



# NATIONAL GUIDELINE FOR HOME BASED CARE

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## **Acknowledgements**

This guideline will be an instrumental tool for equipping caregivers with the knowledge and skills necessary to deliver high-quality care in a home setting. The instructions provided have been clear and easy to follow, allowing caregivers to provide the necessary support and assistance. The covid19 pandemic brought forefront even more reasons to have a guideline in place for individuals who may not be able access hospital-based care during a pandemic.

Moreover, the guidelines have also emphasized the importance of infection control measures, which is particularly crucial during these challenging times. By adhering to these protocols, we are able to minimize the risk of spreading infections and ensure a safe and healthy environment for both our patients and our caregivers.

In addition, the guidelines have addressed various aspects of home-based care, which will be a comprehensive resource for caregivers, allowing them to provide holistic care that meets the unique need of individuals.

I extend my deepest appreciation to the consultant Dr Aminath Jameel for providing these guidelines. I am sincerely grateful for USAID for their continued support and commitment to ensuring the highest standards of care in the home setting.

Thasleema Usman

Commissioner of Quality Assurance

## **Preface**

Caregiving is the ultimate act of love. It is a selfless and a generous act. Care giving is A Rewarding Experience. Looking back someday, you will probably think that the time spent with your loved one was incredibly gratifying.

One of the biggest fears that people have about illness and death is going through these events alone. Because of you, your loved one will know that they will be taken care in their own home.

Caregiving changes your perspective on life. This experience will help you realize what is important to you in the long run and what your goals are for yourself and your family. Even under the most challenging circumstances, taking care of someone you love can have a powerful influence on your outlook, your relationships, and your life. But always remember, you are making a difference in someone's life every day. That's what life is all about. Caregiving is the ultimate act of love. It is a selfless and a generous act. Care giving is a Rewarding Experience. Looking back someday, you will probably think that the time spent with your loved one was incredibly gratifying.

One of the biggest fears that people have about illness and death is going through these events alone. Because of you, your loved one will know that they will be taken care in their own home.

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influence on your outlook, your relationships, and your life. But always remember, you are making a difference in someone’s life every day. That’s what life is all about.

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## **A brief review of existing global and local resources related to COVID-19 home-based care**

A Review of existing global and local resources related to COVID19 home-based care showed universal infectious control measures, such as hand hygiene, use of personal protective equipment, respiratory hygiene including cough etiquette and clean and disinfection of environmental surfaces were common among all guidelines with some modification to each country context. COVID19 pandemic surged, when no country was prepared for the swift spread and seriousness of the disease. This overwhelmed the healthcare systems of all countries across the world. However, some of those countries that had public health care system in place acted faster than others many of the developing standard operating procedures especially for home-based care of COVID19.

Although Nepal was known to have a weak health care delivery system, Nepal at the very onset of the pandemic, established a hotline with the help of a private telecommunication company in response to the pandemic causing high strain on their health care system. Lessons learned from this experience can be useful for future disasters in Nepal and other places with similar health system strains. The hotline was advertised on social media, radio, and newspapers. Healthcare workers were recruited and trained, and the service was provided for free of charge. Patient data were recorded for analysis, monitoring, and evaluation (Singh et al,2020). Furthermore, in 2022, Nepal developed a very comprehensive “Standard operating procedures for home-based care for COVID19 case management”. Home based care services were primarily provided through several

non-governmental organization and private organizations and allowed clients to receive support and continued service access outside of the formal health care system (Singh et al, 2020).

India was another country that was quick to recognize the threat of COVID-19 and introduced a series of strategies to contain the virus transmission. The concept of home-based care as a viable and effective health care delivery mechanism was successfully implemented. In view of the changing needs of the pandemic and to control the spread of the virus, Ministry of Health and Family Welfare, Government of India issued guidelines and released SOPs on medical and social eligibility criteria for home isolation. These SOPs included self-monitoring and guidelines on when to seek medical care for patients under home isolation. The states also came up with home care solutions managed through multidisciplinary teams assigned for supervision, periodic assessments and linking the patients to medical/ nursing care in case of need. It was also realized that home-based care was a safe and socially acceptable alternative to hospitalization for patients with mild symptoms and asymptomatic cases, resulting in availability of beds for the severe and critical patients (National Institute for Transforming India, 2021).

