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Professional paper

Patient Satisfaction and Quality in Home Health Care of Elderly Islanders

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A B S T R A C T

Patient satisfaction has been a widely investigated subject in health care research. Quality of care from the patient perspective, especially in home health care, however has been investigated only very recently. Home health care is a system of care provided by skilled practitioners to patients in their homes under the direction of a physician. Multidisciplinary nature of home health care services present challenges to quality measurement that differ from those found in a more traditional hospital settings. The aim of the study was to investigate the satisfaction of elderly patients living on islands with home health care. Participants receiving skilled nursing care in their homes, for any diagnosis, who met selection criteria, were surveyed about their perception of the quality of health care. The research was conducted during the year 2010 among the residents of Kvarnerian islands (Krk, Cres and Mali Lošinj) under the authority of Croatian Institute for Health Insurance that approved the protocols employed in the investigation. Most older patients (96.2%) reported high levels of satisfaction with health services delivery. Common leading diagnosis among home health care patient include diseases of circulatory system (28.9% of patients), nutritional and metabolic disease(14.5%), malignant diseases (13.2%), musculoskeletal and connective tissue disease (11.8%), diseases of the nervous system (9.2%), followed by injury and poisoning (7.9%). Provision of home health care was well received by elderly patients. Home health care providers seek to provide high quality, safe care in ways that honour patient autonomy and accommodate the individual characteristics of each patients home and family. The demographics of an aging society will sustain the trend towards home-based care. Therefore, research on effective practices, conducted in home health care settings, is necessary to support excellent and evidence-based care.

Key words: *patient satisfaction, home health care, Croatia*

Introduction

Republic of Croatia is a maritime country on the east coast of the Adriatic Sea with a long, well-indented coast and many islands, 47 of which are constantly populated[1]. The total area of the populated islands is 3.138 km^2, which makes 5.5% of the total Croatian land area. There are 125.281 people who populate the islands, which makes 2.6% of Croatian population. In Primorsko-goranska county there are the islands of Cres, Krk and Lošinj with the total of 16.838 people, which makes 5.4% of the county's population. Unfortunately, the population on our islands is decreasing and is getting older. In 2001 the the number of elderly islanders (65 years old and more) on Krk was 16.4%, on Cres 20.7% and on Lošinj 15.2%[2,3].

Many problems exist that islanders have to deal with. Among many aggravating life factors on our islands, health care is surely one of the most important. Elderly people, loneliness, bad traffic connection, distance from the medical centers and the lack of medical staff are just some of the problems islanders encounter on a daily basis. Even though the islands represent only 5% of the territory with 3% of its population, Republic of Croatia showed great interest in revitalisation and development of its islands. That is the reason why in 1997 the programme »National development of the islands« was passed.[1] In it the project called »Improvement of the health care on islands« is the most important. One of the crucial

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tasks in order to carry out the project and improving life conditions of islanders is the safety and equalizing their life standards with those on the mainland.

Home health care aims at improving health condition and preventing its worsening. Home health care consists of the education of the insured person about the process of health care, as well as of the education of the whole family[4]. Home health care in Primorsko-goranska county began in 1996 in Rijeka and Bribir. Today, apart from the health-visitor care, home health care on islands is realized by two medical care institutions.

In order to improve the medical care of the elderly islanders it is very important to plan, organize and evaluate the process of medical care very well. Good organization is just one of the quality factors. The quality of medical care can be seen through the satisfaction of the patients. That is the reason why the aim of this paper was to examine the satisfaction of the elderly islanders regarding the process of the health care.

Patients and Methods

A purposeful sampling strategy was used to identify persons who had recently experienced home health care. The initial data abstraction included persons 18 years of age and older whose primary care physician prescribed home health care according to protocols by insurance authority. Selected patients were invited to voluntary attend surveys and semi-structured interviews to evaluate their satisfaction with home health care. There were no situations of »self-selection bias« among participants. During a 10 month period of 2010 survey was conducted by Institute for health insurance's medical doctors.

In this study we report mainly descriptive statistics, with data shown in absolute and relative frequencies. For the variable »age« a median was used as the measure of central tendency. The simple size was not sufficiently large to allow for sub-group analyses. All statistical analyses were carried out using *Statistica 7.1* statistical package.

