



# DOMICILIARY HEALTH CARE SERVICES IN PRIMARY HEALTH CARE



Family Health Development Division  
Ministry of Health Malaysia

2019

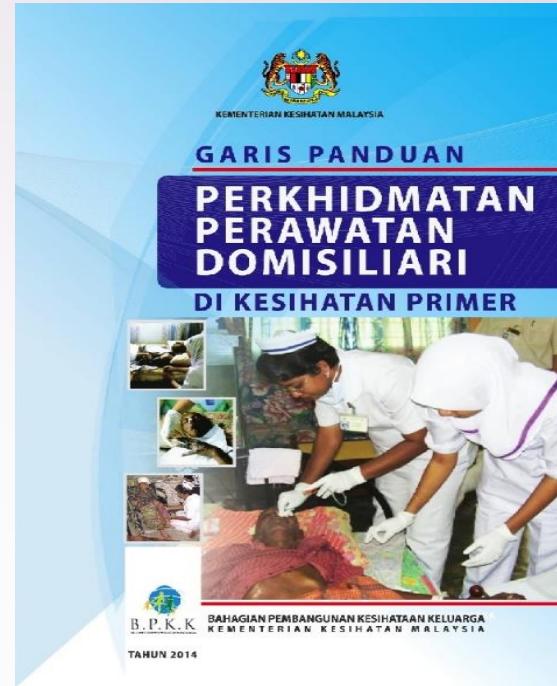


## Definition :

- Service provided **at home** as to improve health access and to provide holistic care to the stable bedridden patient in order to increase their quality of life

## Objective :

- To provide and offer **continuation** of treatment and care at home after discharged from hospital
- To **empower the family** members as well as the community in aspect of care of bedridden patients in order to reduce the readmission to the hospital
- To **train** the caregivers on the correct technique of managing bedridden patient, and to educate the patient on improving their self-care



# SERVICE PROVISION BASED ON POA of PWD

1. Advocacy on issues and policies related to PWD
2. Increase accessibility to facilities and services
3. Empower individuals, families and communities
4. Strengthen intersectoral collaboration
5. Ensure adequate and competent workforce
6. Intensify Research and Development
7. Program Development for Specific Disabilities

**\*STRATEGIES** : 7 strategies

- In line with CRPD and PWD Act

- **VISION** : Equity in health care for PWD
- **MISSION**: Ensure a comprehensive health care for PWD at all levels of care
- **OBJECTIVE**:
  - To provide equal opportunities for health care for PWD
  - To empower individuals, families and communities for self care and development of support services
  - To decrease prevalence of disabilities through the provision of adequate medical rehabilitation services at all levels of care

# SCOPE OF THE SERVICE:

- ▶ NURSING CARE : caregivers will be trained on how to prevent bed sore, wound care, correct technique on changing and care of Nasogastric Tube / catheter urethral as well as hygiene education. This service will also provide laboratory test and vital signs monitoring (e.g. blood glucose level, blood pressure, POCT ) and emotional support by trained professionals.
- ▶ REHABILITATION : active and passive movement, activity of daily living (ADL)
- ▶ PALLIATIVE : include basic palliative care, pain management, counselling and emotional support to the patient and their family members



## Implementation – 11<sup>th</sup> MP (RMK 11)

### Phase 1 (2014 – 2015)

- Type 1, 2 and 3 (classified by workload) health clinics will provide this service.
- Stable cases requiring long term care (e.g. stroke, traumatic brain injury, spinal cord injury and individuals with chronic disease who are functionally compromised, needing caregiver assistance) – Barthel index <50, modified Ranking Scale ( mRS)

### Phase 2 (2016 – 2020)

- Expand to 190 Health Clinics in phases. To this date, a total number of 160 health clinics all over Malaysia has been identified and registered under this service. Currently, 133 basic team has been formed, comprises of the nurses and medical assistant.
- Expand to palliative care element.

