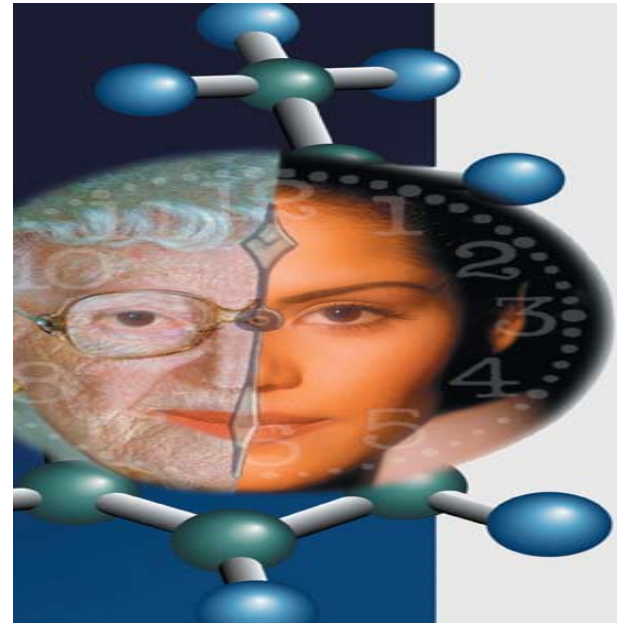




Program  
Uczenie się  
przez całe życie

# THE INTEGRATED SYSTEM OF HOME CARE FOR LONG-TERM ILL PATIENTS



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## STATISTICS

- Poland is a country with an average level of demographic aging
- At the beginning of 1999 16,4% of polish people were older than 60.
- In 2005 13% of the population was exceeding 65.
- According to GUS in year 2020 the percentage of such people in Poland is expected to reach 22.4%, and quarter of them will exceed 75 years.



## Long-term statistics

- In 2006 the Long-Term Homecare was established in Poland.
- In 2010, a total of 467 long-term care facilities was functioning, 3% (14) more than in 2009 and **67 hospices** – 13,6% (8) more than in 2009. They had in total 26.1 thousand. beds (8% more than in 2009), included residential care - 68.2 thousand (an increase of 6.1% over 2009).
- Homecare included 4.4 thousands people (like in 2009), mainly in hospices (two thousands persons) and by home care teams (2.2 thousands persons) operating at long-term care facilities.
- 79% of patients in long-term care facilities were people over the age of 60 years, 56% people 75 and older.
- In 2009, long-term nursing care services covered 5.1% of total expenditure on health care.



## NATIONAL SOCIAL REPORT 2012

### - coordination and integration of the system

- EPSCO Council of 17th June 2011 supported the Social Protection Committee (SPC) of 23rd May 2011 on "Strengthening the Open Method of Coordination in social policy in the context of the Europe 2020 Strategy[10405/11]". EPSCO Council stressed the importance of the regular annual reporting by Member States on their policies and the progress achieved in the field of social protection and social inclusion.
- First reports were submitted in 2012 as the National Social Report (NSR). The aim is to complement National Reform Programme (NRP), the three areas of concern of the open method of coordination in the sphere of social policy: social inclusion, pensions, health and long term care.
- In this way, both documents (NRP and NSR) will contribute to better reflect the social dimension of Europe 2020 Strategy. NSR is submitted to the President of the Social Protection Committee (SPC) and the Director-General of DG EMPL, European Commission.



## Priorities of integrated care in Poland

In the context of an aging population, raise of the retirement age and efforts to remain longer in the labor market, the key is not only lengthen life expectancy, but also to ensure greater number of years lived in good health and, therefore, longer working lives.

○ In the case of Polish number of years lived in good health is decreasing, which could pose a serious threat to the implementation of measures to remain longer in the labor market. Therefore, it seems necessary to emphasize the importance of providing an adequate level of health infrastructure, **an adequate number of competent medical personnel and carry out activities aimed at improving the health of society as development priorities.**

○ Development of long-term care is in particular aimed to compensate for the loss of efficiency. There are also measures to improve the quality and efficiency of care for older people. Polish health priorities are in line with adopted by the EU multiannual health programs and the objectives of the National Health Programme for 2007-2015, adopted by the Council of Ministers on 15 May 2007, and the Health Development 2007-2013, adopted by the Council of Ministers on 29 November 2006.



# HEMECARE SYSTEM TODAY

## HOME NURSING in the HEALTH INSURANCE

1.THE BASIC HEALTHCARE – DOCTOR, FIRST CONTACT FAMILY NURSE

A. LONG-TERM HOME NURSING

REFERRAL FROM GP DOCTOR OR INSURE SERVICES SPECIALIST

B.HOSPICE PALLIATIVE HMECARE

REFERRAL FROM GP DOCTOR OR ONCOLOGY AND INSURE SERVICES SPECIALIST

**HOME NURSING paid in full**

2. PRIVATE MEDICAL COMPANIES AND NGO's EMPLOYING NURSES AND HOME CARE TAKERS.



## INTEGRATING THE SYSTEM

INTEGRATION AND COORDINATION OF MEDICAL HEALTHCARE AND INCLUSION INTO THE SOCIAL SYSTEM IS NECESSARY FOR THE DEVELOPMENT OF LONG-TERM HOMECARE.





## INTEGRATING THE HOMECARE SYSTEM



Funding that comes from the two ministries (Ministry of Health and Ministry of Labour and Social Policy) divides the task and at the same time causes overlapping of benefits and services in the home care :

- Homecare nurses work without coordination with domestic custodians of Centres of Social Welfare
- Services of private sector nurses and caregivers do not work with the public sector - health insurance,
- Informal nurses do not cooperate in the plan of nursing care
- Lack of coordination in the homecare actions taken nurses and caregivers



Integration of the medical system:

- Lack of information in hospitals and efficiency in the transfer of the patient for further care. The patient returns to the family from hospital, and family itself must look for help in a variety of public and private institutions

- Lack of support from basic healthcare doctor. If the family will not know and will not ask the doctor for a referral to home care, it does not always receive such information and suggestions.

- Lack of differentiation and division of tasks between the nursing process, the family nurse, which provides services to the spot, eg give the injection and long-term home care nurses who care for patient each day.

Stationary centers such as nursing and healing facilities do not work with homecare at the time of patient's transfer to his home when his health improves.





# THE CARE INTEGRATION AND COORDINATION





## THE CARE INTEGRATION AND COORDINATION

The patient gets lost in the variety of health care offers, individuals, businesses

### **I. Informative role, showing all possibilities and available services.**

There aren't actions coordinating all public and private entities, private businesses, non-governmental organizations and individuals.

### **II. The coordination role - liaison between organizations**

It is necessary to connect units in order to improve access to services.



## Thank You For Your Attention!

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