HOME MEDICAL CARE CURRENT SITUATION & FUTURE DIRECTION

الطب المنزلي الواقع و المأمؤل



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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 & hemiplegia on the left side received hospitalization. She has a complicated medical history (DM, CAD, 2 coronary stents placed, HTN, Dyslipidemia, Schizophrenia, Major depressive disorder, Neuropathic pain, COPD)
- She takes over nine medications.
- Despite the stability of the situation still needing long term nursing help, medication management & physiotherapy





OUTLINE

- Why HMC is needed?
- Definition of HMC
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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



> Epidemiological Changes:

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







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



> Patients Choose to Receive Care in Home



Need More Home Health care

WHAT DO WE MEAN BY "HOME HEALTH CARE"?



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**.

Geoffrey Leavenworth. high-quality care with the comforts of home - home health care - special edition: The State of Health Care in America 1995. Business & Health 1995Available from: URL: findarticles.com



WHAT DO WE MEAN BY "HOME HEALTH CARE"?

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

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







HHC Improve Health Care

Is Their Any Evidence?





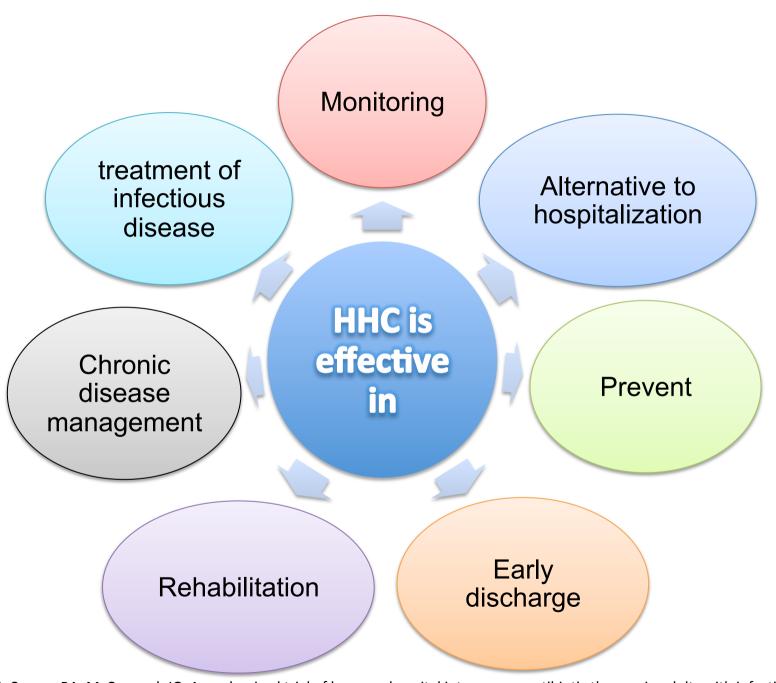
Home Health Care Lead To Improve Medical Care

Clinical out come majors:

- Studies suggest that home visits can lead to improved medical care through the <u>discovery of unmet health care needs</u>.
- 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).



Wolter JM, Cagney RA, McCormack JG. A randomized trial of home vs hospital intravenous antibiotic therapy in adults with infectious4 diseases. J Infect. 2004;48:263-268.

Aeshah Alsagheir . 2016



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 <u>reduce hospital stays improved the health</u> <u>outcomes without significantly increasing social costs.</u>
- European study showed that HHC lead to 38% decrease in cost
- Dr. Al-Dahi study in 2007 showed 65%

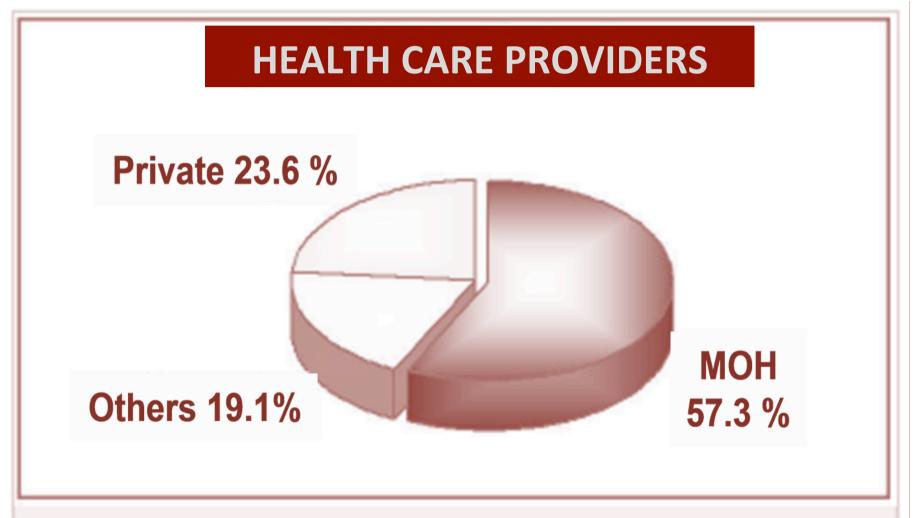
 in secondary care & 56%in long stay rehabilitation care cost by using HHC.

