

Shana Hoover



Older adult services has been a passion for me since I was 12 years old. My first experience in the long-term care environment was when my great grandmother was admitted to Casa Day nursing facility in Modesto, CA. Prior to her admission she lived next door to me in her home and my favorite thing to do was spend my free time with her. After she was admitted, I became a "candy-striper" and volunteered at the home she was placed in. Not only was I able to see my grandmother 4 days a week, but I was exposed to other elderly who were lonely and did not have many family visiting. I delivered mail, painted nails, did hair, visited, and read to other residents. I felt an incredible sense of satisfaction bringing joy to others who were in need. I did not know at the time that working in the long-term care environment would become a career path for me.

At the age of 18, I was married and had my first child, moving to Minnesota. My husband's grandfather was left widowed and unable to care for himself at home. My husband and myself with our 6-month daughter moved in with him and we became his caregivers. This was the beginning of my career in nursing and geriatric services. Grandpa had many physical and mental disabilities. He was incontinent of bowel and bladder, required frequent changing. He had chronic loose stools and as a result ongoing problems with skin breakdown. He also suffered from mild dementia and sundowners. In order for us to safely care for him, nursing services recommended I become a certified nursing assistant. Through the course of 10 years grandpa required care that was more skilled in order to remain in his home so I became a licensed practical nurse (LPN). I worked in local long-term care facilities in the evenings caring for grandpa during the day while my husband worked.

Through the experience as working as a supervising charge RN and now as the managing director of the facility, I have had the opportunity to see what occurs behind the scenes with physicians. I can empathize with the frustrations the floor nurses have when trying to care for an elderly individual's needs and waiting for responses from the primary care providers. At times responses never are received and this requires numerous calls and/or faxes to the providers in an attempt to address issues that are occurring.

It was at this time that I decided my ultimate goal would be to become a nurse practitioner (NP) with my primary focus on geriatrics, working not in an outside clinic but within a long-term care facility. I want to bridge the gap between the nurses, residents, and physicians. I feel that by being in house, resident needs can be addressed immediately and the frustration felt by the nurses in waiting for responses can be decreased. By becoming an NP in the long-term care setting, I will be able to assist the physicians in caring for the elderly residents in a timely fashion. This will decrease the excessive time they express they spend in addressing incidental needs, and acute illnesses, allowing the physicians more time to focus on the hospital and clinic needs. I feel that having an NP in house will allow for closer monitoring and treatment of chronic and acute issues, ultimately decreasing hospitalizations and provide a continuity of care through bridging the gap that currently exists between the long-term care facilities and the physicians.

Providing care for the elderly gives me a great deal of satisfaction. I do not often spend time in my office but on the floor with the staff and residents. One particular resident who I feel I have affected in a positive fashion was recently admitted from home when she became unable to walk. Through researching her past medical history, I found she had a history of breast cancer 23 years ago with bilateral mastectomies. The resident's primary location of pain was in her left hip and pelvis. Breast cancer survivors have a high risk of developing metastatic bone cancer, with the pelvis and long bones being the primary location. Due to her size of 303 pounds, her prior MD would not order an MRI, according to the resident she was told if she lost weight, she would "fit" in the machine and be a candidate for hip replacements as her MD felt that this was the appropriate course to take. When she entered our facility, she chose a new MD and in discussing her history with him, he ordered an MRI. The resident went out for the MRI and came back in tears. She told me she refused to allow the test because the hospital staff and imaging tech's were talking about her size, how she may fall, why was someone so big being put through the scan, and she was a nursing home resident so what was the point. I called the hospital DON and discussed the situation with him, I then rescheduled the resident's MRI and told her I would personally accompany her to assure she was treated with respect, dignity, and alleviate her fear of the staff she had encountered. When we went for her scan, the staff was verbal about her weight and she began to cry. I redirected their conversation and reminded them that this was a person, not a thing and I would appreciate them refraining from unprofessional conversation. The staff did not have gurneys appropriate size to handle a resident of her size and we used a hospital bed to transfer her across two parking lots and then transferred her again to a gurney that was rolled onto a lift into the bed of a semi. The scan took 4 hours due to the necessity of stopping numerous times to manage this residents anxiety and administer medication, hold her hand, coach her in breathing, and guided imagery so the test could be completed. It was a difficult experience but was successful. The scan revealed metastatic bone cancer through her pelvis and bilateral femurs. She is being treated palliatively now and I accompany her to appointments she has per her request as she feels I am her "guardian angel". I have a beautiful thank you letter from her that I keep to remind me when I am having a bad day that I do make a difference in the lives of the people I choose to serve.