# CRITERIA

## Enrollment criteria

- ▶ Referred case from government hospitals/health clinics
- ▶ Client reside in the operational area, with a permanent and clear house address
- ▶ Client with a permanent caregiver. Caregiver must be willing to learn procedures and later take charge of the client
- ▶ Written consent from the caregiver

## Discharge criteria

- ▶ Maximum service given is 3 months
- ▶ Client will be discharge from DHC services when the caregiver is ready to take over the client

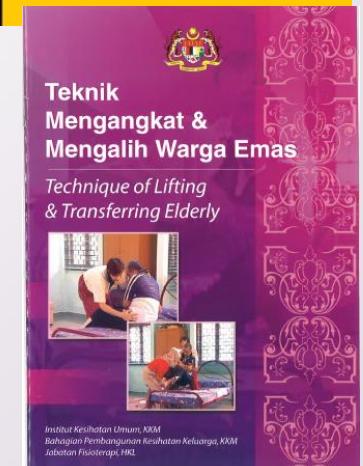
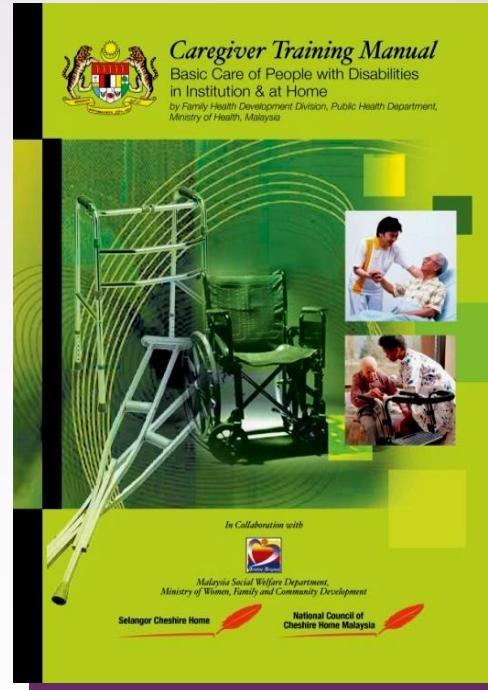
(which ever that comes first)

# MODIFIED RANKIN SCALE (mRS)

- 0 - No symptoms at all.
- 1 - No significant disability despite symptoms. Able to carry out all usual duties and activities.
- 2 - Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance.
- 3 - Moderate disability; requiring some help, but able to walk without assistance.
- 4 - Moderately severe disability. Unable to walk without assistance and unable to attend to own bodily needs without assistance.**
- 5 - Severe disability; bedridden, incontinent and requiring constant nursing care and attention.**
- 6 - Dead

# Caregivers' Criteria :

- ▶ Caregiver is an adult, in good health condition, rational and capable of taking care of patient
- ▶ Caregiver must understand and comply to all the DHC policies
- ▶ Caregivers need to attend and participate on each session when the treatment/care were carried out
- ▶ Willing to learn the care procedures as required

