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Psychiatric health care center and nursing home – differences and similarities

Abstract

The authors will try to introduce the subject and provide arguments that will show the differences and similarities between psychiatric health care center and nursing home, as Polish society often wrongly use those two different types of institutional support interchangeably.

Both, health care center and nursing home offer round-the-clock services, but they differ in scope of activity. The knowledge of the profile of institutional units should be an essential argument when choosing the type of institution. The basic criterion for admission to the health care center (psychiatric or somatic) are medical condition, the presence of the disease and the need for continued treatment. While the cause of referring to the nursing home is, or in many cases should be, the life incapability, the lack of support of the home environment or homelessness.

Awareness to the highest quality of care and support should be an overarching value of all institutions, both health care and social welfare and the standards of care and support should contribute to changing society's attitude to this type of institutions.

Keywords: psychiatric health care center, nursing home, Polish health care system.

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INTRODUCTION

More and more frequently, Polish society faces with the necessity to make a decision about living or placing family members in the institutional assistance centers, either because of poor somatic health and/or mental health or because of inability to function independently at home. Polish society (including professionals involved in health) often erroneously use terms health care center and nursing home interchangeably. The authors will try to introduce the subject and provide arguments that will show the differences and similarities between these two different types of institutional support.

In 1991, health care system was reformed regarding financing the health services. Restructuring concerned stationary health care centers and contributed to creation of new forms of health care centers, including psychiatric centers. Health care center is a cheaper, compared to a hospital, form of treatment and is usually its continuation. Health care centers of somatic profile are better socially accepted, as staying in them is shorter and the medical staff has slightly better knowledge.

Local government units (public) and non-public actors may be the founding bodies of both, the health care centers and nursing homes. Individuals or legal entities can run them by way of business as well.

Psychiatric health care center is a health care unit entered in the provincial Register of Entities Performing Therapeutic

Activity offering residential and 24-hour health care services, other than the hospital care. It meets the conditions set out in the Regulation of the Minister of Health of 26 June 2012 on the detailed requirements for premises and equipment of the entity implementing therapeutic activities [1]. In 2014, psychiatric health care centers had 4 962 places at their disposal [2]. In the health care, the residential treatment for people with mental disorders with associated disabilities: mental, psychological and physical is provided. A person staying in the health care center is called the patient. Psychiatric health care center operates, inter alia, on the basis of the Act of 27 August 2004 on health care services financed from public funds [3], the Act of 15 April 2011 on medical activity [4] and the Act of 19 August 1994 on mental health protection [5].

Whereas nursing house is a social assistance entity, established under the Act of 12 March 2004 on social assistance [6]. This assistance is addressed to people who are not able to function independently in their current home environment because of the loss of capacity to meet their daily needs. Nursing home replaces the family environment and the person staying there is called a resident. The history of the development of nursing homes dates back to the 50s of the twentieth century, although there are facilities with more than a century of continuous caring activity [7]. Initially, nursing homes were included in the health care system and treated as hospitals in terms of both, equipment of rooms and the patient – medical personnel

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relationship model (subjective treatment of patients). The authorities of Polish People's Republic did not recognize the need to develop nursing homes, what resulted in a significant underfunding, lack of clear budget allocation and lack of internal balance between the development of health care and social assistance units. Since 1990, nursing homes have been run by local administration (provincial, district and municipal social assistance groups). In 1992, 70% of nursing homes were located in the cities and their residents were the chronically ill, of whom 30% were bedridden. Implementation of thirteen remedial programs in social assistance units lasted 14 years. The administrative reform of the Polish Republic resulted in the completion of restructuring in 2012. In 2012, there were 780 nursing homes, providing support for 77 534 people. Most frequently, the population of a single NH is 100-150 people, but it may happen that the number of residents is 500 people [7].

Both, health care centers and nursing homes offer round-the-clock services, but they differ in scope of activity. The knowledge of the institutional units profile should be an essential argument when choosing the type of institution, either health care centers or nursing home. The basic criterion for admission to the health care center (psychiatric or somatic) is a medical condition, the presence of the disease and the need for continued treatment. While the cause of referring to the nursing home is, or in many cases, should be the life incapability, the lack of support of the home environment or homelessness.

In the health care center there are 24-hour health care services offered, which include care and rehabilitation of patients not requiring hospitalization and providing them with medicines and medicinal products, rooms and meals suitable for health status, as well as conduction of health education for patients and their family members. They prepare these patients to self-care in home environment, and offer physical improvement activities, which help to maintain, restore and improve health [4]. Whereas nursing home offers the following services: living (accommodation, food, clothing and footwear, cleaning), caring services (assistance in the basic life activities, caring, dealing with personal matters) and support services (e.g. facilitation of participation in occupational therapy), improving physical condition and activation, satisfying cultural and religious needs, maintaining and developing contact with the family or the local community, financing necessary personal items in the amount not exceeding 30% of the permanent benefit (for someone without own income) [6,8].

Both, health care centers and nursing homes are obliged to respect the fundamental values arising from the human and patients' rights with particular emphasis on the dignity, privacy, independence, sense of security and the right of choice [9].