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.



SAUDI ARABIA **HOME MEDICAL CARE**





HMC VISION

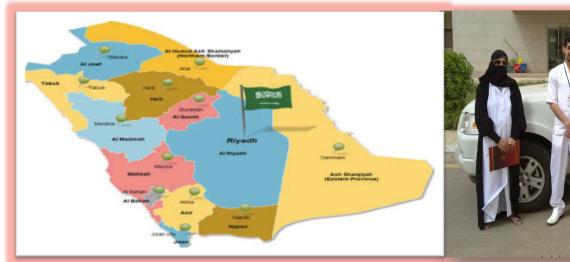






Provide HMC services for all regions & provinces in SA according to the international quality standards

أن تغطي خدمات الطب المنزلي جميع المناطق والمحافظات الصحية بالمملكة العربية السعودية طبقا لمعايير الجودة العالمية







HMC MISSION





Provide the best types of <u>constant & comprehensive</u> health care for the patient at his home, within the <u>framework of Islamic values</u> & <u>traditions of the society</u> using the <u>latest technologies</u>

تقديم أجود أنواع الرعاية الصحية الشاملة والمستمرة للمريض في داخل مسكنه في إطار القيم الإسلامية والعادات والتقاليد و باستخدام احدث التقنيات







HOME MEDICAL CARE





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GOALS AND OBJECTIVES

- Enhance patient's quality of life
- the need for <u>unnecessary & prolonged</u> hospitalization
- Prevent <u>readmission</u> to the hospital & ER visits
- Support patient to be more <u>independent</u> at home
- Provide <u>equipment & consumables</u> to patient & family



GOALS AND OBJECTIVES

- Promote <u>healthy lifestyle</u> & provide <u>health</u>
 <u>education</u> to patients & families
- Ensure <u>safety while taking medication</u> at home
- Improve patient <u>compliance</u> to their medications
- Check appropriateness of chronic medications





STEPS TO HOME MEDICAL 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 1st visit

HMC Services started from hospitals

Criteria for acceptance

- 1. Referral from the physician in the hospital
- 2. Coverage area 50 km
- 3. Stable medical condition
- 4. Approval of home owner
- 5. Appropriate home environment
- 6. Capable <u>care giver</u>





Referral

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



MADINA HOME HEALTH CARE

الطب المنزلي Home Medical

REFERAL FORM

| Date of Refer | ral : | | | | | | |
|---------------|-------|----------|------|---------|------|------|--|
| PCN (pt care | | | | | | | |
| 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

| This section to be completed by the Physician | |
|--|--|
| Medical History: (include diagnosis and prognosis |) |
| | -515 |
| | |
| Current Active Problems : | Stable Chamic Duablem |
| Current Active Problems . | Stable Chornic Problem |
| | |
| - | |
| | |
| | |
| DIAGNOSIS DISCUSSED | PROGNOSIS DISCUSSED With Patient: With Family: |
| With Patient: With Family: | □Yes □No □ Yes □No |
| □Yes □ No □ Yes □ No | |
| CONSULTANT Management Plan for Patient: | DISCHARGE MEDICATION |
| | |
| | |
| | |
| <u></u> | |
| | |
| (Outpatient clinic appointment date) | |
| | <u> </u> |
| Type of Care: | |
| Nursing □ Social Services □ | Physiotherapy (Medinah) |
| Other Decify | Palliative Code Status : |
| Consultant in chargeSignature | 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





Assessment Care Team:

A- Physician (Team leader)

