



# HOME HEALTH CARE IS A COMMUNITY NEED

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# Content

- ☺ What is Home Health Care ?
- ☺ **Why Home Health Care is needed ?**
- ☺ What are the Objectives of HHC?
- ☺ **Is There Any Evidence that HHC Lead To Improve Medical Care?**
- ☺ What is the Importance of Patient Assessment For home care?
- ☺ **How to measure outcomes of home health care?**
- ☺ Future direction of HHC
- ☺ **Conclusion**

# He Wants To Go Home

Mr. Ahmed 67 known DM , HTN with severe congestive heart failure for 10 years ago . Suddenly he developed sharp decline in his heart ejection fraction admitted it was decided that the situation is very advanced ..

**There is no possibility of cure ....**







# She Wants To Go Home

Ms. Salha suffered a stroke and hemiplegia on the left side received hospitalization. despite the stability of the situation still needing **long term nursing help & physiotherapy**

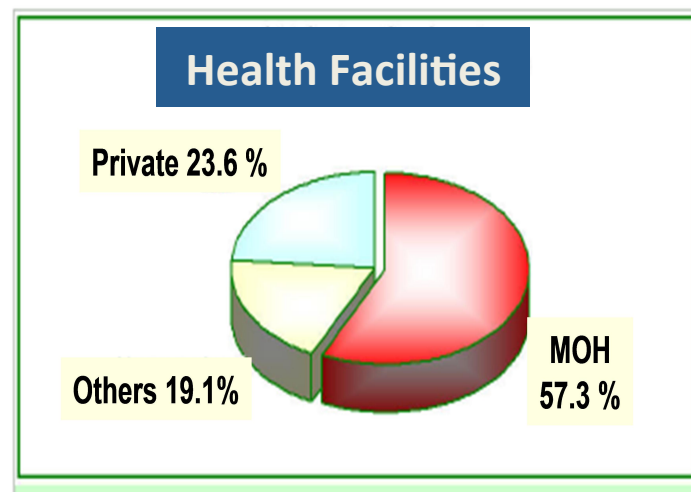


# **Home Health Care OR Home Medical Care**



# SAUDI ARABIA HHC

- ✓ Home health care (HHC) is a new growing medical discipline in Saudi Arabia
- ✓ Ministry Of Health (MOH) established the Home Health Care in March 2009





## WHAT DO WE MEAN BY “HOME HEALTH CARE”?

Component of a continuum comprehensive health care whereby health services are provided to individuals & families in their places of residence for the purpose of promoting, maintaining or restoring health, or maximizing the level of independence, while minimizing the effects of disability and illness.

# WHAT DO WE MEAN BY “HOME HEALTH CARE”?

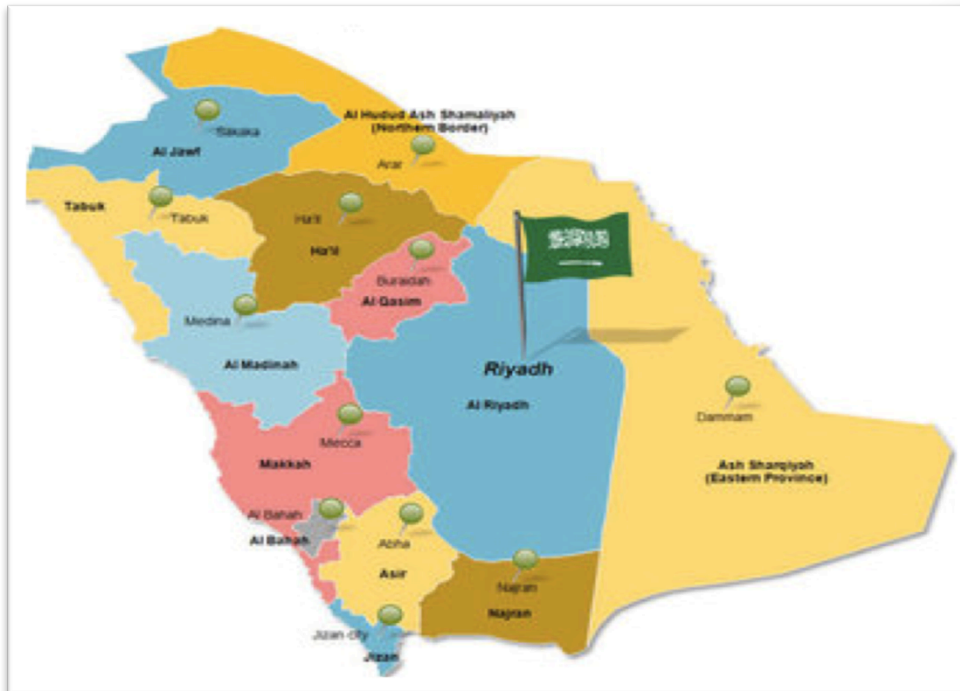
Any **Therapeutic**, **Diagnostic** or **Social** support service provided in an individual's Home

