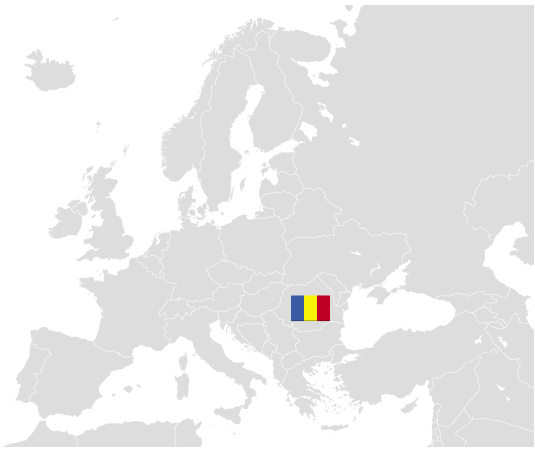
517927-LLP-2011-IT-LEONARDO-LMP

The Health Assistance in Hospital and at Home

The Romanian Situation



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The Health assistance in Hospital and at Home

The Romanian Situation

Adina Pescarovici
Cecma
Bucharest, Romania
office@cecma.ro

Abstract

The National Health System in Romania is in a transformation process, because it has not longer met the needs of the population, the vast majority of them considering it inefficient and poorly managed according to a survey done by IRIS Network International. Thus, in 2012 a new law of the health system that meets the needs of the population is going to be released. Home care services occurred in Romania after 1990, but only at the initiative of the NGOs based on external funding. The state became involved much later in this issue in 2000, supporting Act 17 on elderly care. The beneficiaries of home health care are: people with acute and / or chronic diseases, people who have a certain level of dependence and a limited ability to travel to a medical unit. Providers of home health care can be independent people or organisations/companies authorised by the Ministry of Health to provide such services. Providing medical care and patient care at home is done in accordance with the professional training of providers of these services. Home Care in Romania can be provided to: patients with oncologic affections, paralyzed and immobilized in bed, elderly with chronic affections or those in need after a surgical intervention, people with disabilities, chronic diseases, children with special needs, victims of domestic violence have the right to public insurances paid homecare. The private foundations have had a great contribution to the development of home care services, which are only partially funded by state, the remaining funding being obtained from private funds.

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1 Introduction

1.1 The National Situation

It can be said that the health insurance system in Romania was until 1989 and several years after, a system characterized by centralism and limiting freedom of choice. Related to this, the goals of the reform from 1998 were:

- to increase efficiency in resource use;
- to improve doctor-patient relationship;
- to improve the health of the population;
- to increase the level of satisfaction of patients and health care providers.

The principles of social health insurance system in Romania include:

- freedom of choice of the social health insurance: the insured is not bound by the city or county of residence and the money and information will be directed to whatever choice they make;
- solidarity and subsidiarity in the collection and use of funds;
- participation of insured persons, the state and employers to the management of the Social Insurance Unique National Fund of Health;
- competition resulting from the freedom of choice, physicians who demonstrate professionalism being advantaged, are requested by the insured;
- providing a package of basic health services, fairly and without discrimination to any insured;
- Confidentiality of the medical documentation.

The functions of the social health insurance system gather the activities of fund raising, their management and use. Contribution of each active person - directly and through employer - to form the social health insurance fund is compulsory. The Social Insurance Unique National Fund of Health consists of: employee contributions (5.5%) and employers (5.2%), grants from the state budget and local budgets, other incomes. The destinations of the funds are: administrative expenses, operating and of capital (max 3%) reserve fund (1% share), the payment of drugs and medical services (up to 100%). Oscillatory evolution of revenues and expenditures in the fund indicates that the Romanian authorities did not have a coherent strategy on health. The main purpose of the fund is to pay for medicines and medical services, which the County Houses of Health Insurance sign a contract with the medical service providers accredited by the College of Physicians in Romania. The Romanian health system responds inefficiently to the major health problems of Romanians, the current model focusing on curative care, and mainly care within the hospital and less to the ambulatory care and primary care.

