Parents Are Hard To Raise S02 Episode 88 Transcript

Announcer: [00:00:00] The world's becoming a dangerous place for us women. Lipstick bodyguard looks just like an innocent little lipstick but it will instantly drop any attacker to his knees, so you can get away unharmed. Lipstick bodyguard. Fear no evil. Get yours today. Only at lipstickbodyguard.com

[00:00:55] Parents are hard to raise. Is now available on Spotify and it's 180 million monthly subscribers.

Diane: [00:01:14] Welcome to Parents Are Hard to Raise... Helping families grow older together without losing their minds. I’m elder care expert Diane Berardi.

[00:01:25] Everything is good. Your parents are self-sufficient. They're living their own lives. They're doing their own thing. They're independent. Until one day they're not. And that can change in a heartbeat. It can change in an instant. Out of the blue there's a health issue. A fall or you notice something happened something changed. We know it's inevitable. We know our parents are going to age and things are going to happen. We try to prepare you. We try to prepare you on this show. We try to tell you different things to look out for but anything emotionally prepare you for that day when something happens. For those of you who've been there you know what I'm talking about. For those that haven't it's not applicable to you right now, but one day it will be.

[00:02:20] If you go into our past shows. We touch on so many topics that affect all of us as children of aging parents. We try to prepare you for things that might happen. What to do. Offer our expertise from our guest experts on different approaches, different options you can take. But I understand and I want you to know I know it's tough. It's gut wrenching and painful when your parents are fine and then suddenly they're not.

[00:02:54] And even for those of us in health care, we still have that emotion because we're human and our parents are human. And that's what happened to me this week.

[00:03:04] You know, you've heard my mom and dad... I talk about my mom and dad Annette and Joe a.k.a. Cuff and Link, and everything's been going fine. We just celebrated my dad's 90 his birthday and the whole family was here and got together and we had a great time. And the week after, my mom and dad got this cold that seems to be going around. And I kept saying to my mom, both of them, you have to go to the doctor. And my mother kept saying, "No. You only go to the doctor when your mucus is green. If it's clear it's fine. And I'm like, Ma you have to go to the doctor. So my father went, because my father's an asthmatic so he has breathing issues. So he went to the doctor and then course they put him on antibiotics and all kinds of things.

[00:03:51] My mother... "No. I'm taking Vitamin C, orange juice." But she wasn't getting any better. So finally I said to her, mom you have to go to the doctor.

[00:04:02] So she said, Well I have a checkup next week so I'm gonna go next week. So I said okay. At least that's something.

[00:04:11] So she goes to the doctor and I call her after and I say, Well what did the doctor say?

[00:04:16] "Oh she can't give me anything for this cold." I say, Why can't she give you anything".

[00:04:21] "Well I'm jaundice.".
I said, "Your jaundice?"

"Yes. She took bloodwork and you know my urine was dark. And I have to go for an ultrasound tomorrow, so I can't take anything for this cold. I don't know why I went, she can't give me anything."

I said, Ma what do you mean your jaundice?

"I don't know, that's what she said."

I said, OK. So you're going for an ultrasound tomorrow. And when do you have to go back to the doctor?

"I have to go back to her on Wednesday."

I said, OK. So I'm going to come with you on Wednesday. You know my husband I will come with you on Wednesday. So...

"No... You don't have to do that. Daddy can take me."

I said, No no. We're going to come with you.

"Why? Do you think we won't understand what the doctor's saying?"

I said, No. No, absolutely not. I said you know it's just that... more ears to listen, to see what she says.

So we go to my mom and dad's house to pick them up to go to the doctor. And my mother opens the door and she's as yellow as a Crayola crayon. And I say, Mom, you're yellow.

"Am I?" She said.

Now of course she hadn't been going out because she had this cold she wasn't feeling good, so she hadn't seen friends she hadn't seeing people, other than my father. So no one said to her, "you're yellow."

So I'm walking and my father goes, "You think she's yellow?"

I said, "Yes! She's yellow."

"Oh you think so? I didn't notice. We didn't notice."

I said. Ma, did you look in the mirror?

"Yeah. But we didn't notice."

OK. So we go to the doctors and you know we talked to the doctor and the doctor said, "Well, you know she's jaundice. Her liver enzymes are up and the ultrasound showed a blockage in the Common Bile Duct."

So I'm like whoa. OK so what do we do about that?
She said, well you have to get you know there was a particular gastroenterologist that my husband knew that does a particular procedure and he happens to be affiliated with the hospital that is right in the area that my parents go to.

So I the doctor said we have to have her admitted right away. I said OK are you going to meet her?

No. I can't admit her to the hospital.