Sharon et al. Home Care . JAMA 2003;290:1203-7



# HOME HEALTH CARE VISION

To provide Home Medical care services for **all regions & provinces** in Saudi Arabia according to the international quality standards





## HOME HEALTH CARE MISSION

To provide the best types of **constant & comprehensive** health care for the patient at his home, within the framework of Islamic values & traditions of the society using the latest technologies





## OBJECTIVES OF HHC

- ✓ Quality upgrade
- ✓ Freeing Hospital Beds
- ✓ Cost Effective
- ✓ Higher Level of Patient Satisfaction
- ✓ Professional Follow-up
- ✓ Discovering new illnesses & treating existing one
- ✓ Restoring family unit
- ✓ Training family to care for own
- ✓ Affordability
- ✓ Accessibility of medication
- ✓ Assessing Physical & mental needs
- ✓ Health Promotion



# WHY HHC IS NEEDED?



## WHY HHC IS NEEDED?

### ➤ Demographical Changes

- More Elderly Population
- Diseases that occur more often in elderly patients increase concomitantly as the population ages
- Growing elderly population: aged over 65 projected to increase to **12%** in 2030 according to WHO

**Need More Home Health care**



## WHY HHC IS NEEDED?

### ➤ Epidemiological Changes:

- Less Acute/Infectious Diseases
- More Chronic Diseases
- Medical advances allow better management of chronic and incurable diseases.
- 30% of Disabled Need HHC

**Need More Home Health care**





## WHY HHC IS NEEDED?

### ➤ **Cost Effectiveness :**

- Growing Demand for Higher Quality Life
- More widespread availability of high-technology services has resulted in increased hospital cost
- Earlier discharge of hospitalized patients, reducing the length of hospital stays & Need to free occupied beds

**Need More Home Health care**



## WHY HHC IS NEEDED?

➤ Patients Choose to Receive Care in Home



**Need More Home Health care**

# Home Health Care

**HHC Improve Health Care**

**Is Their Any Evidence ?**







# Home Health Care Lead To Improve Medical Care

## **Clinical out come majors:**

- Studies suggest that home visits can lead to improved medical care through the **discovery of unmet health care needs.**
- One study found that home assessment of elderly patients with relatively good health status and function resulted in the **detection of an average of four new medical problems and up to eight new intervention recommendations per patient.**
- Study showed that use of the specialist home care nurses **lead to 65% reduction in hospitalization of patients .**

Smigelski CW, Hungate B, Boling PA. Transitional model of care: Bridging inpatient to outpatient care [abstract P518]. J Am Geriatr Soc 2004;52:4(suppl):S194.

Susan Louisa Montauk. Home Health Care. American Academy of Family Physicians 1998 Nov 1;58(7).



# Home Health Care Lead To Improve Medical Care

## **Cost Effectiveness :**

- An Economic Evaluation of Home Care Results From RCT showed that Using home care to reduce hospital stays improved the health outcomes without significantly increasing social costs.
- European study showed that HHC lead to 38% decrease in cost
- Dr. Al-Dahi study in 2007 showed 65% ↓ in secondary care & 56% in long stay rehabilitation care cost by using HHC.

Dougherty, Geoffrey E. MD, MSc, FRCP(C) \*; Soderstrom, Lee PhD +; Schiffrin, Alicia MD. Medical Care. 36(4): 586-598, April 1998.

Hernandez C, Casas A, Escarrabill J, et al. Home hospitalisation of exacerbated chronic obstructive pulmonary disease patients. Eur Respir J 2003;21(1):58-67.