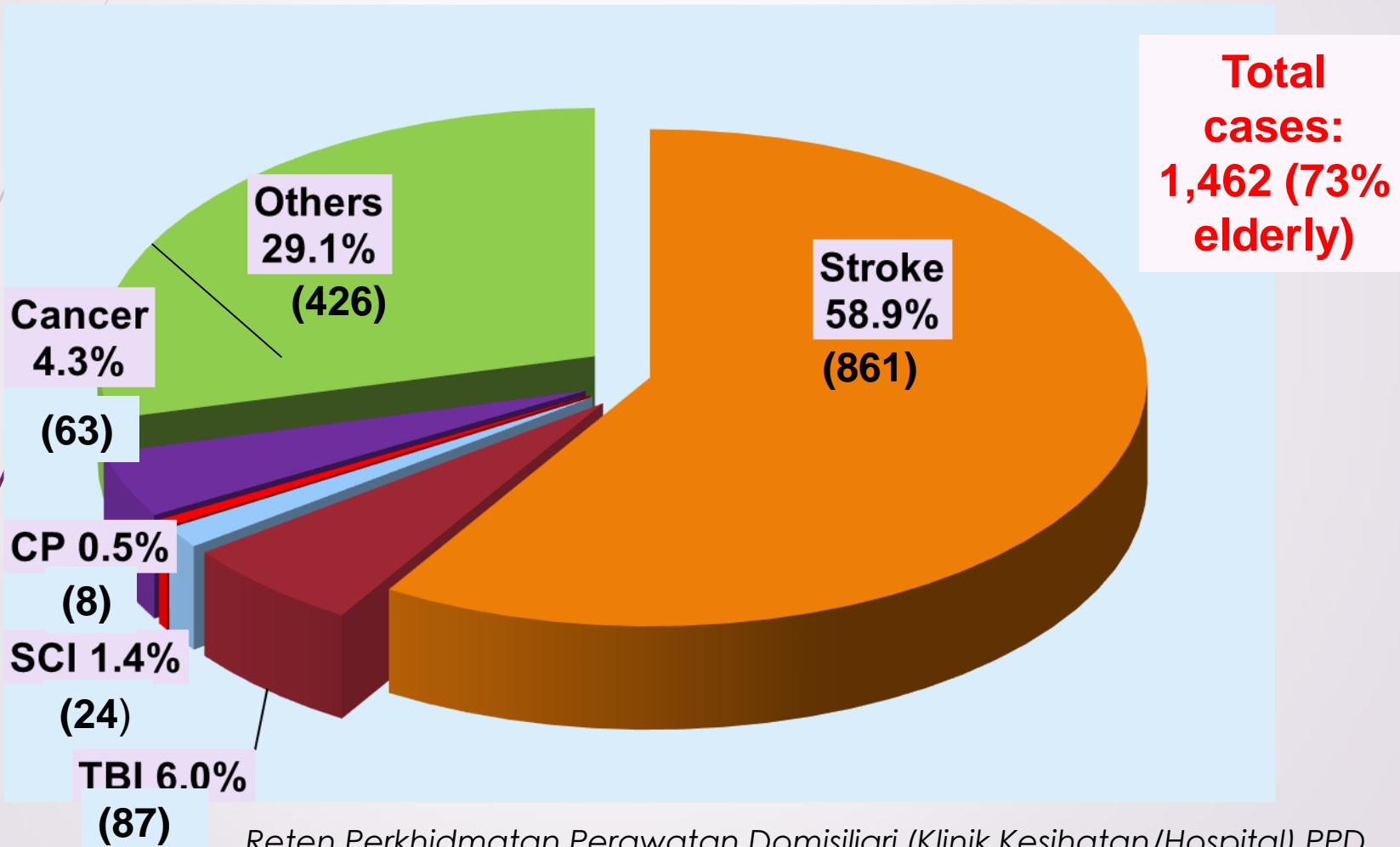


# DATA

- Cases:
  - Strok
  - Traumatic brain injury (TBI)
  - Spinal Cord Injury (SCI)
  - Cerebral Palsy (CP)



# Percentage of cases (according to diagnoses) received Domiciliary Health Care Services in year 2019 (Jan-June)



# OUTCOME INDICATOR 2019 (Jan-June)

OUTCOME INDICATOR	TOTAL	PERCENTAGE (%)
Readmission to the hospital within duration of DHC services	64	4.4%
Complications during the period of services (cases of new pressure sores)	6	0.4%
Patient successfully taken over by the caregivers	541	37%
Cases of increasing functionality (increase MBI score)	617	42.2%
Repeated cases ( cases that are registered again to DHC after the completion of the duration of service )	90	6.2%

# Way Forward

- Strengthen collaboration
  - Hospital (All disciplines)
  - Outsourcing
  - PP partnership
- Application of *Dasar baru* (policy) for the new budget & human resources
- Care to be provided to and near the community in order to **promote ageing in place** to cater for ageing society

