

Thinking Out Loud... Time to Care

*“Sometimes you find yourself in the middle of nowhere.
And sometimes in the middle of nowhere you find yourself.”*

—From a “Hummer” (an all-terrain vehicle) ad

“The answer is blowing in the wind.”

—From a 1960s Bob Dylan song

The answer is blowing in the wind. I have not given these words much thought until just recently, while I was vacationing on the Outer Banks of North Carolina with my family and the friends of my adult children and their families. In the midst of seaside nature—wind, surf, sea oats, and dunes—we shared a large gabled house that stood perhaps too close to the natural barriers separating land from sea. In that zone between civilization and nowhere, snippets of the recent past emerged from the recesses of my mind as I watched the new parents care for their children. The children seemed consciously unaware of their caretakers as they went about their business, giving the impression that they were alone in the room with their peers, looking to their parents only in time of need.

On those summer days “in the middle of nothing,” I was transported to a much simpler frame of mind. I recalled the feelings wrapped in a moment between a parent and child... feelings that are at once intimate yet open for others to see, a moment that is simple. While by the sea, I similarly reflected on the months from August to December 2001, the time when I was my mother’s personal caretaker. The topography of the scenes that I encountered then was as much the same as the ones I experienced at the shore.

Good Advice Takes Time

Mom’s home nurse contacted me when most people were just getting ready for the day. She wanted a physician to see Mom as soon

as possible, listing the reasons that supported her conclusion. I agreed that she should call 911 and said I would meet her and Mom at the emergency room... our second trip to the ER since August 16th, the day of her fall.

The day’s focus suddenly transformed itself from business-purpose to life-purpose. Accustomed to making decisions, I knew the decisions that were waiting to be made this day had the potential of being life-altering for a loved one. I hoped that the wisdom to make the right choices would be there when it was needed.

The ambulance had not yet arrived when I reached the ER. Looking diagonally to the right of the waiting room, I noticed there was no one seated in the bank of chairs lined against the glass wall that separated the waiting room from the admission area. An admission clerk was ready to help. Walking over to her station, I dug the appropriate legal documents and insurance information out of my attaché case and took care of the necessary paperwork. That done, I left the waiting room and stood outside to await the arrival of Mom’s transport.

Within 30 minutes, the ambulance pulled into the ER bay. An ER technician opened the ambulance’s back doors and gently handed down the gurney, on which Mom was securely bundled, to the other technician waiting outside. Mom nodded and smiled weakly when she saw me. We touched hands in silence.

This was the way in which her second visit to the ER began. It and her hospital stay ended on notes that were exceedingly sweet. Here’s what happened:

After four hours of waiting and *some* action

Elizabeth Evans is CEO of HII, Richmond, Virginia, the parent company of AMI Healthcare Systems Group, which has been providing clinical and financial software solutions for dialysis facilities and physician practices since 1981, and of HMG, which provides outsourced billing capabilities to dialysis facilities, physician practices, and emergency rooms.

THINKING OUT LOUD

(there is much linear activity to an ER visit), Mom was admitted into the hospital. She was hungry, tired, and uncomfortable. While still in the ER, a nurse, aware that Mom was a diabetic, asked when she had last eaten. When we told him, he contacted “dietary” and made the appropriate arrangements. He also ensured that she ate something before leaving the ER—a simple kindness that meant so much.

Once in her room, Mom appeared to be psychologically armed for the questions her assigned nurse, Susan, would ask—questions she had been asked in the past, but now with an additional timeline. Like a drum roll during a march, Susan’s questions forced Mom to think about what had happened since her last hospital visit. As Mom responded to each question, her voice became quieter as she struggled to remain in control. Susan noticed the change. To ease her strain, I fielded some of the questions. After each response, Susan asked, “Is that correct, Jo?” Mom would nod affirmatively or clarify an answer. When all the things that needed to be done were accomplished and Mom appeared to be settling in for a peaceful night, I left.

Hard Love

The next day was a downshift. When I entered Mom’s room, Susan was already there. We acknowledged each other as she began her routine tasks. She cheerfully said, “Good morning, Jo.” Mom responded in an unaccustomedly dour voice, “There’s nothing to be cheerful about,” to which Susan replied as she opened the draperies, “It’s a beautiful day. Look outside.” Mom raised her eyes and looked briefly at her nurse and stated, “The food is terrible.”

Susan’s face became stern. “Jo, if you whine, no one will want to take care of you. They’ll only do what is necessary. You shouldn’t whine. You’ll be alone more than you want to be.” Mom listened. I sidled up to her bed and looked at the food left on her tray.

Recalling her experience in the skilled nursing facility, I said, “Susan, see what Mom has eaten... almost nothing. Her glucose level may be low.” Susan smiled at Mom and asked about the foods she liked, making careful notes for “dietary.” Before leaving the room, Susan reiterated her prior advice.

While I was there, lunch arrived. Mom attacked it with determination and finished at least half of its contents. When Susan returned later, she looked down at Mom’s slightly bent head and said in a solid voice, “Jo, did you eat your lunch?” “Yes,” replied Mom in a pleasant voice. Susan then asked, “How are you feeling?” Mom began to answer her question in a plaintive voice. Susan stopped her immediately. “Jo, what did I say this morning? You’re whining. What did I say people would do?”

Harsh as her comments may appear in the telling, they turned out to be the simplest, most intimate, and yet openly caring comments that were said while Mom was in the hospital... a thin line between civilization and nowhere. Their simplicity hit at the humanity of patient care—a type of caring I would also feel while at the beach on the Outer Banks.

During her stay, Mom and Susan became friends. Susan shared stories about her family... how they vacationed, what they liked, and when she and her husband would retire. Mom told stories about herself and her family. Other staff visited Mom from time to time. She joked with them as only old people seem to be able to do and they laughed together. Susan’s advice became Mom’s ticket to what every patient wants... human companionship during the difficult hours when family is not in the hospital with him or her. The simple advice empowered such sweet caretaking—the answer is blowing in the wind.

Let’s Dream and Be Practical

I dream that everyone could have Susan as a nurse... someone who sees beyond

the moment to the essential person. As this is unlikely, the next best dream is to have a mechanism by which one’s essential clinical facts are constantly analyzed for emerging trends despite one’s personal attributes, and then those trends are reported to the right people for appropriate intervention. I believe that this mechanism is embodied in the concept of information technology. Information technology cares nothing about personality and solely about the facts... the foundation on which clinical decisions are made. The information technology to which I refer is a unified electronic medical record (EMR).

As has been mentioned previously in this column, the AMI TIME® System and the EMR it consolidated and produced for Mom served her exceedingly well. By clearing away “white noise” data, it unearthed an undiagnosed medical condition—namely, diabetes—a diagnosis that was pivotal to her future treatment. The TIME System’s EMR was the paperwork I brought to each ER visit and to each visit with her physician. It integrated new clinical data into her existing medical record. With each addition, it generated a new set of trend reports, graphs, and alerts. I scrutinized this information with laser intensity. The TIME System did not know that Susan had admonished Mom with good intention. It simply presented the facts that Mom’s serum albumin had decreased over the last three days and that her glucose had stabilized.

Answers or Questions?

I know from firsthand experience that an EMR can efficaciously use a conceptual clinical framework to present data in support of an appropriate intervention, simplifying clinical care with informed perspectives and affording caregivers, such as Susan, more time to do what is necessary, which is to *care for the essential patient*. Perhaps there are no answers blowing in the wind... only questions waiting to be answered. **D&T**