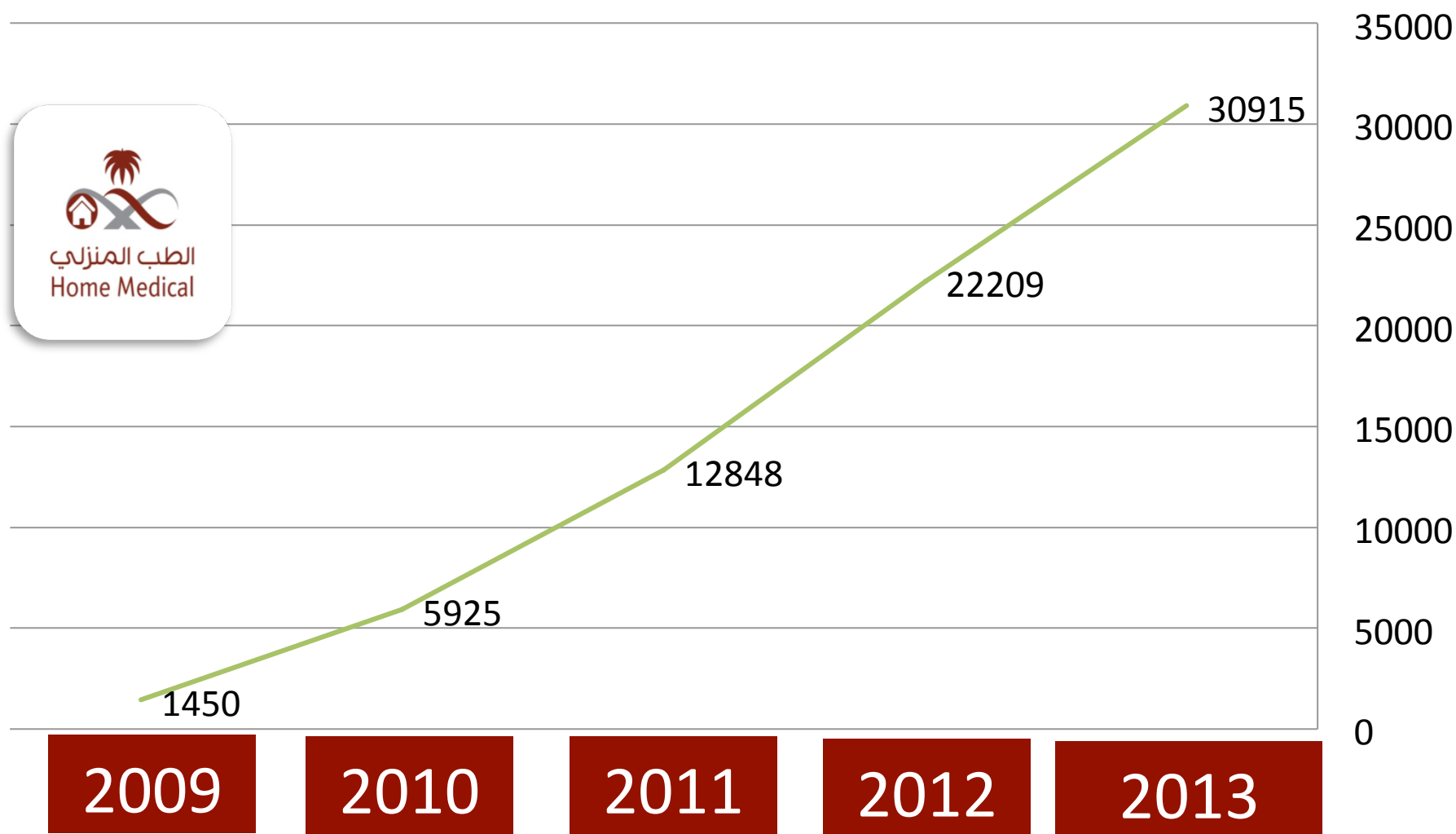
# Home Health Care

## HMC In Saudi Arabia Statistics 2009-2013

- ✓ More than 30915 patients have benefited from the services
- ✓ 178 hospitals provide HMC
- ✓ Well trained 309 teams with their transportation & equipment

