

Comparison between home health care and hospital services in elder population: cost-effectiveness.

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Abstract

The services available in the home for the elderly patients suffering from the injured or diseases are defined as Home Health Care (HHC). This service is more convenient and less expensive to the elder population. Most of the subjects who were >65 years are not supportive towards the hospital based services. However, in the hospital care, the complete information of the care taken towards the patients will be documented. Therefore, the main concept of this literature was to compare between HHC services with the hospital care services for the coziness in the elderly population. The elder population in Saudi Arabia has been increasing rapidly and there are no special, private or personal services. Only the hospital based services are provided for care taking in elder population. This review recommends the HHC services in the Saudi Arabia region in both the private and non-private sector (government/public).

Keywords: Home health care, Hospital care, Patient satisfaction, Quality care.

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Introduction

Home Health Care (HHC) services are implemented for senior citizens who wish to live their own life in their home and to avoid the discomfort in hospitals or primary care centers, while receiving the necessary care to allow them to continue enjoying their normal lifestyle. However, this service is alternative for elder patients (>65 years) provide in the hospitals. The definition of home care defines as care or services providing in home with the help of equipment and comfortable maintenance. With these services, elder population can persist at home and healthcare agencies will provide with health care workers. Physical, occupational, speech therapy, medication administration, education, and intermittent skilled nursing care several types of care will be included [1,2]. Commonly, services for home care available as per the patient's demand suffering with any type of disease/disorder, surgery or any type of injuries [3]. There are ~ 72% of the elder population require the HHC services [4]. Now a day, in hospital nosocomial infection rates are high and HHC services could result in lesser hospitalization rates [2]. The principle of HHC services could reshape the regular consultant with high-quality of satisfaction care for individual elder patient which could be axis for 24 hours and this may demand the services for HHC for the elder population [5,6]. Johansson et al. concludes from his study that HHC services are less expensive compared with the hospital services and the same statement was in agreement with Britain and Sweden populations [7]. The reason behind was elder people spend extra time in transportation for hospitals [8]. Based on the earlier studies carried out in different populations, we have carried out our

literature to conclude either the Hospital service or home care service is better option services providing to elder patients and to rule out which service is best for cost wise and not the burden.

HHC service

HHC services have been introduced for old age patients suffering with illness of diseases and feel uncomfortable in the hospital premises. For these types of elder people, HHC provides the satisfactory with maximum quality services in patients' home under the physician [9,10]. For the past decade in US, the federal government recompenses to HHC services through several programs like Medicare and Medicaid and ~85% of nurses provide the services for elder patients in USA [11]. From the past few years, commercial health plans have been implemented and none of the country has been incorporated HHC services for elder population. Implementation of these services may increase the economy of country simultaneously; elder population may have excellent services with good quality in the home [5]. Personal care, health care, diet care, home care, safety services are different types of care available in HHC services with licensed and practiced staff. The service of HHC is already associated with managing several serious and common conditions, including cancer, diabetes, and hypertension. As Dzau et al. note, helping to develop an "inter-professional team-based workforce-expanding the medical team to better coordinate care" is a key role of academic health centers in efforts to transform American health care [12]. Not all health care teams are models of high-quality, cost-effective care [12-14].

Hospital services

Hospital care is also known as acute care, defined as the care taken to the elder patients in hospital premises. The acute care has been established since 1950's in some shape. However, UK and USA has started the day care in mid 1960s [15]. Western countries have adopted the day hospital care for elder population and offers maximum services available in hospitals including rehabilitations and speech therapies. The hospital care will offer with (i) standard or public ward accommodation (ii) nursing services (iii) diagnostic procedures such as blood tests and X-rays (iv) drugs administered in hospital and (v) use of operating rooms, case rooms and anaesthetic facilities. However, these services were found to be expensive compared to HHC services [16,17]. Acute, extended and infirmary care is an additional services provide for elder population in hospitals. Accident and emergency departments are additional services applied under the hospital services. However, the elder people face few obstacles in the hospitals which were general and complex [18]. The maximum population of elder age fails to maintain self-rated health due to variable reasons such as poor form of energy, no support from family members, diseases stimulated with age [19]. The communicable or non-communicable diseases are increasing rapidly with elder age. The cost of HHC varies with region, ethnicities and aging populations are demanding for professional healthcare i.e. based on cultural appropriate services.

