

Home care

Barbara Pitsillides. The Cyprus Assoc. of Cancer Patients and Friends

A theoretical overview of home care will be presented, with emotional input from a patient, carer and nurses of what home care means to them.

EAPC, Council of Europe and WHO all recommend Palliative care integrated into health care system. Home Care will have to play a role if the majority of those with chronic illness are at home and unable/unwilling to secure long term institutionalised care.

The home care team are guests in the home, are educators and facilitators of care. This team work requires quality management: safe, effective including cost and be appropriate. In order for the virtual team to work i.e. oncologist/primary carer, multidisciplinary home care team, patient and carers, the following conditions are essential: good communication, trust, and similar goals of care. Implementing home care will help reduce chronic patients blocking acute beds; improve preventive and promotive health, and quality of life of patients and carers. Initial difficulties to set up include finance, expertise, leadership and motivation. Research, policies, protocols, guidelines, tools for evaluation can be borrowed and adapted to suit the needs of individual populations when setting up and lobbying for funding. Different models of home care exist and depending on the health structure and services will dictate what model to adopt.

Advantages, disadvantages and difficulties faced will be discussed as well as economics and what is required to set up a home care service.

The decision to use/set up hospice, hospital or home needs to be a coordinated, integrated and interchangeable policy.