A STUDY ON HOME HEALTHCARE SERVICES

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In

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By

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Under the supervision and guidance of

Dr Seema Mehta

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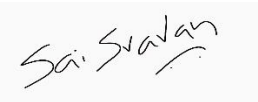
DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A Study on Home Healthcare Services** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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CERTIFICATE

This is to certify that dissertation titled **A Study on Home Healthcare Services** is a record of the research work undertaken by **Sai Sravan Kumar Patnaik Garbham** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

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Chapter 1: INTRODUCTION

1.1 Introduction

Healthcare is a medical term that is directly related to health improvement by preventing the further spread of the disease through early diagnosis and if found curable then provide the on-spot treatment that will lead to speed recovery of the patients.

The healthcare facilities include:

- Health professionals
- Pharma essentials (Includes medicine)
- Nursing staff that will provide occupational therapy, and other therapies like physical and other midwifery practices.
- Health equipment that will be used in achieving the speedy recovery of the patients like oxygen supply, glucose syringes, etc.

The healthcare system majorly involves:

- Health care at the Primary level
- Health care at the Secondary level
- Health care at the Tertiary level

Every country has its socio-economic status on which its medical standards are based upon.

The health care services are provided by the government as well as from the private hospitals, so the person who can afford the expensive private consultations usually opt for the cheap government health care consultations.

The health care facilities depend upon the following factors:

- Financial status
- Social status

- Some employees (Government and private) do not have the medical insurance up to the level which is needed for their treatment, so they usually leave the treatment in the middle of the course.
- Some geographical/Topographical factors limit the health care facilities as there can be no transportation facility to reach the point of treatment.
- Poor literacy rate, living in rural areas can also limit the communication with the health care provider

All these factors in the combined form will lead to a high mortality rate among the population where all or some of the above factors prevail.

A good health care system is primarily developed if all of the following factors are present:

- A strong financial base
- Trained staff that includes the nursing staff, the doctors, the assistants, and the compounders/Pharmacists.
- Updated health policies with advanced technology and the latest medication supplies.

1.2 Health care is majorly divided into two sub-types

A. Hospital Healthcare
B. Home Healthcare

A. Hospital health care: This primarily includes the care which is given inside the hospital premises. This will include the health professionals including the team of doctors, nurses, and attendants that have a regular eye on the patients at frequent and fixed intervals with a basic supply of food, bedding, and cleanliness.

The three subdivisions of the hospital health care are:

1) Primary: This includes the frontline workers like doctors, nurses, general physicians, physiotherapists, etc.

The patients can be admitted to three outpatient departments or the Inpatient department according to the criticality of the disease.

This division has the largest number of patients of all ages irrespective of their socioeconomic status, their localities, or whether the disease is acute or chronic.
Primary health care encompasses the gynecological as well as pediatric units. This health care also treats common problems like asthma, diabetes, hypertension, pain, and swelling, thyroid, or problems like COPD.
With the aging process, older people usually develop all these common problems that are non-communicable.

2) Secondary: This unit treats the cases that are acute in condition and does not require any prolonged treatment, but they are equipped with occupational therapists, physiotherapists, speech therapists, or any other physical therapists worked under this secondary unit of health care.

3) Tertiary: This is a specialized unit that treats the patients that are referred from the primary and secondary units and need intensive care.
There are certain problems like cardiac failure, neurosurgery, neonatal unit for preterm are all included in this health care unit.

B. Home Healthcare:

Home care is generally considered as part of community care. In this, the services offered are joint support of both the residents and the medical professionals. Usually in a home healthcare setup nurses work singlehandedly with support whereas hospitals have an emphasis on physician provided direction and nurse is just for assistance and communication of important issues.

1.3 Purpose of the study:

Home healthcare is becoming the future of healthcare services and the current pandemic situation has forced most of us to opt for home health services. This study reviews the home

healthcare services in general and patient satisfaction and the positives and negatives of home health services during the Covid-19 pandemic.