Some critical considerations on health insurance reform in Romania aim to:

- underfunding the health system;
- arbitrary use of resources;
- lack of integration of health services;
- poor management of the information on health;
- lack of a viable quality assurance of health services

The proposed directions for the reform and solutions that could address the concerned matters must have in mind the main objective of the health system that is improving the health of the population of Romania and equitable access to health services that should be: safe, effective, prompt and efficient. Currently, a new law is being written on the organization and functioning of health system in Romania, law that raises many debates. Order no. 318 of April 7, 2003 - for approval of the Norms for the organization and operation of home care and for authorized legal entities and individuals providing

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these services. The home care means any activity performed by medical personnel at the patient's home, which contributes to improving the welfare of it's physically and mentally state. Home care is done only at the indication of a doctor. Paying for home care providers is established by contract between the parties, based on established and negotiated rates. Home care recipients are people with acute and / or chronic diseases, who have a certain level of dependency and limited capacity to move to a health facility in order to access proper care recommended by physicians. Private providers of home care or individual providers need to be authorized by the Ministry of Health in order to provide these services. Medical assistance services and home health care services are carried out in accordance with the level of professional training of the providers of these services. Home care providers are required to report improvements to the physicians who recommended the health care services of the patient. LIST of the home health care services that can be provided by legal entities and individuals authorized by the Ministry of Family and Health:

- Initial assessment: taking in the patient within 48 hours from the request, establish comprehensive home health care plan with their doctor, advising and training the patient and family;
- Assessment phase up to 3 months for acute cases, up to 6 months for chronic cases and whenever necessary if home health care plan includes clarification in this aspect;
- Monitoring of physiological parameters: temperature, breathing, pulse, blood pressure, diuresis, stool
- Hygiene care of patients with medical problems and / or immobilized
- Therapeutic manoeuvres
- Techniques of surgical care
- Monitoring peritoneal dialysis
- Palliative care provided only by specialized physicians and / or competency / specialization in palliative care
- Individual kinesiology
- Individual speech therapy
- Examination and psychological evaluation.

The duration for which an insured may receive health care services at home is determined by the physician who made the recommendation, the requirement being to specify the regularity / periodicity of the services, but not more than 90 days of care / in the last 11 months in one or more stages (episodes of care).

1.2 Main national trends

Home care services occurred in Romania after 1990, but only at the initiative of the NGOs based on external financing. State was involved in this issue much later, in 2000 Law 17 appeared regarding elderly care. The legislation stated that public home care can be organized by local authorities only if they have funds for it. It is estimated that one million older people in Romania need home health care because they cannot take care of themselves due to their advanced age and diseases. It is an estimate based on geriatric statements from physicians across the country and the data collected from various organizations providing social services. These are information presented in 2010 in a national study entitled "Policies and strategies for older people in Romania, needs and solutions", initiated by the Bacau Community Support Foundation. "There are many villages across Romania, where a quarter of the third aged population needs home health care ", states Elena Ungureanu, who was involved in developing this study. "Remember also that 70% of low-income elders in Romania are found in rural areas. But especially here, the study draws attention that there are completely lacking medical services and those of social assistance. According to the Ministry of Labour, Family and Social Protection, only 816 elderly people are cared at home by specialized services of the municipalities. Given that in Romania, according to the reports from recent years, almost 600,000 people are over 80 years. People over 75 years are in total of 1.3 million and over 65 years - 3.2

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million. Besides the work of the local authorities, NGOs offer home health care services across the country to almost 8,078 of elders. Ministry of Labour can give, according to Law 34 of 1998, grants to the organizations that provide social assistance of any kind, not just home health care services. In 2012 the ministry will allocate 31 million RON to support NGOs. According to the study of Bacau Community Support Foundation, organizations in Romania have so far been subsidized for home health care only to at most 40%, the rest of funds being obtained from sponsorships and external financing. *Social services are a form of active support for families and communities in need.* The target group of the social services are: children and family, elderly, people with disabilities, homeless people, abused people, addicts of alcohol or other toxic substances, people suffering from chronic diseases and from incurable diseases, and other people in situations of social need. Social services can be primary or specialized, both having a pro-active character. Medical social care services are specialized services and target the elderly, disabled, chronically ill, persons suffering from incurable diseases, children with special needs, victims of domestic violence.

The medical social care services are:

a) social services,
b) medical services, and
c) complementary services.

The beneficiaries of home health care are: people with acute and / or chronic diseases, people who have a certain level of dependence and a limited ability to travel to a medical unit. Providers of home health care can be independent people or organisations/companies authorised by the Ministry of Health to provide such services. Providing medical care and patient care at home is done in accordance with the professional training of providers of these services. Home health care services can be provided to patients with oncologic affections, paralyzed and immobilized in bed, elderly with chronic affections or those in need after a surgical intervention, people with disabilities, chronic diseases, children with special needs, victims of domestic violence who have the right to public insurances. More and more people benefit nowadays of home health care services that have been before provided just in hospitals.

