer, like, sometimes you have to try it, and then that doesn't work, try something else. And you just have to, there is no straight path to like, this is how you should do this. It's like, right, this is working right now. So we're gonna do this, we're gonna continue this, if and when this doesn't work. We're going to. So I think it's just really opening yourself up to what do I need? What's coming? What's up ahead? How can I plan for that? What just having an idea almost like having a roadmap or an atlas? Like, okay, this is the we're not going to know exactly where we're going. But it's probably going to go on one of these directions, and we need to be prepared. If and when it goes this way or that way, or, you know, off the rails, what are we going to do? And asking for help? I think you just really have to ask her help. I think the stoicism for daughters and for caregivers and for families is ridiculous. Like we can't do this alone. We can't. And we need to ask for help. And we need to volunteer help. We're all in this together. And I just feel like eventually people are going to recognize I think it just happens where like, you get thrown into it. Like you were saying and then you're just trying to keep your head above water. And you're just trying to keep one foot in front of the other. And then you're like, oh, yeah, I'll another day I'll change the system. I'll break this and help.

Rosanne 24:25

Right. Right. And and you keep going at that pace. And then you think Wait, well now if I stop and I have to explain it to somebody, I can't explain this to somebody. And that's the other part that you get caught in because you're barely keeping it together as it is and then to say, Oh, wait, you're gonna come in to help me. That's great. Oh, wait, now I have to tell you everything that I do. Yeah. And what, what my person likes or doesn't, like

Courtney 24:53

I've found you know, I think something that can really help mitigate that is having a care plan. If that evolves with the person, and I always had sort of like an emergency care binder for each of my patients, loved ones or whatever, and it would have the basic stuff like if a paramedic showed up didn't know anything, and the patient couldn't tell them anything. What is the most simple series of information that you don't want him to go through your entire medical history? Right, it's garbage. And it doesn't mean anything you want to get right to this is what's super important. Allergies, height, weight, major diagnoses, medications, all those if there's an Advanced Health Care Directive, if they want CPR, all those things, you just want to have all that laid out. So that taking because what if you go to the ER, you know, it's like, you could have the best team of doctors and nurses and surgeons in the world? They don't know you. They don't know if this is normal, abnormal. This is your base. If you don't know the President today, they don't know that you didn't know what, 10 years ago, like, Right, exactly, you know, so it's like, you have to kind of be your own advocate, or be that person for someone. So I think if you can just kind of try to keep that stuff as current as possible. And maybe it's a Google Sheet, maybe it's maybe you have a HIPAA compliant thing in the cloud, you know, affordable solution, but just trying to keep on top of that, because you know, you can go through your medical records, and there's mistakes, I promise, absolutely. There's mistakes everywhere, like we're human, and there's computers and typing. And so it's like, you kind of have to just stay on top of that stuff, because nobody's going to

know better than you. And I think patients and family members need to, you know, have some confidence in that, too. I know, it can be really hard to talk sometimes to doctors and nurses, and they speak another language. But it's like, nobody knows you better than you.

Rosanne 26:42

Totally agree. I used to, I would call it my get hit by in case you get hit by a bus file. Because you know, where caregivers, God forbid something happened to you? How are they going to know and I would keep a list of all of my mother's medications. And when they changed, I would get rid of that one and print a new one, put it where I used to pin it above her meds, and keep that running list of even down to like television channels and shows that she liked. Like, what I would print all that out. And she had a vasovagal syndrome where she would pass out when she got hot, or pain or whatever. So I kept a copy of her latest EKG in the folder so that when the paramedics came, because by the time she woke up, she never wanted to go to the hospital. I could say here's her last EKG, so they could compare it. Let's see, yeah, to try to avoid that. But it's those types of things. They're little things, but they can help in big ways. Yeah. And it's important, and then it's not so overwhelming, so that you have all of that. And then when you do get a chance to leave your house to have a little respite or just to get out for an hour, you know, that that is there for them. Yeah. You know,

Courtney 27:53

Yeah, that's brilliant. I would even say for people that have pacemakers and people that have, you know, they have to get their labs drawn a lot of your most recent lab results, not your entire medical history. Not everything, right, crazy. But the important things have those there and accessible, and I just makes it makes the caregiver, rest assured they can walk out of the house, and maybe silence their phone a little bit.

