

Thinking Out Loud... Home, Sweet Home

*“Mid pleasures and palaces though we may roam,
Be it ever so humble, there’s no place like home;
A charm from the skies seems to hallow us there,
Which, seek through the world, is ne’er met with elsewhere.”*

—Clari, the Maid of Milan, 1823
(“Home, Sweet Home,” by J.H. Payne)

There are few moments in life more pleasant than the feeling experienced when we return home from a long trip. As soon as we open the door and see familiar things, we subconsciously slip-on our memories, as if putting on a pair of comfortable shoes. We see our pictures, become aware of household aromas however faint, and glance with a longer look at the one place that to us is synonymous with relaxation.

As we climb into our own bed for the first time since leaving home, we intuitively feel “there’s no place like home.”

And so goes the day for chronically ill patients coming home from the hospital or a nursing home, except for one thing... their home will be different from the one to which we return. The differences tangibly pervade their home’s ambiance to an extent few of us would anticipate, and reinforce an ongoing feeling of illness throughout its rooms.

The Realities of Home Care

One difference is the bedroom. Previously, the bedroom was a retreat; now it is a command station. A Health Alert monitor mans the desk with front-line intent announcing its purpose—“HELP”—in bright red letters. Life-support lines visibly swirl beside pivotal places, their source of oxygen humming a

continual presence into a once-quiet place. The mobile table crafted of rich mahogany is a sidebar for daily medicines and facial tissues. The carved writing desk has become an entertainment center for a small television and portable phone. Finally, a wheelchair sits permanently next to the lovely tufted desk chair.

Another difference is the kitchen. Once a mecca for fine food and flavorful aromas, it is now a purveyor of medicines... a veritable pharmacy with rows of prescription bottles stacked neatly across the counter in place of spices whose aromas had wafted invitingly

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across the house. At one time a place where recipes were used, it is now a place where the patient’s daily logs are recorded and daily menus are crafted to fit dietary requirements. In essence, the kitchen is the control station for what goes on in the bedroom, the links between life and survival.

In the past, when I read about “home” healthcare while I sat in my favorite chair at home, I envisioned a symbiotic environment where patient and caregiver would become partners as they strove for a common goal—the preservation of the patient’s health and spirit. The combination of the words “home” and “care” elicited comfortable images. While this was the case for my mother, who was chronically ill for several years, and for me, I

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actually had no appreciation of the meaning of home care until I faced its reality up close and personal.

Home care seemed easier in the reading than it actually was in the doing—not necessarily because of the work involved, but because of the emotions that surround the care of a loved one. Nevertheless, my preference is decidedly in favor of home care whenever it is feasible. Having said this, I believe that we can incorporate practical technology into home care in order to ease the burden of everyone... the patient, the caregiver, the family, and also the healthcare provider.

Will these technologies remove the feeling of illness throughout the home? Somewhat. By actively monitoring the patient's health, they should, theoretically, optimize a healthier outcome and minimize the feeling of illness throughout the home.

Let's Be Practical, and Dream

Let's be practical and dream. Imagine a technology in which data, voice, video, and communications are converged. The convergence would enable the patient to consult with the appropriate healthcare provider or receive a focused physical examination online, privately and in the patient's home, without the hassle of commuting to the hospital, clinic, or physician's office, lugging wheelchair and oxygen along with a tired and infirm patient.

Consider an electronic vest—already used in some hospitals—that would capture the patient's vitals and

transmit them electronically to an information system. The information system would then monitor them, and the healthcare provider would review them only if they were notable.

Imagine incorporating the technologies used in the 1999 Mount Everest expedition, not on a windy peak but in the comfort of your home. One such technology is the non-invasive lab test. Envision a bloodless test of the patient's blood. Think about this... the test results would be analyzed and profiled by an online protocol engine, its output transmitted to an information system where educated filters—healthcare monitors, if you will—would present actionable items for consideration and recommend possible interventions.

Finally, picture an interactive nutritional planner that would contact the caregiver when the patient is not ingesting the proper nutrients. Impossible? Not if we dare to be practical, and dream.

Home, Sweet Home Care

Will these technologies eliminate the differences between a healthy person's home and a chronically ill patient's home? Probably not. Will they remove the feeling of illness throughout the home? Somewhat. By actively monitoring the patient's health, they should, theoretically, optimize a healthier outcome and minimize the feeling of illness throughout the home.

Do these technologies have the potential to positively circumscribe the emotions that surround the care of a loved one? Yes. Certainly, actively managing the patient's healthcare will simplify the home care process and should minimize health emergencies, a source of emotional unrest.

I believe that these technologies will ultimately be the foundation for better home care and for keeping the chronically ill patient in the best of all places—*home, sweet home.* **D&T**