

CLOUD PALLIATIVE CARE HOME VISITS

**By Chiang Ching-Chun,
RN,
Palliative Shared Care,
Heart Lotus Ward,
Hualien Tzu Chi Hospital**

As the lunch break came to an end, I heard a ring from my computer, a video conference request. I answered immediately, “What happened? Is your wife feeling well?” “No, I am just checking up on you, making sure you are working hard,” the gentleman replied. “So is everything ok?” I asked, thinking about how we first met.

The couple I spoke with lived in Ruisui. The wife had amyotrophic lateral sclerosis (ALS), a disease also known as motor neurone disease (MND). Complications of ALS, like respiratory failure, had been sending them in and out of the hospital in the past half year. The dependence on positive pressure respirator left them too anxious to stay at home. As new arrivals at the

heart lotus ward, the couple were unapproachable and suspicious. Their first discharge was a failure. They came back to the ward for the second time, and nurse-patient relationship took a turn for the better. We recommended them to use the newly setup cloud care system. I taught the husband to operate the physiological measurement device and transfer the measurement to the hospital. Any abnormality and the medical team would be notified. We would keep their conditions in check via regular phone or video calls. We taught him how to use a tablet for video chats, which he could contact us face to face in case of emergency. We also taught him to access the nursing database on the system to which he could consult with from home.

Equipment monitoring was not the issue, the husband was. He was so nervous about what may go wrong and flooded the system with constant uploads. Our patient responses calmed him eventually, and the couple managed to live at home for 5 months!

The husband was rigid in front of the camera at first, not knowing how to express himself once



the video is on. After a few sessions his rigidity clearly softened. He began chatting and consulting with the medical team. What made an impression on me was that the patient missed her respiratory therapist Lan. After communicating with the couple and Lan, we arranged a time for a video chat. The patient, who barely spoke at all, talked with Lan for an hour, far beyond my expectation. I became emotional too watching the patient smile and cry on the screen. It was amazing how a video chat could be so heartwarming.

Is it difficult to teach an elderly to operate a physiological measurement device and video chat? According to my experience, no. They work much harder and show better results precisely because they do not know how. I had a fascinating case where a 70-year-old son was taking care of his 90-year-old mother. The son had a smart phone, but for calls only. I taught him to access our cloud platform using his cell. While installing the chat app, the phone rang, and a video call came through. His daughter-in-law in the U.S. noticed that he installed the app and called right away. He spoke smilingly with his daughter-in-law and his grandson across the ocean and thanked us profusely when the call was over. After discharge, he would call us using the chat app twice a day to update his condition.

Health education is, in addition to physiological measurement and video consultation, an crucial part of our duty. While preparing for discharge, nursing staff must ensure that caregivers possess adequate ability by spending time teaching them basic caregiving skills. With the help of cloud platform, families and caregivers can access these information online at any time to learn and practice, selecting a language they are familiar with to accelerate learning speed and accuracy. I remember encountering an Indonesian caregiver during a home visit who needed to learn the basics—repositioning, transferring patient to wheelchair, massage, and cleaning. She learnt right away after I showed her a tablet. We generated QR codes for each of these videos and, when needed, we show the family members or caregivers the codes. All they have to do is scan, watch, and learn. It was convenient.

The advancement in technology allowed long-distance care, physiological measurement, and video consultation to be possible, providing us multiple ways to communicate with patients' families and caregivers. Health education with multimedia permitted us to take our care to the next level, helping more patients, families, and caregivers, including foreign caretakers. We have technology at our disposal to offer highly humanistic care.