COMMUNITY HOME BASED CARE POLICY

FOR THE REPUBLIC OF ZIMBABWE

NATIONAL POLICY ON COMMUNITY HOME BASED CARE FOR THE REPUBLIC OF ZIMBABWE

JULY 2001

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CHBC Care Policy document Zimbabwe 2000

FOREWORD

The prevalence of cancer and HIV/ADIS in Zimbabwe is gradually increasing. It is estimated that 3000 new cases of cancer are reported annually. Currently approximately 10% of all deaths in the country are attributed to cancer. On the other hand 20% of the population in Zimbabwe is said to be HIV positive with 2000 new cases every week, this indeed gives a very gloomy picture which impacts heavily on the already over-stretched health delivery system. It is against this notion that the future prospective health care delivery has to move from hospital to home care, in partnership with the community. Community Home Based Care should be viewed as continued care, which is given to an individual within one's own environment, with the help of the loved ones and the community. The care promotes psychological support – an intervention that is needed by terminally/chronically ill individuals.

There are many CHBC programmes, about 150 that are funded by non-governmental organisations and individuals throughout the country. It has been observed that these programmes need co-ordination inorder to avoid duplication and over subscription of activities in some areas. To this effect a minimum package of care is outlined.

Principles of ethics which include prevention of harm, truth-telling, confidentiality and privacy need to be maintained in the implementation of the CHBC program. Individuals, families and communities will continuously be provided with updated information, education and communication.

It is pleasing to note that besides addressing the chronically /terminally, ill the program also looks at the issue of orphans whose number was estimated to have increased to more than 500 000 by end of 1999.

The success of the CHBC programme calls for concerted effort from all support systems

The communities as stakeholders in the programme should be involved in all the stages of the programme from problem identification, planning through to monitoring and evaluation.

CONTENTS

ABBREVIATIONS

CHBC	-	Community Home Based Care
IEC	-	Information Education and Communication
HIV	-	Human Immuno Virus
AIDS	-	Acquired Immuno Deficiency Syndrome
NACP	-	National Aids Coordinating Programme

INTRODUCTION

The incidence of cancer and HIV/AIDS in Zimbabwe is increasing. According to the Zimbabwe Cancer Registry, (1997) three thousand new cases of cancer are reported annually. At present cancer deaths account for approximately 10 percent of all deaths in the country. Based on incidence, probably fifteen thousand new cases occur in Zimbabwe annually and this figure is expected to double in the next two decades (Ten-Year Strategic Plan 1998).

In the face of HIV/AIDS epidemic in Zimbabwe, where 20 percent of the population is HIV positive and 2000 new HIV infections every week, (NACP Report December 1999), the future perspective of health care delivery is that care has to move from hospital into homes. The trend is expected to continue rising especially as there are no drugs to cure these conditions. The hospitals are overcrowded with chronically ill patients leaving very little room for the care of acute medical conditions. This has put a lot of pressure on health care workers.

The present economic situation in Zimbabwe has negatively affected hospital budgets thereby compromising the provision of comprehensive care. The future perspective of health care delivery is that there is need to be in partnership with the community. The benefits derived from community home based care include, psychosocial support, being in own environment, surrounded by loved ones and the caring community.

About 150 Community Home Based Care Programmes have since erupted in all corners of the country, most of these are sponsored by either non-governmental organisations, or individual contributions. Funding, as well as coordination and collaboration of these programmes have become necessary. In view of these problems, the Nursing Directorate consisting of nurse leaders and nurse educators from across the country, in collaboration with NACP, Pharmacy department Island Hospice and the communities have embarked on the development, of a policy on Community Home Based Care. The aim is to develop a policy based on clear principles, which will in turn be budgeted for by the government in partnership with the community.

PURPOSE OF THE COMMUNITY HOME BASED CARE POLICY

- To ensure that there is continuity of care from the health care institutions to the community.
- To prescribe the minimum package of care for the Community Home Based Care Programme
- To establish an interphase between Community Home Based Care Programme and the existing health care delivery system.
- To strengthen the existing referral system and to explore the alternative models of community care such as respite and Island Hospice.
- To highlight the value of Community Home Based Care to the people of Zimbabwe.
- To make the resources available known to both the community and health care givers.
- To solicit for support for the community and health care givers.
- To assist the caregivers in the implementation of the Community Home Based Care Policy.