Myanmar with support from World Health Organization (WHO) based on WHO Global Guidelines, developed Case Management Guideline for Home-based Care in Myanmar adapting, and aligning to Myanmar context and needs. These guidelines were targeted for general practitioner, medical doctors and who have been carefully trained for different situations considering the availability of resources the situation entails. Caution and emphasis were made clearly as to where and when certain medications, procedures and processes are not recommended for home-based settings together with who and what needs to be in place for them to be implemented those guidelines (WHO, 2021).

Maldives was quick to contain the COVID19 pandemic by setting up of a high-level multidisciplinary committee headed by the president of the Maldives. National Emergency Operations Centre was established. Initially the focus was on isolating positive cases to special COVID19 facilities and isolating direct contacts to different isolation centres. But as the number of cases increased, in order to limit burden on the service providers, various service delivery platforms such as outreach mechanisms, teleconsultations, e-prescription renewal and delivery of medicines for long term elderly care, management of chronic care diseases was established in the Greater Male region (WHO, 2020). Government of Maldives developed Standard Operating Procedures mainly focusing on four main areas: prevention of entry and strengthening the point of entry procedures, mitigation, suppression and business continuity (WHO, 2020).

The government of Kenya realized that over 78% of patients admitted to hospital had mild symptoms and could be managed at home and ease the burden on health facilities. Based on this Kenyan government launched home-based care with 22-page home-based care guidelines for patients with Covid-19 (Ministry of Health, Government of Kenya, 2020).

Home-care guidelines developed by the Royal Australian College of General Practitioner (2021) was intended for the use of General Practitioner. It clearly explained the suitability for home care. Currently, in the majority of Australian regions, home-care suitability is determined by public health units/state or territory health services or commissioned providers and the local hospital-supported community care processes.



# CHAPTER 1

## **National Guidelines for Home-Based Care**

A guide for family care provider in the Maldives

## Introduction

The information set out in this publication of guidelines is intended for use in the Maldives by informal and family care givers. Although this guide was prompted with the COVID19 pandemic experience, this can be used for all patients who need home-based care. The universal preventive measures that are mentioned in this publication is suitable for any infection but more so important for diseases like the COVID19. The Home-Based Care strategy is important if implemented well and will not only help to relieve congestion in health facilities, but also ensure appropriate monitoring of patients and timely detection of those with risk factors for disease severity and progression, thus avoiding late presentation and decreasing morbidity and mortality among patients.

## Background

Traditionally, much of the home-based care for sick children, the elderly, people with physical disabilities and those with mental illness was provided by members of their families. However, in the recent years, there have been several changes to home-based care approach. While state health services took much of the home care services in many countries, several private and voluntary sector agencies also started offering home-based care and support either under welfare schemes or through direct payments. Currently Ministry of Gender and family in collaboration with Ministry of Health provides family visits to patients over 65 years old, through primary health care facilities in the islands and through Damanaveshi (A government Polyclinic) in the capital island. Also, some private hospitals and clinics offer home care on request.

Disease patten has changed over the last few decades. Many suffer long term illness and are often hospitalized. But many of those can be taken care at home. The information set out in this publication of guidelines is a general guide and intended for the use by informal and family caregivers in the Maldives.

### Definition of home-based health care

Home care is defined as the provision of health services by formal and informal caregivers in the home in order to promote, restore and maintain a person's maximum level of comfort, function and health including care towards a dignified death. Home care services can be classified into preventive, promotive, therapeutic, rehabilitative, long-term maintenance, and palliative care categories (World Health Organization 2004)

There are primarily two types of home health care and can be provided either by medical care or skilled care that is provided by professionals such as physicians, registered nurses, and physical therapists. They provide wound care and physical, and other supportive therapies, caregiver education, injections, and nutrition therapy. Home-based health care also be provided by informal non-medical personnel and can be provided either by home care aides and or by family care givers. Non-medical care includes assistance with activities of daily living such as bathing, dressing, meal preparation and feeding, administering of prescribed medications, transportation to and from physician appointments, running errands, shopping, and housekeeping.

