



“PROJECT - TRAINING FOR HOMECARE WORKERS IN THE FRAME OF LOCAL HEALTH CARE INITIATIVES”

PILOT TRAINING IN INOWROCŁAW,
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DEFINITIONS

In Poland, besides the hospital treatment and services, we can distinguish: welfare and attendance services, palliative services, hospice services, and long-term **residential** or **home care** services. They are aimed at patients whose health condition does not require treatment in an intensive care unit but results in serious problems related to self-care and entails the necessity of providing day or 24-hour health services.

- LONG-TERM CARE

Long-term care in Poland is carried out in two areas – **social assistance** and **health care**.

Long-term **health care** services include:

- Benefits provided in **stationary conditions** in care facilities for adults or children and teenagers under 18. They include services accommodated by a doctor, nurse, psychologist, as well as rehabilitation, occupational therapy, pharmacological treatment, dietary treatment, supplying with medical products and health education which involves preparing either the patient, their family members or carer for home self-care. The key task of a care facility is to temporarily provide a 24-hour assistance and rehabilitation, as well as continue the treatment of both chronically ill patients and patients who have undergone hospital treatment, completed the diagnostic process, surgical treatment, and intensive conservative treatment. Those patients do not require further hospitalization; however, due to their health condition, physical disability, lack of self-reliance in self-care, necessity of continuous medical supervision, and the need of professional care and rehabilitation, they ought to stay in the facility.
- Services provided by a team of **long-term home assistance** for adults, children and teenagers **mechanically ventilated**. The benefits are provided for patients requiring continuous or temporary respiratory therapy – either invasive (using a respirator via tracheotomy tube) or non-invasive (with the use of mouthpieces, masks and helmets), which does not require hospitalization in an intensive care unit or stay at 24-hour facilities. Those patients require permanent specialist medical supervision, professional nursing and rehabilitation. In order to ensure patients' safety in the course



of treatment, they need to be provided with appropriate home setting, and their family members ought to be properly trained in nursing, operating medical equipment and first aid. The team's responsibility towards patients and their relatives is, among other things, to guarantee sense of security, 24/7 access to services and to supply essential medical equipment.

- Services provided by **long-term home care nurse**. Long-term home care nursing provides care for the chronically ill who do not require full-time hospitalization and therefore stay at home. However, due to various health problems (somatic, psychosomatic and mental diseases – acute phases excepted), they need regular intensive nursing in the home setting. The care involves: nursing services (such as intravenous drip infusion, applying dressings, feeding through a tube or a stoma, stoma care, inserting and removing a catheter, bladder irrigation, taking care of an inserted tracheotomy tube), preparing both the patient as well as his family members or carer for self-care, care services (in accordance with the care process), health education, assistance with solving health problems related to sustaining self-reliance in the home setting, assistance with obtaining medical and rehabilitation equipment essential for proper care and rehabilitation purposes at home. Long-term home care nursing services are available for patients from Monday to Friday from 8.00 am to 8.00 pm, as well as on Saturdays, Sundays, and, in medically justified cases, public holidays. Patients are entitled to at least 4 nurse home visits weekly.

Social assistance system provides patients with long-term care through:

- **Stationary** assistance and care (such as family care centres, daily support centres, social welfare centres).

- **Home care assistance** incorporating, among other things, help with every day activities such as shopping, tidying, cooking, realizing matters in offices, etc., washing, bathing, dressing, assisting, dosing medication, remaking the bed, preventing bedsores and chafing, feeding, and, whenever possible, maintaining contact with family and other people.

- PALLIATIVE CARE

Palliative care (according to WHO) consists in holistic care over patients suffering from terminal and progressive diseases in the final stage of their life. Its main aim is to improve the quality of patients' and their families' lives. It involves eliminating pain that is difficult to control as well as other somatic symptoms, and alleviating mental, spiritual and social suffering. It also supports the patients' family members during the disease and the mourning period. Palliative care is one of the specialist medical service. Health services in palliative care are provided, as required, by a multidisciplinary team of people trained to look after the terminally ill. 90% of adult patients and, on average, 60% of children



with cancer benefit from palliative care. Children suffering from diseases other than cancer, with no hope of recovery, constitute 40% on average.

Forms of palliative-hospice care in Poland are:

- **home hospices** for adults and children
- **stationary hospices** for adults and children
- palliative medical units (**hospital units**)
- **daily** palliative or hospice care **centres**
- palliative medicine **clinics** (pain management, lymphoedema, wound, and enteral nutrition therapy clinics).

The main tasks of palliative care are, among other things, pain elimination, symptomatic treatment of other somatic conditions, alleviating mental and spiritual suffering, nursing, supporting the patients' family members during the disease and the mourning period, assistance with solving social problems, health education for patients under care, their family members and employees. The following conditions must be met in order for the patient to be provided with palliative care: medical indications determined by a doctor from the palliative care team, specific needs of the patient in terms of palliative care, and written consent of either the patient or a family member to undergo palliative care.

Patients are directed to stationary hospice by health insurance doctors. Apart from health insurance doctors, patients can be reported to home hospices, in medically justified cases (based on a referral issued by a health insurance doctor) by the patients themselves, other healthcare workers, the patient's family or others.

- HOME CARE

Taking into account the specificity of Polish system there are various services covered by health insurance (free of charge) on the level of home care:

- community nursing – on the level of Primary Health Care rendered by a family doctor and family nurse - this form of care can be provided for patients who, due to health problems, require regular nursing services, but are not in long-term home care programme and do not qualify for home hospice services for health reasons.
- long-term nursing care of the chronically ill staying at home, executed upon referral from a family doctor or a medical specialist. It includes nursing services (such as intravenous drip infusion, applying dressings, feeding through a tube or a stoma, stoma care, inserting and removing a catheter, bladder irrigation, taking care of an inserted tracheotomy tube),



preparing both the patient as well as his family members or carer for self-care, care services (in accordance with the care process), health education, assistance with solving health problems.

- home hospice palliative care upon referral from family doctor or oncologist. Services include holistic care of patients suffering from terminal, unresponsive to causal treatment, progressive diseases, and aim at preventing and eliminating pain and other somatic symptoms, alleviating mental, spiritual and social suffering, as well as supporting the patients' family members during the disease and the mourning period.

Home nursing care can also be fully chargeable and executed by private medical companies or non-governmental organizations that hire nurses and carers.

Within the scope of services provided by Social Assistance (partly chargeable depending on the amount of retirement pension and allowance received by the patient) on home care level the work is carried out by home carers hired by Municipal and District Social Services Centres and informal home carer (family members). The care can also be chargeable and carried out as part of services provided by private business entities and non-governmental organizations.