# PALLIATIVE CARE

- ▶ In 2014, the WHO made a resolution to strengthen palliative care as a component of comprehensive care throughout the life course and in this resolution the WHO urged all member states to place an emphasis towards palliative care in the primary, community and home care setting.
- ▶ Research has shown that majority of people prefer to live and die at home. This is where a Domiciliary Palliative Care programme is an essential component of any effective palliative care service.
- ▶ Palliative care as defined by World Health Organization(WHO) is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness through the prevention and treatment of pain and relief of suffering by means of early identification and impeccable assessment as well as treatment of pain and other problems such as physical, psychosocial and spiritual. The definition adds that:
  - ▶ provides relief from pain and other distressing symptoms;
  - ▶ affirms life and regards dying as a normal process;
  - ▶ intends neither to hasten or postpone death;
  - ▶ integrates the psychological and spiritual aspects of patient care;
  - ▶ offers a support system to help patients live as actively as possible until death.



SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.19

Agenda item 15.5

24 May 2014

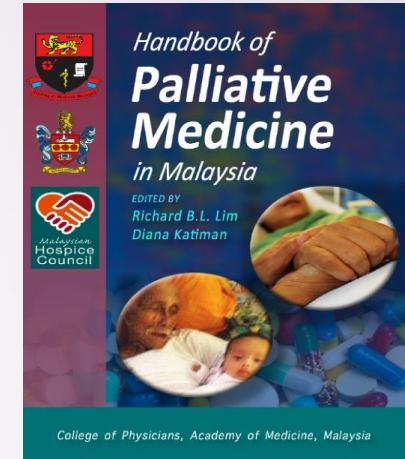
## Strengthening of palliative care as a component of comprehensive care throughout the life course

URGES Member States:<sup>1</sup>

- (1) to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes;

# EXPANDED SCOPE TO PALLIATIVE CARE

- Standard Operating Procedure (SOP) on **Domiciliary Palliative Care (DPC)** programme in Primary Health Care were drafted in 2016
- In stages, pilot project were carried out at selected health clinics in Selangor in 2016 and Kedah in 2017, whereby training were given to Family Medicine Specialist and Domiciliary Health Care Basic Team based on the drafted SOP, *Guideline on Chronic Pain Management for Primary Care* and *Handbook of Palliative Medicine in Malaysia*
- Further training of DPC team were conducted through attachment and collaboration with the states' Palliative Medicine Specialist and NGO Hospice
- In year 2017, all 26 health clinics in Selangor and 10 health clinics in Kedah running the DHC programme were committed to implement the palliative care, under the supervision from their respective states' Palliative Medicine Specialist
- In year 2019, DPC program were rolled out to 2 health clinics in Perak and 1 in Pulau Pinang



# SELANGOR

PKD	26 KK YANG MENJALANKAN PPD 1HB OGOS 2014	7 KK YANG MENJALANKAN PALIATIF TAHUN 2016	PERLUASAN 19 KK UNTUK MENJALANKAN PALIATIF TAHUN 2017
KUALA LANGAT	KK Telok Datok KK Tanjung Sepat	KK Telok Datok	KK Tanjung Sepat
KLANG	KK Bandar Botanik KK Bukit Kuda KK Pelabuhan Klang KK Kapar	KK Kapar	KK Bandar Botanik KK Bukit Kuda KK Pelabuhan Klang
PETALING	KK Puchong KK Seri Kembangan KK Kelana Jaya KK Sek 19		KK Puchong KK Seri Kembangan KK Kelana Jaya KK Sek 19
GOMBAK	KK Taman Ehsan KK Kuang KK Bata Arang KK Gombak Setia		KK Taman Ehsan KK Kuang KK Bata Arang KK Gombak Setia
HULU SELANGOR	KK Serendah KK Hulu Yam Baru		KK Serendah KK Hulu Yam Baru
HULU LANGAT	KK Ampang KK Bt.14 KK Sungai Chua KK Bandar Seri Putra	KK Bandar Seri Putra	KK Ampang KK Bt.14 KK Sungai Chua
SEPANG	KK Sg. Pelek KK Salak	KK Salak	KK Sg. Pelek
SABAK BERNAM	KK Sekinchan KK Sg Besar	KK Sg Besar	KK Sekinchan
KUALA SELANGOR	KK Kuala Selangor KK Bestari Jaya	KK Kuala Selangor KK Bestari Jaya	