PRINCIPLES OF COMMUNITY HOME BASED CARE

Carefully selected principles guide the policy document throughout. These are:-

1. To provide the best possible quality of life to chronically/terminally ill patients irrespective of age, colour, economic, socio-cultural or religious background based on existing community structures.
2. To offer a support system that enables clients to live as actively as possible until death within a community health care outreach model.
3. To involve patients/families and significant others in decision making and planning of care based on advance planning by utilising The Discharge Plan Guidelines.
4. To implement Community Home Based Care (CHBC) in a multidisciplinary and multisectoral approach.
5. To consider ethical issues such as confidentiality, individuality, beneficence malificience and privacy.
6. To network with the communities and all other stakeholders.
7. To offer related Information, Education and Communication, (IEC) to patients, communities and health care providers.
8. To carry out research with communities in CHBC in a multidisciplinary/multisectoral approach.
9. To have an in built monitoring and evaluation strategy within the programme.

1. QUALITY NURSING CARE

Preamble

Chronically/terminally ill patients require comprehensive nursing care and essential drugs in order to maintain basic quality of life and prevention of unnecessary suffering and pain. Maxwell's dimension of quality identifies six components that contribute towards quality standards which include access to service,

relevance to need, effectiveness, equity, social acceptability, efficiency and economy (Parsley and Corrigan 1994). The approach focuses on the performance of the services as a whole rather than looking at the fragmented parts of it, such as how the staff communicate with the patients or just the aspect of interpersonal skills of the staff.

GUIDING PRINCIPLE – 1

The goal of Community Home Based Care is to provide the best possible quality of life to chronically/terminally ill patients irrespective of age, colour, economic, socio-cultural or religious background

Strategies:

1. Access to Service:
- Access to planned discharge service according to the Discharge Plan Guidelines (1998), for all patients irrespective of colour, creed, age, economic and socio-cultural background.
- Where appropriate, provision of transport to patients on discharge where required by co-ordinating and collaborating with appropriate authorities.
- Identify patients' needs and match them with existing available and affordable community resources e.g Island Hospice and others.

2. Relevance to Need:
- Continuous holistic assessment of patients by the multidisciplinary team from admission to discharge and while in the community.

3. Effectiveness of the Service:
- The multidisciplinary and multisectoral teams to conduct follow-up visits regularly as planned and as the need arises.
- Assessment of circumstances of patients relating to replanning of care.

4. Acceptability of Service:
- Delivery of a culturally acceptable Community Home Based Care Services that are guided by professional principles.

2 FAMILY/SOCIAL SUPPORT SYSTEM

Preamble

The chronically and terminally ill patients require a comprehensive support system for continuing care in a home setting. Identification of the patients and families needs and required resources is of paramount importance in offering support.

The involvement of the multidisciplinary team, family, caregivers and community is imperative in order to strengthen the support system. Identification, documentation and referral of minors and the aged to appropriate authorities.

Provision of psychosocial support should be put in place for health care workers and caregivers to alleviate stress and burn out.

GUIDING PRINCIPLE - 2 - 1

To offer support system to enable patients live as actively as possible until death within a community health care outreach model.

Strategy

1. Adoption of the Community Home Based Care Programme by the Government into the main stream of Ministry of Health and Child Welfare programmes and activities to ensure availability of appropriate forms of support systems in partnership with the community.

2. Assessment of the patients' home so as to be able to identify how best the patient can be cared for and supported.

3. Identification and mobilisation of resources for the benefit of the patient.

4. Ensure provision of adequate safe water and sanitation facilities by the multidisciplinary team.

5. Provision of medical and surgical sundries including protective clothing to care givers.

6. Assessment of dietary requirements in order to implement appropriate interventions.

7. Co-ordination of material resources from Non Governmental Organisations, churches and other well wishers through the community health nurse.