Types of home health care services:

- Acute care – for acute diseases and recovery from surgeries;
- Chronic care – for physical chronic diseases and functional disabilities;
- Outpatient services - physiotherapy, occupational therapy, counselling;
- Specialized medical services - chemotherapy, intravenous antibiotic therapy;
- Technology based care - home oxygen therapy, dialysis, and respiratory therapy.

1.3 Home care as an alternative to hospitalization, hospital readmission and prolonged hospitalization

Advantages:

- It is much cheaper to care at home than in hospital. Charges in hotels, drugs, medical supplies, food, maintenance and administrative are visibly reduced.
- Reduced risk of getting hospital infections;
- The patient's physical and psychological benefit of being cared for in its environment, with its family;
- The family doctor and specialist can follow through authorized suppliers the evolution of the patient and intervene, if necessary;
- Creates sense of security to the patients who are going home after discharge, either from family doctor's office or ambulatory.

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Disadvantages:

- in some cases there is need of specific and specialized interventions that are done only in a hospital

1.4 Conclusions

As the patients feel very much safe within their home environment, home nursing must be developed in a consistent manner and nationwide, after a well-established and well rated program. All actors from the system need health care at home:

- Hospital - are hospitalized only for review, treatments, dressings, which can be performed at home;
- Ambulatory - after diagnosis and treatment, it can be continued at home;
- Family doctor cannot monitor and treat all chronic patients immobilized at home and cannot follow the treatment prescribed
- National Social Fund - for the economy which brings the system to the state budget;
- Patients who receive care at home, the relevant quality standards and multiple competences by a professional and responsible team.

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2 National bodies in charge of the home health service

Social assistance system includes ministries, departments and other governmental structures. The most important ministry is the Ministry of Labour, Social Solidarity and Family, which coordinates the entire national social assistance system, with major powers such as:

- the development of the social assistance policies;
- setting development strategies of social assistance;
- promotion the people in need rights;
- collaboration with the key representatives of civil society;
- financing national social assistance programs;
- develops training programs and training of social care professionals.

Public social service held at county level aims at implementing social policies and strategies and fulfils mainly the functions of: strategy, coordination, management, collaboration and representation.

Social service functions are:

- Professional support through the Council plans, therapy;
- Focus and efficiency of social support;
- facilitate the social support absorption;
- defending the interests and rights of people in need.

In social work we take into account all dimensions that define the man: the psychological, social, spiritual and economic, for the integration of the individual to be made in complex social relationships. Ministry of Health and Family authorizes health home care providers who meet the following criteria:

a. consistency of objectives to be achieved by home care providers and community needs and priorities;
b. existing in the legal status of the providers, explicit mentions of providing care at home as activity;
c. the existence of a team able to support the activities included in the package, made up of people who have diploma (graduation certificate) and free practice permit obtained under the law;
d. existing job description for each person employed, indicating the level of training, skills and duties;
e. existence of an authorized office by the Territorial Public Health;
f. adequate space for storing and accessing medical records (database, medical records, archive);
g. facilities to enable achievement goals - proper functioning of the dispatch furniture, communication equipment, medical kits, pharmaceuticals and others.

National Health Insurance House issues standards for the accreditation of the units of medical home health care services. These standards are applied with the help of the Directorates of the National Health Insurance House, Health Insurance Companies, National Accreditation Subcommittee of home care providers, home health care providers.

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3 National policies implemented to promote and improve the home health service

In Romania, the year 2001 was the final step in creating legislative and institutional coherence when Law nr.705/2001 regarding the national social assistance system was adopted, a regulatory reform that opens the way to the development of the national social assistance system. In 2006, the new Framework Law no. 47/2006 for national social assistance system promotes several actions to strengthen the social cohesion by promoting solidarity within communities, to the most vulnerable people. Designated institutions promote the rights of family, children, elderly, disabled and other persons who need help financially and technically, because social programs aim at these categories. National social assistance system in Romania needs to be focused on its objectives to ensure its coherent and efficient operation, such as: preventing and combating discrimination and social marginalization of some categories of populations or the intensification and development of social partnership as a means of control and efficiency measures to support its people and families in need. The materialization of these objectives is provided by two types of social assistance: forecast social assistance and current social assistance. Forecast social assistance which represents the task of the Ministry of Labour and Social Solidarity, has in mind the following main activities: providing the legal, institutional and administrative framework for policy making in the field, establishing mechanisms for support intervention for disadvantaged - families in need, children, elderly, disabled and chronically ill, etc. Current social assistance that is done by specialized departments within the Directorate for Labour and Social Solidarity, in collaboration with municipalities has in mind: to identify families, some of their members and single persons in situation of social risk, providing aid in money or in kind depending on the regulations in force, on request, to persons who are entitled; assisting in the homes of chronically ill, the disabled and elderly people without support.

