Jessica Spruit, DNP, CPNP-AC:

Welcome to Night and Tales. This podcast was created during the international year of the nurse and nurse midwife. And what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite pod possibilities in nursing and encourage you to find your true passion within this work. I'm your host, Jessica Spruit, and I'm so glad you're here.

Hi, and welcome to another episode of night and tales. I'm glad that you're listening to this and I'm excited to introduce you to Susan Draffen. Susan is a registered Nurse Case Manager, and has had that role for many years and comes to us today to share that experience and teach us a little bit about what it means to be an RN Case manager. And tell us about her trajectory within this profession. Susan, thank you for spending time with us today and sharing your perspective on what it means to be a nurse and what it means to be specifically an RN Case manager.

Susan Draffen, RN:

Thank you too, Jessica. I feel very honored to be asked to share those thoughts. And if it imparts some guidance, some pearls of wisdom for newer nurses, new graduates that are kind of looking for their special calling, I will feel like I've had a good opportunity here with you. So thank you.

Jessica Spruit, DNP, CPNP-AC:

Well, thank you. I know I've had the pleasure of working with Susan and can speak firsthand to what an important role she plays in the lives of patients and families. And so, Susan, just to get started before we get to that part, if you don't mind, tell us a little bit about your background in nursing. Maybe what your first job was and then how did you work your way to this role?

Susan Draffen, RN:

Well, I am one of the senior nurse case managers at Michigan Medicine. I work part-time now after a long full-time career. But I started out way back in 1972 at the university of New Hampshire. I graduated in 1970 and my first job right out of school was at the Dartmouth Hitchcock Medical Center up in Hanover, New Hampshire, kind of with that classic med surge base building foundation building right out of college. And soon after that, I was married and did some part-time clinic work, community health work as I was kind of moving around and starting a life with the military and also the airlines. And a beautiful thing about nursing is you can bounce around and you can find positions. You don't really have to struggle too hard to find a position. So I did my med surg, I discovered home care on one of our assignments and that was the first big love of my nursing career.

It was bringing care to families way out in the rural settings in South Carolina and loved that role so much. And from doing that initially as a staff nurse, there was an opportunity to start a home care agency. We had a pencil and a pad of paper, and there was a physician interested in doing it that was all the tools we had. And we built an up and running home care agency in South Carolina that is functioning and well regarded to this day after getting Medicare certified and Blue Cross Blue Shield and the other insurances and building a staff. And I was 25 years old then and started family, had a chance to be... When we ended up in Minnesota, I was a hospice director. So I think a lot of my energy was called to kind of these groundbreaking opportunities.

And I always had an abundance of energy and interest in engaging in those kinds of things. So those were wonderful experiences along with my home health. And a few years down, a few kids and a few more years, I can remember I was reading the newspaper, an actual newspaper and there was this thing called the classifieds section. And my youngest then was probably two, this would be about 1988. There was this ad for nursing at the university of Michigan in discharge planning. And I read the description in this continuing care department of nursing. And sometimes you just feel like something speaks right to your heart. It's like you were called to pick up the paper that day and read this. Made a call and that's where I've been ever since.

Oh, and how lucky I was to initiate discharge planning, care management. It was called practice management for a while back when I had little kids and they created a position that I was able to do part-time. And I did that for a long time and I took a brief... Well, actually it was about a three and a half year break and did some care over at Arbor Hospice. I have a very strong passion for end of life care and the bravery of children and parents in the end of life intimacy has always been so satisfying for me. It taught me how to listen with my heart as much as my clinical wisdom and to meet people on their own terms and where they are in whatever life cycle they're going through. And to really embrace that with them without my own agenda.

I learned very early on to leave my home issues, my concerns kind of in a nice tidy place to pick up after my work was done in whatever setting I was working so that I gave my whole attention and my whole heart. And then you have to know where to leave that and pick up your other when you head home. I think there's great value in just really hearing that. You hear all these things about burnout and things that kind of ruin that path because you've invested too much one way or the other. Work-life balance is an absolute essential component of our decision making. I finished out my full-time career when I was at full retirement age at 67, and I really wasn't ready to retire.