8. Acknowledgement and respect of individual's spiritual and religious needs by referring to identified church or spiritual leaders.

9. Cater for the needs of children in households affected by chronic/terminal illness paying special attention to the children's socialisation and education.

GUIDING PRINCIPLE-2:2

To offer support to health care workers and care givers

Strategies

1. Careful selection of health care workers and volunteers.
2. Appropriate training and skills sharing among health care workers and care givers.
3. Formulation of psychosocial support where information is shared relating to patients care and the delivery services are discussed within the parameters of confidentiality and anonymity.
4. Provision of both formal and informal debriefing sessions for both health care workers and care givers.
5. Creation of a conducive environment for both task and process.

3. INVOLVEMENT OF PATIENTS, CLIENTS, FAMILIES AND SIGNIFICANT OTHERS IN DECISION MAKING AND PLANNING OF CARE.

Preamble:

The rights of the individual, family and patient to participate and be involved in decision making in the provision of their care and support should be recognised by all parties. It is emphasized that at all times the patient/family is the centre of care. The focus is on advance planning by utilising the Discharge Plan Guidelines (1998).

GUIDING PRINCIPLES – 3-1

Patients and their families are given recognition of their personal worth and individuality by being involved in decision making.

Strategies:

1. Each patient is accorded respect and compassion, with regard to their individuality and uniqueness.
2. The programme takes cognisance of different cultural groups within the country and is sensitive to the needs of those who are in an alien environment.
3. The programme involves patients, clients and families in decision making relating to the care.
4. Patient-centred care involves maintenance of preferred life-styles and philosophies of life.
5. The multidisciplinary team should reflect the clients and patients needs through, documented care plan, regular monitoring, evaluation and appropriate referral.
6. Care plan needs to be explained clearly to the patients in the language they understand and a continuous evaluation of patient and family's understanding of care is undertaken.
7. Information relating to diagnosis, progress of illness, care options and support services are made available to the patient, client and family within the parameters of confidentiality.

GUIDING PRINCIPLE – 3:2

Advance discharge planning including an effective referral system is a fundamental component of the priorities of continued holistic care.

Strategies:

Assessment of Available Resources:
Assessment of patients' needs and matching them with identified available resources.

a) **The Patient:**

1. Provision of information to patient relating to his or her illness in preparing them for discharge and avoiding unnecessary readmission.
2. Establishing and assessment of the next level of care.

3. Reassurance of continued quality Community Home Based Care.

4. Utilisation of the Discharge Plan Guidelines to facilitate continuity of care.

b) **The Family/Main Carer:**

1. Conduct advance preparation including counselling and training before discharge.

2. Reassure the family of continued support from Health Care Workers.

3. Allay anxiety and fears of death and dying in the home through education and counselling.

4. Equip the main carer with skills to be able to look after patient effectively.

c) **Health Care Provider**

- Positive attitudes of health care workers towards life threatening illness, death and dying is required in order to benefit both the patient and the carer.

d) **Resources within the environment**

- Identify and assess the existing support networks such as space, health facilities, NGOs and community programmes involved in CHBC.

4. MULTIDISCIPLINARY/MULTISECTORAL APPROACH

Preamble:

Community Home Based Care is provided by a trained multidisciplinary/ multisectoral team of professionals and non-professionals. The team ensures patient/family quality care in hospital right down to the community – the home.

It involves the assessment of patient and family needs and matches them with identified available resources. There is need for a forum in which to evaluate the effect of services provided. The purpose of a multidisciplinary/multisectoral team is to offer a holistic approach to patient/family care.

GUIDING PRINCIPLES – 4:1
The patient and family must have access to care and appropriate services to address their physical, emotional, spiritual, social and cultural needs to a degree that is acceptable and achievable within current knowledge.

Strategies:

1. Provision of privacy and confidentiality to patients in respect of their health conditions and other personal matters.

2. The multidisciplinary/multisectoral team should include members with expertise in nursing, palliative medicine, counselling, communication and pastoral care skills.
3. Emphasis on the provision of pain control and relief of other distressing symptoms.