Rosanne 28:20

Right. Right, because you've covered it all. And part of that anxiety also is Oh, I forgot. Yeah. Oh, I didn't tell them. Oh, I did. And this way, when you do that, when you're writing it down, and you're keeping a log, and it's it's a pain to do all that initially, but then it's done.

Courtney 28:35

Yup. I found even you were saying like, you know, the old meds I found even including why we stopped taking a certain meds. Yes, having that somewhere like, Oh, we don't take lasix because she gets up all night. And she'll fall and these, right, like, you just need to know those things. And allergies. Like you just need to know why someone can't have morphine or why someone should like all these things. It's like we know this information, but we need to put it all together. And I have this form that I got from somewhere. It's called the vial of life. Oh, I share it with everybody. I could share it with you too. But I'd love to see it's just this front and back little thing that I know they used to put on the refrigerator. So maybe it was like a paramedic or somebody had created this thing that's called the vial of life. And I was like, Oh, this is a great start. And then I kind of customized it made it my own. I was like, Oh, well I also need this like I need if they have severe Alzheimer's that needs to be up at the top. Yes, it's you're gonna ask him who was president and they're not going to know. And like you need to have these people on there. You need to have like, the primary care who you know, what's their blood type? What's their major allergies, all those things and it's like if you could just have this written back and a list

of meds like oh my goodness that a huge someone walks into you know, an ER and they have that and like the doctors and nurses and everyone triaging them is like Ah, thank you. Because otherwise they're gonna run every every test in the world screen for everything, make sure they're not missing something at least if they've got some sort of like, Oh, she's got a history of strokes or she's done blood thinners? Oh, okay, good to know like, this is super important.

Rosanne 30:13

Right? No, absolutely. You know, with all of this, how do you again back to like providing the care in the house? How do you access what's needed? Equipment wise, we'll say through the doctor through, you know, things that you've noticed or or you know, anything. When the doctors do you have a house call doctor? Can you have a nurse that comes or mobile, phlebotomist or radiology like all of that? How do you set all that up?

Courtney 30:41

I would say, again, the most important relationship of your care team is that primary care doctor and if you could have a mobile physician be a part of that group, mobile, phlebotomy, mobile, almost anything these days, you want that, because let's face it, if you have a chronic disease, or you have mobility issues or cognitive impairment, you don't want to have to take that person across town to see the doc like, you're gonna cause more harm than you are good. If you're doing that all the time. So if I always say if you don't need to be in the ER, or, or the ICU, you could probably get it at home, or close to home pretty close. And so I think just trying to connect those things, and what's covered by your insurance, or Medicare, or whatever, obviously, you go there first, and you utilize that, but I found, there's ways to fill in the gaps, you know, like we you get to a point where you know, like, Oh, that's not going to be covered. So we're going to, here's our options, we can do this, this or this, but it's just so important to have those options, you know, the difference from paying for like a private ambulance, or having like a membership to like, you know, if you know, someone always needs transportation to a doctor's appointment, you're gonna plan for that in advance, and it's you can save yourself so much time and so much money, you know, just having these systems in place, and maybe you'll never need that. But it's good to have the information in case you do.

Rosanne 32:12

No, no, absolutely. Because you can call the insurance company and see, do you have a house call? Doctor? Do you have this? And, and that's really the key. That's the that's the unlock code for that is because then they'll have the mobile phlebotomist and the mobile radiologist and all of that. Yeah. And it's, it removes so much angst, so much angst.

Courtney 32:40

Yeah. Well, and a lot of times, you know, I say if you've got a geriatrics patient, you should be seeing a geriatrician because they really understand things metabolized differently, and someone who's a teeny tiny older woman. And they also know what's usually available in that community, like, Oh, here's where people go for this. Here's what they do for that. And they're able to, if a nurse or an assistant is calling from a doctor's office, someone's going to listen to them more than they're going to listen to a doctor or someone who's like, doesn't even know what language of medicine they're talking about. They're going to listen to the assistant or nurse and be like, Yep, they're calling from Dr. So and so's office, that we're

going to take care of them. Right. So sometimes it's kind of sad. That depends on who's talking to who but you want to find someone in your doctor's office, whether it's a nurse or the assistants the gatekeeper. Yep, you want to make friends with that person and you want them to, you know, you don't want to burden them. But you want to ask them, What can I do? I'm trying to be a good steward. I'm trying to be a good advocate to this other person, like, what are the things that I can do to help? And because it takes a village.

