
CONFERENCE ABSTRACT

Skilled nursing home care facilities as key players in integrated care

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Josep Pascual Torramadé, Iciar Ancizu García, Mónica de las Heras Rodríguez, Raúl Vaca Bermejo

SARquavitae, Spain.

Introduction: The role of nursing homes has undergone a great change in Spain. Today, far from being facilities that provide shelter for older people, they have become providers of comprehensive and integrated care over the purely social care of the past. Changes in demographic, social and family patterns, the "chronification" of many diseases and the rise of functional dependency have resulted in an increase of specialized care needs and a greater demand for skilled nursing homes.

The health care provided in social nursing homes is not currently recognized in Spain and it depends on the region where nursing homes are located. For example, the situation varies depending on whether the region has a social-health system in place (Catalonia) or if nursing homes are attached to hospital pharmacies (Galicia) or if they rely on primary care centers, as it happens in the majority of regions. What is clear, but less known is that skilled nursing home care facilities are qualified health care providers that occupy an important space in the long-term care system in all the Spanish Regions. This care is delivered by health care professionals at the nursing homes (mainly medical and nursing); but the activity is officially registered in primary care or exclusively on the care information system (clinical record) of the nursing homes.

Short description of practice: People who are admitted to skilled nursing home care facilities are characterized by multiple clinical conditions, a significant functional and cognitive impairment, loss of autonomy and need for specific cares. All this indicates the high health burden present at this care level.

We advocate for a change at a legal and political level so that skilled nursing home care facilities are recognized and financed as an intermediate care level with a key role in the implementation of care ecosystems with a territorial base.

We are currently closely connected to acute hospitals and primary care, having access to the primary care and public hospitals' clinical record.

Key findings: In a recent study of Edad&Vida Foundation (2015) entitled "Health profile of nursing homes users" in which participated up to 111 nursing homes from 15 regions of Spain with capacity to 14,489 users, it was observed that a total of 19,262 people attended with 8,684 new admissions in the period of one year. 76% of new admissions had 3 or more active

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diagnostics (high comorbidity), 66% of users had 7 or more active drugs (polypharmacy), 54.5% of residents suffered malnutrition or are at risk of suffering it at admission moment and 43% of discharges are due to the death of the person.

Highlights: The obtained results bring to light the work carried out in nursing homes of our country, providing meaningful data about the complexity of the clinical condition of their users.

With all this, we explicit that, in a significant percentage of nursing homes places of social residences in Spain, is being provided a qualified, integrated and people-centered health care.

In this context, multimorbidity and polypharmacy are just two indicators of the complexity of caring for older people. Furthermore, it is necessary for stakeholders to be sensitive to the different needs in terms of gender and in terms of comorbidity users.

Conclusion: As stated by David Oliver at The King's Foundation Blog, "if we are looking at the need for more integrated working to support older people across several sectors, care homes could play a critical role.

Nursing homes, or skilled nursing home care facilities, provide round-the-clock nursing care and significant assistance with the activities of daily life. Nursing homes have nursing staff on duty 24 hours a day to help individuals meet their daily physical, social and psychological needs".

Thus, considering the high health burden assumed by nursing homes, it notes that these services contribute greatly to reduce the care burden on other care levels of the long-term care system.

In Edad&Vida document aforementioned it is argued that nursing homes accredited by Health and Social Services should be considered an Intermediate Level of Care and not mere substitutes of home, as it is currently assumed.

Keywords: skilled nursing homes; integrated care; intermediate health care level
