

Integrated home care and discharge practice for home care clients (PALKOmodel)

3. Pathways and Processes 3.4 Interdisciplinary work

Teija Hammar, Senior Researcher
National Institute for Health and Welfare



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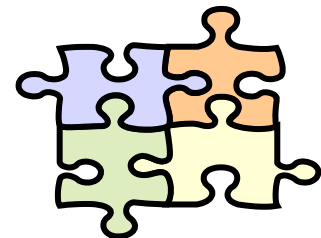
Introduction

- The successful discharge of older people from hospital to home care followed by adequate management at home requires sufficient support being offered and integration of health and social services
- There were some problems in practices and therefore PALKOmodel was developed during a project from 1997-2007
- The PALKO model was implemented in 22 municipalities
- Intervention was applied to home care and hospital staff



Why was this project developed/implemented?

- problems in home care and discharging practice
- shortcomings in the flow of information between hospital and home care and health and social care
- lack of clarity on responsibilities and the distribution of work
- ad hoc discharges
- lack of integration in services

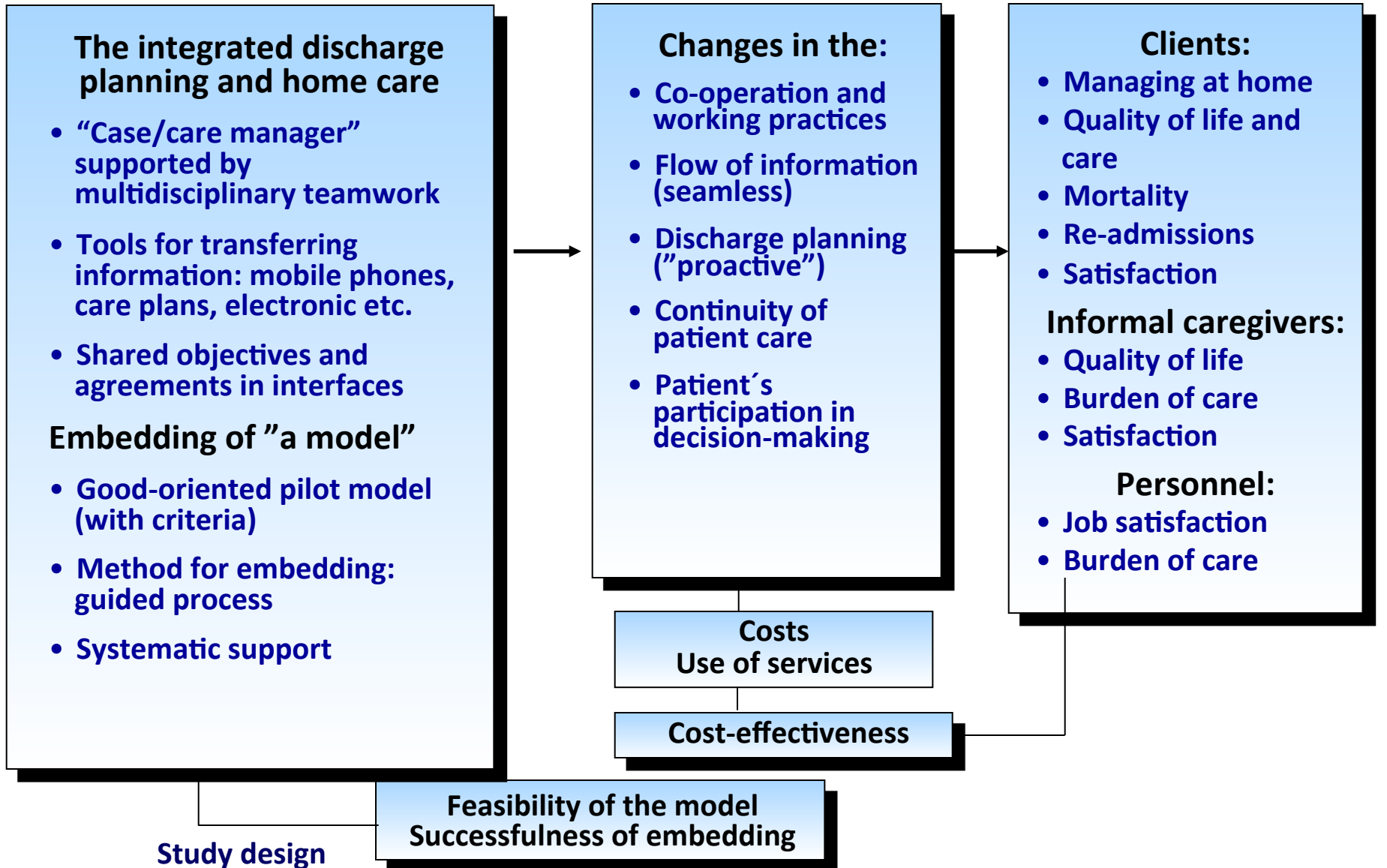


Main features of the PALKOmodel

- Focus:
 - client's self-determination and empowerment, human-centred care, proactive discharge planning, continuity of care and integration of services, seamless access of information
- Aims:
 - To standardise practices and make written agreements between hospital and home care and within home care, which defined practices, responsibilities and support tools
 - To describe the client's whole pathway: home – hospital – home
 - To name a care/case manager pair for each home care client
 - To strengthen multidisciplinary team work
 - To move from a reactive way of working to a proactive way of working