Rosanne 33:53

It does take a village and and the I call them the magic words, the words that you say that they know that you know what you're talking about. Yeah. And you have to have that language. Yeah. And I don't know. I don't know if it's the best way to to find that language. If you don't know it. Yeah, the best way to find that language is through what would you say?

Courtney 34:16

I mean, I think it depends on what disease process you're dealing with what age group, what chronic conditions, because they're all going to have their own sort of vernacular. Yeah, they all have their own thing. And so I think, you know, even just going to doctor's appointments, I think that's such a huge lift for I think, if you can have someone go with you, no matter who you are, how old you are, have someone go with you who's going to take notes, and just be there observing and taking notes because telling you you're going to miss so much information that they wrote down that you didn't catch. And you really just have to get used to that language. And if you're not going To these appointments, it's very hard to keep up and no, if you think about these doctors, a lot of them are not missing systems. Yep. And they don't have the same charting. And so they don't know that you just went to the pulmonologist last week and had XYZ done. They don't know that you they just they don't know, things that they're not privy to. And so you really have to, I think, keep really good notes. I always have, like a notebook with me, and whoever's with me, I'm going to write down the date, what doctor, we're at what we're here for, you know, what tests they did what we need to follow up on, because so much of it is the follow up, they ordered these things, and they ordered that and this and it's just like, well, who's, whose job? Is it to make sure all those things get done? And who's going to find out what those results are? And who's going to find out what those results mean? And you know, it's like, you have to really be on top of it. And it's a lot. It's a lot.

Rosanne 35:54

It's a lot. It is and and you know, how do you get your parents to accept? I'm gonna go with you.

Courtney 36:01

Yeah, I know that too. It's tough, because I definitely find that they will. My parents don't want me go into a doctor's appointments with them. Maybe they do? I don't know. I doubt it. But I'm sure they do. Yeah, but maybe they do. Because I'm a nurse. Well, here's, here's the other thing that I'm thinking is like, people don't want to admit that they need help when they need it. Because then they think they're going to lose all their autonomy, they're going to lose their rights, they're going to lose, you know, the moment you admit that, like you're not okay, and you can't drive and you can't do these things like, Ah, they're going to take everything away from me. And that's not the case. And I think if you can have conversations with people in your life and say, Look, I'm here for you, I'm your ride or die, I am here to

the end. And I'm going to make sure you get all the things that you need. But we have to talk openly. And honestly, if you're having a problem, if something's changing, like, let's get to the bottom of it quickly. And you really have to have people that are on your side and that know you and I think you just you collect these people, you know, whether it's a professional or it's a daughter, or it's a gram sign, or you know, there are these people that are like, you know, I'm going to help with you let me and so I think you just with an older parent or something, it's like, hey, I want you to stay at home, nobody's arguing with you, let's make some compromises, let's do a couple of things that we have to do to make sure you can stay here for as long as possible, and be safe and healthy, and get all the things you know, and so that everyone else is not worried about you, because everyone else you know, wants to maybe move you out because they want to have eyes on you and make sure you're okay, well, let's compromise or do some things that can make sure that everyone's okay, and feeling safe with where you are, what's going on there.

Rosanne 37:46

I love that. I love we're all on the same team. We are again, again, all the way back. We're all on the same team, we all want the same thing. And that's it's important. It's important to make that connection. Yeah. Yeah. It's always interesting to me, because you have a personal, you know, your personal experience with your grandfather, at a young age, almost kind of set your tone for what you wanted to do. And I, I find that, you know, the more more and more people that I talked to that that are in this type of industry that wants to do something come from that. And is that was that the basis for your for your work, not all of your work, obviously, but for call light or for you're doing now.