1.4 Aims and Objectives

- To study home healthcare services and its advantages and disadvantages
- To study how Coronavirus disease affected home care services
- To study the factors affecting patient satisfaction with home healthcare services

Chapter 2: LITERATURE REVIEW

Abdellah and Levine, who created an assessment of patient and personal satisfaction along with nursing treatment, created the notion of patient satisfaction in 1957. Hospitals and other healthcare providers began incorporating consumer satisfaction as a measure to improve their market share in the 1980s, as the healthcare industry became more competitive. On the other hand, physicians' primary goal is to improve patients' quality of life, and as a result, patients place a high value on their quality of life.

Patients evaluate the quality of care and satisfaction based on interpersonal relationships, according to Huycke and All (2000), and while someone without complete knowledge is incapable of judging the quality of care, many people can easily recognize the characteristics of quality care.
(Lynn et al. 2007) Lack of proper measures leads to vague conclusions.

(Donabedan, 1988) Disturbing behavior of patients led to premature care and termination of treatment.

(Huyke, Ali, 2008) relationship of interpersonal bond with caregivers is directly related to patient happiness and positive experience

(Tyson and turner, 1999),The satisfaction tools include 1-4 rating tools mostly psychometric in nature.

Clémentz C. et al., (2008) demonstrated the application of systems engineering concepts, methodologies, and tools to home care production systems.

This (Bibbi Thomé et al., 2003) study is a review of the empirical literature to describe home care as a phenomena and a concept, particularly in terms of who the care receivers are, what activities and assessments are undertaken, and what outcomes are accomplished for the care recipient in terms of functional health status and quality of life (QoL).

Bashir B. et al., (2011 a) presented a unified model for Home Care and the health care system. In their model, they included Homecare within the standard health-care network in order to make the best decisions for all patients. They created an intermediary structure called an Evaluation Center between hospitalisation and home care for this reason, which can result in much better use of the health-care system. Each population area can have its own Evaluation Center, which consists of a team of case managers, operation research professionals, and doctors. Through a regulated and organised collaboration, these centres can bring together health care case managers and family physicians to develop health teams that are particularly able to offer best patient care.Their objective is to assign patients either to a traditional hospital network or a home care service.

Chapter 3: METHODOLOGY

Research question:

What factors can affect patient satisfaction in-home healthcare services?

Study design:

This is a **review study based on secondary data using** various data sources.

"A descriptive study is one in which information is collected without changing the environment. (i.e., nothing is manipulated)" It is used to obtain information concerning the current status of the phenomenon to describe 'what exists concerning variables or conditions in a situation.

Sources of data:

Secondary data was collected from the internet's various data sources like Research gate, PubMed, Scribd, National Institute of Health Research's Research Design Service, Academia.edu, Consumer Assessment of Healthcare Providers & Systems.

Inclusion criteria:

Existing data on patient satisfaction w.r.t. home healthcare from potential surveys and questionnaires by National Institute of Health Research's Research Design Service, Academia.edu, Consumer Assessment of Healthcare Providers & Systems.

Exclusion criteria:

All the articles and publications which were not in English, full text unavailable, All the publications that have no concerns with home healthcare services/

Chapter 4: RESULTS AND DISCUSSION

4.1 Home Healthcare:

Home care is generally considered as part of community care. In this, the services offered are joint support of both the residents and the medical professionals. Usually in a home healthcare setup nurses work singlehandedly with support whereas hospitals have an emphasis on physician provided direction and nurse is just for assistance and communication of important issues.

Increased patient safety and quality of life for disabled or weak individuals are among the distinguishing characteristics. Another quality endeavor was the introduction of pay for performance in 2007, which was a mechanism that tied a portion of an agency's reimbursement on the delivery of services. As a result, quality improvement organizations and providers selected and developed a specific set of metrics to implement in-home healthcare services as part of their preparation.

4.1.1 The home care includes

- To treat patients that are at a stage that cannot be cured.
- Self-care patients
- Older patients who feel much relaxed at their home only.
- Persons who lost their legs or hands because of an accident or any other problems can be treated at home only. These patients are on wheelchairs or prostheses.

Source: (https://hhbc.in/home-healthcare-market-scenario-of-india/ n.d.)

