

The patients need nursing service at home as well as nursing homes

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1. Home nursing–care service

Home nursing-care service as an independent nursing service is on the list of health services since 2002. The first activity licence was issued by the Health Care Board in March 2002. The Health Care Board issues an activity licence according to the order of applying for an activity licence and submitted application for what reason the provision of the service is not ensured in all regions considering the actual need.

The home nurse is mostly needed by immobile patients or those with restricted ability to move who due to their physical problems cannot see the doctor and in this case a home nurse serves as a link between the physician and the patient.

Home nursing-care service does not require essential technological means and so the provision of the service can be offered in home environment, thus ensuring by this necessary care and safety feeling to the patient.

If the patient has had an opportunity to receive home nursing-care service, then later it is already simpler to prolong the service, e.g. in worsening the state (the patient and his problem are known).

Observations made at surveillance procedures

Unfortunately at the present time the family doctor and family nurse cannot ensure permanent supportive care at the habitual homicide of the patient. The people should search for the solution of their health problems themselves. Mostly the people live in the service area of the family doctor and the family nurse could just solve the minor health problems.

Unfortunately for the people sufficient information on nursing-care service is still absent, simply such information on the information boards of the family doctor is, as a rule, often absent.

As the person needing the service is in a general case a patient of 65-85 years of age, getting additional information on Internet is for him difficult (they do not have a computer and corresponding knowledge is absent).

The amendment of the Health Services Organisation Act provides since 01.01.2008 an opportunity to arrange provided nursing service by the family doctor independently. So, home nursing-care service moves closer to the patient.

2. Nursing service in social welfare establishments

In 2006 the Surveillance Department of the Health Care Board asked social welfare establishments to inform, whether they provide nursing service in nursing homes and which of them provides it.

In carrying out control it became clear that doctors and nurses were employed in social welfare establishments, of all special medical attendance special psychiatric health services were provided at most.

Regular workers of the nursing homes registered in the State Register provide nursing service. At the same time the law does not allow to apply for a licence to provide health service in social welfare establishments, although this service would be there

necessary, as approximately 50% of the clients of social welfare establishments need an active nursing service. The necessity of nursing service is determined by the state of the ward, also by the circumstance that he needs medicines every day that cannot be given the patient into his hands.

For example: Very often many patients who took medicines at home themselves, cannot do that in social welfare establishments, while safekeeping of the medicines in social welfare establishments is arranged otherwise.

Requirements to the social welfare service for the people with special needs:

Appendix 2 of regulation 4 of the Minister of Social Affairs of 03.01.2002 rules daily care and ensuring the supportive treatment prescribed by a specialist. However, it remains unclear who should ensure this treatment. The description of the contents is absent. During the surveillance it became clear that the implementation of the order determined by the specialist to the wards is ensured by the nurses who are on the payroll of the social welfare establishments, although the establishment has no right to provide the mentioned health service.

By the daily care with strengthened surveillance a requirement is valid – one psychiatric nurse per ten clients. But the social welfare establishments do not have a legal right to provide this health service.

Some social welfare establishments provide independent home nursing-care service in the amount of 12 hours a day and the local government participates in financing, but not the health insurance fund.

Conclusion:

At present the social welfare establishments lack of an opportunity and right to apply for an activity licence to provide the health service (nursing service), although they need the providers of health services, especially the providers of nursing service.

The clients of social welfare establishments need the nursing service because of their state, the social welfare establishment is their home and the best way to maintain a long-term independent coping ability is to provide the nursing service in the most familiar environment – at home.

To solve their health problems the majority of wards needs the nursing service during the whole day and when a need arises for the provision of a prolonged nursing service, then proceeding from the safety feeling of the ward, the establishment should enable the nursing service also all the day round. Such need would then be determined by the assessment team already existing in the establishment.

I am proceeding from the standpoint that the nurse is after all the person who has special training and proceeding from that he has knowledge to assess the patient's health state. He can together with the patient outline and implement the necessary nursing service, in case of need involving the workers of the social welfare establishment who have adequate health information about the patient.

The best way is to give the social welfare establishments a legal right to provide the nursing service and include the nurses on the payroll of the social welfare establishment and so to ensure the provision of a health service to the ward. I would add a remark that the service is not covered by the Health Insurance Fund, but this takes place from the means of social welfare.