B- Nurse

C- Social worker

MADINA HOME HEALTH CARE HEALTH CARD NO: 0 0 0 0 0 NAME: AGE ☐ ☐ YRS □ □ MONTH NATIONALITY: CONSULTANT IN CHARGE: الطب المنزلي Home Medical INITIAL HOSPITAL ASSESSMENT FORM CLASSIFICATION: TEMP PL BPL BB I I OBSERVATIONS: YES L. NO L. NKA L. ALLERIES TO PREVIOUSHOSPITALIZATION: YES ... NO ... CHIEF COMPLAINTS: MENTAL BEHAVIOUR ALERT ORIENTED DEPRESSED ANDOUS CONTUSED FORSETFUL AGGRESSIVE UNRESPONSIVE APHASIC EQUIPMENT: HOSPITAL BED WHEELCHAIR L COMMODE / SHOWER CHAIR L HOIST OXYGEN COCENTRATION L OXYGEN TANK NEBUL ZER OTHER L ACTINITIES OF DARYLINGS: INDEPENDENT DEPENDENT NE EDG ASSETANCE WITH: Feeding Dressing Tolleting TOTAL CARE INDEPENDENT L. DEPENDENT L. AIDS L. WHEEL CHAIR L. BEDRIDDEN L. VISION L. HEARING L. Onesn Specier : NO PROPLEM L NAUSEA | VOMITING | BLEEDING | GASTRO-INTESTINAL: IMPACTION L BOWEL MOVEMENT L DISTENTION L COLOSTOMY L BOWEL SOUNDS ACTIVE | HYPOACTIVE | ABSENT | ABDOMEN: SOFT | FIRM | NOT ASSESSED | TUBE CARE: YES L. NO L. NASOGASTRIC L. SIZE _____GASTROSTOMY LIDATE INSERTED URBARY CATHER: | INDWELLING | SUPRAPUBIC | SIZE CONDOM LINEPHROSTOMY LI CAPD LI TRACHEDISTORY L. TUBE SIZE : _____TYPE _____ DATE LAST CHANGED _____ DRAMAGE : _____

نموذج الرعاية المسمية المنزلية رقم (٣)









Home Assessment





Assessment: Home

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





Assessment: Home

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



Assessment: Home & Environment

- Infection Control:
 - General hygiene and hand washing
 - Correct disposal of sharps
 - Correct handling of supplements for feeding

regime



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





Assessment: Constructing Care Plan

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



Home Medical Care

What are the Services Provided By Home Medical Care?





TEAM MEMBERS

- **Physician**
- > Nurse
- > Social worker
- > Rehabilitation personnel
- Dietician
- > Respiratory therapiest
- > Family caregiver





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HMC STATISTICS 2009- Dec. 2015

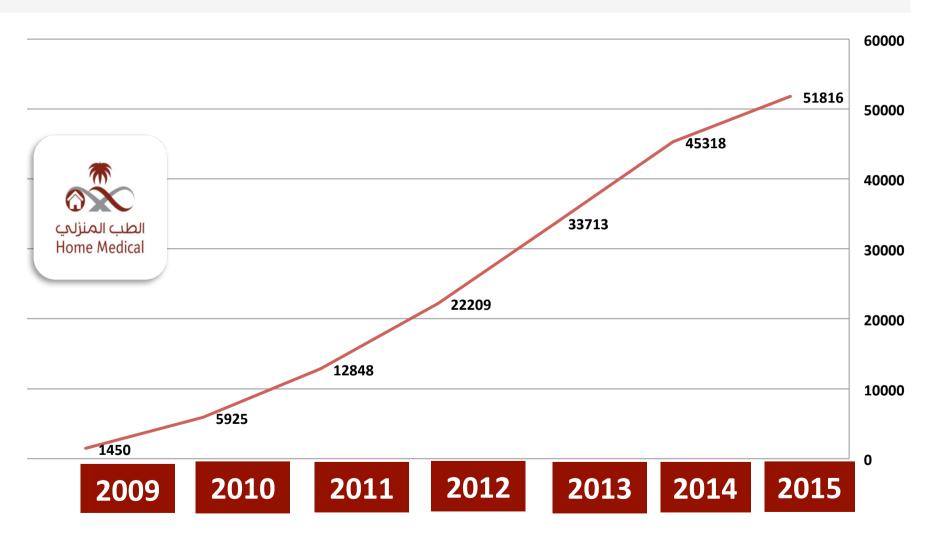
- ✓ More than 51,083 patients benefited from the services
- ✓ 206 hospitals provide HMC
- √ 345 teams with their transportation & equipment







Steady increase in the number of patient under the service 2009- 2015



| Type of diseases & medical conditions benefiting from the HMC service in 4 th quarter 2015 | | % |
|---|--------------------------------------|-------|
| | Aging accompanied by organic disease | 74% |
| Chronic diseases (Hypertension & heart diseases) & its complications | | 19% |
| Diabetes and its complications | | 15% |
| Stroke and paralysis | | 11% |
| Wounds - ulcers and diabetic foot | | 8% |
| الطب المنزلي Home Medical | 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% |
| Aeshah Alsagheir . 2016 Other diseases | | 3% |