I say what do you mean you can't admit her to the hospital?

We can't admit to the hospital anymore. How we're going to get her in there if she has to go through the E.R.

I'm like, Okay. Doctors can't admit. Only certain doctors I guess can admit to the hospital now.

So of course we go into the E.R. and it's wall to wall people. So I go with my mother, my my husband drops us off. I go with my mother and the admitting clerk is asking her questions about her symptoms.

So she said, "do you have pain?"

"No."

"Well, what brought you here?".

"Well, everyone says I'm yellow."

And the woman's looking at her...

I'm like yes. You know she is.

"Well. How's your appetite?"

"Well. I'm not that hungry you know but I have this cold."

"Do you have itching?".

"Yes. You Know I've been itching, but I didn't know what that was."

OK... So we get her into the E.R. and of course there's no room in the E.R.

We're in this tiny little... I don't even know what you call it, this little space next to the bathroom. And a Physician's Assistant comes from the gastroenterology group. And he said, yes... You know we saw a blockage in your common bile duct. And it could be stones, we don't know. They're sludge there et cetera. He said so we have to schedule you for this certain type of MRI to see you know better what we're looking at.

So my mother says OK.

So he said I hate to tell you this but usually the hospital does these procedures about
3:00 in the morning.

[00:08:19] I'm like, 3:00 in the morning? So I said OK.

[00:08:22] So he said you're going to be admitted. So we're assuming she's going to go into a room.

[00:08:26] So they give you one blanket on the stretcher but it's this thin little blanket, so my mother's saying, Geez I'm really cold.

[00:08:33] So I have to go... Now there's people everywhere that work there, but no one... No one looks at you because it's as if they don't want you to ask them a question.

[00:08:46] So I have to go find someone and ask, "Can I get another blanket? Can I get maybe two more blankets cause my mother is freezing.".

[00:08:53] So OK someone gets me blankets.

[00:08:56] Then she said to me, "I need tissues. Can you find me tissues?".

[00:09:00] So I go to the desk and there is someone sitting there and I said, "Do you have tissues?".

[00:09:05] "Oh, I don't know." She says.

[00:09:08] I'm like, OK. Can we find someone? She needs tissues.

[00:09:12] So OK we're waiting there. So it's probably now about 8 o'clock at night. And my mother said, "You have to go eat. Daddy has to eat. He hasn't eaten. Go in the cafeteria and eat.

[00:09:24] And I'm like, No... Because we don't want to leave you because as soon as we leave they're going to take you somewhere.

[00:09:31] "No no no. Just go get something to eat."

[00:09:34] So I said OK.

[00:09:36] She has her purse but of course she didn't bring her cell phone with her. So she doesn't have her cell phone so we can't call, she can't call me to say where they're moving to if they move her.

[00:09:47] So I said OK let's take my father to get something to eat. I said I can stay with you. My husband could take my father.

[00:09:54] "No no no you go to you haven't eaten".

[00:09:56] Okay. So of course we go get something to eat. We're only gone maybe a half hour. We come back and she's not there. So now we have to try to find her in this huge hospital E.R. Because it's wall-to-wall people... people are on stretchers in the hallways. It's just... It's chaos.

[00:10:17] So we finally found her. And she's against the wall on a stretcher. And she said says, "you're never gonna believe it. As soon as you left they took me to have the MRI.".

[00:10:29] We're like oh good you had the MRI.
"Well no. They took me there. They put me in the room to have the MRI and then the person said 'No you're not scheduled to have the MRI.' So now they brought me here."

I'm like OK.

She says, "I guess they're going to take me about 3:00 a.m. like they said."

We're like... OK.

So she says, "I'm so thirsty, I'm so hungry." But they told her she can't have anything. So we're like All right well if they're going to do the test at 3:00 a.m. that's you know, she'll just have to wait until 3:00 a.m.

So then we finally leave and she's in the hall and we said, is she going to be admitted to a room? And they said, well we have about 50 patients waiting for beds. I'm like, oh my gosh.

Now this makes no sense to me, because we have these hospitals building all... building, you know, parking garages and all these rooms and adding on and combining facilities but there is no room for the patients.

I'm I'm like, where are all these rooms?

I realize it's winter, people have the flu. Because everybody in this E.R. has masks on and I'm thinking oh this can't be good. But OK.

So I make arrangements for my cousin to go there the next day because I couldn't be there during the day and I figured OK at least my cousin can be there my cousin can call and tell us what's happening.

So my mother calls me the next morning. The nice thing is they have these mobile phones that they allow patients to use. And so she called and she said, it's 10 o'clock. Can you find out when I'm going to have this test. Because I'm starving I'm thirsty."

