

**APPENDIX D**

**AN AMBULATORY HEALTH CARE PLAN FOR THE NIGERIAN  
ELDERLY**

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## INTRODUCTION

Of us, it is imperative to state that aging is not equal to disease. In some climes, people are skeptical or afraid of aging and therefore invest on not being old. In others, awareness dawns when psychosocial, socio-economic, environmental, physiological, geriatric traits and practice related aspects of aging manifest indicating the fact that man or woman who lives on earth cannot avoid aging. In terms of opportunities presented by aging, quite some older people live in what is referred to as beanpole families – families where two, three, four or more generations are still around to provide care one for another (Novak: 2012:2).

Studies by Swan (2014), Williams and Torrens (2008), Novak (2012) and Wacker and Roberto (2008) show that older people get more of their health care services in the communities especially in the Less Developed Countries (LDCs) or emerging economies and for those in the cities, a combination of the health facilities at the primary, secondary and tertiary levels of health care delivery system provide those services. The challenges for the oldies can be awful most often. Issues such as dementia, arthritis, hypertension, diabetes, loneliness, mental

health challenges, isolation, solitary confinement, lack of care, poverty, deprivation, low income, poor food habits, lack of access to health care facilities, poor quality of care, ineffective utilization of health care facilities as well as porous financing/income as well as ethical issues in health care service are among problems the elderly face in Nigeria.

Given this, Ambulatory health care which is a personal health care consultation, treatment or intervention, use of advanced medical technology involving out patient who are non-institutionalized and "walking patient" service as the primary source of contact most people, including the Elderly, have with the health care delivery systems within their domain. As these ambulatory care ranging from simple, routine treatment to complex tests and therapies e.g. blood tests, x-rays, dermatology, surgery, dental service, etc are being received in community or primary health centers, clinics, hospitals, medical laboratories, sorcerers, FBOs, Trado-medics and sometimes at the secondary and tertiary levels of care under solo or group practice, opinions are divided in the thought that ambulatory service do

not play important roles in the determinants of health care service. This is more so as it affects the Nigerian elderly.

Because important factors as finance, culture, geography, individual idiosyncrasy, institutional, policy/ planning, quality assurance and improvement issues as noted by Williams et al (2008), Swan (2014), ethical issues (IOM, 2000) and other influences determine ambulatory health care utilization for individuals, families or group coupled in signs and symptoms, beliefs, insurance coverage, income and wealth, information, access mechanisms, it became necessary to design a health care plan for Elderly Nigerians.

### PROVIDING COMPREHENSIVE HOME HEALTH SERVICE IN NIGERIA

Nigeria as a country is larger and more thickly populated than any black nation in the world. With a population of over 150 million people, 36 states and the FCT contain this human figure with accompanying cultural diversities. A lot of the

determinants and quality of the health care services have been touched upon earlier.

In Designing a Care Plan for Health Service for the Nigerian seniors, effort is taken to raise a few question:

Is anyone worried that he/she may have to move to a home away from home?

Is anyone or a loved one getting ready to discharge from a hospital and worried about how he/she will take care of himself/herself of the loved one?

Are you in need of health care because of a chronic illness?

If all or any of these is the concern, then the plan for the elderly suffices in terms of a *Home Health Care*. Being a complex society, it is a lot easier to provide health care to the elderly at home setting. To this end, a *Home Health Care* as proposed here is a system where health care services are provided to individuals in their home for the purpose of promoting, maintaining and restoring and restoring health.

## HOME HEALTH SERVICES

Under the regulatory framework of the Federal Government for integrated health and physical well being of the elderly Nigerians from states and local governments, trained and experienced health care professionals as well as physical therapists are engaged. A nursing care plan is created with the family and elder patient as indicated or directed by the physician's exact instructions. To ensure the highest standard of quality, the RN Assessment Nurses regularly monitor the care provided or given to each home care patient as arranged/identified within the Nigerian communities. Each assessment is professionally documented and the summary sent to the patient's physician. The *Home Health Care Co-ordinator/Nurses* constantly communicate with the physicians about the medical progress and care plan.

To be ELIGIBLE under the *Home Health Care Plan*, the beneficiary must be 65 years and older and fulfill the criteria or health concern outlined in the introduction to this *Care Plan*. Besides, they must be covered by the *Government Care Plan* for purpose of accountability. So done, one under *Home Health Care*

**Plan** (HHCP), requires intermittent skilled nursing care, physical therapy, occupational therapy or speech therapy. Apart from being homebound and confined to one's home due to a health challenge, illness or injury, all elderly so identified must not only be under the care of physician but all services must be physician ordered. Absences from the home, other than to receive medical treatment, should be infrequent, irregular and of short duration.

Essentially, the services to be provided under **HHCP** include but not limited to:

Skilled Nursing, Home Health Aide, Physical and Occupational Therapy, Speech Therapy, Medical, Social Workers Laboratory Services, Diagnostic Testing, Durable Medical Equipment, Oxygen and Supplies, Specialized Programs, for Wound Care, Diabetes, Rehabilitation Services, Nutrition and Cardiovascular Services. In addition to these, specialized nursing services such as pain management, infusion therapy, Medication management, oncology and psychiatric services are all aspects of the **HHCP** as proposed here.

In proposing this plan of action, the issues of finance, policy/planning, utilization, ethics and quality of care imbued with quality assurance are essential

ingredients to enhance or facilitate the successful Implementation of this plan aimed at the wellbeing of the elderly Nigerians sprawled in all communities within the Nigerian Nation. This care plan is aimed at bridging the gap created by the Pension Act of 2004 as well as the *NHIS* Act of subsequent year both of which have no provision for the Nigerian ELDERLY who are captured within the frame of our analysis. Implementing this plan of action will move the ambulatory health care system and other aspects of the Health Care Delivery System in Nigeria close to the American system in which the Social Security Act of 1935 and the OAA of 1965 with Medicare, Medicaid, Tricare and VA adequately address care needs of older Americans.