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HOW TO MEASURE OUTCOMES OF 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



Client's Satisfaction Towards Services







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

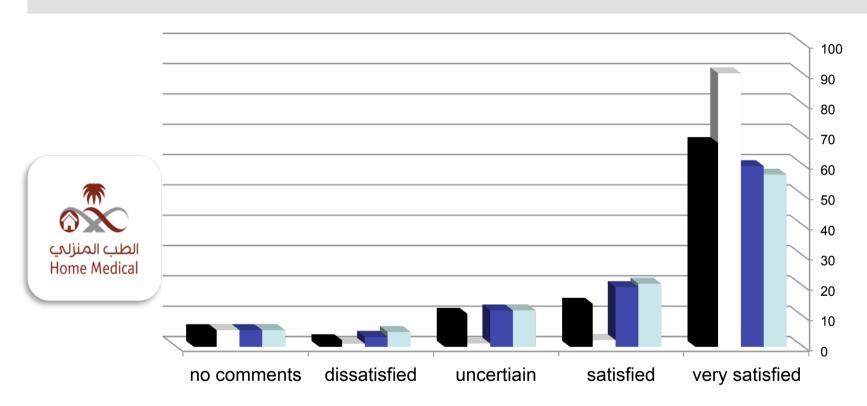
2009

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 where 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.

Hamadi AL Refai. Client's Characteristics and Satisfaction Towards Services Provided by The Home health Care Center In AL Madina AL Munwra.2008

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



agency ability

overall care

recommend for others

helping in caring Pts.

Hamadi AL Refai. Client's Characteristics and Satisfaction Towards Services Provided by The Home health Care Center In AL Madina AL Munwra.2008



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WHAT IS NEW FOR OUR HOME MEDICAL CARE?





HOME MEDICAL CARE

Ministry Of Health National Home Medical Care (HMC) Standards



To meet the standers we need POLICIES & PROCEDURES?

 Policy & Procedure Manual is first thing surveyors and investigators request regardless of what Agency they represent

P&P IS UNDER THE FINAL REVISION IN SAUDI HEALTH COUNCIL

• وقد تمت ترجمته بالعربية





Saudi Health Council المعلى الصمي السعودي

HMC Safety protocol

لائحة المخاطر المحتملة في الطب المنزلي



OUTLINE

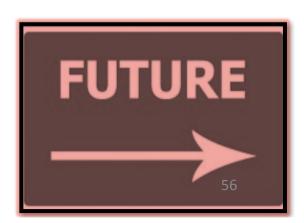
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HOME MEDICAL CARE

Future direction of HMC

- The face of HHC will change
 - Telemedicine
 - Electronic Medical Records
 - Respiratory Home Care and Home hemodialysis





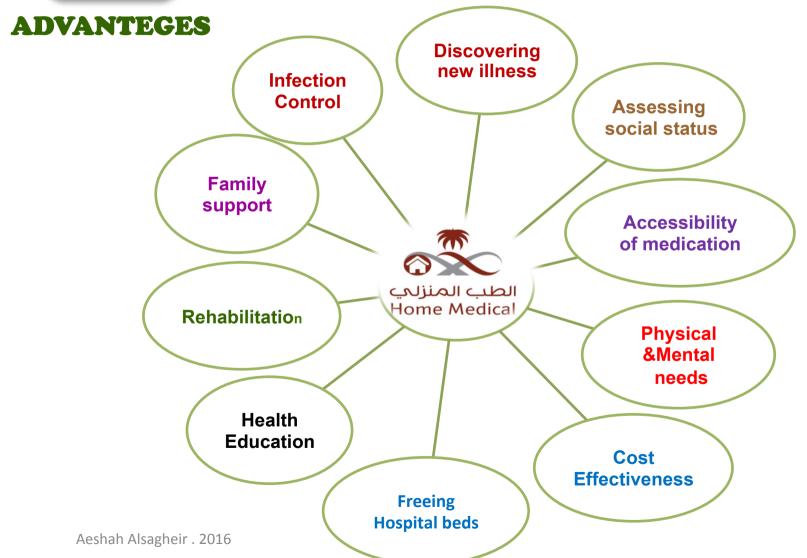
Conclusions...





HOME MEDICAL CARE

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Thank you for listening

