



Introduction

Home care, including personal care services, offers a solution to the growing challenge of treating chronic conditions, is an alternative to nursing home care, and avoids hospitalization and readmissions. Personal care is broadly defined as assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) such as meal preparation, light housekeeping, shopping, etc. Research exploring the cost-effectiveness of personal care service demonstrates the consequence of insufficient personal care service. Underutilization of personal care in the post-acute care discharge planning process results in more frequent readmissions or unnecessary nursing facility placement.

Post Hospitalization

The need to integrate Personal Care Services into the post-acute care setting has never been greater. Many older adults return home from the hospital with new difficulties in carrying out basic daily activities.¹ Those older adults with memory loss may take even longer to recover hospital-related losses in daily activities. One in five adults who need help with basic daily activities say they do not have sufficient help at home.^{2,3} This trend is likely to continue as our population continues to age and we see more older adults caring for each other.

Discharge planning typically focuses on transitioning a patient from one setting to another and lacks consistency in both the process and quality. New models of Value Based Purchasing are changing discharge planning to better encompass the social, emotional, and physical condition of the family members both before and after hospitalization to determine the appropriate care setting.

Personal care can be an important bridge for families or friends that are overloaded with caregiving responsibilities. This personal care bridge is often referred to as respite care. Caregivers who do not have blocks of free time to relax, take care of themselves, or meet their other responsibilities have higher levels of depressive symptoms and poorer health.⁴



What happens when a person does not have enough care at home?

Older adults who don't have enough help with daily activities are much more likely to:

- Be admitted to a hospital³
- Be re-admitted to a hospital⁵
- Be admitted to the Emergency Department, especially for falls and injuries⁶

How much help is enough?

Each person who needs help to successfully complete their daily activities is unique in their care needs.

Persons with memory loss, disability in daily activities, and with chronic illnesses tend to need more help.

Decisions about care needs should include the person who requires help for their daily activities, their family and friends, and their care providers.

Do older adults have fewer emergency long-term care admissions when they receive sufficient help for their daily activities?

Research indicates, among adults with disabilities in basic activities of daily living who choose to receive home care rather than go to a nursing home:

- The probability of being hospitalized for those who receive six hours of attendant care per week is about half of those who don't receive any attendant care.⁷
- Every five hour increase in homemaking services each month reduces the risk for nursing home placement by thirteen percent.⁸
- Six weeks after disabled older adults began receiving sufficient personal care and medical care, their rates of hospital admissions dropped by half.²

Conclusion

Personal care is an often under-utilized component of our health care system that prevents more costly health care services. Given the evidence supported by research there is a need to better include personal care services in both transitions of care and long-term care settings.

Acknowledgements

The Virginia Association for Home Care and Hospice extends its appreciation to Dr. Laura P. Sands, Center for Gerontology at Virginia Tech, researcher and editor.

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