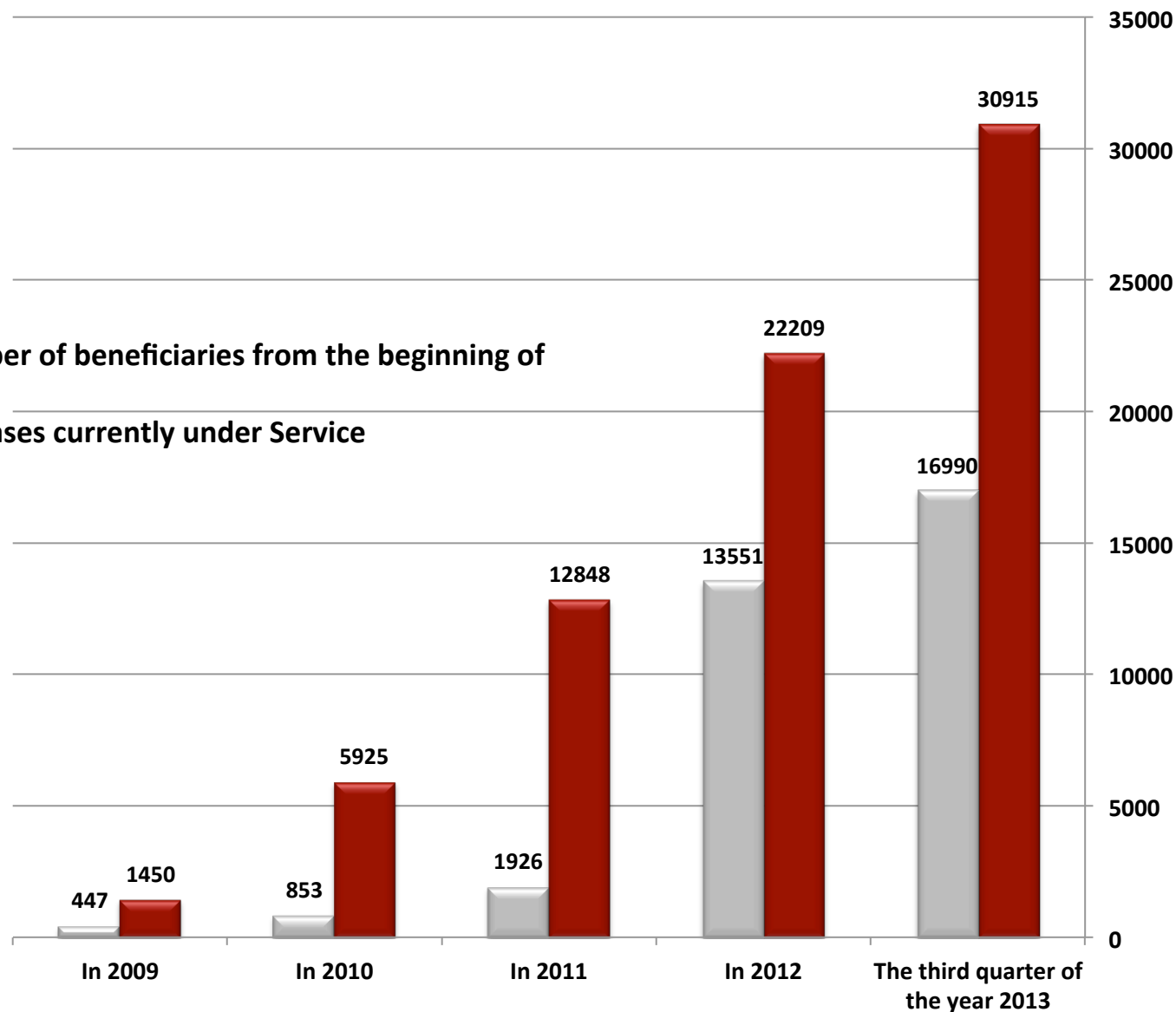


# Steady increase in the number of patient benefited from the service 2009-2013



**Graph represents the cumulative number of patients benefited of HMC services since its inception in 2009 to the end of September 2013**

- The overall total number of beneficiaries from the beginning of the program
- The total number of cases currently under Service



Type of diseases & medical conditions benefiting from the HMC service in 3 <sup>rd</sup> quarter 2013		%
<b>Aging accompanied by organic disease</b>		<b>74%</b>
Chronic diseases (Hypertension & heart diseases) & its complications		19%
Diabetes and its complications		15%
Stroke and paralysis		11%
Wounds - ulcers and diabetic foot		8%
Chronic respiratory disease		7%
Muscular and Skeletal diseases		5%
Urology		3%
Psychological diseases		3%
Neurological diseases		3%
Cancer		2%
Gastroenterology		1%
Diseases of the blood and immune system		1%
Infectious diseases		0.20%
Other diseases		3%
Total		100%



# Home Medical Care

**What are the Services Provided By  
Home Medical Care ?**





# Home Medical Care

- Nursing
- Social service
- Physiotherapy
- Respiratory therapy
- Dietary
- Psychotherapy
- Medical and equipment's supply according to patient needs





# Members of HMC Team

- Physician
- Nurse
- Social worker
- Physiotherapist
- Dietician
- Respiratory Therapist
- Coordinator
- Driver
- Family caregiver



# Home Health Care

**How the patient enters the HMP service?**



# Steps to Home Health Care

## Referral

- From the Primary physician in the hospital

## Assessment team

- Patient Assessment before discharge
- Assessment of patient home environment

## Acceptance

- Providing patient with needed equipment
- Training the care giver

## Care Plan

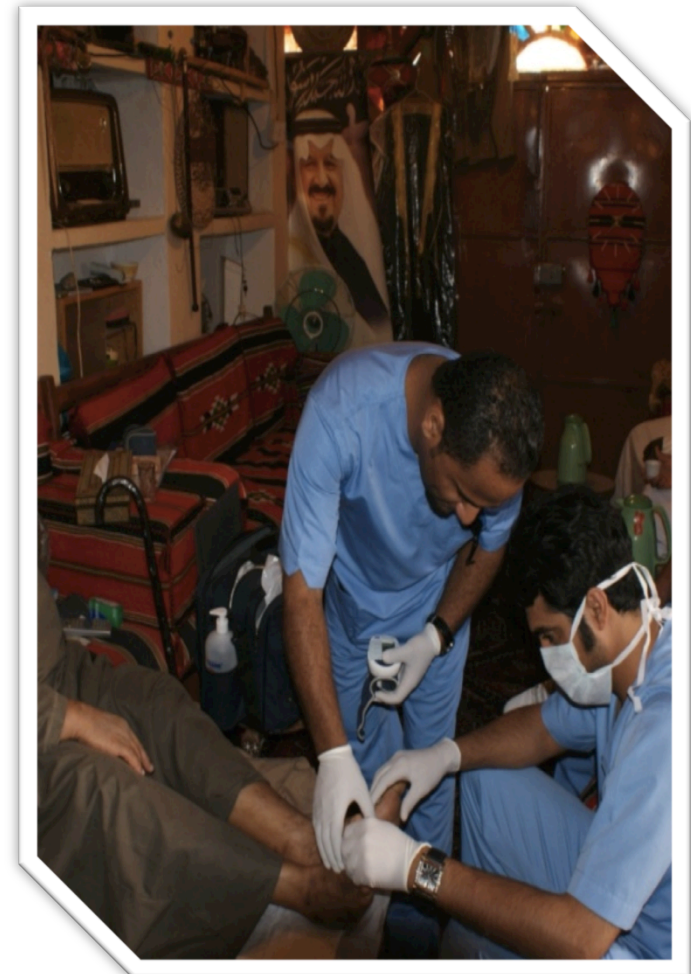
- Patient care plan
- Schedule 1<sup>st</sup> visit