Healthcare teams in Saudi Arabia

To help the elder adults (>65 years), health professionals should be recruited for HHC and public health for team practices are (i) Improving the education of health care practitioners and public health practitioners, (ii) Building partnerships, (iii) Steering research and technology, and (iv) Financing of the areas just described. The qualification for HHC professionals and public health practitioners could be the undergraduate and graduate levels, fundamental to building a team-based health workforce. Based on these criteria, future team members acquire the knowledge, skills, and attitudes they will carry into their professional practices and activities, so shaping such education can contribute substantially to overall change. Post-graduate education, including continuing education, also presents unique opportunities [20]. The communication between HHC professional and patients plays an important role as it affects the health outcomes such as diagnostic accuracy, adherence to regimens, clinical decision making, and satisfaction with care and malpractice risks [21]. The effective communication between patients and families has direct impact on population health as it is important to improve both shared decision making and patient-centered decision making [22,23]. The requirement of HHC service needs to start in Saudi Arabia. An earlier study by Al-Modeer et al. [24] carried in southern part of kingdom confirms the future necessity of HHC services in elder population.

Family satisfaction

Patient satisfaction plays major role in HHC service in elder patients. The HHC services are expected to have the quality services beneath the physician. Quality of care is main expectation from licensed professions for home services. Recent culture has amended the human life. Routine busy life with work burden with day and night job services has made the gap between the human relations. So, elder population does not expect self-care from family working members and families expect the best home services for their elder population such as home environment with natural observations. The important characteristic of HHC was physician afford care towards each and every patient with unique manner. Comparing between hospitals with home care services are lacking with the air quality to ensure the height of stair risers is safe. The HHC clinicians don't have the training experience to evaluate and upgrade the risks of patient safety in the patient's home [9]. The former study of Heyland et al. [25] performed the prospective cohort study with 891 family members and concludes satisfaction by family members towards home care provide for elder population.

One of the most important factors for patient satisfaction was the nurse advice and implementing the work in the technical manner. Patients sensed nurses must skilfully contribute physicians in investigations cum treatments and they should support towards patient and doctors order. Pain relief was considered by patient to be an equivalent of good nursing care [26,27]. From all over the literature, it was concluded that most of the patients were happy with the service providing in the home [28]. There were no studies to conclude the negative association throughout the globe.

Quality service

The most important factor for HHC services are the quality service. The maximum patients' from HHC service expect the quality service. Quality observations have strong influence on predisposition to benefit health services. Poor quality perceptions of health care can discourage patients from using these services due to the concern of human health. Some of the countries like Bangladesh and Nepal faces the poor quality sector services allow the superior use in private sectors [29]. Health care evaluation involves in defining the care objectives, monitoring health care, measuring extensions of expected outcomes, attained and evaluating the extent of any harmful penalties of intervention. Perceived health care service quality on provider's success or failure has been well established. The association with quality service and profit is mainly credited towards the patient satisfaction, is crucial in health care services in making decision with new registration and reenrolment [30-32].

Analysis of Review

This review describes the importance of HHC services and coming to Saudi Arabia, there are no private services implementing the HHC services to elder age patients. The

government based hospital based services are available but for the limited period. An earlier study by Al-Hazmi et al. [33] carried out his research in Eastern part of the country collaborated with 637 health team workers and 27 administrations. The results of this study concludes that limited/scanty information was available through the clinicians/physicians', HHC services, medical directors, nurses and physiotherapists. The American and Europe countries has allocated high budget for HHC services for the elder population. The same care should be implemented in Saudi Arabia and government should take care of budget for the local nationality. The quality of service and patient satisfaction is very important role for HHC services. This review has discussed the key points for the implementation of HHC services in the Saudi population and several issues should be care taken for the patient satisfaction.

Conclusion

From our review, the conclusion revealed was HHC services should be implemented in Saudi Arabia in public and private sectors. The quality and patients' satisfaction services should be implemented in the Saudi population for the elder citizens. The elder patients tend to opt the home care services rather than the hospital based services.

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