UNIT NO. 2

OPERATIONAL PERSPECTIVES

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PREVIEW

This unit defines the scope of operations of home health care.

OBJECTIVES

At the end of this unit, the the course participants should be able to describe:

1. the scope of services provided by home health care agencies
2. the various models of home health care delivery
3. the benefits of home health care
4. the requirements for successful home health care
5. the unique features and potential stressors of home health care practice
6. the adaptation to home health care practice
7. the role of the physician in home health care.

1. Scope of Services of Home Health Care

a. Frail home-bound older persons form a heterogeneous group with different requirements on the type of care needed. Moreover, even a given individual will have changing needs over time, necessitating shifts in the components of care provided. It is therefore important that a variety of home health care services should be made available to cater to differing needs. The following types of home health care services are currently available in Singapore:
   - Geriatric assessment
   - Post-hospitalisation convalescent care
   - Rehabilitation
   - Maintenance care
   - Palliative care
   - Psychiatric care

b. Geriatric assessment:
   This service is targeted at older persons living in the community who are "at-risk", particularly with regard to the geriatric syndromes of incontinence, instability, immobility, and impaired cognition. A comprehensive assessment is in the patient's home so that appropriate intervention measures could be recommended to avert potential crises.

c. Post-hospitalisation convalescent care:
   The patient who has recently been discharged from hospital may still require medical supervision at home. Clinical monitoring, therapeutic procedures, patient and caregiver education could be carried out during this period. The aim is to prevent clinical deterioration and disease complications which will lead to unscheduled hospital readmissions.

d. Rehabilitation:
   Short term rehabilitation for patients who have recently suffered from a catastrophic illness could be carried out in the home. It aims to restore the patient's function as far as possible, and to preserve the patient's quality of life. Rehabilitation will benefit those who are physically deconditioned after a bout of illness (eg. post hospitalisation convalescence), as well as those who require specific orthopaedic (eg. hip fractures) or neurological (eg. stroke) rehabilitation.

e. Maintenance care:
   Patients with chronic but stable medical conditions will require long term regular monitoring to detect changes in their medical and functional status. This is to ensure that early intervention can be instituted to prevent further deterioration. The aim is again to improve clinical outcomes and prevent hospitalisation and pre-mature institutionalisation.

f. Palliative care:
   This care is provided to patients whose disease is not responsive to curative treatment with poor clinical prognosis expected. Their life expectancy is usually not more than six months. Treatment is

directed at the control of pain and other symptoms, and providing psychological, social and spiritual support for the patient and the family. The goal is to provide the best quality of life for them.

g. Psychiatric care:
Patients may have psychiatric disorders which render them homebound (eg. severe dementia or agarophobia). The goal of management is to control distressing symptoms and behaviour, improve the patient's functional status, and alleviate care-giver stress. A range of supportive services could be organised and delivered at their homes. Assistance is provided for rehabilitation and integration with the community.

2. Models of Home Health Care

a. Various models of home health care services have been developed based on the type of services that the care provider has to offer:
- Acute care
- Post-acute care
- Long-term continuing care
- Hospice care

b. Acute care:
The primary care physician in Singapore is probably most familiar with the acute care model. An example of this is when the doctor is summoned to the home to see a patient who has recently turned ill and is unable to come to the clinic. This type of care is usually episodic and provided on demand. In countries like the USA, acute home care has evolved to such a level of sophistication that hospital intensive care facilities can be provided in a patient's home.

c. Post-acute care:
This involves mainly post-hospital convalescent care and rehabilitation. Some hospitals in countries such as the USA and Australia provide such services so that patients can be discharged earlier from hospital and yet continue to receive therapeutic services at home. This may include daily intravenous infusion of medications, total parenteral nutrition, and anti-coagulation treatment and monitoring.

d. Long-term continuing care:
This is the model that is predominantly practised by home health care agencies in Singapore. Visits are usually scheduled on a regular basis (in contrast to "on-demand" visits of the acute model). A long term plan of care is developed and is usually instituted by an inter-disciplinary health care team.

e. Hospice care:
Specialised home hospice agencies provide palliative care mainly to patients with terminal cancer. Other home health care agencies may provide palliative care to patients with non-cancer illness (eg. dementia, stroke, renal, cardiac or respiratory failure) with less acute symptoms.

3. Advantages of home health care vs institutional care

The benefits of home health care can be seen from three perspectives:

a. Patient's perspective:
Patients may prefer home care as they perceive it as offering them a better quality of life:
- The care given is more personalised
- The care is provided in the comfort of the patient's own house and there is a greater sense of privacy and safety
- Patients retain control of their environment and routines
- Patients have better orientation and cognitive function
- There is constant contact with the family and other natural supports

- Patients and their care-givers are able to form participative partnership with the service providers.

b. Clinician's perspective:
The clinician hopes to achieve better treatment planning and outcomes:
- There is better access to patients as they are less likely to default on follow up appointments
- There is improved understanding of patient's functional environment
- Realistic goals and more effective therapy can be planned for
- The patient's functional independence can be optimized in the home environment
- Care planning and delivery is more individualized
- Because of greater participation of patients and their care-givers in care planning, compliance to treatment plan is likely to be better
- The hazards of hospitalization can be minimized.

c. Payer's perspective:
Home care could be a less expensive alternative to institutional care:
- Home care is generally delivered at a lower cost setting than in the hospital or even nursing home
- Better compliance to treatment plans by patients and care-givers will also help to reduce costs.