## HMC Services started from hospitals

### Criteria for acceptance

1. Coverage area 50 km or 30minutes by driving
2. Stable medical condition
3. Approval of home owner
4. Appropriate home environment
5. Capable care giver



# Home Health Care

## Referral

Pt. should be referred 72 hr' s before discharged from the hospital



**MADINA HOME HEALTH CARE**



**HEALTH CARD NO:** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
**NAME :** \_\_\_\_\_  
**AGE** ☐ ☐ **YRS** ☐ ☐ **MONTH**  
**NATIONALITY :** \_\_\_\_\_  
**CONSULTANT IN CHARGE :** \_\_\_\_\_

## REFERAL FORM

Date of Referral : \_\_\_\_\_

PCN ( pt care no. If known) \_\_\_\_\_

1st Referral ☐ Re-referral ☐ Ward \_\_\_\_\_ / Clinic \_\_\_\_\_ / ED ☐ PHCC \_\_\_\_\_

**PLEASE COMPLETE ALL SECTIONS OF THE FORM CONCLSELY AND CLEARLY**  
**This section to be completed by the Physician**

**Medical History : ( include diagnosis and prognosis )**


<b><u>Current Active Problems :</u></b>	<b><u>Stable Chornic Problem</u></b>

### DIAGNOSIS DISCUSSED

With Patient :

☐ Yes ☐ No

With Family :

☐ Yes ☐ No

### PROGNOSIS DISCUSSED

With Patient :

☐ Yes ☐ No

With Family :

☐ Yes ☐ No

**CONSULTANT Management Plan for Patient:**

**DISCHARGE MEDICATION**


(Outpatient clinic appointment date)

**Type of Care :**

Nursing ☐

Social Services ☐

Physiotherapy ( Medinah ) ☐

Other ☐ Specify \_\_\_\_\_

Palliative ☐

Code Status : \_\_\_\_\_

Consultant in charge \_\_\_\_\_ Signature \_\_\_\_\_ Date : \_\_\_\_\_ Mobile # \_\_\_\_\_

(Referring Will Remain Patient's Primary Physician )



# PATIENT & ASSESSMENT

## ➤ In the hospital upon referral Patient assessment is done

- Medical assessment
- Socio-economic assessment
- Caregiver assessment
- Environmental assessment





# Home Health Care

## Assessment Care Team:

A- Physician ( Team leader )

B- Nurse

C- Social worker

MADINA HOME HEALTH CARE



HEALTH CARD NO: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
NAME: \_\_\_\_\_  
AGE ☐ ☐ YRS ☐ ☐ MONTH  
NATIONALITY: \_\_\_\_\_  
CONSULTANT IN CHARGE: \_\_\_\_\_

## INITIAL HOSPITAL ASSESSMENT FORM

DATE: \_\_\_\_\_

HHC: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

OBSERVATIONS: TEMP ☐ P ☐ BP ☐ RR ☐

ALLERGIES: YES ☐ NO ☐ NKA ☐ ALLERGIES TO: \_\_\_\_\_

CHIEF COMPLAINTS: \_\_\_\_\_ PREVIOUS HOSPITALIZATION: YES ☐ NO ☐

MENTAL BEHAVIOUR ALERT ☐ ORIENTED ☐ DEPRESSED ☐ ANXIOUS ☐ CONFUSED ☐ FORGETFUL ☐

AGGRESSIVE ☐ UNRESPONSIVE ☐ APHASIC ☐

EQUIPMENT: HOSPITAL BED ☐ WHEELCHAIR ☐ COMMUNE / SHOWER CHAIR ☐ HOIST ☐  
OXYGEN CONCENTRATION ☐ OXYGEN TANK ☐ NEBULIZER ☐ OTHER ☐