I said, they didn't do the test in the middle of the night?

She said, "No. And my doctor came in and he's wondering why I haven't had the test yet and he's trying to find out."

I call my cousin and she said no. They said she's supposed to have the test around noon. I said OK.

So around 2:00 o'clock my cousin calls and says she still hasn't had the test. And my mother is thirsty. She hasn't eaten since the previous morning. So I said let me call administration. Let me just find out what's going on and I hate to do that but you have this 89 year old who is just laying there on a stretcher. She hasn't eaten or had anything to drink. So I call administration and I say I start the conversation you know I tell them who I am and I say jeez my mom is there. She's 89. The woman says to me, "is this a complaint?" That's not a good sign if she says first off, Is this a complaint? Because I'm thinking oh my god they're getting a lot of complaints...

So I'm going to come back and talk to you about what happened on that call. But first I want to just tell you if you're a woman or there's a woman in your life there's something you
I absolutely need to know.

[00:13:26] I want to tell you about my friend Katie. Katie is a nurse and she was attacked on her way home from work. She was totally taken by surprise. And although Katie is only 5 feet tall and 106 pounds she was easily able to drop her 6 foot 4, 250-pound attacker to his knees and get away unharmed.

Katie wasn't just lucky that day. She was prepared.

In her pocketbook, a harmless looking lipstick, which really contained a powerful man stopping aerosol propellant.

It's not like it was in our grandmother's day. Today just going to and from work or to the mall can have tragic consequences. The FBI says a violent crime is committed every 15 seconds in the United States. And a forcible rape happens every five minutes. And chances are when something happens, no one will be around to help.

It looks just like a lipstick. So no one will suspect a thing. Which is important since experts say, getting the jump on your attacker is all about the element of surprise.

Inside this innocent looking lipstick is the same powerful stuff used by police and the military to disarm even the most powerful, armed aggressor. In fact, National Park rangers used the very same formula that's inside this little lipstick to stop two-thousand pound vicious grizzly bears dead in their tracks. It's like carrying a personal bodyguard with you in your purse or your pocket.

Darkness brings danger. Murderers and rapists use darkness to their advantage. We all know what it's like to be walking at night and hear footsteps coming at us from behind. Who's there? If it's somebody bad, will you be protected? Your life may depend on it.

My friend Katie's close call needs to be a wake up call for all of us. Myself included. Pick up a Lipstick Bodyguard and keep it with you always.

Announcer: [00:15:25] You're listening to Parents Are Hard to Raise. Now thanks to you, the number one eldercare talk show on planet Earth. Listen to this and other episodes on demand using the iHeart Radio app. IPhone users can listen on Apple podcasts and Android users on Google podcasts.

Diane: [00:15:45] Remember there's so many new ways to listen to the show. Spotify. Roku. Listen on your smartphone with Apple podcasts and Google podcasts. You can get us an Apple TV, Direct TV, even ask Alexa to play the show for you.

[00:16:00] And please if you're listening one of these new ways, do me a big favor and help someone learn about the show and show them how to listen.

[00:16:08] So, I was telling you about this call to administration and the woman says to me that, "oh do you have a complaint?" And I said, well, you know I said, my mom is 89 years old she came in to have a test. She's laying on a stretcher. She hasn't had anything to eat or drink you know since the previous you know morning.

[00:16:32] We're waiting to have this MRI. They told us we were going to have it twice. She hasn't had it. I said she's freezing in the hallway. You know they haven't put her in a room. I said you know either can they do the test or give her something to eat or drink. I said it's really you know not
fair to a patient to do that.

[00:16:51] "Well if she's cold we can get her another blanket."

[00:16:54] I said, yes thank you, that's great. I said but can you please find out what's happening with the test? I said because I can't find out. I said even her doctor is asking when is this test going to be done.

[00:17:06] She said well we're just so busy here.

[00:17:09] And I said, What about a room? I don't understand, you don't have rooms for any of these patients you know this building going on.

[00:17:16] "Well," she said. "We have 50 people waiting for rooms.".

[00:17:18] I said okay. I just would appreciate anything you could do because I just can't be there today. I said and this is really hard.

[00:17:26] So I hang up with her and my cousin calls and said guess what? They put her in this cubicle. I guess it's a room in the E.R. and they fed her and gave her something to drink and they scheduled the MRI for nine o'clock tonight. So I'm saying oh OK. Because now I my husband and I can go up later. You know because my father still hasn't been feeling good. So he's kind of relying... My cousin was there and then my husband and I I'll go up.