Courtney 38:33

When I was in high school, I think I told my family, I said, Well, I'm going to be a doctor, and I'm going to cure Alzheimer's. And I'm going to do all these things. And you know, I had that in my head, I'm really going to do something. And I tried to avoid that. I think, you know, I went into entertainment. I went into radio, TV film, I moved out to Hollywood, I worked at Nickelodeon. I did all these things. But it kept pulling me and pulling me in eventually, I ended up going back to school and became a nurse. And then as a nurse, I saw all these gaps in our care system. And I'm like, Well, I'll start a non medical homecare agency. Oh, well, I'll be the nurse care manager that's taking care of people and I'll be the patient quarterback. And then I'll start helping people hire nurses. And it's like, I ended up I tell my parents this, like, if I don't create the systems and the tools to care for my parents, Who's going to care for us who's going to care for our loved ones, like I just I saw my parents struggle, and the things that they went through and I just remember thinking, this is gotta be easier, like this should not be this hard. And as a health care professional, you know, I came late to the game. I became a nurse when I was about 30 I took but maybe my life experience helped me get there a little faster. I knew what it was like for family members. I knew there were all these gaps in care and I just wanted to help people bridge those gaps much faster. Like you know, I know what's probably ahead. I've seen this before. Let's, what would you do differently? If you knew back then what you know, today think of the things you would have done differently. And it's like, Oh, my goodness, there's so much more we could have done. We just didn't even know. Yes, it chooses you. It chooses you. You don't choose this, it chooses you. It does choose you.

Rosanne 40:18

You're right. You're absolutely right. Because yeah, I mean, you could go in the other direction. And it just, you just keep coming back. Well, tell me tell me about Call-Light. Tell me what you do with this.

Courtney 40:27

You know, I kind of came up with this idea. Almost seven years ago, I have a little boy who's almost seven. So when he was a baby, I was hiring, you know, first part time nanny, those types of things. And I found these great sitters through other moms, other groups, you know, all these things. And I said, Well, I have to check your references. You know, you could be great on paper. But I don't know who I don't know much about you. We got to check this out. And so I remember one of the gals that I found said, Oh, can I show you my review page from the babysitting sites? And I was like, What is this? Is this like Yelp? Is this even legit? Like I don't know if these are your friends giving you reviews, or what? Like, check out these reviews, it was actually urban sitter, which I'm a fan of, I'm a member of great for finding a sitter, they had real ratings and reviews of these babysitters. And I was like, oh my goodness, they're tracking data of like, repeat customers, if someone is always on time, all these things that you're like, oh, my gosh, and I remember thinking, this would be a game changer for me, in my private duty nursing registry, where we could be rating and you know, these nurses that are really fantastic and wonderful, we're gonna get all these great reviews, and you know, they're gonna be able to have like higher jobs and in, they're gonna be able to get higher wages. So I just thought, oh, my gosh, if someone would do this, this would be really fantastic. But I didn't newborn. So I was like, someone else will do that. But then all these years later, I honestly feel at this point, I don't know who could do it better. And who would do it in a way that's not going to take advantage of nurses take advantage of patients,. Um a lot of people come into this because they're like, Oh, this is there's a lot of money in it. And I'm like, no actually would call it what I'm trying to do is get rid of the middleman. And, you know, I did a private duty nurse registry, but it was only accessible to very wealthy people. And it was really heartbreaking to see how many people we were not able to help. And I just kept thinking like that we shouldn't have to charge so much. I want the nurses to make more money. But I want the patients to pay in less, how can we do this. And so with call light, my dream was to create a safe platform where these nurses and clinicians can go on there, and families can safely connect and look at them and say, Oh, they don't live very far. For me, I'm looking for this. So in this way, we're getting rid of that 30 to 50% overhead that happens with registries and agencies. But it's also not Craigslist. You know, like we're vetting these people. We're checking their license, they all have malpractice, liability insurance, they all have professional references. And there's an accountability thing. You know, the ratings and reviews that keeps a lot of people honest. Yeah. And so I just wanted to create something that was accessible so that there could be more impact and more help for more people. Because let's face it, there's 4 million nurses in the United States, there's probably one not very far from your loved one. Who would be a great who would love to help, but just doesn't have this system set up yet.

Rosanne 43:21

Yeah, I think it's brilliant. I think it's brilliant. And you're you're just in California right now, you know, spreading?

Courtney 43:29

Spreading. It's funny, I thought we were going to start in California, because that's where all my nurses are. That's where all my contacts are. But I'll tell you what happened. This is real life. We had a former

patient moving from California, to Tennessee. And they reached out and said, Oh, gosh, we heard you're doing call I are so excited. Please tell us you're doing it in Tennessee. And I was like, oh, gosh, no, we're not even know. We're just getting the tech going like this is a lot of work. But I just knew this. And I asked them, how's it going your search? And they said, it's not going well, we don't we haven't had a lot of luck. And I said, Well, how much time do you have? When are you guys planning to move? And they said, Well, we planned on moving like two years ago, just life got in the way. And they said we probably have about two months. And I was like well shoot two months. I'm not used to having that much time to put together a team that sounds like forever. And so I just took a leap of faith and I said you know what, if I can do this, and Franklin, Tennessee, Thompson station never even heard of it. Apparently it's really lovely area. If I can do this here. I can do this anywhere. And so I can't, for whatever reason we ended up starting there because that's where people needed us. So I've found that people are calling us in West Palm Beach. People are calling us in Phoenix. People are now calling us in SoCal. So it just kind of depends on I feel like as long as we have nurses available clinicians available in those areas and people need it. It doesn't take very long to kind of get to that critical math of we've got enough people to take care of them now.