### Justification to strengthen home-based care

The global burden of disease has changed from that of infectious diseases to non-communicable diseases requiring long-term care that can provided in the home. At the same time there are new emerging diseases such as the recent COVID19 pandemic that highlighted that many of the cases can be taken care at home. The recent experience of COVID-19 pandemic has also exposed the strengths and weaknesses of the health care systems throughout the world. Both the rich and developed countries as well as poor underdeveloped countries struggled to accommodate the sudden surge of COVID19 cases. Many countries including the Maldives regular services in health care facilities were interrupted and even elective medical procedures and surgeries were placed on hold. From a practical point of view, not all cases of COVID19 positive cases or those with acute

infections require institutionalized nor hospitalized care services. COVID19 experience have shown that only those with serious symptoms needed to be hospitalized and the rest can be well taken care at home with proper guidelines.

### Benefits of Home Health Care

There are many benefits in providing home-based care. Most importantly it allows the sick and the older persons to receive health care while staying at their own home with their loved ones. At the same time, it reduces hospital stay and hospital readmission and the overall medical expenses.

Home care can additionally be important in an outbreak of a severe epidemic for those with pre-existing medical or disability-related needs, or underlying health conditions that place them at greater risk of contracting other infections and experiencing more severe disease due to hospitalization.

For the patient there is greater independence to be in a familiar environment and continue doing everyday tasks as much as possible. At the same time, it is more convenient for the family give relief from making frequent trips to the hospital by family members and save money on admission as well as on transport. Having family around is beneficial both for the family themselves as well as the patient.

### Qualities of a home-care giver

If you have not taken care of a sick person at home, you may not know some very basics in caring for a sick person. However, it can be learnt. First, there are certain qualities that need to be developed in you when caring for a sick person. Keep in mind that it's a sick person you are taking care.

Following are some qualities that are important in care givers.

- Empathy. Empathy is the ability to put yourself in another person's shoes and understand what he or she is going through.
- Reliability: able to be trustworthy and able to be trusted
- Innovative: ability to be creative and have new and original ideas.
- Patience: ability to accept or tolerate delay without becoming annoyed
- Flexibility: ability to make changes easily according to the situation

- Trustworthiness: ability to gain trust or confidence; dependability
- Attentiveness: the ability to speak up in a way that is honest and respectful
- Ability to Love: capacity to care for others with compassion
- Confidentiality: maintain confidence and privacy

### A simple Home Care kit or bag that can be kept at home

It is wise to always keep a simple kit ready at home with some very basic items. Following are some items suggested for such a kit and the family caregiver can be trained to use these items with some simple training. In addition, special set of medical devices listed below may be required for diseases such as COVID-19.

- Surface disinfectant
- Digital Blood pressure monitor
- Digital thermometer
- Band aid
- Plaster scissors
- Bandages
- Disposable gloves / Latex gloves
- Hand washing facility
- Tissues/towels



Additionally, following equipment may be required for patients with COVID 19 or any such specific medical condition, who are receiving home-based care.

- Pulse Oximeter
- Stethoscope
- Oxygen concentrators /cylinders
- Glucometer,
- Nebulizers/Humidifiers

- Bipap
- Suction machine

## Safety of the care provider

It is important that the caregiver takes all precautions to prevent contracting infections. It is equally important to maintain proper body mechanism to avoiding injury to back while lifting patients. Wearing personal protective equipment when used properly acts as a barrier between infectious materials such as viral and bacterial contaminants and your skin, mouth, nose, or eyes. Important is also wearing a face which *will help prevent the spread of infection and prevent the individual from contracting any airborne infectious germs.*

## Right technique in handwashing

Hand washing is the single best way to prevent the spread of infections. Handwashing can help keep you from getting sick. It is simple, easy, doesn't cost much, and it works. You only need water and soap.



