THE QUALITY OF HOME HEALTHCARE SERVICE IN RIYADH/SAUDI ARABIA.

Alia Almoajel[1], Alham Al-Salem[1], Lina Al-Ghunaim[1], Sara Al-Amri[1]

[1]Department of Community Health Sciences, College of Applied Medical Sciences, King Saud University, SAUDI ARABIA.

almoajela@gmail.com

ABSTRACT

***Background**: Home healthcare services are expanding in Saudi Arabia at a rapid pace in order to meet the need of growing population of older adult and those with chronic illnesses and the quality of this service is various from hospital to another.*

***Aim**: The aim of this research is to measure the quality of home healthcare services in five hospitals in Riyadh City, Kingdom of Saudi Arabia.*

***Method**: a Cross-sectional study using a self-administered questionnaire of 74 home healthcare services members. The questionnaire developed by the researchers through modifying another international instrument for the same purpose.*

***Results**: 86.5% of home health care members stated that the provided home health care service is an effective service that provides a noticeable improvement of patient's condition. (71.6% and 35.1%, respectively) agreed that the acceptance criteria of patients in HHC is sufficient and comprehensive and these criteria need to be reviewed and modified.*

***Conclusion:** Hospital managers should focus on advocating measuring of home health care quality continuously and ensuring the home health care members have a training before they start working in home health care furthermore, giving attention to patients' complaints.*

Keywords: Home Health Care (HHC), Quality, Home care

INTRODUCTION

The bulk of health care expenditures are spent on hospital care and physician services, if we were trying to cut costs in health care system, we would try to eliminate as much as possible unnecessary visits to hospitals and unnecessary visits with physicians (Charness, 2010).Home health care (HHC) is less expensive than admission to a hospital ward, helps in reduction of length of stay and hospital readmission which have the potential to reduce the costs of hospital care (Shepperd et al., 2009; American Medical Association, 2007). The highest percentage of patients who use HHC are elderly, The number of people aged 65 or older is projected to grow from an estimated 524 million in 2010 to nearly 1.5 billion in 2050, HHC services are expanding rapidly to meet the needs of the growing elderly population and those are suffering from many chronic disorders which need the preventive, curative and rehabilitative program. HHC have an impact on improving the quality of life among elderly patients in the home care setting (Al-Modeer, Hassanien, & Jabloun, 2013; Goodridge, Hawranik, Duncan, & Turner, 2012; World Health Organization, 2011).

In Saudi Arabia, an HHC Program was developed at King Faisal Specialized Hospital and Research Center in 1991 for patients with terminal cancer (Gray & Ezzat, 1997). In 2008, the program was established by the Saudi Ministry of Health, the main goal of this program is to "provide health services for all those who are in need of them, wherever they may be; in an

endeavour to alleviate the suffering of waiting in hospitals or moving to get the service". HHC services are provided according to the international standards and within the framework of Islamic values and traditions of the society (Saudi Ministry of Health, 2011).

The quality of health care provided in the home plays a major role in patient's life to restore or maintain his physical and mental functions (Hughes, 2008). Therefore, the research purpose was to study the quality of home health care service and how far the service reaches in Riyadh city, Kingdom of Saudi Arabia. However, other HHC researchers focused on patients and their satisfaction with the provided service, this research concerned with health care team of the service.

BACKGROUND

HHC is a wide range of health care services that can be given in patient's home for an illness or injury, usually less expensive, more convenient, than and just as effective as care patient gets in a hospital or skilled nursing facility. Home health services include wound care for pressure sores or a surgical wound, patient and caregiver education, intravenous or nutrition therapy, injections, and monitoring serious illness and unstable health status (Medicare, n.d.). HHC should not be confused with home care. HHC is more medically oriented toward helping patients recover from injuries while, home care usually includes housekeeping services like cooking and cleaning and helping patient with daily activities (Griffin, 2009).

HHC Provides health care to patients in their homes and enhance their sense of security and confidence without having to be in the hospital after the stability of their condition, protect them from hospital acquired infections, decrease the readmission of elderly patients and those with chronic disease and has a contribution to the dissemination of health awareness and health instructions for the patient and his family through the medical team during the service (Ellenbecker, Samia, Cushman, & Alster, 2008). In Saudi Arabia, the acceptance criteria for patients to be in HHC services are referred from the physician in the hospital, their home should be located in a coverage area 50 km from the hospital, stable medical condition, approval of homeowner, appropriate home environment, and availability of caregiver (Saudi Ministry of Health, 2011).

