Quality in Home Care – the Hua Mei Mobile Clinic experience

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For Successful Ageing

Home Medical Care Services

Target population

- 60 and older
- Difficulty accessing medical care/homebound
- Multiple medical problems / ‘frail’/ at risk
- Clinically stable
- Sufficient care at home

The Home Care scene

- Domiciliary Medical Care
- Home Nursing Services
- Care Management Services
- Home Help
- Meals delivery
- Escort services
- Transport services
- Counseling services
- Befriender services
- Domiciliary rehabilitation services
- Pharmacies
- Eldercare equipment and materials
- Other supporting community services:
  - Day care centres
  - Day rehabilitation centres
  - Day activity centres
  - Welfare financial resources
  - Advocacy groups

Home Care Players

- Home Medical Care Services
  - Acute care (e.g. house calls by General Practitioners)
  - Post-acute care (e.g. SGH Homecare Programme)
  - ***Long term continuing care*** (e.g. CODE 4, TOUCH, Grace Homecare, Renci Domiciliary Care, Hua Mei)
  - Home hospice care (e.g. Hospice Care Association)

Hua Mei Mobile Clinic patient snapshot

- Average age – 84
- Gender – 74% female; 26% male
- Financial status – 50% subsidised (i.e. family per-capita income less than S$1000)
- Number of chronic illnesses – 3
- Nursing home eligible (RAF 3-4) – 71%
- Cognitive status – unable to communicate - 59%

Quality indicators

- Process examples
  - Work process
    - Frequency of visits by health professionals
    - Frequency of care plan review
    - First contact after referral
    - Rejection letter turnaround time
  - Bean counting
    - Number of patients
    - Number of visits
    - Number of subsidized/full pay patients
    - Expenses and revenue

Quality indicators

- Outcome examples- focus on avoiding unnecessary hospitalsations, readmissions and avoidable long lengths of stay
  - Number of acute and community hospital hospitalizations
  - Length of acute and community hospital stay
  - Number of A & E visits
  - Number of Specialist Outpatient visits
  - Quality of life measures
  - Caregiver stress measures

Challenges

- Benchmarking
  - Agreed minimum data set for comparable data
  - Cost benefit studies
- Care vs. Counting
- Unfamiliarity with EMR/web-based systems

The IngoT Project

- Consortium Members: HCA, HNF, Tsao Foundation, TOUCH Home Care, Renci-Code 4, Kwong Wai Shiu, Peace Haven, NKF
- Stages of the Project
  - EMR Framework
  - Variants
    - Palliative
    - Home Medical
    - Home Nursing
    - Daycare/ Rehab
    - Nursing Home
  - Common Data Set
- Requires cross training for common interpretation

Minimum data set and Shared Care Foci

- Standardize assessment, monitoring, care planning and documentation processes for
  - ‘Common Language’ for comparison and continuity
  - Integrate care across disciplines and providers
  - Better patient monitoring and outcome measures internally and externally
  - Assist in setting quality standards for home medical services and professional staff

Continuity of care

- Integrat-able' EMR Platform
  - For exchange of EMR among IngoT members and the clusters for better continuity of care
- Seamless transfer of data among IngoT members during patient referral and transfer, with ease of printing of summaries
- Closer working relationship among home medical care staff with frequent work improvement exchanges and training
- Common language in the community aged care services

Care foci

- Multisectoral “problem list” that triggers interventions through multidisciplinary care plan
- Medical
  - Stroke
  - Depression
- Nursing
  - ADL deterioration
  - Fall risk
- Social
  - Social isolation
  - End of life issues

interRai

- interRAI is a collaborative network of researchers in over 20 countries committed to improving health care for persons who are elderly, frail, or disabled
  - Promote evidence-based clinical practice and policy decisions through collection and interpretation of high quality data about the characteristics and outcomes of persons served across a variety of health and social services settings
- Includes
  - A Minimum Data Set (MDS) form
  - A user manual
  - Triggers
  - Clinical Assessment Protocols
  - Status and Outcome measures

InterRai.org

interRai in Home Care

- Functioning and quality of life for community-residing individuals
- Minimum Data Set for Home Care (MDS-HC) and Client Assessment Protocols (CAPs)
- The MDS-HC - 5 page tool
  - Collects standardized information on broad range of domains including cognition, social functioning, disease diagnoses, physical functioning etc
- Certain MDS-HC item responses are "triggers" for additional assessment using a specific Client Assessment Protocol (typically 10 are triggered)

The many aspects of quality

- Provider
  - Clinical and social improvement
  - Client adherence to care plan
  - Satisfaction
  - Quality care
- Client and family
  - Symptom relief
  - Stress and worry relief
  - Self care
  - Financial burden ease
  - Quality care
- Health care system
  - Cost benefit for majority- value for money
  - Care for underserved
  - Care in line with national values and philosophy
  - Quality care

Quality outcomes

- 94 Female Chinese; left hip fracture with residual arthritis, hypertension
  - Undiagnosed fracture hip for many years before admission to HMMC
  - Lives alone although has a few children
  - Does not want to “bother” children because she worked as a house maid in her younger days and felt she might have neglected them
  - Pain management, hypertension control
  - Arranged new flat with wheelchair-friendly modifications
  - Remains at home for more than 5 years

Quality outcomes

- 83 year old Malay female
- Osteoarthritis; hypertension; gastritis
- Lives with her grandson recently released from prison
- Depression due to concerns of being a burden to family and worried about her grandchildren.
- Was chair bound before admission
- Now able to walk outdoors, independent in ADL after aggressive pain relief and rehabilitation

Quality outcomes

- Prior to admission
  - Multiple hospital admissions
  - Frequent readmissions

Quality