Psychiatric health care center accepts those individuals who do not require hospitalization (the most expensive form of treatment), who require permanent or temporary care and assistance, or are unable to independently satisfy the basic living needs because of mental health status (the absolute necessity of pharmacotherapy), family situation (the inability or unwillingness of the family, close relatives to care for a member of their family), social situation (no family). They require psychiatric rehabilitation and systemic treatments (physiotherapy, occupational therapy). They are treated for organic mental disorder, including symptomatic (F00-F09 according to ICD-10); schizophrenia, schizophreniform (schizotypal) and delusional (F20-F29 ICD-10); mood disorders (F30-F39 according to ICD-10) and mental retardation (F70-F79 according to ICD-10) [10].

Nursing home is for individuals who need day and night care because of age, illness or disability; they cannot live independently in everyday life and cannot be provided with the necessary assistance in the form of outpatient care services. Nursing homes are assumed to be single-type and can be divided into homes for: the elderly; patients with chronic somatic diseases; chronically mentally ill; adults with intellectual disabilities; children and young people with intellectual disabilities; physically disabled persons [6].

Both institutions admit individuals with their consent, with the consent of legal representative (in case of a person incapacitated partially or completely) or by court order [5].

Application (referral) to psychiatric health care center is prepared by health insurance physician [11]. The application for a place in the nursing home is made at the level of local Social Welfare Centre, where individuals interested in living in nursing home complete and submit an application themselves [8]. Detailed information on the procedures for applying for admission to both institutions is contained on the websites of the individual units. Moreover, in case of psychiatric health care centers, information about the approximate waiting time for admission can be found in the National Directory of Waiting time for Medical Benefits (<http://kolejki.nfz.gov.pl/>). Admission out of turn is possible at the earliest possible date, according to the organizational capacity service provider. It may be in cases of meritorious honorary blood donors, distinguished transplant donors, veterans of war and military veterans, veterans and certain persecuted individuals [3,12].

These institutions vary in terms of the duration/period of individuals' stay. In case of nursing home residents, it is of unlimited duration and in case of HCC it is periodical with the possibility of the prolongation (in accordance with organizational solutions of individual units).

Similarity of both institutions concerns the fee, which is a varying financial cost for the patient / resident, his family and the state. The difference lies in the fact that in health care center, patient incurs costs only for accommodation and meals, while in case of nursing home – full cost of the placement.

The main source of financing psychiatric health care centers is a settlement with the payer (National Health Fund) for contracted health care services. The unit of settlement is a man-day, similarly to the psychiatric hospitalizations. Psychiatric health care centers bears the total cost for the purchase of medicines and medicinal products, external consulting and specialist examinations and transport of patient to other health care units. Patients staying in health care centers participate in the monthly cost of food and accommodation in the amount equivalent to 250% of the lowest pension. However, such payment cannot be higher than the amount equivalent to 70% of the monthly income of the beneficiary within the meaning of the Act on Social Welfare [3]. As for the nursing home, the amount of payment is announced by 31 March each year in provincial official journals (e.g. in 2015 it was 2 500 PLN) and is valid for twelve months. The fee for staying at nursing home is covered as follows: by a resident of nursing home (usually having a social or family pension of about 400 PLN); by a spouse, descendants before ascendants; the municipality from which the person has been referred to a nursing home (the average contribution of provincial governor in 2015 amounted to about 1 600). The remaining amount is to be borne by local governments. It is the duty of nursing home to give its residents access to public health care system. The residents

of nursing homes benefit from health care services contracted by the National Health Fund on a general basis, concerning all beneficiaries, including nursing services. In practice, the nursing home establishes close collaboration with the primary care physician. In addition, to encourage the parties contracting health services for social welfare units, there was increased correction factor of capitation rate of primary care physician (2.5) and of primary health care nurses (3.5) [13].

In both units, there are conducted 24-hour nursing shifts, although in case of nursing home, it is quite often only a theoretical assumption (insufficient staffing). As for the employment principles of the personnel in psychiatric health care centers, they are strictly determined by the payer of health care services and the Ordinance of Minister of Health of 28 December 2012 on the method of setting minimum standards for the employment of nurses and midwives in therapeutic entities which are not entrepreneurs [14]. A novelty in the employment structure of some health care centers is to employ medical caregivers. However, in case of nursing homes, there are not legal determinants of employment and nursing services provided in the framework of primary health care (funded by the National Health Fund) that can supplement the nursing services provided and funded by nursing home. The analysis of the report of the Ministry of Labor and Social Policy of 2014, concerning the number of employed medical (nurses) as well as caring and therapeutic staff, indicates that, despite the similarity of the personnel structure, the number of qualified medical personnel employed in nursing homes is disproportionate to the number of residents, what has an influence on the quality of the nursing home residents' care [15].

In summary, the domains of activity of health care units are treatment and rehabilitation, while of the social welfare system – building support for people with insufficient or no support of the home environment. Social support should proceed in parallelly with the continuation of the medical, as well as therapeutical and rehabilitation processes. Awareness of the highest quality of care and support should be an overarching value of all institutions, both, health care and social welfare and the standards of care and support should contribute to changing society's attitude to this type of institutions.

Changes in the nursing homes are focused on the improvement of material-living conditions, while ignoring the emotional well-being and provision of professional assistance and care for their residents. Another problems are financing mechanisms that result in rotation of qualified personnel, which adversely affects the quality of services. The big challenge is the problem of coordination of admissions to both, the health care centers and nursing homes. It would be good that the aim was not only to fill the free space in the facility, but the health and/or functional benefit for the person using the institutional support.

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