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Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Assessing an unmet healthcare demand: A survey of immunisation among homecare patients and their caregivers

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ARTICLE INFO

Article history:

Received 5 September 2017
Received in revised form 8 December 2017
Accepted 24 January 2018
Available online xxx

Keywords:

Home care
Immunization
Adults

ABSTRACT

Susceptibility of the homecare patient to vaccine preventable infections and their complications is high. Hospitalization of this patient group increases costs to the healthcare system. Therefore vaccination services are of great importance for protecting these patients from complications and hospitalization. We aimed to determine vaccination status of the patients receiving home care services from a tertiary hospital in Turkey and to reveal their vaccination needs.

This cross sectional study was carried out in the Division of Home Care Services of Dışkapı Yıldırım Beyazıt Training and Research Hospital in Ankara Turkey. A questionnaire Comprised of 15 questions were administered through face to face with 336 patients and their care givers. The data obtained was analyzed with descriptive statistical methods and chi-squared test was used for comparison of proportions.

A total of 86.3% of the patients and 22.6% of the caregivers were older than age 65. Approximately 45% of the patients were receiving home care due to primary neurological diagnosis such as Dementia, Parkinson's disease and Cerebrovascular Accident. In addition, 78% of the patients had at least 1 additional diagnosis other than their primary diagnosis.

Although immunization indications were present among all patients included in the study and at least 22% of the care providers, only 15.2% of patients and 11.3% of care providers had been recommended to receive vaccination. Among those who had been recommended to get vaccinated, 74% of patients and 77% of care givers had been administered the recommended vaccine. This finding implied that both groups were responsive to the advice for vaccination. Moreover, since the patients receiving home care are already followed-up by a healthcare team, thus these patients can be vaccinated with very little additional logistic support.

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1. Introduction

1.1. General characteristics of home care patients

In Turkey primary prevention, diagnosis, treatment and rehabilitation services of the homebound patients, are provided through visits to these patients by home care teams. According to data in 2012, a total of 398,335 patients utilize these services in Turkey [1].

Average age of the patients receiving home care services was found to be 77.3 years in a study conducted in Turkey [2]. According to that study, comorbidity is very frequent, and the most common diagnosis are hypertension, cerebrovascular accident,

Alzheimer's disease, diabetes mellitus, chronic obstructive pulmonary disease and cardiac diseases. According to studies in other countries, the most common diagnosis of home care patients are hypertension, cardiac diseases, diabetes mellitus, chronic obstructive pulmonary disease, osteoarthritis, dementia and cerebrovascular disorders [3].

Susceptibility of the homecare patient group, where average age and comorbidity are so high, to infections and complications is high. Hospitalization of this patient group also increase the costs to the healthcare system. An important reason for developing home care services is controlling patient care costs [4]. Therefore preventive healthcare services are of great importance for protecting these patients from complications and hospitalization.

1.2. Vaccines administered to geriatric population

Along with increased susceptibility to infections related to their underlying co-morbidities, older individuals benefit from certain

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vaccines to combat age-related loss of immunity. Vaccines recommended for healthy adults aged 65 and older are Influenza, Tetanus, Diphtheria, Pertussis, Zoster, Pneumococcus, Varicella, Hepatitis A, and Hepatitis B. Also Meningococcus, MMR and HiB vaccines are recommended for special populations such as adults who are asplenic or have cardiovascular disease [5,6].

While the awareness on the importance of vaccination has been increasing day by day, vaccination rates among various age groups and certain adult patient groups are not at desired levels even today [7–9]. In a study conducted in Antalya-Turkey, influenza vaccination rate among the adults aged 60 and older was found to be 38.6%, and pneumococcus vaccination rate was found to be 8.1% [10].

The situation is not any different among risk groups. In a study carried out on diabetic patients, pneumococcal vaccination rate was found as 0.1%, influenza vaccination rate as 9.1%; while pneumococcal vaccination rate among chronic obstructive pulmonary disease patients was found as 10–15%, and influenza vaccination rate as 14.9% [11].

This low level of adult vaccination is generally associated with the low level of public awareness on the importance of adult immunization, misinformation on adverse effects of vaccines, and mostly physicians not attaching adequate importance to this matter [12,13].

In this study, we aimed to determine advice received on immunization and receipt of vaccination for patients receiving home care services from Ankara Dışkapı Yıldırım Beyazıt Training and Research Hospital and their caregivers with respect to vaccination indications according to the guidelines, and to reveal their unmet vaccination needs.

