
HOME CARE IN OUTPATIENT CARE – STATE AND DEVELOPMENT IN BULGARIA

Ivanka Stambolova

Faculty of Public Health, Medical University of Sofia, Department of „Health Care“, Sofia, Bulgaria

st_vania@abv.bg

Stefan Stambolov

Ambulatory for residential practice primary care, GP, Bulgaria

Abstract: In outpatient care the home care, including hospices, is recognized as a model for providing quality, cost-effective and charitable care. The focus is mainly on the care that helps everyday life of the patient as well as the relatives, rather than on treatment, and in most cases it takes place in the patients' home. In Europe, in recent years there has been a real "boom" in home care due to demographic processes linked to increased needs for elderly care and chronically ill under the conditions of limited financial resources.

In outpatient medical care in our country by means of a national framework contract there are regulated visits to the patient's home by a doctor, as well as visits by medical staff employed by him - nurse, midwife, medical assistant / paramedic / for manipulation, counseling and monitoring. At the same time there is no regulated legal activity in the Republic of Bulgaria, which is essentially the subject of home care.

Since 1994 „Caritas“ has carried out the "Home Care" service, which provides a complex - health and social care for over 360 sick adults in a place where the elderly person feels the most comfortable - in their own home. „Caritas Home Care“ is provided by mobile teams of nurses and social assistants who visit the elderly at home and provide them with the necessary care according to their health and social needs.

With the establishment of the first „Home Care Center“ in Lozenets region, Sofia, with the support of the PHARE ACCESS program in 2003, the Bulgarian Red Cross introduces in Bulgaria an integrated model for provision of health care and social services in the home of adults, chronically ill and people with permanent disabilities. To date, there are a number of problems in home care related to the realization of home care for patients in need in out-of-hospital settings: lack of legal regulation for home care, lack of qualified staff in outpatient care; lack of organization and structures for care; unsettled funding and the inability of the part of the population that is most in need of care to pay for it, there is no regulation to control the activity. Although home care began over 20 years ago, our country is yet to make its way to the European program called „Home care in Europe“.

Keywords: home care, outpatient care, Bulgaria

INTRODUCTION

In outpatient care home care, including hospice, is recognized as a model for providing quality, cost-effective and charitable care. The focus is mainly on the care that helps the patient's everyday life and his relatives, rather than on treatment and medical care, and in most cases they take place in the patient's home. In Europe, in recent years there has been a real "boom" in home care due to demographic processes linked to the increased needs for elderly care and chronically ill under the conditions of limited financial resources.

In the outpatient medical care in our country by a document, the National Framework Contract 2018, there are statutory visits and visits to the patient's home by the nurse's family physician as well as visits by hired medical staff - nurse, midwife, medical assistant / paramedic / for carrying out manipulations, counseling and health monitoring. Although this activity takes the form of a home visit, it does not itself constitute "home care". There is no regulated legal activity that is essentially the subject of home care.

Domestic care is the provision of complex social services and health care in the home environment of chronically ill and elderly people as well as those with permanent disabilities.

Home care (also called home care, social care) is a home care support. Care can be taken by licensed healthcare professionals who provide care or by professional helpers who provide assistance to the patient's day-to-day activities.

The term "home health care" in the United States and some countries is used to distinguish them from non-medical care, care for prisoners or care for private individuals against pay related to assistance and services provided by non-medical nurses, doctors or other licensed medical personnel. For Terminal Patients, home care can include hospice care. Home care is inherently defined as home health care to help adults and pediatric patients, elderly people and people recovering from hospital treatment or surgery or needing additional support to stay at home at home and avoid unnecessary hospitalization. These Medicare-certified services and care may include short-term

care provided by nurses, rehabilitation, therapeutic and assisting home health care. This care is also provided in Europe by registered nurses (RN), licensed nursing practitioners (LPN's), physical therapists (PTs), occupational therapists (OTs), speech rehabilitators, medical home care assistants and medical social workers.

Domestic care in these countries is provided by licensed and unlicensed non-medical staff, including caregivers who support the individual. Care assistants can help the individual with daily tasks such as bathing, feeding, home cleaning and food preparation. In Bulgaria, a vocational training has been offered for the professions of "Caregiver" and "Health Assistant" since 2012. [] even in these professions there are not enough trained persons or they are directed to work abroad after they have obtained a study document.

Caregivers work to support the needs of the patient in need of such specialized, professional help. These services help the patient to stay at home with their illness instead of living with them in hospitals.

Non-medical home help / cleaning, shopping, cooking, receiving medication, paying household bills / is paid by the person or family. Home care (non-medical) has traditionally been privately funded, as opposed to home-based health care, which is based on tasks and is funded by government or insurance.

OBJECTIVE

The present study aims to study the contemporary trends in the development of domestic care in Bulgaria, their place in the health system and the unresolved problems for their wider and qualitative application.

TASKS

1. To collect and analyze information on the organization of domestic care in Bulgaria;
2. To collect and analyze information on current trends in the development of home care;
3. To identify the main issues and challenges for home care.