Results

The demographic characteristic of the participants are provided in Table 1. The median age of participants revealed an older population. The majority of participants were women. Participants were mostly resident at Island of Krk, than Lošinj, followed by Cres. According to type of health care at home, »type 1« (minimal health care) was received by more than every second participant, »type 2« (intensive care), nearly every third, »type 3« (extensive care) was present at 6.9 participant, while other types (4-care of extremely ill, 5-application of clisma, 6-treatment of wound stage 1 and 2, 7-treatment of wound stage 3 and 4, 8-application of nasogastric tube), were present in frequencies under 3% of participants. Main causes of receiving home health care were diseases of circulatory system, than neoplasms and group of endocrine, nutritional and metabolic disease, followed by diseases of nervous system and musculoskeletal system and connective tissue at the same frequencies (Table 2). Duration and frequencies of home health care are consist in Table 3. Number of home health care service visits per week range from 1 to 5, and longer observed duration was 180 months, with mean of 31 MONTH. Total realized visits per patient during the observed period, was ranked from 4 to even 720.

TABLE 1
PATIENTS DEMOGRAPHICS (N=72)

Age (years) – median (range) 78.4 (48–95)		
	n	%
Gender		
male	20	30.8
female	45	69.2
Island		
Krk	34	45.3
Cres	15	20.0
Lošinj	26	34.7
Recived home health care-type		
type 1	39	54.2
type 2	22	30.6
type 3	5	6.9
type 4	2	2.8
type 5	1	1.4
type 6	1	1.4
type 7	2	2.8

When comparing proportion of patient older than 65 receiving health care in total number of inhabitants of the same age, among island Cres & Krk and Cres & Lošinj, no statistically significant differences were found. Difference between Krk and Lošinj is also considered not statistically significant (although $t>1.96$) because proportions are extreme ($p<0.10$) so more strict criteria was considered (Table 4).

The majority reported high levels of satisfaction (97.3%), every female, and majority of men (90.0%). Participants under 65 of age have all reported satisfaction towards older participants (65 and older) that had complaints (3.1%). Distribution of patients' satisfaction according to island were as follows: residents of Cres and Lošinj reported absolute satisfaction with received home health care, while on island of Krk there were 5.9% unsatisfied.

Discussion

Research exploring the relationship of the environment, patient safety, and qulity in home health care is in early stages of development. There have been no randomized controlled studies to date[5]. Because there have been a paucity of studies in the literature examing the quality of care in transition from hospitals care to home

TABLE 2
MAIN CAUSES OF HOME HEALTH CARE

ICD-10 disease group (leading causes)	Gender				Total	
	male		female			
	N	%	N	%	N	%
Neoplasms	4	6.2	6	9.2	10	15.4
Endocrine, nutritional and metabolic disease	4	6.2	6	9.2	10	15.4
Mental and behavioural disorders	0	0	3	4.6	3	4.6
Diseases of the nervous system	0	0	7	10.8	7	10.8
Diseases of the circulatory system	6	9.2	12	18.5	18	27.7
Diseases of the digestive system	1	1.5	1	1.5	2	3.1
Diseases of the skin and subcutaneous tissue	1	1.5	0	0	1	1.5
Diseases of the musculoskeletal system and connective tissue	2	3.1	5	7.7	7	10.8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1	1.5	0	0	1	1.5
Injury, poisoning and certain other consequences of external causes	2	3.1	4	6,2	6	9.2

TABLE 3
DURATION AND FREQUENCY OF HOME HEALTH CARE

	N	Minimum	Maximum	$\overline{X}$	Std. Deviation
Number of home health care service visits per week	68	1	5	1.75	1.03
Home health care service duration (months)	72	1	180	31.0	34.2
Total number of realized visits per patient	69	4	720	167.6	168.6

TABLE 4
PATIENT RECEIVING HOME HEALTH CARE ACCORDING TO ISLAND

Island	Cres		Krk		Lošinj		t-test Krk/Lošinj	p
	N	%	N	%	N	%		
Total inhabitants	2 959	100	5 491	100	8 388	100		
Inhabitants 65 or older	615	20.7	903	16.4	1 283	15.2	2.50	p>0.05
Inhabitants receiving home health care	15	0.51	34	0.62	226	0.31	2.29	p>0.05
Inhabitants 65 or older receiving home helath care	13	2.11	29	3.2	22	1.71	2.20	p>0.05

care, and specially in Croatia, it is difficult to make anny direct comparison[6].

User satisfaction is one of the most important efficacy indicators of quality management system[7]. To improve the quality of care to older persons receiving care across multiple settings, interventions are needed. However, the absence of a patient-centred measure specially designed to assess has constrained innovation[6].