2. Material and methods

This cross sectional study which aimed to determine advice received on immunization and receipt of vaccination status of homebound patients and their caregivers was carried out in the Division of Home Care Services of Ankara Dışkapı Yıldırım Beyazıt Training and Research Hospital between 01 July – 31 August 2017 after the approval of the hospital ethical board on 12 June 2017.

A questionnaire comprised of 15 questions was applied through face to face interviews to 336 patients and their care givers. The list of patients to be visited was created by a secretary who did not know about the study in order to prevent selection bias. We utilized a convenience sample of all patients visited in the homecare program during the study time period. The data obtained was analyzed with IBM SPSS Statistics 21 software by using descriptive statistical methods (Frequency, Percentage, Average, Median, Standard Deviation); and chi-square test for comparison of proportions.

3. Results

Average age of the patients included in the study was 77 ± 13 years (min: 18; max: 100; median 80.00), and the care providers was 54 ± 14 (min: 15; max: 92; median: 54.00). 86.3% ($n = 290$) of the patients and 22.6% ($n = 76$) were older than age 65.

The majority of patients were receiving home care due to primary neurological diagnosis such as Alzheimer's Disease - Dementia - Parkinson's Disease (23.2%), and Cerebrovascular Accident (22.6%). In addition, 78% of the patients had at least 1 additional diagnosis other than their primary diagnosis such as Diabetes, Hypertension, Neurological Disease, Artherosclerotic Cardiac Disease, Asthma, Chronic Obstructive Pulmonary Disease, Psychiatric Disease, Chronic Renal Failure, Hepatic Disease and Congestive Heart Failure. 32.7% ($n = 110$) of the patients included in the study

were bedridden; 14.3% ($n = 48$) were mobilized with wheelchair; and 53.0 ($n = 178$) were mobilized in home with help.

A vaccine was previously recommended to only 15.2% ($n = 51$) of the patients, and 11.3 ($n = 38$) of the care providers. Vaccine recommendations to both patients and care providers were mostly made by family physicians, and the difference with other professional groups was statistically significant ($p = 0000$) (Table 1).

The most recommended vaccine recommended and administered to the patients and care providers was influenza (89.89% and 93.90% respectively) (Table 2).

The immunization rate with any vaccine was found to be 13.99% ($n = 47$) for all patients, and 10.42% ($n = 35$) for all care providers. (Table 2) Among those who had previously been recommended to get vaccinated, 38 (74%) of 51 patients and 29 (78%) of 38 care providers had been administered the recommended vaccine. An additional 9 patients and 6 care providers were vaccinated on their own initiative despite not having received any recommendation to be vaccinated.

Among all 82 patients and care providers who were vaccinated before, 77 (90%) were vaccinated with influenza vaccine. The rates of other vaccines are very low.

The most common reason for not being vaccinated was stated as not having information about the vaccine in both groups. A small percentage (5.93%) of respondents did not believe vaccines were beneficial (Table 3).

Among patients and care providers who had not been vaccinated before, a high proportion in both groups (66.4% patients, 58.5% care givers) stated that they would like to be vaccinated if the vaccines were administered at their home and free of charge. For the reason for not willing to vaccination, both groups (33.6% patients, 41.5% care givers) stated that they do not have any information about the vaccine (Table 4).

4. Discussion

Although immunization indications were present among almost all patients included in the study and at least 22.6% of the care providers, a high proportion of those recommended to receive vaccine did so: 38 (74.51%) of 51 patients and 29 (77.78%) of 38 care providers who had been previously recommended to get vaccinated obtained, and were administered the recommended vaccine, furthermore, among those for whom vaccine had not been recommended, more than 60% stated they would accept vaccine if offered, any vaccine was previously recommended to only 15.2% ($n = 51$) of the patients, and 11.3 ($n = 38$) of the care providers. This complies with the publications studying reasons of low levels of immunization among adults. As studies revealed, "not being recommended by a healthcare provider" is one of the reasons for not being vaccinated of adults by 38–60% [8–10,12,14]. But the rates of not being recommended in our study (respectively 84% and 88.7%) are much higher when compared to other studies. These high rates made us think that in respect to preventive health services the needs of patients receiving home care and their care givers is not/cannot be met due to the fact that the existing problems of the patients are more prioritized by the healthcare staff.

In our study 86.3% ($n = 290$) of the patients and 22.6% ($n = 76$) were older than age 65. Moreover, primary and additional diagnosis of all patients showed that all patients included in the study were conforming to the indication criteria accepted for adult immunization. Similarly, it was seen that 22.6% of the care providers had the necessary indications for immunization, considering even only the age criterion. In a study assessed seasonal influenza vaccination coverage within an urban homebound population 689 people aged >65 was found eligible for influenza vaccination and 578 (84%) accepted the vaccination [15].

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