ACTIVITIES OF DAILY LIVING: INDEPENDENT ☐ DEPENDENT ☐

NEEDS ASSISTANCE WITH: Feeding ☐ Dressing ☐ Toileting ☐ TOTAL CARE ☐

MOBILITY: INDEPENDENT ☐ DEPENDENT ☐ AIDS ☐ WHEEL CHAIR ☐ BED RIDDEN ☐ TRANSFERRING ☐

SENSORY DEFECTS: VISION ☐ HEARING ☐ OTHER SPECIFY: \_\_\_\_\_

GASTRO-INTESTINAL: NO PROBLEM ☐ NAUSEA ☐ VOMITING ☐ BLEEDING ☐ DIARRHEA ☐

CONSTIPATION ☐ IMPACTION ☐ BOWEL MOVEMENT ☐ DISTENTION ☐ COLOSTOMY ☐ INCONTINENT ☐

BOWEL SOUNDS: ACTIVE ☐ HYPOACTIVE ☐ ABSENT ☐ ABDOMEN: SOFT ☐ FIRM ☐ NOT ASSESSED ☐

TUBE CARE: YES ☐ NO ☐ NASOGASTRIC ☐ SIZE \_\_\_\_\_ GASTROSTOMY ☐ DATE INSERTED: \_\_\_\_\_

URINARY CATHETER: ☐ INDWELLING ☐ SUPRAPUBIC ☐ SIZE \_\_\_\_\_ DATE LAST CHANGED: \_\_\_\_\_

CONDOM ☐ NEPHROSTOMY ☐ CAPD ☐

TRACHEOSTOMY ☐ TUBE SIZE: \_\_\_\_\_ TYPE \_\_\_\_\_ DATE LAST CHANGED: \_\_\_\_\_ DRAINAGE: \_\_\_\_\_

نموذج للرعاية الصحية المنزلية رقم ( ٢ )



# Home Health Care

## Patient Assessment

- Patient evaluation in the **hospital prior to discharge** to ascertain that **HHC can offer the services** & medical equipment needed by the patient in the home situation
- Have a **patient management plan** in place, ensuring continuation of medical services

# Home Health Care

## Patient Assessment

- Patient assessment is a **comprehensive** process which is an **integral part** of managing patient care
- Patient assessment is an ongoing process and is **vital** to monitor **progress** in the various aspects of patient care



# Home Health Care

## Patient Assessment

- Current health condition & patient medical Hx
- Professional services needed for Optimal Outcome for the care in a home environment
- Determine if the medical equipment available will be adequate for the Safe & Effective Rx



# Home Health Care

## Hospital Assessment:

- State of consciousness
- **Medication** in use is noted.
- Diet/feeding requirements
- Ulcers/surgical incisions and proposed care
- Skin status





# Home Health Care

## Hospital Assessment:

- Determining the discharge date
- Scheduled specialty **clinic appointments**
- Discuss procedures to follow upon discharge of patient **until first home visit**

# Home Health Care

## Assessment: Activities of Daily Living (ADL's)

- Assessment tool used to determine patient's ability to perform activities of daily living



# Home Health Care

## Basic ADLS: Self Care

- Personal Hygiene
- Dressing and undressing
- Eating
- Transferring from bed to chair
- Voluntarily control of urinary or fecal discharge
- Moving around



# Home Health Care

## Assessment: Activities of Daily Living (ADL's)

### ➤ Instrument ADL's

Not necessary for fundamentals functioning it allows the individual to live independently in a community



# Home Health Care

## ADLS: Instrument

- Doing light housework
- Preparing meals
- Taking medication
- Shopping
- Use of telephone
- Management of money





# Home Health Care

## Assessment: Socio-Economic

- Total number of family members sharing the home
- Total rooms in the home
- Equipment available to ensure good patient care
- Financial Status (is the family head employed)



# Home Health Care

## Assessment of: Care Giver

- Educational status
- The relationship between the patient & caregiver - relative or contractual
- Time available for patient care
- Previous experience in patient care

**Assessment of caregivers needs for education**



# Home Health Care

## Hospital Assessment:

➤ After physical assessment of the patient, may decide to incorporate other medical services in the patient's care plan such as:

- Physiotherapy
- Respiratory therapy
- Dietician



# Home Health Care

## Home Assessment



# Home Health Care

## Assessment: Home

- Area of patient's room
- Is patient's room shared
- Type of care given to the patient
- Safe storage of medication



# Home Health Care

## Assessment: Home

- Physical environment must be evaluated for **Safety** and suitability:
  - ✓ Free of fire
  - ✓ Health, and safety hazards
  - ✓ Adequate heating cooling, and ventilation
  - ✓ Adequate electrical service
  - ✓ Provide patient access and mobility & storage facilities.