METHODS

The methods used are historical - to assess the significant changes over time, documentary - research of various Internet sources, documents, materials from scientific forums and monitoring - monitoring of the activities of the Home Care Centers of the Bulgarian Red Cross.

RESULTS AND DISCUSSION

The emergence and development of home care in Europe began in the 1950s. Rich merchant William Rathbone of Liverpool hired the nurse to take care of his sick wife in their home. Rathbone's personal experience gives him the opportunity to account for valuable home care in 1859. Later he hired nurses to take care of homeless patients in Liverpool's poor neighborhoods. After two years, he attempted to expand his activities at his own expense, but could not find nurses with appropriate training and experience. Raton, in a letter, seeks help from Florence Nightingale, who has set up a training program for hospital nurses in London at the time. In response, Nightingale highlights the need to create a special nursing training program to work effectively in a home setting.

Following Nightingale's advice, Rathbone creates a school where nurses prepare to work as well in a hospital as well as in a home setting. The first professional school in the world was set up in Liverpool to prepare nurses for work in a home environment - "outside the hospital wall" in the Liverpool Royal Liverpool.

The work of the nurse in a home environment contributes to the implementation of health reform in the industrial areas of England without political commitment and changes in legislation. Based on the social commitment of the working sisters, in 1865, Nightingale proposes a bill for the development of professional healthcare reform. The law was adopted years later by Hardy Bill.

Florence Nightingale describes the role of the nurse out of the hospital in detail and creates training programs to train nurses for outpatient care.

By the example of Fl. Nightingale in North America in 1900 there were developed public health care and the practitioners who practised them and they were in a state of rapid development and prosperity. Public nursing organizations began to form in major cities, and community nurses began to take on a number of new roles. In the beginning, in 1897, the city government of large cities hired single nurses to work in public health. Nurses were similarly hired in cities around the country. In 1903 Reba Thelin was hired by Jon Hopkin Hospital to work in the homes of people infected with tuberculosis.

Specializations for nurses – hospital nurses, private nurses, nurses-visitors, nurses for public health protection, working in the social departments of hospitals, school nurses, nurses in institutes, factories and mines have been developed in the field of obstetrics and gynecology. The American model for the preparation of charity sisters returned to England and Europe in the early twentieth century as an example of modern nursing education.

The International Nurse Union was established in 1899, and thirty years later, there are 35 national nurse organisations – members of the Union.

There is also a period in Bulgaria after the Balkan War in which patients are served by visiting nurses. The Bulgarian Red Cross Society prepares in a special course sister-visitor, whose special task is "to teach the population to prevent diseases". (2, 202)

Their activity is regulated by the state, but it is not massive. It aims mainly at training and control of hygiene and prevention of socially significant diseases at that time - tuberculosis and others. In the last century, in the period of socialist healthcare in Bulgaria, the form of the so called "Home Station". It is done by a doctor and a nurse at the patient's home in a mild illness, there are social and other indications that the patient can be treated at home. For this purpose, the nurse who serves it carries out daily monitoring of the somatic indicators, assists the toilet, performs the designated injection therapy. Heavily ill and terminally ill patients are only served in a hospital without limitation of hospital stay. Following the healthcare reform in 2000, in Bulgaria, this practice is discontinued. Patient's home is currently being monitored for a patient's general practitioner / family physician and nurse, if any, appointed by him / her in practice.

This observation does not include care for long-term chronic illness or terminal care that is mostly done at home due to the large shortage of hospitals for home-care. The payment of hospital care to such patients is paid to health-insured patients only twenty days for a six-month period. The shortage of hospitals for rehabilitation and hospices in Bulgaria to serve patients in ailing state with long-term care free of charge, as insured persons, opens a huge need for the development of home care.

With the establishment of the first Home Care Center in Lozenets region, Sofia with the support of the PHARE ACCESS program in 2003, the Bulgarian Red Cross introduces in Bulgaria an integrated model for provision of health care and social services in the home of adults, chronically ill and people with permanent disabilities. This model is based on the experience of the Swiss Spitex Association and has been successfully adapted to the conditions in Bulgaria. As a result, a sophisticated system for assessing patients' needs, staff training, provision of home care and monitoring of their quality was established.

In the period 2005-2006, Centers for Home Care in Plovdiv, Blagoevgrad and Montana were founded with the support of the Italian Red Cross, as well as in Lovech and Varna with the support of the German Red Cross. In 2010, two more Home Care Centers in Smolyan and Dobrich were opened, with services targeting elderly people left alone as a result of the migration of their relatives. These two Centers were funded by the Unicredit Foundation in 2010-2012. In the framework of the project "Home care for an independent and dignified life", currently under the Bulgarian-Swiss Cooperation and Development Program (2012-2015), four other Home Care Centers in Vratsa District in Oryahovo, Byala Slatina, Oryahovo and Krivodol with a total capacity of 400 people.