## Right technique in putting on personal protective equipment (PPE)

**SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
  - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
  - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
  - Secure ties or elastic bands at middle of head and neck
  - Fit flexible band to nose bridge
  - Fit snug to face and below chin
  - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
  - Place over face and eyes and adjust to fit
- 4. GLOVES**
  - Extend to cover wrist of isolation gown




**USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION**

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene




**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2**

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GOWN AND GLOVES**
  - Gown front and sleeves and the outside of gloves are contaminated!
  - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
  - While removing the gown, fold or roll the gown inside-out into a bundle
  - As you are removing the gown, peel off your gloves: at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container.
- 2. GOGGLES OR FACE SHIELD**
  - Outside of goggles or face shield are contaminated!
  - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield.
  - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. MASK OR RESPIRATOR**
  - Front of mask/respirator is contaminated — DO NOT TOUCH!
  - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
  - Discard in a waste container
- 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



## Right technique in wearing mask

**HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY** [who.int/epi-win](http://who.int/epi-win)

**Dos →**

- Clean your hands before touching the mask
- Inspect the mask for damage if dirty
- Adjust the mask to your face without leaving gaps on the sides
- Cover your mouth, nose, and chin
- Avoid touching the mask
- Clean your hands before removing the mask
- Remove the mask by the straps behind the ears or head
- Pull the mask away from your face
- Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it
- Remove the mask by the straps when taking it out of the bag
- Wash the mask in soap or detergent, preferably with hot water, at least once a day
- Clean your hands after removing the mask

**Don'ts →**


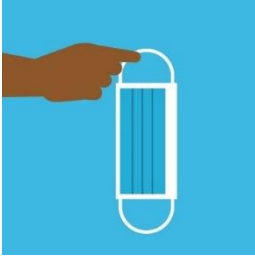

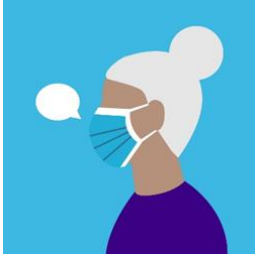

- Do not use a mask that looks damaged
- Do not wear a loose mask
- Do not wear the mask under the nose
- Do not remove the mask where there are people within 1 metre
- Do not use a mask that is difficult to breathe through
- Do not wear a dirty or wet mask
- Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.

**PAHO**  
Pan American Health Organization | World Health Organization

It is important to wear the mask properly.



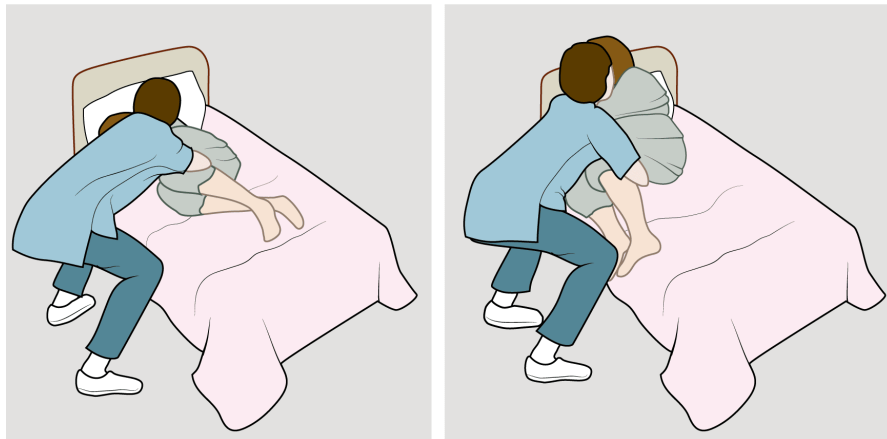
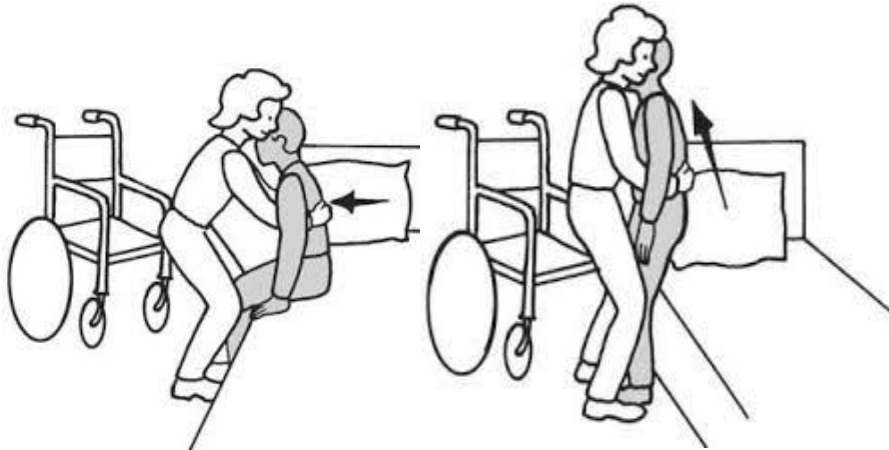
<p>One of the most important things to wash your hands before and after touching the mask.</p>	
<p>Touch only the bands or ties when putting on and taking off your mask.</p>	
<p>Make sure the mask fits to cover your nose, mouth and chin. If you adjust the mask to cover those areas, wash your hands before and after.</p>	
<p>Make sure you can breathe and talk comfortably through your mask.</p>	
<p>Wash reusable masks after each use. If the mask is disposable, discard it when visibly soiled or damaged.</p>	



