Integrated care in a Hospital with Policlinic REVÚCA

Integrated prevention, rehabilitation/remobilisation/reintegration programmes

Slovakia

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SEVENTH FRAMEWORK PROGRAMME

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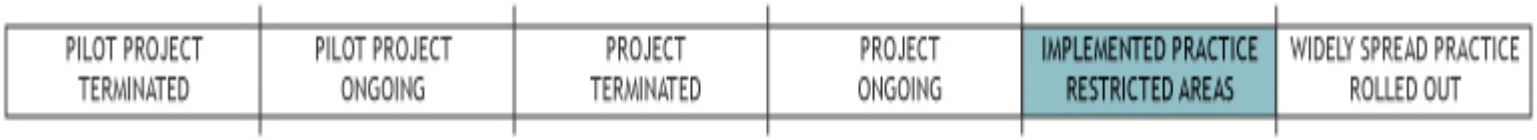
Care from a Hospital Setting (sub-theme)

... addresses

- Integrated prevention, rehabilitation/remobilisation/reintegration programmes
- Structures that facilitate integrated discharge and follow-up planning
- Multi-professional teams for assessment, care and treatment



Main benefit for users/carers: continuity of care, integrated care, rehabilitation, remobilisation, social work.

Why was this project developed/implemented?

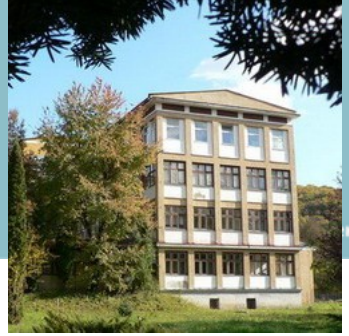
- Growing number of older people with chronic disease and disabilities
- Rising constraints of families to provide informal care
- Need to address the development and promotion of formal health and social care for older people
- Cuts in contracts with HIF, transformation of acute beds into chronic (nursing and/or social) beds

What are/were the effects?

- 2007 - June 2011: 87 patients/clients (13 beds)
- Evaluation: GDS-15 tests, information from staff and relatives

  ➡ Improved health outcomes regarding the following: self-care /ADL skills; mobility; mental condition, social interaction; “willingness to live”.

  ➡ Where possible preparedness fo return back home
- Integrated H&S services highly supported by the hospital mng´t: follow-up of patients after discharge
- Life-long services if necessary
- High age and multimorbidity ➡ 40 residents died; 19 ➡ home



Main features of the example (description)

Two settings under one administrative umbrella (Revúcka medicínsko-humanitná, RM-H) based on two different legal regulations:

1. General hospital with polyclinic: established under health legislation to provide in- and out- patient health care (including LTC)
2. Care home **HUMAN**: established under the Social Services Act to provide comprehensive nursing and social care

- Non-for-profit , financed from health insurance (hospital) and from fees and subsidies from regional government (HUMAN)
- Admission to HUMAN: 62+, care needs according to the Act on Social Services
- Each client has a “social care and rehabilitation plan” based on his/her assessed needs

Strengths

- providing H&S services under one organisation sharing the capacities
- cost-effective and efficient way to deliver timely and quality LTC services
- Multi-source financing of LTC from public and private sector

and limitations…

- Insufficient number of beds to meet the regional demand
- Remuneration of personnel is low
- Poor links to residential and/or community care as these are underdeveloped

Under financing from public health and social sources may lead to destabilisation of staff and charging higher fees from clients

Conclusions

For practice:

- Patients discharged from hospital to HUMAN continue to be in known environment. i.e. feeling safe, less stress,
- After discharge from hospital and/or HUMAN the geriatric out-patient office ensures regular follow-up at home

For policy-makers: Combining H&S services under one administration facilitates discharge mng´t from acute to LTC, increases economic effectiveness, contributes to better health outomes, saves money

For research:

- Home /Mobile/Institutional LTC: what networks and pathways, financing options
- QoL and impact on health: clients, staff, relatives