Through the "Home Care" services, the Bulgarian Red Cross seeks to help adults, chronically ill people and people with permanent disabilities to overcome their health problems and contribute to improving their psychological, social and health status. The service includes both medical care / dressings, monitoring of the physiological parameters of the patient, control of proper and regular intake of medication / as well as social services that help patients to cope with everyday household activities / maintenance of home hygiene, body hygiene, eating, shopping, escorting at consultative examinations and laboratory tests or walks, etc.). The services are provided directly to the patient's home after an individual assessment of the needs of each patient and strict adherence to the quality criteria developed within the Home Care Program with the help of Swiss experts in the field.

Particular attention is paid to stimulating the capacity of patients to self-help and training them in some ways. Home Care staff also provides training to family members of patients how to care for their relatives. Every home care center has teams of volunteers who, after having undergone special training, are actively involved and helped to provide care for the elderly.

The qualification of the staff working in the Home Care Centers is very important. Entrepreneurs in the entrances have a mandatory requirement to work in Home Care Centers after successfully completing a home care course. BRC has a licensed vocational training program at NAVET "Social Services for Children and Adults with Chronic Illnesses with Physical and Sensory Disabilities", Caregiver, Health Assistant and Social Assistant. The training programs have been developed on the basis of Swiss experience, comply with European requirements and are adapted to the conditions in Bulgaria.

The funding for the training of staff and their work in the centers is paid for the aforementioned projects. After the completion of the projects and the ending of funding ends the service either continues as paid services or sponsored by donors.

A few years earlier, in 1994, organization "Caritas" implemented the "Home Care" in Bulgaria by providing complex - health and social care to more than 360 elderly patients in a place where the old person feels most relaxed

- in their own home. In 2002 eight centers for Home Care of Caritas were established - in Rousse, Sofia, Belene, Plovdiv, Rakovski, Malko Tarnovo and the villages Zhitnitsa (District) and Bardarski Geran (Vratsa District) by mobile teams of "Caritas" provide complex medical and social care and in 5 other settlements, located near the mentioned towns and villages: to Malko Tarnovo - the villages of Stoilovo, Zvezdets, Gramatikovo; to Jitenitsa - the villages of Duvanlii and Kaloyanovo. Caritas Housecare is carried out by mobile teams of nurses and social assistants who visit the elderly at home and provide them with the necessary care according to his health and social needs.

Currently in Bulgaria, these are the two organizations that practise home care, working in close collaboration with family doctors of patients and their relatives. In this practice, there are a number of unresolved issues related to the lack of legal regulation for home care, lack of staff in outpatient care to carry out such care; lack of organization at national level to provide such care; pending financing and the inability of the population most in need of care to pay them; there is no regulation to control the activity.

CONCLUSSIONS

In Bulgaria, there is a need to apply "Home care" due to the demographic processes associated with the aging of the population and its polymorphism.

Bulgaria can be an active participant in the European Homecare Movement, which brings together various institutions and people working in the field of care.

It is necessary to quickly overcome the problems connected with the implementation of home care in Bulgaria, such as long-term care, so that for every patient / client who needs them they are accessible and cheap.

As an EU country, Bulgaria has to build structures and organization to implement the WHO Program "Home care in Europe"

LITERATURE

- [1] Bikova P., Main Aspects and Priorities of Health Care in the Home, Medical University Sofia-CCMB, Sofia, 2015
- [2] Koteva, M., Hospice and Palliative Care in Austria, Modern Trends, "Health Care" Magazine, no. 3 2017
- [3] Zlatanova T., Unresolved Problems in the Activities of GPs, Health Management Magazine, 1 2005, 5-9c.
- [4] Marko St .; I. Stambolova; G. Chaneva; and call; Learning aid. Family nurse; BPK; 2011;
- [5] Marinova P., Organizational Structural Aspects of Home Care; "GorexPress"; C. 2013
- [6] Methodology for provision of the social service in the community "personal assistant"; Agency for Social Assistance; No 63/216 of 26.06.2009
- [7] Methodology for providing the social service in the "home assistant" community; Agency for Social Assistance; No 63/216 of 26.06.2009
- [8] Ordinance No 1 of 8 February 2011 for the professional activities that nurses, midwives, associated medical specialists and health assistants may perform by appointment or on their own. Issued by the Ministry of Health. Prom. SG. No. 15 of 18 February 2011
- [9] Ordinance No. 38 of 16.11. 2004 to determine the list of diseases for pure home treatment. NHIF pays medicines, medical devices and dietary foods for special medical purposes fully or partially, prom. SG 102 from 2005
- [10] Ordinance № 72 of 26.09.2012 for the acquisition of qualification for the profession "Health Assistant"; SG No. 77 of 09.10.2012
- [11] Ordinance № 73 of 26.09.2012 for the acquisition of qualification for the profession "Caregiver"; Announcement No. 77 of 9.10.2012
- [12] Stambolova I .; "Management and Ethics in General Medical Practice"; 2008;
- [13] Sidzhimova D .; A. Yanakieva, G. Petrova; Exploring the needs of the population from the "medical home care" service; Collection of Scientific Communications from Competitive Sessions 2012; MU-Plovdiv; pp 345-354p