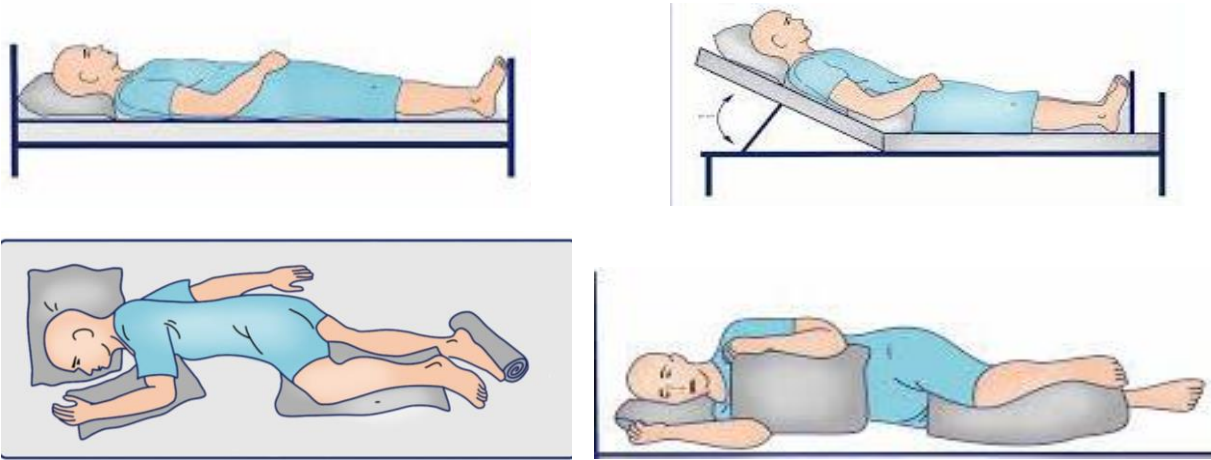
### Positioning of patients in bed

In bed-ridden patients it is important that the patients are kept in correct positions. It is important to make sure the patient's ankles, knees, and elbows are not resting on top of each other. Make sure the head and neck are in line with the spine, not stretched forward, back, or to the side. Return the bed to a comfortable position with the side rails up, checking with the patient to make sure the patient is comfortable

### Proper technique in lifting and turning a sick person



## Positions that can be used for sick person



## Tips for health and well-being of caregivers

- Take part in training for caregiver to keep up to date with the current trends
- Take time for yourself and your own needs. Watch for signs of stress, such as impatience, loss of appetite or difficulty with sleep, concentration, or memory. Pay attention also to changes in your mood, a loss of interest in usual activities or an inability to accomplish usual tasks.
- Eat a well-balanced diet. Drink plenty of water every day.
- Exercise by taking short walks daily within your home environment
- Schedule short rest periods between activities
- Set limits for what you can do.
- Don't overload your daily to-do list. Be realistic.
- Find a few hours several times a week for activities that you find meaningful and enjoyable.
- Let other family members and friends help with household chores, meal preparation, childcare, and shopping.