Important legislation:

- Law no.17 of March 6, 2000 on social assistance for the elderly, which states that older people are entitled to social assistance, according to this law, in relation to the socio-medical situation and the economic resources available.
- Order no. 318 of April 7, 2003 for approval of the organization and operation of home care services, and the authorization to companies and individuals who provide these services.
- Law no. 95/2006 on healthcare reform, with subsequent amendments, presents the services of the National Health Insurance House by its territorial quarters.
- Law no. 95 of April 14, 2006 excerpt on the reform in the health system – updated, Issued by: Parliament of Romania Published in: Official Gazette no. 372 of April 28, 2006

Text updated modifying the legal acts published in the Official Gazette, Part I, to November 21, 2006:

- Correction published in the Official Gazette, Part I, no. 391 of May 5, 2006;
- Order no 35/2006, as amended;
- Order no 72/2006, as amended;
- Correction published in the Official Gazette, Part I, no. 823 of October 6, 2006;
- Order no 88/2006, GEO. 104/2006, Law no. 34/2007, Order no. 20/2007, Law no. 264/2007.

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4 Strategies and initiatives developed at national and local level to promote and improve the home health service

4.1 National program "Home health care services"

The aim of the project

The project aims to improve the living conditions for non-independent persons, immobilized in bed and / or at home, who cannot meet basic needs and require care.

Objectives

- Ensuring public access to social and medical care, which is a complex of activities that are granted under an integrated medical and social system and the main aim is the maintaining autonomy of persons and prevent worsening the situation of dependence;
- Providing access to the assisted family members to information and support active participation of them in the assistance process;
- Promote accountability and participation of local communities within the assistance process. Integration of the services model implemented in the public system of social and medical assistance in Romania;
- The foundation of an empathic culture, centered on the benefit of the others within the health care services;
- Strengthening an empathic culture with a special concern for the others, in our society.

Services

- Basic services: help for personal care, dressing and undressing, hygiene, nutrition and hydration, transfer and mobilization, moving inside, communication;
- Support Services: Help for food preparation or delivery, making shopping, household activities, accompanying for the transport, facilitating travel abroad, company, administration and management of activities, leisure activities;
- Health care services: monitoring physiological parameters, therapeutic maneuvers such as injections, dressings, catheterization, and fistulas treatment, prevention and treatment of sores, prevention of venous complications, pulmonary and musculoskeletal-related joint immobilization etc.
- Recovery and rehabilitation services: medical and social linkages: physical therapy, physiotherapy, occupational therapy, psychotherapy, pedagogy, speech therapy, chiropody etc.
- Rehabilitation services and environment adaptation: small improvement, repairs etc.
- Administration, coordination and control of services provided to ensure quality
- Actions aimed at expanding and improving services for the benefit of the assisted ones.

All these services are provided by multidisciplinary teams, which aim to cover a wide range of needs of the beneficiaries. Teams consist of doctors, nurses, care taker for the elders and the ones sick at home, social workers and volunteers. National Home Care Program is part of the Caritas network of home health care services which has members in all European countries. National Home Health Care Program is a founding member of the Federation of Home Health Care Providers in Romania (FFIDR).

4.2 Hospice Health Perspectives

provides hospice palliative care services in Cluj-Napoca, Romania. These include medical, psychosocial and spiritual support. Hospice Health Perspectives, a member of the National Association for Palliative Care is a non-governmental organization (NGO), non-profit organization that provides medical and social assistance for people with life-threatening diseases (according to WHO definition of palliative care). Also it provides emotional and spiritual support to patients and their carers. Most patients are diagnosed with advanced stage of cancer. To be taken in by the Hospice

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Medical Perspectives the patient must be diagnosed with an incurable disease with a prognosis of limited life, and must accept the idea of a treatment-oriented for increasing the quality of life and not to cure the disease. Medical team of the center maintains the control based on a comprehensive plan of care, pain and symptoms of disease. Medical services are offered to the patients' homes. Emotional problems are intertwined with family problems caused by the disease, and team members and trained volunteers provide counselling specific to the needs of each patient. The center has organized support groups for patients and offers them the opportunity to express their feelings, fears and concerns, thereby supporting each other. The center provides to patients complementary therapies undertaking activities that gives them joy. The team also organizes picnics and trips to the mountains for both patients and their families. Hospice Care Perspectives organizes palliative care courses that meet the need for palliative care knowledge and enter into continuing medical education program for health professionals, courses for doctors, nursing courses, and conferences and symposia on various topics on palliative care.