The pandemic forced my hand a bit along with some insurance adjustment that were being rendered by the university of Michigan for all their budget management reasons. And I retired, I helped my grandchildren homeschool when my kids were working and raised a black lab puppy. And 10 months of kind of a sabbatical, I thought, "Something's missing, what is it? Oh, I know what it is. I miss my work at my children's hospital." And for my good fortune, that they needed somebody part-time float. And that's exactly what I'll do until I'm really old, because I love it. I love being back part time. So that's the nuts and bolts of my story. Jessica, would you like to get more into kind of the interdisciplinary role of a nurse case manager and what that entails or what would your next direction be that I could help with?

Jessica Spruit, DNP, CPNP-AC:

Please. I think I first just want to reflect on how beautifully you stated that. How you perceive your role as a nurse and how important it is to meet patients and families where they are. And I just can't imagine what loving care you were able to provide to families who needed it the most. And I wanted to reflect on that for a minute. And I also really applaud your attention to work life balance, I think even before it was such a thing that we talked about so often. I think that there's a lot of emphasis on that now. And as you said, it's really essential to preventing burnout and keeping us in this profession. And we know that each nurse is so incredibly valuable to the work that needs to be done as we care for people. And so I really appreciate that perspective.

Susan, I was listening to you talk about you had a role in home care and then you had a role in hospice. And I was thinking, oh my gosh, it's as if your whole career led you to this role of RN Case Manager. And I think that maybe some of the listeners would understand my thought better if you could explain what that role looks like and what it is you're responsible for, please?

Susan Draffen, RN:

Well, I think you summed it up how I sort of... When I did the [R-Sam 00:09:55] and they asked me a similar question, I felt like each one of the building blocks led me to a place where it was all integrated into a role where I knew what was needed when that family got home with all these new medications and new diets and infusion and folly catheters. I was out in the boondocks, helping families with blood draws and the things that they would need in very sparse home environments. And how do we make this happen? So doing that as a home health nurse in the field just brought, I feel, a well-rounded experience to the inpatient setting, just as a nurse case manager, as an RN Case manager. I feel I would've been ill equipped to do the role to its best without having some of those building block experiences.

So can it be done without those things? I think probably, but I think somebody with more of a management mentality, kind of the clinicians at the bedside, they could fulfill their roles without that other piece. But for me, that was what made it come full circle. We work totally integrated with the interdisciplinary team from the moment a patient comes into the hospital all through the course of their inpatients stay in preparation for what their discharge outcome will be. It doesn't happen magically at the time of discharge, it is on a continuum.

And I think doing that responsibly and doing that efficiently is what makes for those seamless transitions from inpatient to home or an extended care facility or a hospice setting. So learning how to do that with a lot sensitivity, a lot of planning... RN Case managers are typically pretty, pretty type A, not to kind of paint with too broad of a brush. But you need your details, you need to be organized, you need to fill in each of the spaces so that at the time when it's time for them to be airlifted to South Dakota or a baby that's going back to California, you don't have gaps and missing parts.

So you can see the orderliness and the teamwork, physicians, social workers, dieticians, every role, palliative care, on and on. Listen and hear and know what everybody is thinking so there aren't surprises. By and large, mainly the patient family unit here, what they're saying, what they're seeking, what their impression is and honor that. Build that into your whole transition through the course of the hospitalization. If you haven't been close in touch with them, for whatever reason, key pieces to that experience going smoothly can be missed. Certainly not intentionally, but building that into the very center of the hospital experience is essential.

Jessica Spruit, DNP, CPNP-AC:

Susan, I think this really illustrates what we learn in nursing school, right? Which is you start thinking about discharge on the day admission. And as you're saying, really partnering with families and your professional team to think very holistically, which again, I think embraces so much of what we learn in nursing. But really holistically anticipating what their needs will look like really in all of their care so that you can set them up to be discharged successfully. It sounds like you really use a lot of that holistic thinking.

Susan Draffen, RN:

Yes, you are right. And working with the RN Case manager team, everyone in each specialty area has their strengths and their niche and their specialties. The trach vent babies, the pediatric intensive care. And of course I'm focusing on pediatric medicine because that's where my career has been for the past 18 years completely. But I did a lot of adult medicine too and they address the same types of things relative to their patient population. And just making sure that you haven't missed something in the insurance language, something in their social spectrum. "Have we really seen where the mom and dad are doing this safely and well? Do we need to have more bedside teaching to make sure that they're not anxious and they're comfortable with their new skills?" It is very holistic, Jessica. And I think that's part of why it's so gratifying when these families go home and are able to rebuild their lives and find that path that is comfortable with special needs and all the things that they've learned learning to manage.

