Pathways and processes

Working group 3

Chair:

Michel Naiditch | IRDES, Paris, France

Henk Nies | Vilans, Centre of Expertise for Long-term Care, Utrecht, The Netherlands

SEVENTH FRAMEWORK PROGRAMME

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This session's programme

- Introduction
- Integrated point of access (Italy) - Patrizia Di Santo
- Improving the assessment of people with care needs (Spain) – Stephanie Carretero
- Coordinating care for older people (COPA): team work integrating heath and social care professionals in community care (France) – Michel Naiditch
- Integrated home care and discharge practice for home care clients (Finland) – Tejia Hammar
- Discussion

Examples from:

Denmark

England

Finland

France

Germany

Italy

Slovakia

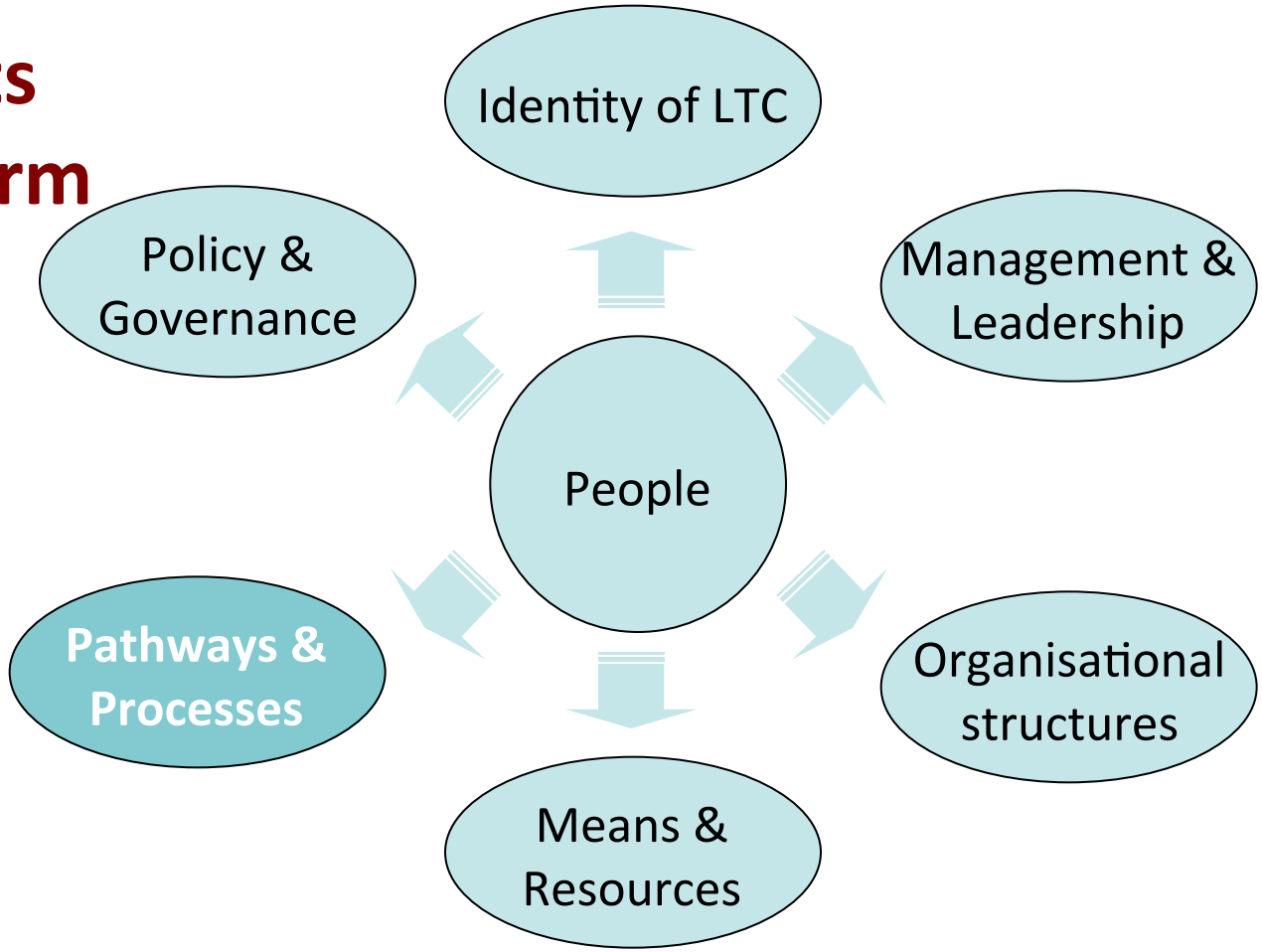
Spain

Sweden

Switzerland

The Netherlands

The Elements of a Long-Term Care System



Source: inspired by F.Glasl et al. (2005) *Professionelle Prozessberatung.* Bern et al.: Verlag Paul Haupt.

Theme 3: Pathways and Processes

3.1 • Accessing services

3.2 • Assessing needs

3.3 • Discharge, terminating professional contacts

3.4 • Interdisciplinary work

3.5 • Other pathway and process issues

3.1 Accessing services

a. Case finding through routine screening services (eg preventative home visits)
b. Transfer of information between services or agencies
c. The older person's and carers' interests and involvement which should consider rights, information, choice, and entitlements
d. How services deal with diversity and equality of access, considering culture, gender and class to counter discrimination
e. Performance management/indicators that relate to service access
f. Ethical guidelines

3.2 Assessing needs

a. Multidisciplinary assessment (protocols, tools and instruments)
b. Assessment tools and instruments (older peoples' and/or informal carers' needs), protocols
c. Follow up of needs assessment (transfer of information)
d. Older peoples' and/or informal carers' rights: information, shared decision making, consent, privacy regulations, complaints, second opinion
e. Dealing with diversity (cultural, socio-economic inequalities)

3.3 Discharge, terminating professional contacts

a. Professional and or informal follow up
b. Older peoples' and carers' rights
c. Information (files, care plan) and responsibilities transfer (logistics issues)
d. Information to and dialogue with older people and their informal network ; how capacities are enabled and strengthened
e. Ensuring funding of next stage care and service delivery
f. Assessment of outcomes

3.4 Interdisciplinary work

a. Fostering a culture of collaboration (requirements, training, team building)
b. Inter-professional exchange/development/agreement about views on care and pathways
c. Transfer of information (joint care plans, registers/files)
d. Accountability, responsibilities, dealing with hierarchies and professional-cultural clashes
e. New ways of involving older people and/or informal carers