The term quality of the care is reflecting six properties which are; healthcare must be safe this means to do no harm, effective by providing care processes and achieving outcomes as supported by scientific evidence, efficient by reducing health care resources used, patient-centered to meeting patients' needs and preferences and providing education and support, timely by delivering needed care, and equitable (Institute of Medicine, 2011). HHC has several unique attributes related to the home environment that make it complex to evaluate the provided services for example, availability of transportation, availability of communications technology, and the presence of a willing and able caregiver (P W Shaughnessy et al., 1994).

METHODS

This study is descriptive using Cross-sectional approach aimed to measure the quality of home health care services provided by the following hospitals in Riyadh City, Kingdom of Saudi Arabia; King Faisal Specialist Hospital and Research Center (KFSH-RS), King Fahad Medical City (KFMC), King Abdulaziz Medical City (KAMC), King Saud Medical City (KSMC) and King Salman Hospital (KSH). A self-reporting questionnaire was administered to 74 HHC team. It was developed by the researchers through modifying another international instrument for the same purpose, which is 2007 National Home Health Aide

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Survey Questionnaire (Centers for Disease Control and Prevention, 2015). The research instrument was concerned to study the following questions; demographic, characteristics of HHC visits and questions about eleven HHC quality dimensions (HHC members' satisfaction and their perception of patients and their institutions satisfaction, training, knowledge, continuity, access, complaints, working hours, respect, incentives, standards and effectiveness).

The validity of the instruments was measured through experts' opinions from different sectors. The researchers used SPSS to analyze the data by calculating frequencies. Ethical approval for the study was given by IRB and ethics committee of the college of Applied Medical Sciences at King Saud University, Riyadh, Saudi Arabia.

RESULTS

The demographic distribution of the sample (Table 1) showed that the total number of the study sample was (74) HHC member, (46 %) were nurses, (56.8%) hold Bachelor degree, (59.5%) were elected by hospital manager to be a member of HHC team and (14.9%) were joined the team voluntarily.

Table 1. Demographic distribution of the sample.

	HHC members	
	N= 74	*%*
Gander		
Male	30	40.5
Female	43	59.5
Job title		
Doctor	5	6.8
Nurse	34	46
Specialist	16	21.5
Interpreter	9	12.2
other	10	13.5
Educational degree		
Secondary	1	1.4
Diploma	21	28.4
Bachelor	42	56.8
Master	6	8
Doctorate	2	2.7
Other	2	2.7
How did you elected to work in HHC services?		
Voluntary	11	14.9
Elected by co-worker	5	6.7
Elected by hospital manager	44	59.5
Others	14	18.9

Table 2 summarizes some characteristics of the HHC team and their visits, (60.8%) stated that their team were more than ten persons, (48.8%) said that they visited more than six patients daily, (59.5%) HHC members missed some visits and the means of transportation to patients' homes were large private car with driver (47.2%).

Table 2. Characteristics of HHC team and visits

	N	*%*
How many members in HHC team?		
1-3 person	14	18.9
4-6 persons	11	14.9
7-10 persons	4	5.4
More than 10 persons	45	60.8
How many patients did you visit per day?		
1-2 patients	0	0
3-4 patients	8	10.8
5-6 patients	30	40.5
More than 6 patients	36	48.6
Did you miss any of patients visit?		
Yes	44	59.5
No	30	40.5
What do you think the reason of missing visits?		
Poor in organization	6	8.1
There is no integrated team	11	14.9
Lack of transportation	17	22.9
Busy medical team	6	8.1
Others	34	46
What is the average of visiting home HHC patients?		
One or two visits monthly	8	10.8
three or more than three visits monthly	7	9.4
Depending on patient situation	59	79.8
Usually, what is the time of HHC visiting?		
Morning	54	73
More than one time	20	27
What kind of transportation are provided by the hospital to serve the HHC?		
There is no special transportation services	5	6.7
Normal car with driver	31	41.9
Large private car with driver	35	47.2
Integrated ambulance	3	4.2
Does your hospital has accreditation for HHC from the international organization?		
Yes	55	74.3
No	11	14.9
Don't know	8	10.8