4. Ingredients for Successful Home Healthcare

a. Assessing suitability:
It is important that the type of patient selected should be suitable for home care. Some of the criteria for home care have been elucidated in section 4 above. Patient selection will be discussed further in the second module.

b. Facilitating the transition to home:
Adequate priming of the patient and care-giver should be done prior to discharge from hospital. Early discharge planning and preparation for home care will reduce the stress and uncertainties that the patient and care-givers will face on returning home. This will include patient and care-giver training, home environment modification and co-ordination with the relevant home care agencies.

c. Adequate support:
If the patient is unable to care for herself/himself, there should be a care-giver that is willing to and is physically and mentally capable of providing the care. Home care arrangements without adequate support will invariably fail. In addition, formal support from professional providers such as home nursing care, home help and meal delivery may be needed.

d. Coordinating the elements of care:
The various elements of care, both formal and informal should be coordinated to prevent duplication of work and ensuring that the appropriate type of care is rendered.

e. High-touch vs High-tech care:
Establishing a good rapport ("high-touch") with the patient and care-giver is the essential key to carrying out therapeutic plans. Even with high-tech equipment available today for home use, it is still "high-touch care" that will determine the success of patient management.

5. Unique Features of Home Healthcare and its Potential Stressors

a. Patient Access:
In ambulatory health care, the patient will need to travel to seek medical treatment. As mentioned earlier, this will pose difficulties for the homebound patient which will result in them defaulting medical appointments. On the other hand, a mobile medical service allows the health care provider to gain access

to these patients (and vice-versa) as long the patient's location is known and the patient or care-giver is willing to let the health care provider into the home.

b. Working environment:
The usual practice of medicine in the office or institutional setting allows for immediate access to equipment and resources. This may not be the case in the patient's house and improvisations are required due to limited resources.

c. Type of care:
In ambulatory health care, the focus is usually on the presenting illness. In the practice of home health care, other dimensions of health such as functional status and the determinants of quality of life must assume equal, if not greater, importance.

d. Process of care:
In ambulatory health care, the health care provider is seen to be primarily responsible for the hands-on care. In home health care, the patient and care-giver have greater control over their own decisions and activities. The home health care provider must always bear in mind that he/she is a guest in the patient's home. He/she has to adopt a less domineering stance in the relationship with the patient and the care-giver. The role of the provider is to train the patient and the care-giver so that they can assume the responsibility for the care. He/she functions as a facilitator in the care of the patient and the family. It is also necessary to anticipate potential and future problems and discuss these with the patient/family.

e. Potential stressors in home care:

- Transferring care responsibilities to the patient and care-giver. The clinician may not always feel comfortable about this shift in control.
- Operating in a relatively independent practice environment. This may cause difficulties if the provider encounters an unfamiliar condition or situation. Therefore the clinician will need to have good clinical and assessment skills in the home care setting
- Limited access to resources like expertise, supplies and equipments. This calls for creativity and innovation at times.
- The need to coordinate the services of different agencies and/or persons involved in the care of the patient. This requires the clinician to work as a member of a team rather than in isolation.

6. Adapting to Home Health Care Practice

a. Allow the shift of power from provider-controlled institution setting to patient/ family-controlled home setting. Form a participative partnership with the patient and care-givers. Relinquish the responsibilities of care to the care-givers and ensure that they are adequately trained to perform their duties
b. Respect and incorporate the patient's and family cultural norm, goals and concerns into the care plans
c. Maintain and enhance assessment and intervention skills
d. Increase self-confidence to operate in an environment with low professional support
e. Become more accountable for one's actions and decisions
f. Improve the co-ordination of care between the different professionals involved in the home care process so that they may function as a team
g. Be efficient in managing time and resources.

7. Role of the Physician in Home Healthcare

a. Select the appropriate candidates for home care
b. Assess needs of patient and care-givers
c. Provide the patient/care-giver with a perspective on the illness, its natural history and future expectations

d. Configure medication and treatment to comply with the homecare setting
e. Confirm adequacy of training of the patient/caregiver
f. Select the appropriate home care services (eg. home nursing, case management)
g. Monitor therapeutic outcomes for efficacy and complications
h. Be available to manage emergent medical problems if they arise
i. Ensure continuity and co-ordination of care
j. Supervise other health care professionals, where necessary, to maintain adequate standards and quality of care.

RECOMMENDED READING

Ferrell BA. Home care, in Geriatric Medicine, Spring Valley, New York, 1997. Pages 109-18.

Keenan JM. Home care, in Primary Care Geriatrics: A Case-based Approach, Ham R.J. & Sloane P.D. (eds), St Louis, Mosby, 1997. Pages 193-201.

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2. Geriatric Medicine, Spring Valley, New York, 1997.
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4. Rothkopf MM (ed). Standards and Practice of Homecare Therapeutics, Baltimore, Williams & Wilkins, 1997.
5. Yoshikawa (ed), Practical Ambulatory Geriatrics, Mosby Year Book, 1998.

KEY POINTS

- **Home health care delivery can be made in a variety of ways but it is essential that the type of care provided is appropriately matched with the patient's and care giver's needs**
- **Not all patients are suited to home care. Patients should be carefully selected and prepared in order to benefit from home health care services**
- **The context of home health care is quite different from that of institutional care. This requires a paradigm shift in perspectives of the health care professional.**