# Home Health Care

## Assessment: Home & Environment

### ➤ Infection Control:

- General hygiene and hand washing
- Correct disposal of sharps
- Correct handling of supplements for feeding regime



# Home Health Care

## Assessment: Home & Environment

### ➤ Infection Control:

- Correct disposal of disposable supplies
- Correct handling of Catheter/ NGT/Peg tube
- Correct of suction apparatus
- Use of suction catheters



# Home Health Care

## Assessment: Constructing Care Plan

- Provides a written means of planning patient care based upon the diagnosis of the patient
- Enables provision of a holistic approach
- It serves as a means to document change of the patient's condition



# Home Health Care

## HOW TO MEASURE OUTCOMES OF HOME HEALTH CARE?





# Home Health Care

## Out come

4 major outcomes measurement in which HHC agencies must demonstrate ability to document success:

- 😊 Cost
- 😊 Clinical
- 😊 Functional status
- 😊 Patient satisfaction



# Home Health Care

## Client's Satisfaction Towards Services



*Client satisfaction  
is our priority*





# **Home Health Care**

**AL Madina AL Munawara  
HHC Center**

**Cross Sectional Study**

**Client's Characteristics and Satisfaction Towards  
Services Provided by The Home health Care  
Center In AL Madina AL Munawara**

**Conducted by:**

**Dr .Hamadi A. Al Refai**

**Supervised by:**

**Dr. Aeshah Alsagheir**

**2009**

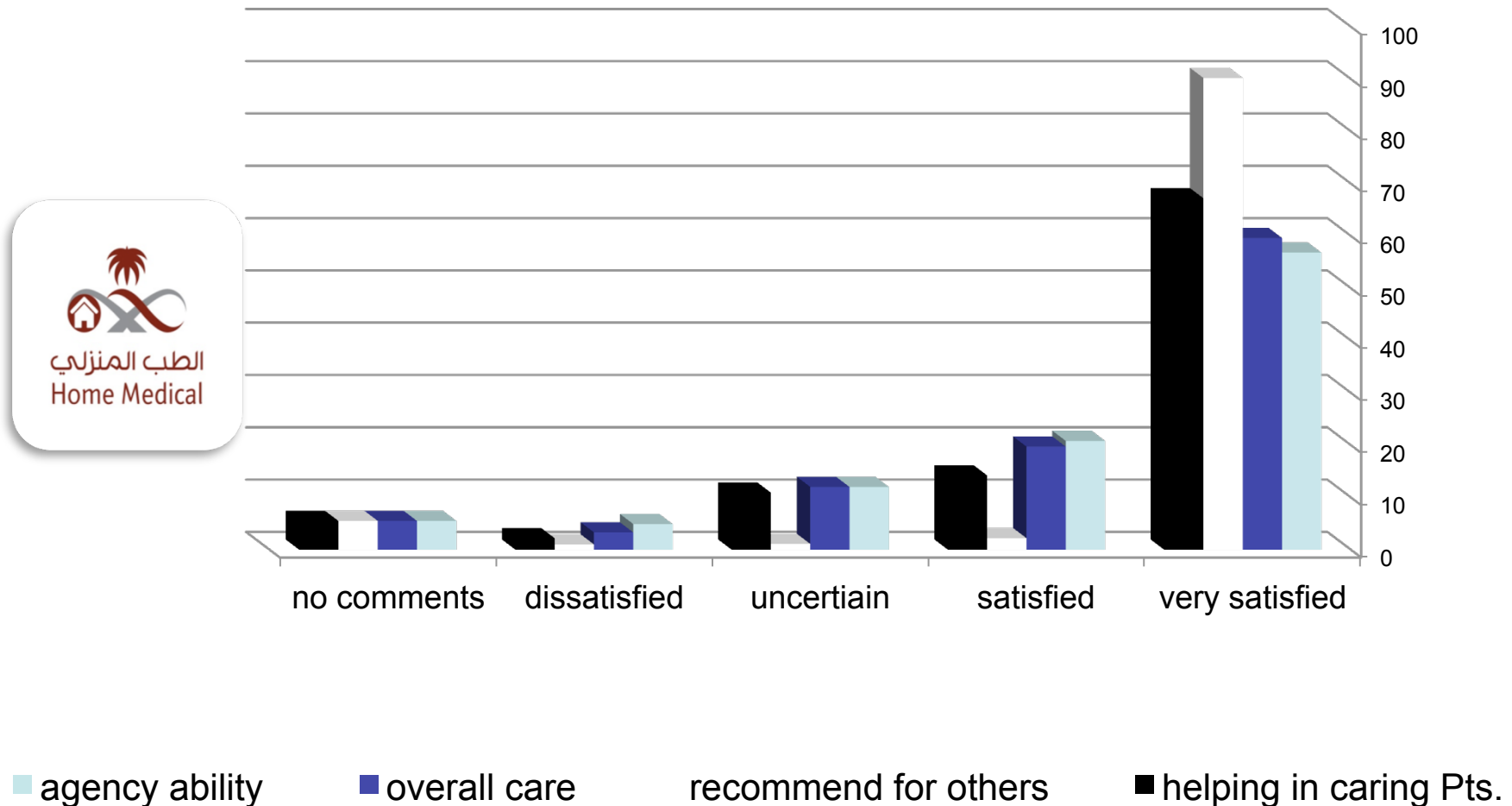
**AL Madina AL Munawara  
HHC Center  
Client's Satisfaction Towards Services**

☺ Majority of clients were satisfied with most of the items of home care clients satisfaction instrument.