It's a tremendous accomplishment for every person involved. And it's a specialty department, I have to say. And I think if you sort of feel the regard like a social work mindset with the clinical wisdom of a really astute nurse, along with the willingness to be on a team and care about the team. I think a new nurse coming out of school wondering kind of what her calling might be, that might be a really good fit for her. If she's hearing this and thinking, "Oh, that sounds like what I would love to do." And the antithesis to that, the wonderful nurses in the ED and in the intensive care units that want to monitor all the infusions and the tubes and all the intensive care, there's such a great need for that as well. All of us, we have to listen to what makes us tick and what calls us and what makes feel fulfilled.

Then we go home happy. We go home, maybe tired. Maybe we've worked long, but it's not like a "job." It's the fabric of your soul, it's who you are. And that's really why I'm back working part-time. I'm financially very comfortable. I've saved well, I'm in a place where I really could be very settled in retirement, but I wanted the satisfaction of that part of me back for a while longer. And as long as I can do that well, and I don't start feeling like I've kind of lost my edge, I will do it. I will do it for a long time. And there are some case managers that are even older than me and they're still trucking along just doing it and doing it well.

So it's very different than your bedside nursing role. But I do believe coming out of school, you need to do that. You need those skills. And then you're open to just this vast, endless... There's so many avenues you can go. And RN Case management really encompasses a lot of different aspects in the inpatient setting, which I have loved being at Michigan medicine.

Jessica Spruit, DNP, CPNP-AC:

I love hearing you talk about this. I love that the story you are presenting and the perspective you are offering is so different than what we hear about right now. I think it's so positive and I think it speaks so much to why so many of us went into this profession. So I just appreciate you so authentically sharing what it means to have this role and what nursing means to you. I was thinking that perhaps to help listeners... And I know listeners who have heard this podcast before know that I've said this a million times, but I understand and fully acknowledge there's no typical day in nursing as they say. But what might a day look like for a case manager? What do you do from the time you arrive till the time you go home in the evening?

Susan Draffen, RN:

Yep. Good question. The day starts getting a feel for your patient caseload. Admissions from the night before, setting up your MyChart, patient census for the day, the services that you cover. Looking at discharge dates, seeing what's teed up for today and tomorrow so that you take care of the things that are happening right away. Like for example, our manager will tell us, "We are short staffed today. Take care of discharges. Get things set up for those that are going home tomorrow." And we'll kind of concern ourselves with the rest after that. And prioritizing, time management and priorities to start your day. And after you kind of have your list composed and a sense of what needs your attention first and your pager's on, you've checked your phone, you've got your hard copy of your assignment.

Usually that's when you page your resident on one of your service teams and find out when they're rounding. When you're able to round with your teams, I think, it brings a great opportunity to hear what they're thinking and to hear what patients are feeling... There's not always an abundance of time to do that with every service so you learn where that serves the team's needs and yours the best and the most efficiently. So when you own your own services, like I did. My last few years, I was very fortunate to be the [inaudible 00:21:07] nurse case manager and the endocrine nurse case manager. And they added pulmonary toward the end of my assignment.

I rounded almost daily with the heme team. I needed to know who was going home on IV fluids, who needed [lavonox 00:21:27] I needed to know those things. My bone marrow patients were there longer. And I found that I was able to keep track of their needs. A little more on a continuum, touching base with the team after they would round. And they would reach me when they had something IV mag and infusion and hook up and setups and things like that. So we just had a very good understanding about where each of us was in the discharge planning scheme. New type one diabetics, they come in and they have to be ready to go. And there have been great challenges with making that a fluid-efficient process. A lot of its insurance driven.

But boy, when you care about what these families are going through with a new type one diabetic child, particularly, you're the voice for them when they need you to be. You reach the pharmacy, you figure out what their benefits will cover. It's a lot of discovery kind of Sherlock Holmes. We got to figure this out. We need to know this information so that this family, this child have what they need so they go home safely. And that's very present in the diabetic population, and I would say in the heme population too. Certainly, in other areas as well, but those were kind of my specialties.

And so it's staying organized, being available, answering your phone, keeping up with your pages. I personally never felt like I could leave pages or phone calls unattended. And I know you can't do everything right at that moment. But I reliably got back to whoever was trying to reach me. And I think that made me trusted and they didn't have to reach out and where... And I am proud of that, but that's part of my own energy and OCD and passion. I just wouldn't want it to be any other way, never have. It's got to be done and you make it happen. So I think that kind of fuels good relationships and good teamwork when you know that other person is taking care of what they say they'll take care of, do you know what I mean?