4.2 Advantages and disadvantages of home healthcare

4.2.1 Advantages of home health care

- It helps in improving patient experience with their families according to their own will.
- This provides extra comfort which helps in their speedy recovery.
- Patients experiencing this type of health care have better health outcomes.
- This health care is designed o help the patient with **3 R's i.e. REST, RECOVER, AND RECEIVE** their all treatments at their home or some other residential areas of their choice.
- Home Health Care has been a blessing for people who are giving care from a distance and a not living bear their loved ones, there are trained and qualified nurses who can

make simple corrections in the home to prevent any further mishappening, for example by placing a drug on a slippery Floor or getting recommendations from emergency organizations around the locality.

- Adults receive frequent aid with personal care and support while retaining their dignity and good quality of life in-home health care services. Search assistant covers bathing and grooming, as well as taking prescribed prescriptions on time.
- Also, the medical health provided is done by licensed and certified nurses who are aware of high technology medical equipment.
- Also, some research shows that aging adults or considerable e older people require healthy and social and interaction at home. They usually do not get because of their ill health therefore such nurses or health assistants become trusted friends who indulge in movies and games with the person who needs help.
- Another benefit of home health care service provided by nurses is when the near ones are on multiple prescriptions it is confusing for them to manage. Therefore, such professionals ensure that the prescribed medicines are taken at the right time interval to control their health conditions and prevent harmful drug side effects.

4.2.2 Disadvantages of home health care

- Every good thing comes with some flaws, this health care system also has some disadvantages like in case of emergencies, their panic condition can be changed to a critical state.
- This is also an expensive method, only the rich can easily afford it. If the medium class opt for this treatment, then they must pay a huge cost of it, even their whole income gets ended in taking this kind of treatment.
- Lack of expertise among professionals, that will ultimately lead to high mortality rates.
- Home is described as a place where a person should feel free and comfortable therefore having an outside influence enter a comfortable environment can cause people to feel uncomfortable as if they are losing their Independence, therefore, can be considered as one of the disadvantages of home Healthcare services.

4.3 KEY CHARACTERISTICS OF HOME HEALTH CARE SERVICE PROVIDER

4.3.1 Patient-Centric

The major characteristic of any home healthcare service provider should be being patient-centric. It should concentrate more on the patient needs and goals and has developed its product offerings accordingly

4.3.2 24x7 availability of nurses and sanitation

Home care services not only ease the burden of the family for a regular visit to a hospital because the family whose majority of the members are doing jobs in the corporate sector, for them it's not so easy to be in the hospital 24*7 or till the patient is admitted. Moreover, as hospitals have so many patients who are being treated and having different types of diseases starting from the skin diseases to other diseases which can be spread easily in such scenario sanitation of the products and other belongings used by the hospital staff in the patient's ward is a great concern. For example, Bedsheets, Pillow covers, Blankets, Needles and injections, Bathroom cleanliness etc, because some patients are so serious and in their case they should be protected from any kind of germs or infection which might be dangerous for the Patients health and can risk their life as well.

At home, the patients who are very critical and needs 24*7 attention and care, for them, it's a great relief along with the family members as the nurses provided in this condition can be with the patient 24*7 and can take proper care of patient's sanitation and health. We have also seen many cases of medical negligence that because of the staff members and doctors many patients have lost their lives while treating them in the operation theater and ICU as well because of the

lack of care and treatment the patients got infected as their organs got affected very badly and at last nothing can be done to save their life.

Home gives a safe environment to the patient as they can have the feeling of belongingness, by seeing his/her family members working so hard for them to get better gives them the motivation and mental strength to recover as soon as possible because in the hospital by seeing so many Patients around him/her with so many more serious diseases or conditions only weakens their morale and strength which ultimately affect their body functioning resulting in slow recovery.

4.3.3 Professionalism of the caregivers:

Caregiving might often feel personal due to its intimate nature, but professional appearance and decorum is important. Attention to detail, high accuracy and confidentiality are all characteristics of a professional caregiver. Reliability is another essential. Patients and the patient families depend on home health care service providers to honor their commitments and carry out their job responsibilities.

4.4 How has Coronavirus disease affected home care services?

4.4.1 Positive impacts of Covid-19 home care services

- The risk of other patients apart from the ones who have got infected with the virus can be saved.
- At home, the individual attention gives more surety to a patient to get recovered whether it’s a Covid patient or the normal patient.
- Apart from the patients in the hospital, other people who are the family members of the patients who are being admitted to the hospital, they can be saved as well from getting infected.
- Many patients got recovered at home because of the special care and treatment which are being provided to them 24*7.
- The nurse who is being provided from the health care service centers is free from any kind of infection as they are living within the patient's house itself. So, there is no need to worry that if she got coronavirus positive.