INTERVENTION

EXPECTED EFFECTS



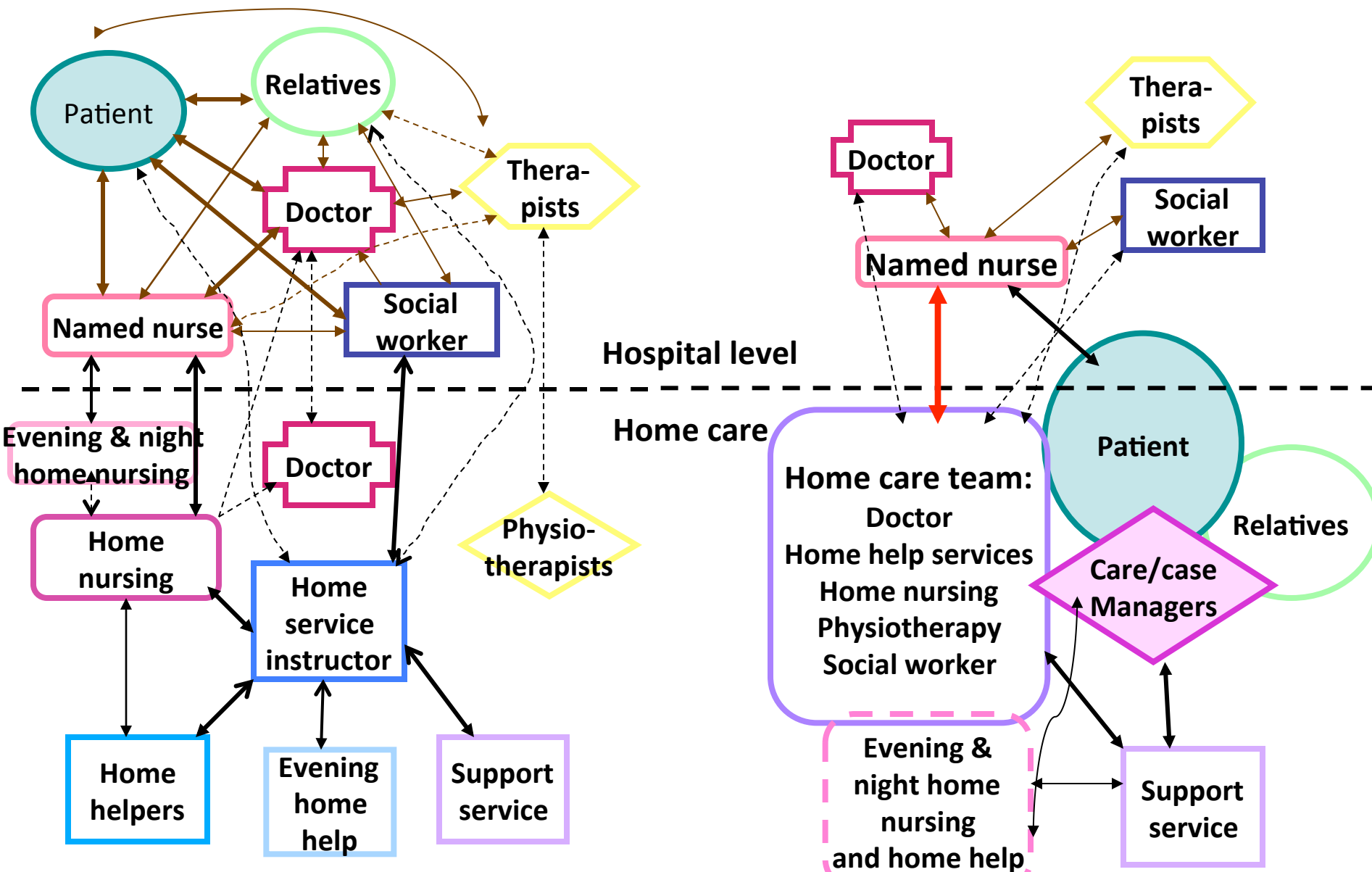
What were the effects?

- The PALKOmodel improved discharge and home care processes:
 - clarified and improved the transfer of information
 - defined roles and responsibilities, standardized practices
 - helped to integrate services
 - increased the proactive way of working
 - decreased overlapping / unnecessary work (use and cost of services decreased)
- PALKOmodel seemed to be a cost-effective alternative to usual care
- Clients received better care more efficiently

Patient discharge

Practice before

Practice now



Strengths and limitations

Strengths of the PALKOmodel:

- it is tested by an experimental study design
- it improved the process
- it does not demand extra resources or new actors
- it is generic and goal-oriented -> usable for different client groups in different settings and organisations

Limitations:

- new ideas take time to be implemented in practice
- professional attitudes are difficult to change

Questions:

- Is the example relevant for your country and why (not)?
- What is crucial for its implementation?