- Keep the lines of communication open among your loved one, you, your family and friends, and the health care team.
- Share your feelings with family members or other caregivers or join a support group.
- Give yourself credit: The care you give does make a difference.
- Join support groups and other psycho-social and spiritual groups

### Recognize when you should seek medical help

Here are some symptoms you should look for to seek professional help in time. Following are some emergency warning signs to seek medical assistance:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- If the vital signs are below or above the usual range expected for patient
- **OBTAIN AND KEEP AT A CONVENIENT PLACE ALL EMERGENCY NUMBERS OF CONTACT PERSONS/PLACES.**

**Phone number of the hospital or health facility where patient had treatment,  
119/ Ambulance numbers (110), Maldivian Red Crescent (1425), Fire (118)**

# **CHAPTER 2**

**National framework for discharge planning  
and triaging patients for home-based care for  
hospitals in maldives**

## Background

A structured and well-coordinated system of hospital discharge system is important to facilitate the discharge process in ensuring a smooth patient transition from the hospital to the community and home for continuity of therapies during recovery. Although some health facilities and individual health practitioners do give instructions to patients at the time of discharge, currently some of the health facilities in the Maldives are known to have a structured discharge planning system in place. As a result, even to avail follow up care once discharged from the health facility, patients must get into the normal system again to obtain appointments. Hence, the need to develop a guideline for a coordinated discharge planning, transition from hospital to home-based care have become imperative.

## Introduction

Discharge planning is the development of a personalized plan to ensure a smooth transition of care of a patient from a health care facility such as a hospital, to wherever the patient is going next — it might be home, residential care, respite care, palliative care or somewhere else. Main aim of discharge planning is to improve patient health outcome in both clinical and as well as in social settings. The discharge planning should engage patients and family members in the transition from hospital to home, with the goal of reducing adverse events and preventable readmissions. A good discharge planning can avoid complications after discharge from hospital, avoid medication errors and help prevent a person being readmitted to hospital in a short period of time.

Discharge planning should begin on admission by assessing the patient for suitability for home-based care and reassessed daily. It is important to consider home care as one of the most important tools for reduction in readmissions to hospital, while home-based care reduces the pressure on hospital beds that are needed by the acutely ill patients and reduce the burden on already burdened health resources. At the same time assisting patients in staying safely in their home environment and with their families.

An effective discharge planning system benefits the hospital or formal health care system with fewer unplanned readmissions, shortening hospital stay by chronically ill patients and ensuring continuity of care and promoting awareness to the home caregiver, regarding possible signs that may require attending to hospital or seeking timely health care. This discharge planning framework