Rosanne 45:04

That's great. Yeah, that's, that's great. Because it's so helpful because it is, in those moments when you're like, Okay, I think I can do this. But I don't know if I could do this. I don't know if I should do this. Yeah, I don't know. You know, those moments when you're, when you're called to clean out a wound, or, or do a catheter, okay? Let me do a catheter. Why? Like, okay, we're going to take a deep breath, and we're going to, we're going to figure this out. But in those moments, it'd be great to be able to say, I have a nurse coming.

Courtney 45:37

Yeah. And we've had those cases where we had, you know, the very wealthy CEO of some company, who had had surgery and then wasn't urinating afterwards. And that's a problem, if you get to eight hours, 10 hours, 12 hours, die. And so, you know, he had a concierge doctor and was able to just call and say, you know, what, we're gonna send a nurse, and we sent a nurse, and they paid several \$100 That guy's like, that's the best several \$100 I ever spent. I didn't have to go anywhere. Someone came to my home. And it's like, why can't we make that more accessible for more people? Well, accessible and affordable. Yes. And that's, that's what we're trying to do.

Rosanne 46:12

Yeah, and that's, I mean, that's, that's beautiful. I love that. I love that. So it's call-light. And I love the name Call-light. So that's great. So you're gonna, you're you're expanding, you're hoping to expand.

Courtney 46:22

We're expanding. And I found that I get calls from other patient advocates, other nurses who are kind of building their teams, and they're like, oh, my gosh, this tool makes it so much easier. So a lot of it is just getting the word out there telling people this is available, it makes it so much easier for these nurses to accept a job to invoice they get paid directly, because I found a lot of people, if they're trying to do this on their own, even nurses don't say don't get paid. You know, sometimes they things don't. So to have an accountability thing is really important for both sides, like some safe, healthy boundaries. And also

just people don't know what they don't know. So it's like, we're trying to make it more accessible, affordable, efficient, and, you know, able to help more people because it's needed. It's needed. The time is beyond needed.

Rosanne 47:14

Now. Yeah. Yeah, it is. We are well beyond it. Yes. Well, do you have any, any final thoughts or any final words for a family caregiver?

Courtney 47:24

Don't be afraid to ask for help. I can't tell you how many times I do some pro bono work. And now I'm going to start getting calls, right. But I would get, someone would say, I have a friend or a loved one or something. And I can't tell you how many 20 or 30 minute conversations I've just given away. I'm never going to charge somebody for that. But like there are other people like me, other nurses, other doctors, other advocates, who will do that 20 or 30 minute just to get you on the right path. And to just say, hey, here's if I were you, this is what I would do, and they can at least just get you started. And I often tell people even if they can't afford my services, I say, I'm not going to leave you stranded. So here's who I'm going to refer you to you let me know if that doesn't work out. For some reason. reach back out to me because I've got other, you know, things. So I think just asking for help and not being afraid to ask for help. You know, sometimes you're going to pay a little bit. I think it's worth it. To have somebody who is going to be honest with you, and who can cut through all that stuff and help you navigate, it's going to save you in the long run. So much time and grief, probably money.

Rosanne 48:41

To learn more about Courtney and called Light visit call-light.com. I hope you enjoyed our podcast today. Head over to Daughterhood.org and click on the Podcast section for Show Notes including the full transcript and links to any resources and information from today's episode. You can find and review us on Apple podcasts or anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram at [daughterhood the podcast](https://www.instagram.com/daughterhood). Feel free to leave me a message and let me know what issues you may be facing and we'd like to hear more about or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song Mamas Eyes from her album Lessons in Love. I hope you found what you were looking for today, information, inspiration or even just a little company. This is Rosanne Corcoran. I hope you'll join me next time in Daughterhood.