# KEDAH

PKD	10 KK YANG MENJALANKAN PPD 1HB OGOS 2014	TIADA KK YANG MENJALANKAN PALIATIF TAHUN 2016	10 KK UNTUK MENJALANKAN PALIATIF TAHUN 2017
BALING	KK Kupang		KK Kupang
KOTA SETAR	KK Bandar Alor Setar KK Jalan Putra KK Simpang Kuala		KK Bandar Alor Setar KK Jalan Putra KK Simpang Kuala
KUALA MUDA	KK Bandar Sg. Petani KK Merbok KK Bakar Arang		KK Bandar Sg. Petani KK Merbok KK Bakar Arang
KULIM	KK Kulim		KK Kulim
LANGKAWI	KK Kuah		KK Kuah
PENDANG	KK Pendang		KK Pendang

# P. PINANG

# PERAK

PKD	11 KK YANG MENJALANKAN PPD 1HB OGOS 2014	TIADA KK YANG MENJALANKAN PALIATIF TAHUN 2016-18	2 KK UNTUK MENJALANKAN PALIATIF TAHUN 2019
KINTA	KK Kg Slmee		KK Kg Slmee
MUAALIM	KK Tanjung Malim		KK Tanjung Malim
PKD	14 KK YANG MENJALANKAN PPD 1HB OGOS 2014	TIADA KK YANG MENJALANKAN PALIATIF TAHUN 2016-18	1 KK UNTUK MENJALANKAN PALIATIF TAHUN 2019
SEBERANG PRAI SELATAN	KK Bandar Tasek Mutiara		KK Bandar Tasek Mutiara

## Referral Criteria

- ❖ **Cancer patient** with clinical diagnosis of advanced cancer and is deemed incurable.
- ❖ Patients who do not have histological diagnosis can still be referred as many patients are diagnosed based on clinical and radiological grounds and many chose not to have further investigations as they are too unwell or are not keen for any intervention as they are elderly or already deemed incurable.
- ❖ Cancer patients with **declining performance status ECOG 3 or 4**.
- ❖ Cancer patients with poor and deteriorating health that are identified using the **Supportive and Palliative Care Indicators Tool (SPICT)**.
- ❖ Cancer patients who are of better performance status but who are anticipated to deteriorate rapidly (certain cancers such as lung, HCC, or multiple comorbidities) may also be referred especially if the patient is unable to come back to the main hospital for follow up due to social and physical reasons.
- ❖ Patients with life limiting non-cancerous conditions (e.g: end stage renal disease, chronic lung disease, neurodegenerative disorders and chronic heart failure) that fulfilled the criteria outlined by **Supportive and Palliative Care Indicators Tool (SPICT)**.

# DOMICILIARY PALLIATIVE CARE DATA, YEAR 2018

AGE	GENDER		DIAGNOSES		TYPES OF TREATMENT GIVEN			INDICATOR		
	M	F	CA	NO N CA	CLINICAL CARE	REHABILI TATION	POCT	Readmissi on to the hospital	Pain & symptoms assessmen t	First home visit done within 3 working days
0-18	1	-	1	-	1	-	-	-	1	1
19-29	-	-	-	-	-	-	-	-	-	-
30-39	1	1	2	-	2	2	2	1	4	2
40-49	6	5	11	-	25	10	9	1	11	6
50-59	6	2	8	-	6	5	6	1	6	7
60-74	15	5	18	2	34	15	14	7	19	16
75 & above	10	3	13	-	24	11	11	2	16	13
TOTAL	39	16	53	2	92	43	42	12 (22%)	58	45 (82%)



# THANK YOU : “no one left behind”...

