

Thinking Out Loud... A Coming Home

*“There are some patients whom we cannot help;
there are none we cannot harm.”*

—Arthur I. Bloomfield, MD, circa 1905

Time seems to crawl slowly for those who wait to come home from a nursing home or hospital. For those who plan and prepare for their homecoming, time seems to whiz by like a shooting star. There are so many details to take care of before the patient returns home—details that many times are scattered across several healthcare entities and support services and outside one’s control. As would be expected, these details ultimately become the responsibility of the patient’s legal representative and are pivotal to the patient’s return home.

The following is a real-life experience surrounding the return home of a loved one (my mother) from a skilled nursing facility. The experience spans five business-days. As you read, consider how much better it would have been had the human lens been focused on information technology in order to help connect the healthcare dots so that the people and information involved would have been synchronized, in real time, for a smoother transition.

A Real-Life Experience

The experience began on Thursday. This was the day when the care team met at the nursing home with the immediate family—the patient (my mother), my husband, and me—to review her needs and consider her discharge.

As we reviewed the facts at the meeting, the team uttered the word “discharge.” At its first mention, my mother’s eyes widened and we heard her breathe deeply with audible excitement. “Oh,” she said. “I’m going home. This is a wonderful day. Home is a sweet place.”

Thus began our enthusiastic planning around the table to ensure that she returned home in *one week*. Oxygen, medications, physical therapy, nursing care... all would be needed. The team drafted schedules and

milestones for all tasks except the medications. These would involve the approval of the nursing home’s medical director and would be dependent on his schedule. All of us knew our tasks. We felt confident that we had taken the right actions so that we would accomplish everything on time.

The nursing manager declared that she would contact the medical director for the medication orders. The social worker said that she would contact the organizations responsible for the oxygen and physical therapy and would make the appropriate arrangements. I would re-confirm the nursing assistance that had been arranged in advance with a local nursing agency.

That was the plan. This is what happened....

The **nursing manager** contacted the medical director’s practice on Monday, explaining to his nurse the need for his signature on the orders so that my mother could return home from the skilled nursing facility with a full complement of life-sustaining medications. She was unsuccessful in securing a response despite two calls to the practice on Monday. She called the practice again on Tuesday and requested the same, and again was dismayed by the lack of response despite having called twice. As a last resort, she faxed the list of medications to the medical director for his signature. The nursing manager and I were in continual communication. By Thursday she still had received no response. On Thursday I intervened as my mother’s legal representative and personal caretaker. The result? The orders were signed late Thursday afternoon and I picked up her medications at the pharmacy at 6:30 p.m., making it back to her home just 10 minutes before she exultantly came through her front door. *Whew!*

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. She is a regular contributor to this column.



CYBERMED

The **social worker** scheduled physical therapy as planned, but overlooked the much-needed oxygen that she ultimately ordered on Thursday and had delivered just four hours before my mother's return home. *Whew!*

The scheduled **nursing assistance** did not materialize as planned, and I found myself frantically searching for what seemed like a needle in a haystack. I finally lined up an interviewee for the position by Tuesday—an interviewee who never showed up despite our appointment.

As I sat waiting, I asked myself in a moment of self-pity, "Why me?" Deciding not to be overwhelmed by what seemed an impossible situation, I began the trek up the hill again like a modern-day Sisyphus, calling agencies, colleagues, and religious organizations. Then, almost as if a silent hand directed me, I contacted a small personal care company late Tuesday afternoon. Their logo stated simply, "Your Home Care Solution". Owned and operated by two women who had cared for their own parents, they intuitively understood the difficulties I faced. Without hesitation, one of them came directly to my office early the next morning. We spoke for an hour. By early afternoon on Wednesday, they had in place the right personal care solutions for my mother. This included a personal visit by one of the owners to the nursing home to meet my mother before she came home. To me they felt like angels in business disguise. (Needless to say, we verified their references and licenses). And so began what we believe will be a long and sustaining relationship of care. *Whew!*

Let's Be Practical, and Dream

Let's be practical and dream about how it should have happened. Instead of marching single file, the care team would have multi-tasked through a standard electronic medium that would be common across healthcare organizations. The technology would automatically coordinate the care

team's tasks, alert all team members when a task was completed, and keep them apprised of outstanding tasks.

Instead of marching single file, the care team would have multi-tasked through a standard electronic medium that would be common across healthcare organizations.

For example, instead of spending time to phone the medical director, the nursing manager would send the medication list to the medical director in a standard electronic format acceptable to any medical organization. The technology would automatically notify the medical director directly—via a mobile device or an onsite information system—that unsigned orders had arrived and that they needed a signature. Once signed, the technology would then automatically send the signed orders to the patient's pharmacy of record along with the appropriate delivery directions. Once delivered, the pharmacy would send an electronic notification to the care team that the task had been completed.

The care team would have seamlessly and electronically executed their tasks, doing the right things at the right time with the correct amount of effort and a successful outcome, focused on the one person to whom this meant everything—the patient.

In 1905, Arthur I. Bloomfield, MD, stated, "There are some patients whom we cannot help; there are none we cannot harm." In this particular case, information technology would have compressed a series of events into a single point in time, and time would have been irrelevant to a successful outcome. **D&T**