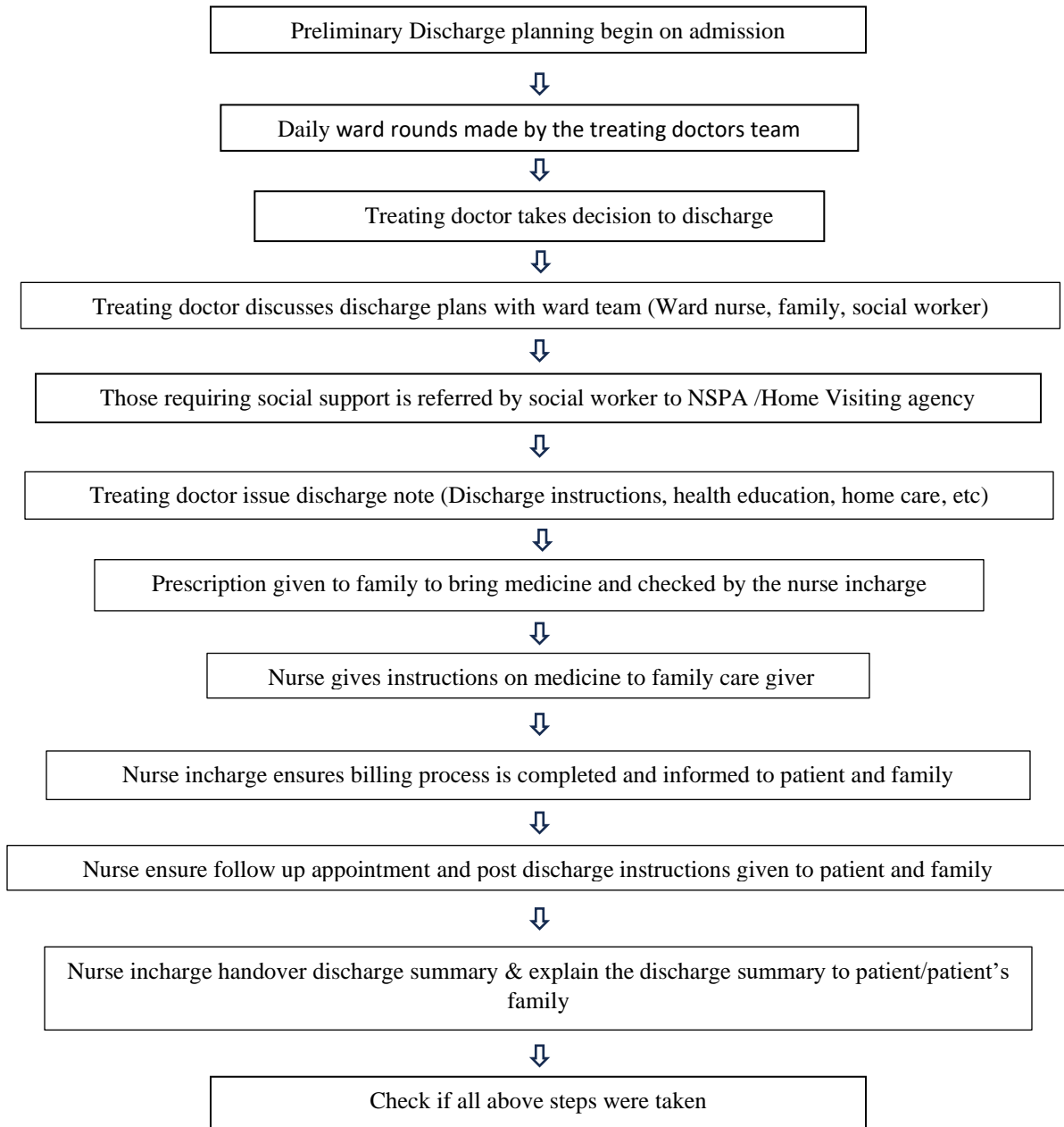
is developed, for all patients in the hospital system and to help policymakers and hospital managers to introduce and facilitate the discharge planning process to improve the quality of care, continuity of care and at the same time decrease unnecessary hospital readmissions and lengthy hospital stay.

### Pre-discharge requirements

Prior to discharge it is important to assess if patient is eligible for discharge. Following are some criteria that could be considered:

1. Patient is clinically stable to be discharged: a decision that is taken by the treating doctor
2. Patient's care givers can follow discharge advice and care
3. Patient can perform activities of daily living (whether independently, partially) to determine the kind of support required when prior to discharge
4. Patient's home is suitable for follow up care and qualified for social support: an assessment done by a social worker to determine the level of care
5. Patient can be followed up for home care by a health care worker such as a nurse, Health worker on a regular basis
6. Patient would require social /financial support on discharge: an assessment done by a social worker

## Steps for Discharge Planning



## Who should be involved in the discharge planning process?

Ideally the following people should be involved in discharge planning of a patient

- Treating doctor
- Charge Nurse/Ward Managers
- Family
- Discharge coordinator/Social worker who's responsible will coordinate the needed social service and financial support such as Asandha or National Social Protection Agency (NSPA) and direct the patient and family to those sources and or those organizations that provide home-based care.

## What should be included in a discharge summary

Discharge summary from the treating doctor should have the following and may be given to the family (and or GP if they are in place)

- why the patient was admitted to hospital
- main diagnosis
- which tests were performed
- what care was given while in hospital
- which medical or surgical interventions were made while in hospital
- whether or not patient had any allergies or bad reactions while in hospital
- clinical summary of current situation and follow-up actions
- which medications patient was taking on discharge from hospital,
- follow-up appointments advised and or follow up appointment date
- advice on follow up tests
- advice on follow-up therapeutics eg: physiotherapy
- direction to appropriate resources that may be required during home care, such as social service, financial support for care at home
- **EMERGENCY NUMBER OF THE HOSPITAL OR HEALTH FACILITY**



## Triaging patients for home-based care

For effective transfer of patients from hospital to home-based care, it requires the clear information transfer from clinicians to the patient and family. Engaging patients and families in the discharge planning process helps make this transition of care safe and effective and reducing returns to the emergency department and readmissions to the hospital. At the same time avoid premature discharging of patients.

