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Home Health Care Service: An Alternative Solution
In Long Term Care

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Thank you very much for the privilege and honor of sharing with you about home health care. I am very happy to be here. I have spent a little over 20 years in this field and I firmly believe that is it an integral part of health care. It is a very satisfying and exciting field of health care.

Japan is faced with trying to cope with a large aged population which is rapidly increasing. United Nations statistics indicate that the Japanese life expectancy at birth in 1985 was nearly 75 years for men and 80.5 years for women. These longevity rates are probably higher for 1988. The immediate impact of this trend of longevity is on health spending. A newspaper article in the Honolulu Star Bulletin in January discussed Japan coping with a large aged population. It referred to the existing shortage of nursing home beds and an overload of geriatric patients in general hospitals.

Home health services should be seen as a part of the solution of the health care problems facing Japan. It has been and is a highly successful alternative to institutionalization in the United States and will continue to be in the future. Scandinavian countries and Northern Europe have a system of "home helpers" who assist the elderly to be as independent as possible. They combine chore services with skilled services very effectively.

In the Japanese culture, which is so rich in its tradition of respecting the elderly, home

health services could move the patient back home successfully to be cared for by family members or other caregivers or independently with outside assistance. Home health care is a viable alternative to long term institutionalization in Japan. The changes in the family structure may impact on the care of the patient at home, however, they are not necessarily deterrents.

Over the years in Japan, the number of three-generation households has steadily declined as young workers migrated to urban industrialized areas, leaving the older generation in the rural areas. Multigenerational households have decreased and is expected to stabilize at about 50 percent. The U.S. figure is about 16 percent. This fact has not deterred the growth of home health service in the U.S.

Home health care is as ancient as mankind itself as families cared for the sick at home. Modern home health care is the provision of health services in the home. The goal of home health care is to achieve and maintain optimum health. The services provided are intended to provide necessary treatment, to restore or rehabilitate patients to their highest functional potential, to prevent deterioration, and to maintain patients within their physical or mental limitations. Terminal patients can be cared for and allowed to die with dignity in the familiar surrounding of home and within the family circle.

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Nursing service is the primary service in a home health agency. Many home health agencies provide a full range of services. These are, but are not limited to: skilled nursing, personal care, homemaker service, physical therapy, occupational therapy, speech/language therapy, medical social services, dietary counseling, enterostomal therapy, respiratory therapy, IV therapy, medical supplies, and rental purchase of medical equipment. Most of these services are reimbursed by insurance, but some are not. The traditional services which are reimbursed under the U.S. Medicare program are skilled nursing, home health aide service, physical therapy, occupational therapy, speech/language therapy, medical social services, medical supplies and rental/purchase of medical equipment. Dietary counseling, respiratory therapy, enterostomal therapy, and IV therapy are reimbursable if the service is performed by an R. N. It is optimal to have the availability of all of these services, but they are not required for the care of the patient at home. Home health staff are known for their creativity and ingenuity in adapting the home environment to the patient's needs. With all of the modern medical equipment available to patients at home, it has not been necessary to "make shift" as it had been in the past. As with home health services, rental of medical equipment is in its infancy in Japan. There will be a large market once home health services are widely available and accepted. A major obstacle which will need to be hurdled is the problem of space and the use of medical equipment in the home. It will be an interesting problem to manage.

We at St. Francis Home Care Services have been caring for patients at home over 25 years. We make over 30,000 visits to over

2,000 patients per year. There is no patient too young or too old. Our youngest patient has been only a few days old and our oldest patient has been over 100 years old.

Patients with varied and multiple diagnoses are cared for at home by their families with the help of the home care staff. The most common categories of diagnoses that the patients we service have are: respiratory disease, cardiac disease, cancer, cerebrovascular disease, neuromuscular disease, orthopedic conditions, diabetes mellitus, post operative wound infections, and complications of immobility, such as decubiti care, skin care, bowel care, etc. It is possible to totally rehabilitate a patient at home with coordinated services. A patient with a stroke, after initial medical stabilization, can receive all rehabilitation services at home and reach maximum functional level.