[00:17:55] So we go up, we get there about I guess about five o'clock and now we have to go to a different part of the E.R. and we go to the desk and we say we're here you know for my mom. And the woman behind desk said, " oh only one person at a time.".

[00:18:12] So I said, oh... I didn't know that happened. I said oh only one person at a time? She said yes. Only one person.

[00:18:18] Okay. So I go in and I go back there and my mother first says you know, “where's your husband?” Where's my husband?

[00:18:26] I said, “Oh there's only one person at a time.”

[00:18:30] She said, "What do you mean there there's only one person at a time? No. Go get him.".

[00:18:34] I said Ma, It's all right. I'll just...

[00:18:37] "No go get him."

[00:18:38] OK. So I go get my husband. He comes in. No one even noticed. So we're sitting there and I notice that she's in a room that's marked "quarantine". And you know the nurse comes in with a stethoscope and of course it's covered, and I'm saying quarantine?

[00:18:54] So I go out in the hall to find out. And they say, well that's how we got her into a room. So I guess they know that was the only way to get her in. Otherwise I guess she'd still be waiting in the hall. Which is kind of sad. It's the way things run. But okay.

[00:19:11] So she's scheduled 9 o'clock. They came in. We clarified that yes they're doing this special MRI. Okay.
So the next day they're predicting in my parents area this huge snowstorm. So I say to my father I'm going to come up later. Don't go to the hospital don't drive to the hospital you're going to get like six inches of snow.

"Nooo..." He says. "It's fine. They always have that hype on TV. They're never right. We're not going to get any snow."

I said, Dad don't go because I can't worry about you driving there. And I have to worry about mommy too. Don't go.

"Nooo. Listen. They said it's going to start it's going to start at 1 o'clock. I'll make sure I come home before.".

I'm like OK. And I know nothing I tell him is going to work. He's going to go. So I say OK.

So they're supposed to do my mother's procedure at 1:00 o'clock. Well, they don't do it until 4:00 o'clock.

So I call... I'm talking to the nurses station because I can't get my father. God forbid he takes my cellphone, but he doesn't know how to use it, doesn't want to know how to use it. I said to him the night before Dad you got to take her cellphone so we can communicate.

"Oh, then you're going to have to show me how to use it again. No. I'll Call you."

Oh boy. OK.

So I'm communicating with a nurse and she said to me, Yes. They just took her, it's four o'clock, she said. And I sent your father home because we are having a blizzard here. She said and don't expect him to get home quickly because she said it's gridlock out there. Even just trying to get the parking lot.

I'm like oh my gosh.

Now my father... It should only take 15 minutes for him to get home, the most. Even if the parking lot... You know it took a while to get out of the parking lot.

Three hours later he finally answers the phone. So I'm like a wreck. I can't get up there because where I live we had an ice storm. They had the snow. We had the ice. So I can't get there and I'm thinking I can't reach him. Where is he? You know is he off to the side of the road in the snow? Oh like oh my gosh.

So finally I did reach him and he says to me, "you know I never seen it like this. Nobody moved. It just took me forever..."

I go, "Dad that's why I told you...Don't go. OK.

"That's okay. I can drive in anything."

I'm saying oh my gosh.
I keep saying you have to have someone there. You do. You have to. How do you do that?

If you don't live in the area, if you can't be there... We have to develop a network of family, of friends. Maybe your kids, you know your grandkids. Maybe they're friends. People you can trust to help you if you can't be there. You have to be there, someone has to be there. And you feel guilty if you're not. But it's sad that we feel we have to be there. But we do.

You know health care is a big business today. And people who run hospitals they have all different titles. It depends on the hospital. You have you know Chief Executive Officer you have Chief Operating Officer, president, V.P., Hospital administrator... Whatever your title is, I am telling you... you have to listen.

You have to listen to these small things that families and patients go through that you don't realize. You're not sensing. You're not seeing. No one's telling you. But I'm telling you...

You know most companies goals are to optimize their client, their customer experience. And in health care, it's always been... "We want to make sure a patient receives the highest quality care." Making sure that our patient is happy is satisfied? Not so much.

We always assumed in health care that the patient wants results over bedside manner. And yes, we are we're going for the best medical treatment. But also that patient needs to be treated as a person and their family needs to be attended to as well.

I'm telling you, today both matter.

You know there's so much competition with hospitals. All you hear is we're focusing on "patient centric care." We want to focus on what the patient needs. We care about the patient. You cannot just spout that. You have to do it. You have to take action. And the problem is, the bigger and bigger the hospital becomes the system is more broken.

And you CEOs you VP's, you administrators... I don't know if you realize that.

You know we're forced to navigate through this broken system and it seems like maybe that the hospitals that are rated for great medical care have the worst people care.

