



Editorial

Is there a Need for Home Health Care Services?

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Life is becoming too sophisticated, with increasing daily pressure, which might be related to modernization. Everyone is by all accounts occupied and have no time, neither for themselves nor for social bonds. Health problems, on the other hand, are increasing, in particular, Non-Communicable Diseases (NCDs). The latter are prevailing worldwide but more in the developing countries in particular obesity which has reached a scary figure in the Gulf Countries with a prevalence reaching more than 50% [1]. Moreover, the complications of NCDs have escalated leading, in addition, to disabilities and loss of effective workforce, economic constraints that became catastrophic to countries suffering from poverty which may hinder the proper and efficient provision of health care services to the population. Adding to these issues, the fact that the world is aging and the population trend is changing making more of older people are living in solitary. They at this stage of life need more preventative health attention to be conveyed to them at home, since they may not access health services at the institutions.

For that reason and others, it is vital to think of an effective health services. A health service that is not only cost-effective but sensible and would, as well, reduce the likelihood of procuring health hazard of hospitalization (hospital-acquired infection HAI). HAI has prevailed even in most the sophisticated hospitals and they are an important cause of preventable death and disability among hospitalized patients [2]. In American hospitals alone, the Centers for Disease Control (CDC) states that HAI leads to 1.7 million infections and 99,000 related deaths annually [3]. In addition, the secondary and tertiary care at hospitals and institutions are draining a major part of the nation's health budget. While health professionals are endeavoring endeavors or compelled to decrease the duration of hospital stay, despite the fact that a large number of early discharged patients may have not yet completely recovered and did not regained their full health status. Those patients are in the convalescent period and may still be in need of care and monitoring of their wellbeing status. Usually the health status of

post-discharged patients and their range of daily activity return gradually to normal if a proper care is offered to them and if they do not develop complication that delay their healing process. Nonetheless, without efficient care, they would be at risk of developing complications that may restrain them from coming back to typical life and be an effective member of the community.

Romagnoli et al. in depicting the challenges the discharged patient would face stated "When patients leave the hospital and return home with home nursing care, they go from highly supportive medical environments with potentially many physicians, nurses, aides, and other professionals, to non-medical environments with a formal and informal caregiver. Despite these difficulties, patients are largely left to themselves, expected to be engaged in their care sufficiently to own and manage their medical conditions" [4]. Hence, premature discharge was accounted for to be one of a major cause of readmission to the hospital [5]. Health Care services, which are called Home Health Care (HHC), ought to continue at the patients' home to ensure their full recovery. Moreover, HHC should be considered as an imperative segment of any healthcare provision policy in any country because it is an essential part of the health foundation that should not be disregarded or missed. HHC alludes to the range of services given at the home to help patients. It incorporates care covering medical, social or psychological Issues. As well as, nursing care, physiotherapy care, and health education, etc. The HHC staff form an interdisciplinary team are constituted from professionals and skilled medical personnel such doctor, nurse, caregiver, physiotherapy, dietitian, medical assistants, helpers, and unlicensed assistive personnel with or without certification and others. Patients may need either one of them or all. The team's primary objective is to improve the health status of the patients and help in returning them to normal life as much as possible [6,7]. These services let the patients stay healthier and reduce or prevent frequent hospital admission [8]. Many studies have reported the predominance of HHC, John et al in their published report indicated that proper caring of heart failure patients at home plays a major role in improving their overall health status [9].

HHC wouldn't only care about the peoples' medical illnesses or physical problems but could help in discovering the psycho-social factors that contribute to their illnesses. By visiting the patients at their home, the attending health personnel will be privileged to see by themselves the patient's living environment, the interaction of family members with the patients or their illnesses and the level of emotion and support provided to the patients enabling. These findings enable the team to assess the degree impact of such factors on either helping or harming the patient, since these factors may contribute markedly to the patients' problem which may not be known to the caring physicians until physically found in the patient's living condition.

Studies have found that HHC is economical for the patient, health care providers, and health insurance companies. In the USA the marginal cost of a day stays in the hospital ranged from US \$315 to US \$472, but each dollar invested in HHC showed a benefit reduction of US \$1.78 in hospital costs [10]. Alnasir, F quoted "Since one of the essential pillars of primary health care is the continuity of care, HHC should be an integral part of such care, to be available within the total health care provision for the nation" [7].

Having said as much, HHC is certainly not a new concept and our predecessor physicians during the ancient civilization have been practicing it. Avicenna, Al-Razi, and others were doing home care when they visit their patients for an initial consultation or for follow up.

In conclusion, since HHC has a larger power for enhancing patients' health status and health of the nation, I do firmly feel that HHC is not a group of luxury services but a necessity that must be

considered to diminish the burden of illness enhance the level of health of the society and decrease the health expenditures.

References

1. Karageorgi S, Alsmadi O, Behbehani K (2013) A review of adult obesity prevalence, trends, risk factors, and epidemiologic methods in Kuwait. *J Obes* 2013: 378650.
2. Boev C, Kiss E (2017) Hospital-Acquired Infections: Current Trends and Prevention. *Crit Care Nurs Clin North Am* 29: 51-65.
3. Healthcare-Acquired Infections (HAIs) – Patient Care Link.
4. Romagnoli KM, Handler SM, Hochheiser H (2013) Home care: more than just a visiting nurse. *BMJ Qual Saf* 22: 972-974.
5. British Medical Association (2014) Hospital discharge: the patient, carer and doctor perspective.
6. Landers S, Madigan E, Leff B, Rosati RJ, McCann BA, et al. (2016) The Future of Home Health Care: A Strategic Framework for Optimizing Value. *Home Health Care Manag Pract* 28: 262-278.
7. Alnasir F (2009) Home Health Care: A Vital Cost-Effective Service. *Journal of the Bahrain Medical Society* 21: 237-238.
8. Hughes SL, Ulasevich A, Weaver FM, Henderson W, Manheim L, et al. (1997) Impact of home care on hospital days: a meta-analysis. *Health Serv Res* 32: 415-432.
9. Jones CD, Bowles KH, Richard A, Boxer RS, Masoudi FA (2017) High-Value Home Health Care for Patients with Heart Failure: An Opportunity to Optimize Transitions from Hospital to Home. *Circ Cardiovasc Qual Outcomes* 10: e003676.
10. Eastaugh SR (2001) Cost-effective potential for home health care. *Manag Care Q* 9: 41-44.