Current health policy in Croatia include enhacements to primary health care and home care[8]. The role of the nurse practitioner is being developed and expanded as an important workforce augmentation. There is concensus to decentralize care, moving services that are traditionally performed in acute hospitals, out to the community. Rationales for this move include patient independence, generally lower costs and improved quality of life. Expanding the scope of health care delivery within the home, such as with home health care, offers the potential to adress these trends with an expanded role for Family Medicine[5].

In our country, as in other developed countries, the problem of the population that is getting older, is arising[9]. These data confirm that increasing number of people are dying at an older age, most from chronic diseases, which are connected with many psysical, psychological, social and ethnical problems in the last, terminal phase of their illness[10]. There still aren't any organized institutionized services regarding elderly people, and their problems are solved by different systems, such as health, retirement and social system[11]. There is a great number of elderly people who are ill and they often suffer from more than just one chronic disease. Medical treatment in hospitals is realized only in case of exacerbation of chronic diseases or in conditions when their life is endangered. In most hospitals in our country there are no special departments where elderly people would get health care.

Especially, the islands are environmentally, socially, traffically and economically very isolated in comparison with the rest of the land area of the national territory, which complicates the organization of the health care. Even though there are surely big differences in organization of health care on the land and on islands, they should not be the cause of differences in the life quality of islanders in comparison with the rest of the population. In the beginning of 1991, at the time of the war in Croatia, organization of the health care was centralized, but in the end of the war it was partially decentralized, complying with the Declaration of Alma Ata in 1978 and many other new declarations that commit to health legislation on equality in providing health care within the community[12,13].

Provision of home health care is well received by patients. Home health care givers and providers seek to provide high quality, safe care in way that honor patient autonomy and accomodate the individual characteristics of each patient's home and family. Therefore, reserch on effective practices, conducted in home health care settings, is necessary to support excellent and evidence-based care.

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ZADOVOLJSTVO STARIJIH OTOČANA KVALITETOM KUĆNE NJEGE

SAŽETAK

U medicinskim istraživanjima zadovoljstvo pacijenata dobro je istraženo područje. Međutim, kvaliteta zdravstvene skrbi, posebno zdravstvene njege u kući, promatrana iz perspektive pacijenta tek se nedavno počela proučavati. Zdravstvena njega u kući je oblik zdravstvene skrbi koju provode zdravstveni djelatnici u domu bolesnika pod stručnim vodstvom liječnika. Multidisciplinarni pristup pružanja zdravstvene skrbi u domu bolesnika predstavlja izazov za mjerenje kvalitete ovakvog oblika pružanja zdravstvene zaštite koja se razlikuje od tradicionalnog bolničkog oblika. Cilj ovog rada bio je istražiti zadovoljstvo starijih pacijenata koji žive na otocima, pruženom zdravstvenom njegom u kući. Korisnici su anketirani o zadovoljstvu s kvalitetom pružene zdravstvene skrbi, prema za to izrađenim kriterijima. Istraživanje je provedeno tijekom 2010. godine među stanovnicima Kvarnerskih otoka (Krk, Cres, Mali Lošinj), pod supervizijom Hrvatskog zavoda za zdravstveno osiguranje, koji je izradio protokole potrebne za provedbu istraživanja. Većina pacijenata starije životne dobi zadovoljna je kvalitetom pružene zdravstvene skrbi (96,2%). Vodeće dijagnoze prisutne među korisnicima zdravstvene njege u kući uključuju: bolesti kardiovaskularnog sustava (28,9% pacijenata), prehrambene i metaboličke bolesti (14,5%), maligne bolesti (13,2%), bolesti mišićno-koštanog i vezivnog sustava (11,8%), bolesti živčanog sustava (9,2%), nakon čega slijede ozljede i trovanja (7,9%). Stariji korisnici zdravstvene njege u kući vrlo su dobro prihvatili ovakav oblik zdravstvene skrbi. Provoditelji zdravstvene njege u kući nastoje osigurati njenu visoku kvalitetu, na način da se čuva pacijentova autonomija te poštujući individualne osobitosti svakog pacijenta i njegove obitelji. Demografske karakteristike starenja društva ukazuju na sve veću potrebu pružanja zdravstvenih usluga u kući pacijenta. Stoga je potrebno podržati i provoditi istraživanja učinkovitosti pružatelja kućne njege bolesnika, u cilju postizanja što bolje kvalitete zdravstvene zaštite i medicine zasnovane na dokazima.