4. Accessibility of components of service to patients, clients, families and the community.

5. Local, national, regional and international related services and resources should be mobilised and made available to families and patients when required.

6. Conduct regular team meetings to develop, maintain an appropriate plan of care, sharing experiences and knowledge.

7. Establishment and maintenance of accurate patient information system and utilise such information for planning, resource mobilisation and improving quality of care.

GUIDING PRINCIPLE – 4:2

Careful staff selection, adequate staffing levels and staff support is an integral part of CHBC Programme – multidisciplinary team.

Strategies:

1. Team members should have a good basic understanding of and sensitivity to the principles of palliative care and CHBC.

2. Education and training of all staff that reflects the good practice and meets the needs of care providers involved in CHBC.

3. On going staff development programmes through formal training, in-service education, on job training and continuing education.

4. Individuals are responsible for their ongoing formal and informal training by means of private study, keeping abreast with current research in and out of country.

5. A mutually supportive atmosphere should be created for the team with suitable opportunities for discussion of difficulties and access to supportive measures as necessary.

6. To ensure satisfactory staffing levels for the delivery of comprehensive quality health care within the community.

5. ETHICAL CONSIDERATIONS

Preamble:

The ethical dilemmas a health provider may encounter in a home care setting are numerous and diverse. In order to find solutions to these dilemmas health providers must be aware of the underlying ethical principles. These principles are based on respect and dignity that should be accorded to individuals.

The nurse as the central person to the CHBC programme has many ethical considerations to address, ethical issues in service provision, patient care, families, communities, colleagues, volunteers and other stakeholders.

The nurse therefore has to be knowledgeable, sensitive and committed to the principles of CHBC hence the need to articulate the various ethical dilemmas that he/she is faced with.

Increased technologic advances and diminished resources have an impact on the role of the professional nurse.

GUIDING PRINCIPLE – 5

There is need to pay particular attention to ethical issues specifically confidentiality, allocation of resources, informed consent and safeguarding of human rights.

Strategies:

1. Adoption of CHBC policy and its guidelines by all health care providers and stakeholders within the community.

2. Health care providers should ensure that allocations of health care resources are equitably distributed regardless of age, colour, gender, and economic or social status.

3. Utilise patients' charter in the development of CHBC programmes.

4. Apply ethical principles of:-
   (a) Prevention of harm
   (b) Truth-telling
   (c) Informed consent
   (d) The right to receive and to refuse treatment
   (e) The right to privacy and confidentiality in CHBC practice.
5. Nurses must be actively involved in decision-making processes regarding ethical concerns surrounding health care and human responses.

6. As valued members of a multidisciplinary team, nurses must be aware of ethical issues and assist patients to voice their concerns and to advocate for patients' rights.

7. A policy on Community Home Based Care should therefore provide for the implementation and delivery of quality care in a home – community setting.

6. NETWORKING WITH THE COMMUNITY

Preamble:

The concept of Primary Health Care has opportunities for the health care providers, community, family and individuals to work together in the promotion of health and prevention of disease, treatment and rehabilitation. However, some of these opportunities have not been put into practice effectively due to lack of a coordinated effort and a CHBC policy. The introduction of the Community Home Based Care Programme into the mainline health care delivery system calls for an additional/increase in the health care budget, redistribution of resources in order to cater for adequate human and material resources to promote, strengthen, and give guidelines for practice in CHBC.

GUIDING PRINCIPLE – 6
To identify and utilise available support systems and resources in the community.

Strategies:

1. Establishment of a functional national Community Home Based Care Programme through the formulation of a policy that allows budget allocation for the programme.

2. Use of the multidisciplinary and multisectoral approach in the establishment and provision of relevant resources and material requirements e.g. food, water, essential drugs and medical supplies.

3. Strengthening the nursing services through increased establishment and nursing development programmes including counselling and domicilialy care.

4. Coordinating effectively with all Organisations whose objects are interested on Community Home Based Care Programme.

5. Strengthening health promotive, preventive and rehabilitative strategies in the community.

6. Ensure that comprehensive quality treatment is given inline with prescribed basic minimum care package.

7. Collaborate with the community leaders, extension workers and health care providers to distribute and disseminate health information on the available CHBC services in order to promote their maximum and effective use.

