

Home Health Care Helps Rural Residents Recuperate

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— Phyllis Green would scoff at being compared to an angel.

But to many recuperating and elderly rural residents of the Gettysburg and Emmitsburg, Maryland, area, Phyllis brings to them a priceless gift — the ability to remain, during a difficult time of their lives, in the comfort and familiarity of their own homes.

"This is the best job in the world," says Phyllis, who brings her patients not only physical care, but a warm smile and caring friendship. A registered nurse and Adams County farmer's wife, she was drawn years ago toward the field of serving the sick and injured in a setting other than a care facility.

Phyllis grew up on the Jim and Lorraine Wivell family's dairy farm in northern Frederick County, one of 13 children. She earned her nursing degree at the University of Maryland, seeking out classes in home care nursing when it was not a particularly popular study field. She and Bob Green married and settled in on his family's farm in rural southern Adams County, where they continue to produce field crops and operate a logging and saw mill business. As a young bride, Phyllis began working with the Visiting Nurse Association.

Phyllis gave up her full-time nursing career while their two sons and one daughter were small. In 1985, she returned to home health care, a field that has burgeoned in recent years as insurance and hospital policies have released patients after increasingly shorter stays. And, increasingly, Medicare-subsidized home health nursing care is filling the gap between hospitals and healing for homebound patients.

November is Home Health Care month, a salute to a profession that has changed as dramatically in the last decade as it has grown in need.

For those dedicated nurses who travel the rural roads, bringing help and assurance to sick and elderly patients and their families, the job is not just a job, but an emotional commitment. They deal with families under great stress, struggling with upheavals and major lifestyle changes. Sometimes, Phyllis helps patients to die. She has, on occasion, been called in the middle of the night to help ease the last moments of a dying patient and comfort their loved ones through the ordeal.

But, more importantly, Phyllis Green and others like her, help people to live — and to live with dignity and greater comfort in their own homes.

"I laugh a lot . . . I cry a lot . . . I pray a lot," Phyllis Green says with a gentle smile. She credits her husband, co-workers, and her faith as being sources of strength at those times when — despite the fact that she is just doing her job — the emotional involvement with a patient and their family becomes personally touching.

"Home health care is now round-the-clock care," explains Phyllis, who periodically takes her turns at the 24-hour and weekend shifts with other nursing professionals on the staff of Home Call, headquartered locally in Frederick, Maryland. "And it's gotten very high-tech."

"In 1974, when I started, we mostly gave baths, and occasionally inserted a catheter for a pa-

tient. Then patients began being put on oxygen at home. Now, we do IVs (intravenous administration of medications) that aren't even used in certain areas of hospitals and work with transplant patients that are only nine days post-operative."

She notes that home care entails not just high-tech medical procedures, but a wider support system as well. Medicare programs will fund home health care for the first several weeks, for evaluation of the patient and for some ongoing care, so long as the patient is immediately housebound upon release from the hospital. Patients are often seen two or three times a week at first, then weekly as their conditions improve.

By visiting patients several times early in their recovery periods, home health care nurses can quickly spot danger symptoms — infection, pneumonia, blood pressure swings, medication side effects — and intervene with physicians for prompt follow-up care. In addition to visits by the nurse, a home health care aide provides more personal care, helping patients with physical needs like baths, dressing, shaving, eating.

Phyllis' farming background stands her well as she covers a couple hundred miles weekly back and forth across the Mason-Dixon line, visiting her patients scattered through southern Adams and northern Frederick counties. She is especially concerned that farm families, so accustomed to "doing for themselves," be familiar with assistance that is available for health care for the homebound.

"There are such nice people out there," Phyllis says of her patients. "I love going to the farms. Farm people are so accustomed to taking care of their own that they don't often realize what they are eligible for. And a little bit of help often is all that is needed to help them to live in their own homes."

One of her regular patients for some time has been Ray Seiss, an 80-year-old former dairy and crops farmer from Creagerstown. Last December, Ray was driving his tractor on the road that passes by the farm, when the tractor was struck by a truck. His wife, Carmen, following behind, watched in horror as the crash tossed him straight up in the air, then onto the paved road, where he landed on the side of his head.

For three weeks, Ray was hospitalized in a shock trauma unit. From there, he spent two months in rehabilitation care, and then moved to an area nursing care facility. Among his numerous injuries, Ray has lost most of his vision.

"I wanted to bring him home," Carmen explained. "The children said they would help me."

The couple has six children, four of them living nearby. With the help and guidance of Phyllis and her co-workers, Carmen has mastered changing aspects of Ray's care, like monitoring his medications and making adaptations to his diet. Carmen also credits Phyllis with teaching her numerous signs to watch for any changes to her husband's health condition. Aides who visit regularly further help with his personal needs.

"Mom couldn't do it all by herself," says Louise Carter, their youngest daughter.

"It has completely changed our life," quietly adds Carmen. "I hope that one of these days, things will improve. If it weren't for the



Phyllis Green checks Ray Seiss' blood pressure, part of the patient care administered by home health nurses.



The use of home health care has enabled Ray Seiss to return to his home and family after a life-threatening tractor accident nearly one year ago. With the former dairy farmer are his wife Carmen, daughter Louise, and her children Ashley and Austin Carter.

home health care, I'd have to hire a private nurse."

When another Frederick County retired dairy farmer was released from the hospital more than a year ago, Phyllis elected to remain professionally uninvolved despite her personal interest in the patient.

Her father, Jim Wivell, of Walkersville, underwent a physical in September 1996, as a precursor to planned shoulder surgery. The shoulder surgery was abandoned when a major heart problem was discovered during the routine examination.

After he returned home following valve replacement and triple-bypass open-heart surgery at York Hospital, one of Wivell's first visitors was Phyllis' Home Call co-worker and friend, Jane Zimmerman. When Jane began working with Home Care, she trained under Phyllis; their patient territories are adjoining.

"I have a sister who is also a nurse, but we wanted someone else who would be at the house regularly," Phyllis explains of

why the family utilized home-health care assistance. With the metal heart valve that Wivell had implanted, he needed to have blood drawn and checked regularly. He also needed to become familiar with medications prescribed for keeping his blood thinned, as well as to have several surgery incisions checked until they were completely healed.

"It was great peace of mind for me to have a professional like Jane," says Lorraine Wivell, Phyllis' mother. The Wivells' home is a half-mile back a farm lane and Lorraine was especially concerned about their distance from help, should an emergency have arisen. When Wivell developed an infection in one of his leg incisions, it was Jane who promptly made arrangements to get the necessary medication.

Jane, like Phyllis, grew up on her family's dairying operation, and has returned to a home on Trego and Shirley Zimmerman's farm at Walkersville, in order to be close to her nursing job. She felt called to the health profession at

an early age, and was a teen-ager when she helped care for her grandfather during his losing battle with cancer. One of the reasons she chose home health care is the greater opportunity offered for working with and teaching patients.

"There is usually not a lot of time for teaching in a hospital situation. A lot of times, patients are discharged so quickly that they don't have time to learn all the things they should know about their care. Or, they may be too exhausted to deal with it," she relates.

"Heart surgery, for instance, is an emotional thing," Jane acknowledges. "Patients experience a lot of fears. And they usually have to deal with some lifestyle changes. Family plays a large role in what we do. Probably more than half our time is spent teaching and educating patients and their families."

"Sometimes you must be very creative," she admits, of the daily

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