So these are the things that I'm telling you... you need to do. You have to go through your own system. You have to stop and see things through that patient's eyes. Through their family's eyes. You're so focused on tasks you forget that there's a human being lying there or there's a human you know they have family that are human there's physical, emotional needs of that person.

Everybody on that team... You have to communicate. You have to communicate with the customer. You have to communicate with the family. You have to ask about that patient's comfort. You want them to be as comfortable as possible while waiting... Waiting... Waaaiting for care. Because that's what they're doing. YOU offer them a blanket. YOU offer them food, if they can. A drink. YOU make sure they're comfortable.

And people need to hear... They're eager to learn results. You have to keep people updated all along the way. The length of time it takes to get answers... And time passes very slowly for that human being in that family waiting. So you have to keep them posted. There's nothing wrong with that. All along the way.
Why do you have a call button? You have to answer that call button. You know you can't have long waits. That adds to the stress. You have to respond promptly. You have to show respect for that client.

And when you have more than one doctor involved somebody has to figure this out. So there isn't chaos. And one doctor assumes you were told things and no one tells you anything because everybody assumes you were told things.

You have to speak in words that people understand.

And your people need training with older people... With elderly people. They need training.

I watch my mother. She's not hearing what you're saying. She's looking at you. She's not responding because she doesn't hear what you're saying. She doesn't understand what you're saying. You have to realize that. And I have to keep pointing to, "You know, she doesn't hear, you have to speak louder." And I'll have you know some people say, "I know I speak so quietly." I say, do you hear me speaking? You have to speak louder.

But these are cues you have to observe a patient, you have to look. And those people that work there they have to avoid all that social chatter among themselves. That's stressful to people lying there. You know they should be talking to the patients.

And don't ask, "Do you have any questions?"

Don't ask it that way. Because that only requires a yes or no answer. Because a doctor will say, "Do you have any more questions?" And you know what? People are going to say, "no." Because first of all, they can't think that quickly or they're just going to say "no" they don't know what to ask.

So this is what you need to say: Ask me whatever questions come to mind. And then you have to take the time to answer them. Because people may ask you a question because you're putting it in a different way, you're not just looking for a yes or no answer. People when you ask it that way you're saying, oh maybe the doctor really does want to know. Maybe they will tell me.

You have to have a relationship with that patient.

The whole team has to have a relationship and it has to be consistent. It can't be just one time. You know, one time a nurse's aide is nice the other time she's really rushed and she says why can't get to you.

My mother had an I.V. in her hand and they put a tray in front of her, and she's starving, so she's trying to eat. She can't use her right hand. And what's happening? That machine is beeping, beeping, beeping and the nurse comes in and says, "try not to move your hand." And I say, Well but.. But she's trying to eat. Maybe can you put it in the other hand or can you disconnected it, 10 minutes, while she eats? You know there's just little things.

And I'm telling you, administrators... Unless every customer interaction is flawless the negative experience will amplify and that is the emotion patients associate with your hospital. And you don't realize that. And you can have the best place in the world. But I'm telling you, you have to look at the patient as a human being.
And we should feel that her parents are safe in the hospital. We shouldn't feel that we can't leave them alone.

But we do feel that way. And it's OK. We want to be there and we need to be there today. But what if we can't we should feel like somebody is going to call us. Somebody is gonna explain things. And my mom or dad is being taken care of. So you have to listen. You have to go through your system.

One final note... I'll just tell you something funny with my mother.

She's in a room and she decides OK I'm going to go into the bathroom. And she's in there. And she's in there. And the nurse is knocking. And I'm going, "I don't know." The Nurse is going, What's she doing? I'm going, Ma! You OK?

"Yeah, I'm OK."

We're waiting and waiting. Finally she comes out and she says to me, "I keep trying to clean that soap dish, but every time I put my hand there the soap keeps coming out. I can't keep that dish clean." [laughing]

I'm like oh my gosh. It's the automatic soap dish.

So I will leave you with that.

Yes, we do have to be there... Even if it's only to monitor the soap dish.

That was my experience this week.

I love getting your e-mails and questions so please keep sending them in. You can reach me at Diane@ParentsAreHardToRaise.org Or just click the green button on our home page.

Please show someone else how to find the show. We would love that. Parents Are Hard to Raise his CounterThink Media production. The music used in this broadcast was managed by Cosmo Music, New York New York New York.

Our New York Producer is Joshua Green. Our broadcast engineer is Well Gambino. And from our London studios, the melodic voice of our announcer Miss Dolly D.

Thank you so much for listening. Till next time... May you forget everything you don't want to remember and remember everything you don't want to forget.

See you again next week!