You get a feel for your patients, you prioritize, talk to your teams, meet with your families about the different things they need. Build that into referrals that go to home care agencies, hospice agencies, outpatient settings. You come back to your office at some point, and you've got a lot of documenting to do to finish out your, what we call initial assessments for our new patients, interim notes every week, and then your final plans for your patients going home. All of it's on epic MyChart, which was a big, huge change from how it started back in my day.

But I feel kind of proud of myself that I'm old and I was able to make that transition because some of my colleagues at the time were like, "I think I'm done." so I'm glad that I survived the technical challenge of moving electronic. And it's got some pretty cool... It's pretty intuitive stuff, but it didn't [inaudible 00:25:22] me. And I'm glad it just kind of... So anyway, that's kind of what it feels like. Occasional staff meeting, pediatric team meeting just to touch base with each other and see what else is going on. We do have supervisors that try to make some of the holiday times noticed and fun in special days, just in honor of hard work that's being done and to keep that team spirit alive and well. We have to take care of each other. Don't we?

Jessica Spruit, DNP, CPNP-AC:

We do. We do and I keep giggling because you keep referring to yourself as old and if someone knows your energy, you are anything but old. [crosstalk 00:26:13] have done around here with such passion.

Susan Draffen, RN:

I can take no credit for that. I was born going 100 miles an hour with my hair on fire and that's just... It's never, "What do you eat for breakfast?" It's sort of just the way. God made me a very energetic person. My idea of a good time is running a marathon. And coached cross country women for 21 years while I was working and raising my own kids. There's so many great things to invest your time and talent in what you care about. And I think for new nurses, they need to take care of those things. They need to have their sport interest or their family time, or just make sure to keep that in check and keep your spirit nourished in whatever way that is meaningful to you and check in on that from time to time and make sure you're not missing something. So take good care of our nurse, right Jessica?

Jessica Spruit, DNP, CPNP-AC:

Susan, I almost feel that you answered my last question with what you just said about really taking care of yourself. But I was curious if there was anything else that you would tell newer nurses or maybe nurses who are in this profession and thinking about making a transition or who are maybe been struggling where they are. Is there any advice or pearls that you would share with them based on your years of experience?

Susan Draffen, RN:

I think everybody is special in their own way and they're seeking nursing because they care about compassion for humans or some type of element in medicine. And identify with that in your own truth, your own story. Some people like research and pathology and radiology and other people thrive on acute care. Chronic care in the geriatric population matters so much to some people. They're so good with our elderly. And only you know what makes you tick. What sends you to bed with peace and your heart and mind and able to rest and get up and do it again the next day and the next day and the next day, and feel good about it.

Not in a Pollyannish way, but really fulfilled and so satisfied. And I think the thing for me from the time I was very early even in my home care, I can remember what end of life intimacy felt like to me with older patients that I would visit that were facing very difficult end of life journeys and that very amazing bravery of our pediatric population and their parents, just to be able to find your comfort in their discomfort and be a resource and a support for them. It isn't for everyone, but it was for me. And that's what I want everyone to find who's seeking a nursing career that makes them happy and fulfilled and as gratified as I feel.

Jessica Spruit, DNP, CPNP-AC:

Susan, I can't thank you enough for sharing your time with us today and sharing this wisdom that you're offering. I feel like I want to widely distribute this episode of the podcast as the pep talk that you needed. That kind of recentering conversation that I'm so grateful for you offering that to us today.

Susan Draffen, RN:

Oh, Jessica, I feel loved and cared about by you, by our team, the people we know for being asked to share this. It really means a lot to me. So I wish you good luck. I'm glad you're such a voice for our young nurses and all of us. And keep up the good work and let me know if you need anything else.

Jessica Spruit, DNP, CPNP-AC:

Well, thank you so much. And thank you to our listeners for listening. This was Susan Draffen. She's a Nurse Case Manager and has offered, I think, great perspective on what that role means and really what it could mean to be a nurse in a variety of perspectives today. So, Susan, thank you so much.

Susan Draffen, RN:

Thank you, Jessica. Thank you all. Have a safe, wonderful day and look out for the ice that's coming our way. Be careful.

Jessica Spruit, DNP, CPNP-AC:

Thank you. Thank you for listening to this episode of Night and Tales. As you do. We encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer, or the professional organization that they're active in. The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique each individual that we serve. We hope you'll listen again next time.