Table 3 summarizes the results of Likert scale questions about eleven dimensions of home health care service quality. Regarding HHC members' satisfactionand their continuity in their work; (93.2 %) were satisfied to be one of HHC team, (75.7% and 77 %, respectively) agreed that their patients and their families were satisfied with the services, (82.4%) were willing to

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keep working as a member of the HHC team. for their Knowledge and training; (93.2%) were aware of the acceptance criteria for patients to have HHC services and (70.2%) were trained before starting their work with HHC team. Regarding the standards and effectiveness of HHC services; (71.6% and 35.1%, respectively) agreed that the acceptance criteria of the patients in HHC is sufficient and comprehensive, these criteria need to be reviewed and modified, and (86.5%) noticed improvement of their patients' conditions as a result of the HHC services provided to them. Regarding patients' complaints; (44.6% and 18.9%, respectively) agreed that patients were complaining of a limited number of visits and their short duration, however (63.5%) agreed that patients respect them.

Table 3. Likert scale about home healthcare quality dimensions

	Agree		*Neutral*		*Disagree*	
	N	*%*	*N*	*%*	*N*	*%*
1. Satisfaction:						
– I'm satisfied to be one of HHC members.	69	93.2	4	5.4	1	1.4
– My family and my friend are satisfied to be one of the HHC.	53	71.6	13	17.5	8	10.8
– Patients are satisfied with the healthcare service that is provided to them.	56	75.7	12	16.2	6	8.1
– Patient's family is satisfied with the patient home healthcare service that is provided to their patient.	57	77	12	16.2	5	6.8
– The Healthcare institution that I worked with is satisfied for being one of the members of the HHC team.	55	74.3	13	17.5	6	8.1
2. Training:						
– I'm primary member in HHC.	67	90.5	4	5.4	3	4.1
– I'm a collaborator Member in HHC team.	63	85.1	11	14.9	0	0
- I have been training before I started to work in HHC	52	70.2	9	12.2	13	17.5
3. Knowledge:						
– The home healthcare service allows me to visualize the patient's life.	65	84.8	7	9.5	2	2.7
– I know very well what the acceptance criteria are for a patient in the home healthcare service.	69	93.2	4	5.4	1	1.4
4. Continuity:						
– Financial benefits offered is a one of the main reasons to continue working in HHC team	15	20.3	17	23	42	56.7
– I want to keep working as a member of the home healthcare team.	61	82.4	12	16.2	1	1.4
– The nature of work in the home health care service is one of the main reasons for continuing work in HHC.	52	70.2	19	25.7	3	4.1

– A few hours of work is one of the main reasons for continuing working in HHC.	12	16.2	9	12.2	53	71.6
– It is Easy to treat patients in their home, and this is one of the main reasons for continuing my work in home health care service team.	51	68.9	13	17.5	10	13.5
– Ease of working with an integrated medical team is one of the main reasons for continuing working in HHC.	41	55.4	16	21.6	17	23
5. Access:						
– The medical monitoring service application remotely (Tele-monitoring) in the home healthcare service.	32	43.2	20	27	22	29.7
6. Complaints:						
– Home health care service tiring and needs a great effort.	44	59.5	13	17.5	17	23
– The Disadvantage of home healthcare service is poor coordination between visits.	18	24.3	27	36.5	29	39.1
– Patients Complain about the limited number of visits by thehomehealthcare team.	33	44.6	19	25.8	22	29.7
– Patients Complain about the short duration visit of thehome healthcare team.	14	18.9	22	29.7	38	51.4
– There are no complaints from patients about the service provided to them through the home healthcare visits.	14	18.9	34	45.9	26	35.1
– Patients complain about delaying the visit of HHC team.	27	36.4	31	41.9	16	21.6
7. Working hours:						
– Home health care service requires long hours of working.	22	29.7	28	37.8	24	32.4
8. Respect:						
– Patients respect members of the home healthcare team.	47	63.5	25	33.8	2	2.7
9. Incentives:						
– I get financial benefits because I'm a member in the home healthcare team.	11	14.9	25	33.8	38	51.3
10. Standards:						
– In my opinion, the acceptance criteria of the patient in home healthcare program need to be reviewed and modified.	26	35.1	2	36.5	21	28.4
– The location of patent's home is animportant factor to accept the patient in the home healthcare.	55	74.3	9	12.1	10	13.5
– I believe that the acceptance criteria of the patient in HHC are sufficient and comprehensive.	53	71.6	71	23	4	5.4