8. Training in the care of the patient and dissemination of related health information to the family and other caregivers.

9. Strengthening of communication between and among stakeholders, and network through multi sectoral/multidisciplinary approach.

10. Use of the media for the dissemination of health information relating to CHBC.

7. INFORMATION, EDUCATION AND COMMUNICATION

Preamble:

Information, Education and communication reflect the level of activities and practice of all disciplines. There is need to develop educational programmes for health workers, interdisciplinary team members and the community at large. The multidisciplinary team is expected to disseminate clear and accurate information on Community Home Based Care at all times. This process is essential for the success of the programme.

GUIDING PRINCIPLE – 7

All persons have the right to information, education and communication on Community Home Based Care.

Strategies:

1. Dissemination of appropriate information to patients, families, community and caregivers in the language they understand.

2. Training of health personnel as well as various groups in the community e.g. women's clubs, traditional midwives, community leaders etc.

3. Incorporating issues of palliative care into the School Health Programs to create community awareness through school children.

4. Creation of district resource units to facilitate acquisition, co-ordination and distribution of the resources for CHBC.

5. Dissemination of information to the community through use of churches, youth groups, political leaders, media, use of drama and others.

8. MULTIDISCIPLINARY AND COLLABORATIVE RESEARCH

Preamble:

There is an increasing need for Community Home Based Care (CHBC) as the number of chronically/terminally ill clientele increases. Studies are needed to determine the effectiveness of nursing interventions and nursing care. Research provides sound scientific and reliable information, which will influence and guide policy, practice and the intervention. As Community Home Based Care is a new practising arena for health workers, more research is required to validate interventions. Community Home Based Care requires a multidisciplinary approach, hence the need for a multidisciplinary and collaborative research with community involvement. This will ensure that the findings are comprehensive, effective and relevant.

GUIDING PRINCIPLE – 8

The primary task of research is to contribute to the scientific base and to implement evidence based interventions. Whilst nursing provides certain health care services that are unique to the profession, it should be acknowledged that in a Community Home Based Care setting, health care workers have to recognise the importance of collaboration with other care disciplines, particularly in health system research

Strategies:

1. Identifying potential research problems and questions in a multidisciplinary/multisectoral and community approach.

2. Initiation and implementation of studies in CHBC.

3. Participating in all stages of research studies at proposal, development, data collection, data analysis, report writing and dissemination of results.

4. Interpreting research results to other health care professionals or to patients and their families and the community.

5. Use of research findings that are directly related to own area of practice.

6. Preview of research proposals in the area of CHBC by members of the multidisciplinary/multisectoral and community team to safeguard patients' rights.

7. Seeking of informed consent from the patient before interventions, procedures or participation in research activities.

8. Continually conduct research to identify cost effective and efficient intervention in CHBC.

9. MONITORING AND EVALUATION OF THE COMMUNITY HOME BASED CARE PROGRAMME

Preamble:

Monitoring and evaluation can be carried out through meetings, follow up visits, support and supervision, examination of existing records and feed back from the service consumers of interested parties.

GUIDING PRINCIPLE – 9

Formulation of relevant data collecting tools to support the existing documentation system and the tools should take cognisance of the listed principles of Community Home Based Care Programme.

Strategies:

1. Identify strengths and weaknesses of present data collection system.
2. Explain purpose of record keeping to multidisciplinary team timely.
3. Capture important issues when collecting data.
4. Ensure that confidentiality of records is maintained.
5. Formulation of appropriate plan of care.
6. Peer evaluation.
7. Self-evaluations through networking with other care givers.
8. Periodic supervision supported by written reports.
9. Quarterly monitoring and evaluation.
10. Annual evaluation of programme and submission of reports by the multidisciplinary team.
11. Involvement of the community in the contribution of monitoring and evaluation system.
12. Orientation and continuing education of the multidisciplinary and multisectoral teams to ensure validity and reliability in the evaluation process e.g. in the following areas:

(a) Achievements of the goals and objectives of the Community Home Based Care Programme.
(b) The existing quality of care and evaluation system.
(c) The monitoring system.
(d) The communication system.
(e) Existing problems/factors that affect quality improvement in the health care delivery system.