4.4.2 Negative impact of the Covid-19 on home health care services

- There is a high risk for the nurse who is treating the Covid patient at home to be get infected and which can infect his/her whole family members as it is a spreadable virus that can be transmitted very easily from one person to another.
- The patients who are not positive and are normal in this case, patients are also at very higher risk of getting infected from the nurses because the nurse can be the carrier of the virus while traveling, and also there is no surety that he/she is coming from the clean place where the risk of getting infected is minimal.
- Many nurses and staff of the home health care services are not willing to visit home for the treatment of the patients with the fear of getting infected from the coronavirus.
- Shortage of medicines and oxygen cylinders, as cases are increasing from day to day and people are not even getting beds in the hospital for their treatment.
- The cases of deaths from the coronavirus have also increased because lots of people were unable to get any kind of treatment because of the shortage of medicines, steroids, and oxygen cylinders **(Centre for Disease Control and Prevention 2021).**

Hence the Covid situation had bought many pros and cons in the home health care medical field, where if it's beneficial for the patients then on the contrary side it is also causing life threats challenges for the home health care staff, Family members, Patients, and nurses. Moreover, if we take proper precautions and take care of every aspect for the protection of the above-mentioned people from coronavirus and any future threats and it can also help to boosts the home health care sector.

4.5 Review of articles on Patient Satisfaction w.r.t Home Healthcare:

S No.	Author, Year (s)	Country	Sample Size	Type of Source	Salient Features
1.	Sanguinetti et al; 2021	Argentina	147	Home Healthcare Now Journal	• Chemotherapy is increasingly being given to patients at home, which improves quality of life and comfort while also decreasing the usage of

					hospital facilities and expenses. • The results of home chemotherapy delivered by skilled nurses to adult patients with solid tumours or haematological disorders are described in this article. • Age, sex, diagnosis, methods of administration, side effects, tolerance, and patient satisfaction were among the variables studied. • There were 62 adverse events recorded in the 24 hours following treatment (6.1%), all of which were mild. All of the patients said they felt exactly as safe as they did at the hospital.
2.	Fathollahi-Fard et al; 2020	Tehran, Iran	N/A	Journal article	• Most research focuses on lowering the overall cost of logistical tasks in home healthcare, however this study used patient happiness as an objective function under uncertainty. • In a fuzzy context, proposed a bi-objective optimization approach for modelling a multi-period and multi-depot home healthcare routing and scheduling problem.
3.	Ahmad et al; 2021	Nigeria	254	Journal article	• The goal of the study was to find out how people felt about digital and home healthcare services. • Only 39.4% knew about digital health, while 52.8 percent knew about home healthcare.

4.	Coutinho et al; 2021	Puducherry, India	N/A		• Patient satisfaction was shown to be the sole antecedent affecting patient satisfaction, with patient satisfaction influencing trust, loyalty, and word of mouth, as well as moderating the impact of service quality on these variables.

Table No. 1: Review of articles on Patient Satisfaction w.r.t Home Healthcare

4.6 Factors affecting patient satisfaction in-home healthcare services

Patient Satisfaction

Patient satisfaction refers to how satisfied people are with their healthcare both in and out of the doctor's office. Patient satisfaction is a measure of care quality that provides clinicians with information on many areas of medicine, such as the effectiveness of their care and their level of empathy.

Patients' satisfaction is intimately linked to the quality of health care; as a result, this is a hot issue for research that is increasingly being utilized to improve health care direction and guidance by incorporating patients' expectations. For comparison, It can be said that in the United States, home care has become the fastest-growing healthcare industry. The patient satisfaction scale has been used by many researchers to assess a patient's degree of satisfaction, but it has made it more difficult to make broad comparisons and create strategies to improve patient contentment.

Patient satisfaction plays a very vital role in the homecare sector because if they will not be satisfied and happy with the nursing care then they will prefer to take the services from the

hospital rather than hiring and home care services from any nurse. Which is the biggest drawback in the homecare sector.

