

Home health care

- **Why HMC is needed?**
- **Definition of HMC 3**
- **Goals & Objectives**
- **Procedures & treatments**
- **Types of Staff providing care**
- **Statistics in 2014**
- **How to measure outcomes of HHC ?**
- **New steps in HMC**
- **Next Steps**

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Why HHC is needed?

1-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

2-Epidemiological Changes:

- Less Acute/Infectious diseases.
- More chronic diseases.
- Medical advances allow better management of chronic and incurable diseases.
- 30% of Disabled Need HHC.
- In Saudi Arabia:
 - Diabetic or pre-diabetic 50%, HTN 33% and Dyslipidemia 30%

3-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.

4-Patients Choose to Receive Care in Home

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**. (Not only to cure the disease, but to make patient's life better)
- Any Therapeutic, Diagnostic or Social support service provided in at an individual's Home **Social service is an important corner in HMC**

HHC effective in

Monitoring, alternative to hospitalization, prevention, early discharge, rehabilitation, chronic diseases management, treatment of infectious disease

HMC VISION

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

HMC MISSION

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**

Values of HMC

Privacy, Team spirit, Excellence & leadership, serving the patient & his family, Staff development

GOALS AND OBJECTIVES of HMC

- Enhance patient's quality of life.
- Decreases the need for unnecessary & prolonged hospitalization.
- Prevent readmission to the hospital & ER visits (especially chronic pt e.g. COPD, Asthmatic pt)
- Support patient to be more independent at home
- Provide equipment & consumables to patient & family
- Promote healthy lifestyle & provide health Education to patients & families
- Ensure safety while taking medication at home
- Improve patient compliance to their medications
- Check appropriateness of chronic medications

STEPS TO HOME MEDICAL CARE

1. Referral (from the Primary physician in the hospital)
2. Assessment team (Patient Assessment before discharge & Assessment of patient home environment)
3. Acceptance (Providing patient with needed equipment & Training the care giver)
4. Care plan (Patient care plan & Visit First Schedule)

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. (Acute and Emergency cases not accepted)
4. Approval of homeowner.
5. Appropriate home environment.
6. **Capable caregiver**

Referral:

The patient should be referred **72 hours** before discharged from the hospital

PATIENT & ASSESSMENT: In the hospital upon referral Patient assessment is done

- Medical assessment
- Socio-economic assessment
- Caregiver assessment

Assessment Care Team:

1. Physician (**Team leader**)
2. Nurse
3. Social worker

Assessment of: Care Giver

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

Assessment: Home

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

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.

Assessment: Home & Environment

- **Infection Control:**
 - General hygiene and hand washing
 - Correct disposal of sharps
 - Correct handling of supplements for feeding regime
 - Correct disposal of disposable supplies
 - Correct handling of Catheter/ NGT/Peg tube
 - Correct of suction apparatus
 - Use of suction catheters

Assessment: Constructing Care Plan (with the consultant)

- 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

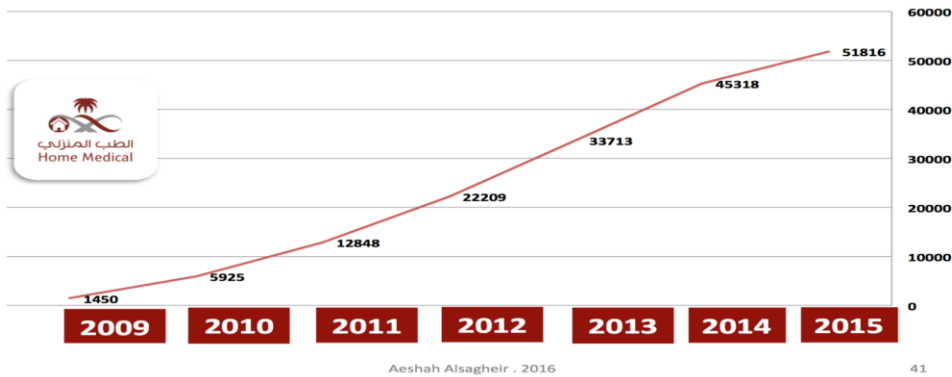
What are the Services that Provided by Home Medical Care?

Team members

- **Physician. (they put the plan and initial assessment and follow up)**
- **Nurse. (dressing wounds, catheterization, patient’s feeding, support the patient)**
- **Social worker.**
- **Rehabilitation personnel.**
- **Dietician.**
- **Respiratory therapist. (If needed)**
- **Family caregiver.**

HMC Statistics in 2015 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% |
| 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% |

Aeshah Alsagheir . 2016

HOW TO MEASURE OUTCOMES OF HOME HEALTH CARE?

4 major outcomes measurement in which HHC agencies must demonstrate ability

- **Cost**
- **Clinical**
- **Functional status**
- **Patient satisfaction**

Client's Characteristics and Satisfaction Towards Services Provided by The Home Health Care

(AL Munawara AL Madina AL Munawara HHC Center- Cross Sectional Study)

- **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.**

New steps in HMC

- 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
- Policies and procedures are under the final revision in Saudi health council
- Saudi Health Council: HMC safety protocol

Future direction of HMC

The face of HHC will change into:

- Telemedicine
- Electronic Medical Records
- Respiratory Home Care and Home hemodialysis

HOME MEDICA CARE ADVANTAGES

ADVANTEGES



Other Notes said by the doctor not in the lecture

What is the difference between Home care and home health care?

HC: personal support, not necessarily to be health provider, broader term.

HHC: health service, given by health provider.

Who deserve HHC?

- **Stable patient.**
- **Bed ridden.**
- **Who receives palliative therapy.**
- **Mentally retarded.**
- **Who does not have the transportations facilities.**

What are the problems with HHC?

- **Transportations obstacles.**
- **Ethicolegal issues**
- **Dangerous environment for the health providers**
- **Variant cultures**