Mr. A. was a 78-year-old man who suffered a massive cerebrovascular accident (stroke) which left him totally dependent, requiring total care including tube feeding and suctioning. During his hospitalization he was very lethargic and unresponsive at times. It was felt that the patient had no rehabilitation potential. Since he required total care and his elderly wife would be his primary caretaker, the physicians recommended placement in a nursing home. His wife refused and was adamant about not placing him in a nursing home and wanted to take him home. After learning how to suction and tube feed Mr. A., Mrs. A. took him home with home care. The home care nurse and physical therapist visited daily at first. Mrs. A. learned to totally care for this patient. She tube fed him, suctioned him, turned and positioned him, and gave him range of motion. The home health aide assisted with the patient's personal care. Soon Mr. A. was

able to eat and the feeding tube was removed. With the daily physical therapy, he was regaining function in his extremities. First he was able to be independent in bed mobility and then he was able to sit up in bed. Soon he was able to transfer independently. Within 6 months he was able to ambulate with a brace. Mr. A. had been a gardener and loved his plants and flowers. His dream was to be able to descend the 20 steps from his upstairs room to his garden. With diligence and a lot of hard work, he was able to realize his dream. Mr. A. remained aphasic, but was able to communicate his needs by writing and gesturing. He was an avid reader and resumed this favorite pastime. Mr. A. is a typical example of rehabilitation of a patient at home. Not all cases are success stories such as this one. We care for many patients who are maintained at home at various levels of functionings. There are many at home who are bedridden, tubefed and totally dependent for all of their care. These patients are "nursing home" candidates. With a willing and supportive family or other caregiver and adequate home health support, these patients have been successfully cared for home.

Not all of our patients live with families. Some live alone and are able to take care of their daily needs or have hired caretakers to assist them with their care.

The most exciting part about home health services in what we are doing now is the area of "high technology". We have been successful in sending patients home from the hospital with ventilators, total parenteral nutrition, chemotherapy, IV antibiotic therapy, and other IV therapy. Without home health services, these patients face a very lengthy hospitalization. With the provision of home health services, these lengthy hospitalizations can be decreased significantly. In Japan the

trend is lengthy hospitalization. However with the ever increasing aged population, the length of hospitalization will need to be shortened to accommodate this population. Patients in the U.S. do not like to be in the hospital such a long time.

Mrs. K. is an example of just such a patient. She is a 55-year-old woman with the diagnosis of end stage cardiomyopathy. She required dopamine and dobutamine, two cardiotoxic drugs which are administered intravenously and only in the intensive care unit of a hospital. She had been discharged from the hospital on several occasions, only to be readmitted soon after discharge in critical condition. Her cardiologist felt that she could be maintained at home on these two IV medications via a portable IV infusion pump. Our home health agency was asked if we would be willing to provide service to this patient. After proper instruction to the staff and explanation to the patient that the treatment was not curative, the patient was sent home with the IV infusion of dopamine and dobutamine and she was also sent home with oxygen. The home care nurse refilled the IV medication and assessed her condition daily. Mrs. K. was first sent home to live with her daughter, but this caused a very stressful situation for her daughter. Mrs. K. really wanted to go back to her own home. She and her husband decided that this would be in the best interest of all concerned. Mr. and Mrs. K. did very well on their own with the daily visit by the home care nurse. Mrs. K. was even able to enjoy a dinner out. She lived a quality life at home for 7 months. Without the assistance of the home health agency, Mrs. K. would have had to remain in the hospital or died sooner without the necessary treatment.

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Several years ago we would not have envisioned such "high-tech" at home. Computer technology has made many types of medical equipment portable so that it can be used in patient homes. Ventilator is an example of portable "high-tech" equipment.

Mrs. M. is a 54-year-old woman with the diagnosis of polymyositis, who is ventilator dependent. With the support of her husband, three daughters and home care, she was able to go home on a ventilator. The patient's husband and her daughters were taught all about her respiratory care and ventilator care. She has been home for three years on a ventilator. Her husband and her daughters have adjusted their routines to care for Mrs. M. Mrs. M. is an integral part of this family. They speak of her lovingly and not as a burden. The home care nurse visits her twice a month unless there is an acute problem at which time she would increase her visits.