Nurses also provide the largest proportion of health care service to many patients and mainly in all health care sectors, particularly in-home health care.

4.6.1 Nurse work environment

The evidence from the acute care setting talks about the relationship between nurse's work environment, quality of patient care, and patient safety. When it's said that a pleasant work environment, It means one that promotes nurse autonomy and control over the workplace, as well as shared governance and decision-making. There is strong and visible nursing leadership, peer support, favorable physician collaboration, and organizational support in this environment.

This was the first thorough study to discover organizational features connected to the likelihood of bad events, as well as the limitations of such traits. It was also a descriptive, correlational study, with the agency taking part, which is rare among US agencies because it serves a disproportionately diverse urban population. In a couple of the findings, the technique was merely at a probability level**.**

In a descriptive study, **(Kroposki and Alexander)** looked at the links between patient satisfaction, nurse opinion of the patient's outcomes, and organizational structure.

4.6.2 Medication management

Approximately one-third of senior home health care patients have a possible drug problem or are using medications that are deemed improper for the elderly. Patients in-home health care are increasingly prone to drug errors of any kind, and they routinely take many drugs for several comorbidities from different physicians.

If the majority of senior home health care patients take more than five prescribed medications, this is the standard procedure. Furthermore, because of the unique communication and unstructured environment issues in the home health care system, the risk of prescription errors among the home health care population is substantially higher than in other health care settings.

Here the search of the literature requires the identification of only three studies that test the interventions to improve adherence in home health care patients and medication management. The study is being summarised in table no 1. Patients were randomly allocated to one of two treatment groups and a control group receiving routine care in the population trials, which included 41 to 259 Medicare patients getting home health care.

Nurses working in home health care may be on the watch for prescription errors while also being mindful of the risks that come with them. Technology also makes it possible to improve patient communication, provide correct information, monitor drug regimens, and educate patients about their medications. Paying more attentive attention to at-risk patients is required and more effective, in addition to the documentation and review of medicines in each patient report.
The research also suggests that frequent medication evaluations and engagement with other members of the health care team, particularly pharmacists, will aid in the prevention of adverse events linked with inadequate drug management.

4.6.3 Patients' Age and Location:

Persons over the age of 65, those who live in cities, those who live alone, and those who can manage being alone for a short amount of time were substantially more likely to use home-based services.

Finally, even though there are a variety of patient satisfaction scales for evaluation, almost none of them accurately represent the patient's happiness, and only a few of them are used in-home medical care. Many distributed research should provide the applied and hypothetical structure for patient fulfillment to develop patient fulfillment measures. Patient fulfillment estimates now restrict access to psychometric data and its characteristics, which could aid patient fulfillment estimation in-home medical care.

Chapter 5: CONCLUSION

In this study, the literature related to patient satisfaction w.r.t home healthcare has been thoroughly studied. The positives and negatives of the impact of Covid-19 on home healthcare have been discussed. The importance of the nurse work environment in-home healthcare services has been studied.

It is understood that there is a requirement of proper updation and responsibility of the physician to describe and prescribe uses of medical devices however in most cases only a little information is available to guide them. Noted databases like table data are efficient to provide appropriate use of several candidate devices for home care patients. As the delivery of healthcare in the home becomes common, more coherent strategies and policies are needed to support those workforces of individuals who provide this care.

Therefore, some basic National data should be available to both formal and informal caregivers to ensure that they have proper knowledge of delivering healthcare at home. Patient satisfaction is an essential assessment process and does not define the basis of a theoretical framework or a survey. In all the home Health Care related studies the current situation of satisfaction measurement only is limited to the psychometric information provided (which is a multidimensional expect that requires reliability followed by validation). As per some research, prior done at both practice in individual provider level patient experience has become a positively inclined process of home healthcare for both prevention and management of the

disease. The findings point to areas that policymakers and healthcare providers should explore in order to identify families that underutilize healthcare services and to create a more equitable and efficient distribution of services based on the needs of those families.

Despite the fact that home care is a relatively new idea, it lacks a comprehensive definition of the process and consistent language. Work on the methodological aspects of the home care process, resource organisation, care network design, home care integration into the health care network, and presentation of models and methodologies that may account for uncertainties are all possible areas for future research.

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