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11. Effectiveness:						
– Noticeable improvement of patient's condition is a result of the services provided to him by the home health careservice.	64	86.5	10	13.5	0	0
– HHC team observed new health problems during visits home healthcare.	66	89.2	8	10.8	0	0

DISCUSSION

Home healthcare services are expanding in Saudi Arabia at a rapid pace in order to meet the need of growing population of older adult and those with chronic illnesses. HHC is a wide range of health care services that can be given in home for an illness or an injury, the quality of this service is various from hospital to another This research is looking at the quality of home healthcare service in Riyadh /Saudi Arabia.

The HHC members agree that they miss some home visits because of a lack of transportation, a lack of integration between the team members, poor organization, and others reasons. (75.7%) of HHC members agree that their patients are satisfied with the service, previous study Madinah, Saudi Arabia showed that (90%) of patients and caregivers expressed a high or very high level of satisfaction with home respiratory therapy services provided through home medical program Center(Alhelali, McNabb, & Memish, 2016). On the other hand, HHC members agree that their patients have some complaints like the limited and short duration visits and about two third acknowledge patients respect them.

The findings suggest to involve telemonitoring into the HHC services, it is shown that (43.2%) of home healthcare providers agreed that the service allowed them to visualize the patient's life. likewise, The researchers (Carlisle, Warren, Scuffham, & Cheffins, 2012) reported that the patient with poorly controlled type 2 diabetes and their health practitioner have a high level of satisfaction and positive health and social outcome as a result of being used in telehealthcare. The Tele-Monitoring System has many advantages that improve HHC services such as enhance self-management, determine and understand patient's conditions, medical compliance, perceived support and security and less stressful for the family, and increase quality, safety and effectiveness and efficacy of the service (Madigan et al., 2013).

Findings showed that (86.1%) of HHC teams agree that noticeable improvement of patients' condition as a result of the service provided to them by HHC and (89.2%) observed new health problems during their HHC visits. This finding goes along with the previous study that demonstrated HHC intervention can minimize the percentage of hospitalization and cause significant improvements for home health care patients (Peter W Shaughnessy et al., 2002).

MANAGERIAL IMPLICATION

The implication of these findings is that the hospitals management and the policy makers should ensure HHC services structure and process are aimed to provide a high-quality care, managers have a legal and moral obligation to ensure a high quality of patient care and to seek to improve care (Madigan et al., 2013). It is clear from the study that the HHC members face some difficulties which resulting in missing some visits, managers and leaders should work on solving these barriers and assess if available resources are adequate for HHC organization and delivery of the service more specifically, ensuring availability of transportation for HHC visits and telemonitoring system, and provide adequate training and

workshops for HHC team furthermore ensuring the availability of clear job description and pre-identified roles for each member of home health care team.

Many studies proved that satisfied employees tend to be more productive, creative and committed to their employers(Alshallah, 2004; Benson & Dundis, 2003;Byrne, 2006). Managers are in a position to enhance job satisfaction of HHC members and should give a great attention to their employee empowerment, managers may motivate HHC members by offering incentives, ensuring the working hours are adequate, effectively communicate with them, and role clarity.

STUDY LIMITATION

There are limitations in the study. First, the study only measures the perception of home health care practitioners of the quality of care provided in only five hospitals in Riyadh, there is a need for future studies to measure the actual care delivered.

Second, regarding hospitals permission Letters to conduct the study, there was a delay of some hospitals' response, various hospital systems and the loss of letters, therefore, this research has done in four months (second semester of the school year 1435-1436H/ 2015) in King Saud University, Riyadh, Saudi Arabia. So, the time wasn't enough.

CONCLUSIONS

Most of HHC members are satisfied with their service and their performance because they see a noticeable improvement in their patients' conditions. Still, HHC service needs some improvement to reach a high-quality service and this can be done by increasing satisfaction rate among patients and their families, and among health care professionals, establishing a training program for health care professionals before they start in HHC services that enhance their knowledge and teach them the necessary skills, provision of financial bonuses, modifying the patient acceptance Criteria, investigating weakness points and solving it, enhance effectiveness of HHC services and establishing a Tele-Monitoring System.

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