Home health care is not for every patient and it does not always work out. It can work if there is a supportive family or other caregiver. We have had many patients cared for by non-related persons. However, if the patient in the home brings about disruption and disharmony, then home may not be the best place for the patient. There are many patients who remain in nursing homes because they either have no family or who have families who cannot or will not care for them at home. For those patients who have a family or someone willing and able to care for them, home health can provide the necessary service and support.

Our newest venture is in the area of pediatrics and obstetrics. In August of 1986 a program of "home phototherapy", providing "bili-light" treatment to infants with physiologic jaundice was successfully

launched. The bonding between parents and infant, particularly mother and infant, has been enhanced by this program. There has been a high degree of patient satisfaction. As a new mother, years ago, I was faced with leaving my newborn son at the hospital for this treatment. If it had been available, I would have preferred to take my infant son home with home phototherapy.

Apnea monitoring, high risk pediatric care and general pediatric care are programs which are being expanded. The whole field of pediatrics and home health care is developing quite rapidly.

Many cultural differences exist between the U.S. and Japan which affect the delivery of home health care. However, I do not believe these differences pose such a problem that they would hinder home health care. A major difference is in the nurse-doctor relationship. The home care nurse is a highly respected professional whose assessment skills and recommendations are highly regarded by the medical staff. The home care nurse is viewed as a partner with the patient's physician and the other professional members of the team. Many of the recommendations of the home care nurse are followed by the patient's physician. The home care nurse has been described by the physician as an extension of his eyes or hands. The home care nurse and other team members work very independently. Consequently, they must be able to do a complete assessment, set up a realistic, goal-oriented plan of care, and follow through with this plan of care. She involves the patient and his family in the care planning.

The absence of a multigenerational family is not a deterrent care of the patient at home. Family care can be supplemented with community help either paid or voluntary.

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There are many patients with chronic long term illnesses, such as arthritis, amyotrophic lateral sclerosis, multiple sclerosis, or severe osteoporosis, who need assistance with energy saving tips, exercise maintenance programs, and other therapy and could benefit from home health care.

There are many agencies who do excellent rehabilitation, however, the rehabilitation unit does not match the layout of the patient's home. It is important for the patient to be able to function within his own home. The home health staff can assist the patient to make the necessary adaptations in the home to allow the patient to function as independently as possible. The bathroom usually poses a problem for a wheelchair bound patient. It is important to teach the patient how to maneuver and function within his bathroom or make recommendations to accommodate the patient.

Simple tasks in a hospital can be a major problem when the patient goes home. A patient, who learns how to irrigate a colostomy in the hospital, goes home only to find that the wash basin is not conveniently next to the toilet and there is no IV pole on which to hang his bag. Sometimes just the logistics of where to hang the bag is enough to throw the patient into such a frenzy that he "forgets" how to do the irrigation. It is not unusual for a patient to know how to do the irrigation, but to be unable to do the irrigation at home because the physical set-up is different. The home health nurse can assist the patient through the procedure, giving tips on how to adapt his environment for ease of care. Many times the ingenuity of the home care nurse averts a disaster for the patient.

There is a continuing demand for home health services in the United States. As the

institutional overcrowding continues and the need for health services increases with the ever increasing aged population in Japan, home health services is a viable alternative to long term institutionalization and is a vital part of long term care. It can start, as it did in Hawaii before the advent of Medicare, with the provision of post hospital care and care in lieu of early discharge from the hospital.

Val Halamandaris, president of the national association of home care (NAHC), states in an article in the *Caring* magazine, that home care is the wave of the future. He states, "1) it is delivered at home, our home is our castle; 2) home care serves to keep the elderly independent; 3) home care allows a maximum amount of freedom for the individual." He believes that health care in the U.S. is headed in the direction of Scandinavian and Northern European health care. That is that most health care in Scandinavia and Northern Europe is given at home. He states "we're bringing health care back home where it belongs."

If there is anyone in the audience who is interested in a more detailed discussion about home health care, I would be more than happy to meet with you.

Thank you very much for allowing me to speak to you this afternoon.

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