While home-based care has its benefits, it is crucial that the decision to transfer patient from hospital to home-based care is based on best practice and in a well-coordinated mechanism, that is incorporated into discharge planning as a crucial component. Home care is an important intervention to consider virtually for almost every patient that is discharged from hospital. It is also important to note that patients who are going home may, in some ways be at greatest risk for hospital readmission if the discharge plan is not done in a comprehensive and thoughtful manner. Therefore, as part of a readmission reduction strategy, home care referrals should be considered for almost all hospital discharges.

## Goals and objectives of home-based care

- Shift the emphasis of care to family and the community through a structured and well-coordinated process during discharge
- Ensure access to care and follow-up through a well-coordinated referral system
- Integrate a comprehensive care plan into the informal and formal health care system
- Empower the patient/family/community in taking responsibility in taking care of their own health

## Common causes of readmissions

1. Comorbidities
2. Patient could not see his or her physician on the advised day
3. Therapeutic error / nosocomial infection
4. Patient/family did not accurately follow his or her medication regime once discharged to home.

5. Patient was confused or unclear as to how to manage his or her disease process in the home setting.
6. No follow up home care was arranged for the patient after discharge.

Triaging for discharge should begin on admission and continue to be re-evaluated every day that the patient is in the hospital. Ward managers along with the treating doctor should include a list of guiding points to help them identify which aspects of the patient's condition may qualify for home care services. If this list is built into the case management admission assessment form, the ward manager can have a greater assurance that no patient who qualifies for home care will be overlooked. It is recommended that this list is reviewed this list each time discharge planning process begin for a patient. In addition, if the patient does not initially appear to meet the home care criteria, it should be noted throughout the hospital stay so that any changes in the patient's needs or condition will not be overlooked.

There need to be a mechanism to follow up patients once discharged from hospital. Every attempt should be made to call patients within 48 hours of discharge to ensure that the plans for discharge are in place. When calling patients, below are some key questions that can be considered in asking:

- Did you receive home care provider/ support?
- Are you taking your medications as prescribed?
- Do you have any questions regarding your medications?
- Did your health condition remain the same or improved since going home?
- When is your next appointment to doctor?
- Do you have any questions?

By making these follow-up calls, you will be able to confirm that your discharge plan is in place and that the patient is adherent to the interventions that was planned for in the community. Most important among these is medication management and the physician follow-up appointment.

Home-based palliative care is an essential model of palliative care that aims to provide continuity of care at patient's own home in an effective and timely manner. A study pilot tested a triage coding system in home-based palliative care using Edmonton Symptom Assessment System

(ESAS) scale, (Dhiliwal, Salins et al 2016). Early and timely referral to home-based palliative care avoids needless hospital admission at the end of life. results highlight the need to develop a selection process for triaging patients in the outpatient and inpatient departments referred to palliative home care, so as to provide comprehensive and timely care for the patients (Dhiliwal, Salins et al 2016).

Triage systems have been changing due to technology. There is increased use of telephones, cell phones, the Internet, and closed teleconferencing systems between trauma centers and rural hospitals that cannot afford the latest equipment or high-level specialties. Regardless of the changing scenario Triaging is an important system that need to be introduced and followed.

## List of National Stakeholders

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7. Dr Thasneen Rasheed  
Medical Officer, Hulhumale Hospital
8. Aminath Muslima  
Clinical Nurse, Hulhumale Hospital
9. Aishath Shimana  
Senior Registered Nurse, Hulhumale Hospital
10. Ramla Wajeer  
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11. Dr Abdulla Niyaf  
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12. Dr Quraisha Haneef  
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14. Sheez Abdul Wahid

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15. Dr Iyaz Ibrahim Specialist,

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16. Nazeera Najeeb

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