SUGGESTED FORMAT FOR MONITORING AND EVALUATION OF CHBC PROGRAMME

TOPIC	OBJECTIVE	CONTENT	METHODOLOGY	TIME BASED
Quality of life	· To evaluate patient's quality of life. · To assess effectiveness of patient care in response to pain and symptom control. · To assess patient's needs.	· Documentation of reports and records. · Questionnaires.	· Field visit · Reports · Interviewing	¼ yearly
Support systems and networking.	· To identify and utilise available support systems and resources in the community · To educate health providers, community and patients on available resources.	· Available support systems in the community. e.g. Churches NGOs · Training of both health care Providers and the community.	· Meetings · Exchange visits · Dissemination of information through existing channel.	¼ yearly
Involvement of patients in decision making	To involve the patient/ family in decision making of care.	· Individualisation of . patient care · Assessment of patient. · Discharge Plan . Guidelines	· Implementation and adherence to discharge planning guidelines.	Ongoing
Multidisciplinary/ multisectoral approach	· To implement community Home Based Care in a multidisciplinary/ multisectoral approach	· Coordination of multidisciplinary/ multisectoral team as outlined in the Discharge Plan Guidelines and CHBC Policy documents. ·Collaboration with both teams	· Planning care as a team. · Communication · Consultation · Collaboration as a team.	On going
Monitoring, Evaluation and Research	· To evaluate effectiveness of the programme · To implement evidence based practice.	· Standards of care. · Research projects. · Principles of CHBC. · Patient auditing · Nurse auditing · Peer reviews	· Surveys · Carrying out research activities problems.	½ yearly or to address presenting

APPENDIX 1

GUIDING PRINCIPLE 8 14

The primary task of research is to contribute to the scientific base and to implement evidence based interventions whilst nursing provides certain health care services that are unique to the profession, it should be acknowledged that in a community home based care setting, health care workers have to recognise the importance of collaboration with other care disciplines, particularly in health systems research.

GUIDING PRINCIPLE 9 15

Formulation of relevant data collecting tools to support the existing documentation system and the tools should take cognsance of the listed principles of CHBC programme.

GLOSSARY

Collaborative research - research involving different institutions or teams from different disciplines. **Community Home Based Care** – the provision of holistic care for the patient in the home by the family with the support of the community and the multidisciplinary/multisectoral team. It centers on both the client and the family to enable them to cope with illness.

Components of care - e.g. food, pastoral care, social welfare, safe water, medical services **Confidentiality** – keeping private information about someone e.g a patient/client to yourself particularly information that you obtain in the course of your employment/duties.

Counselling –an interpersonal interactions between a counselor trained in the techniques of counseling and a client/patient presenting with a problem that enables the client/patient to talk about, cope and deal with the problem.

Essential drugs e.g. pain killers (morphine) anti-fungal, laxatives, basic antibiotics. **Ethical considerations** – a set of morals, standards or principles used to guide the practice of various professions.

Holistic approach – the concept of taking a patient and the family as the primary unit of care with emphasis on pain and symptom control as well as on physical, emotional, spiritual and cultural needs through a multidisciplinary/ multisectoral team.

Informed consent – agreement with or permission from a person e.g for a medical procedure after they have understood clearly what the decision means.

Minimum packages of care e.g. basic painkillers, anti-fungal, laxatives, and surgical sundries/protective material such as gloves and activities of the providers for the benefit of the patients.

Multidisciplinary – an approach actively involving different disciplines who work together to address the physical, psychological, spiritual, social and economic needs of the patient and family.

Multisectoral – an approach that actively involves different sectors e.g agriculture, health, private sector, NGO and other players.

Support system encompassing - physical, socio-economic, psychological and spiritual care.
Respite – a concept of temporarily relieving the main care giver of looking after patient while the patient is being cared for elsewhere (e.g Nursing Home, Rural health center, hospital or by other relatives)

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