- ✓ **83.2%** of clients were satisfied about Over all care provided by the center
- ✓ non were very dissatisfied
- ✓ **93.3%** of clients Very satisfied to Recommend the service to others.



# AL Madina AL Munawara HHC Center Client's Satisfaction Towards Services



# **AL Madina AL Munawara HHC Center Client's Satisfaction Towards Services**

😊 **Study shows that the client reported high level of satisfaction for the element of:**

- Respect
- Attention to concerns
- Consistency
- Helpfulness
- Dependability of staff
- Feeling safe
- Staff knowledge of health problem



# Conclusions...



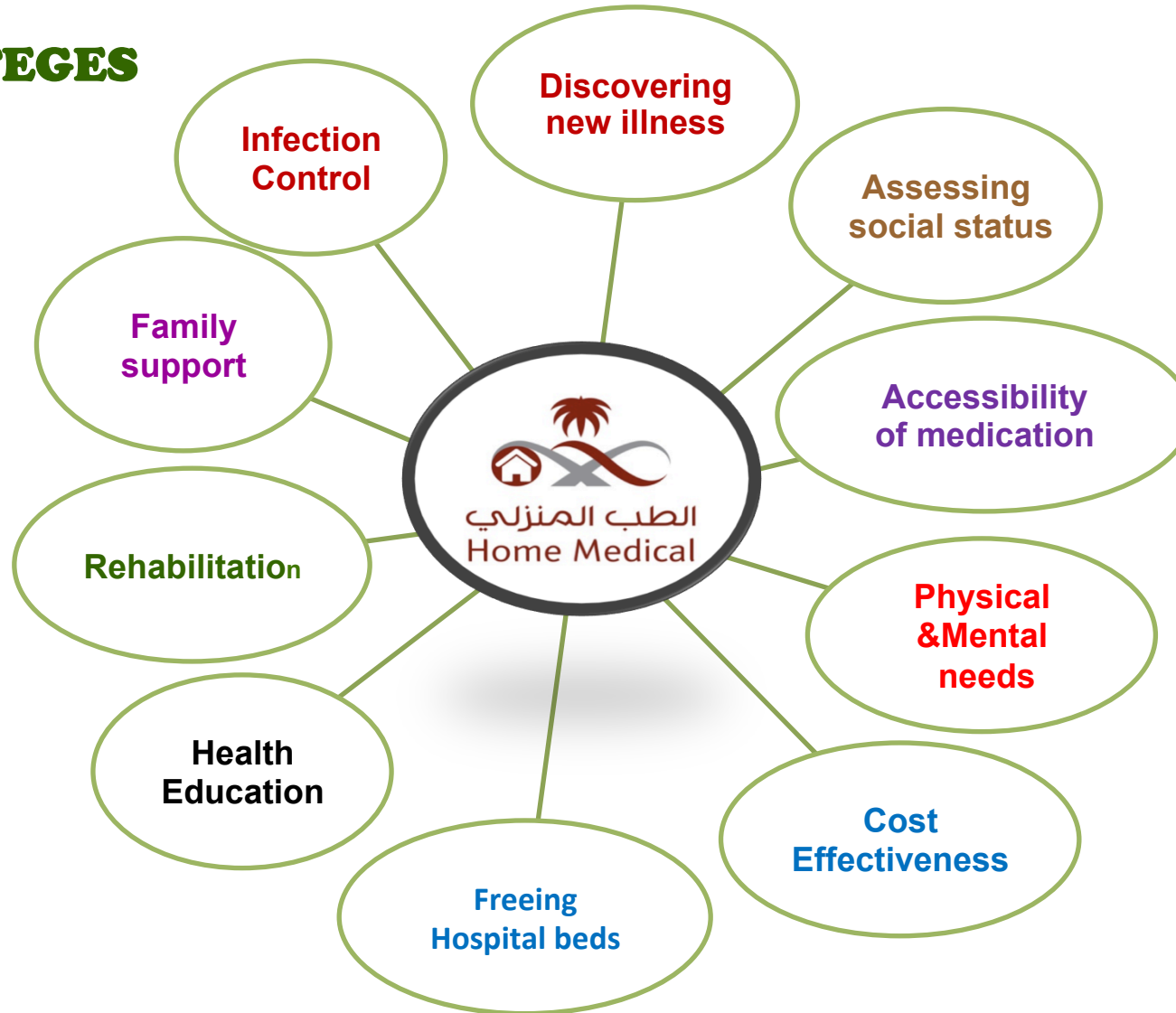
## ➤ The need for HHC is growing due to:

- Increase in elderly population
- The impact of our changing environment on diseases
- Technology advancements



# PEARLS

## ADVANTEGES



# PEARLS



## Future direction

- **The face of HMC will change**
  - Telemedicine
  - Electronic Medical Records



**WHO IS THE BEST ADVOCATOR FOR ANY  
HEALTH CARE SERVICES?**

**THE PATIENT**



الطب المنزلي  
Home Medical

**Thanks for listening**