4.3 "Diakonia" Christian Foundation

Home care services within Diakonia Christian Foundation began to be granted in Cluj in 1992, followed in February 2006 to be accredited by the Ministry of Health. Home Care Service Foundation, is in contractual relationship since May 2006 with the National Health Insurance, the contract being renewed annually. According to this, patients benefit from free home care services (90 days per year) only at the recommendation of the physician specialist or family doctor. The costs are borne by the Health Insurance. Since 2007, thanks to the support from the Scottish Association SOMETHING FOR ROMANIA, the Diakonia Christian Foundation provides palliative care to patients with incurable diseases in an advanced state, being "excluded", in the vision of the classic health system. Health insurance does not yet recognize palliative care as a funded service, and therefore supports only a small part of the initiative. Service and support palliative care services are provided by a multidisciplinary team consisting of 2 doctors, 5 nurses, 1 social and 1 care taker. Professional awareness and commitment is reinforced by their seriousness. The team is a member of the National Association of Palliative Care.

4.4 White Yellow Cross Foundation Romania

With the support of the General Council of the Municipality of Bucharest, implement the project "Pilot Center to coordinate home care services", is next to the citizens of the capital who need health and social care at home. Thus, patients within the project and not only, were helped that besides the services offered, they received support from staff, receiving food packets and medicines, shopping etc.It began 15 years ago, along with a group of White Yellow Cross Belgium, who worked with them for six years. So a team of professionals was created that founded home services care of the White Yellow Cross, but also within the Romanian health system. 31 employees, 22 vehicles, 11 funded projects and 700 patients cared for per month. Often they receive the recognition of those cared and of project partners. They have the capacity to respond to all requests of persons who need home care.

4.5 Ospice "Emanuel"

"Hospice Emanuel" is a center of palliative care in Oradea for patients, adults and children in terminal stages of incurable diseases. Hospice offers to patients a familiar environment, in which both the environment and the relationship with the staff are friendly, the patients feeling at home, being treated with respect and dignity until the last moment of their life. Foundation "Hospice Emanuel" Oradea is a charity NGO, whose main activity is the palliative care of patients, adults and children diagnosed with an incurable disease in an advanced stage residents of the Municipality of Oradea and surrounding areas. The mission is to ensure an optimum quality of life of these patients and their families.Hospice services are free and are offered to all patients, adults orchildren, regardless of ethnicty, culture or religion. Hospice team consists of doctors, nurses, social workers (with specialized training in the field of palliative care) and volunteers offer at the patient's home:

- medical and nursing services
- social services
- psycho-emotional support services and spiritual care

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- support services for families in bereavement
- voluntary service.

Beneficiaries of "Hospice Emanuel" are:

- adults diagnosed with cancer in advanced stage of disease and terminal stage residing in Oradea or surroundings (up to 15 km distance)
- children with oncologic diseases, birth defects, AIDS and other diseases with limited prognosis, residing in Oradea or surroundings (located up to 50 km distance)

The foundation proposed to build a set of buildings that work: an outpatient specialty, palliative care center at home for adults and children, centers for adults and children, a unit with 15 beds for adult palliative care and 5 beds for children with incurable advanced diseases; an education center in the field of palliative care.

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5 Description of Training Courses for professional health carers on the issue Enhancing the European home healthcare professionals' competencies

The course includes fifty modules divided in four main areas as follow:

A. Medical issues

A1 Support Individuals to access and participate in recreational activities

- The Care Environment
- Assess what an individual wants and needs
- Promoting Activity

A2 Support individuals in their daily living

- Meet domestic and personal needs
- Food and drink for individuals
- Personal hygiene

B. Psychological issues

B3 Communication with elderly people

- Late adulthood
- Factors affecting communication of elderly people
- Communication skills – how to improve

B4 Communication with dying patients and their family

- Communication with terminally ill and dying patients
- Communication with dying patients' families
- How to talk about terminal disease

B5 Communication with patients with hearing disabilities

- What is it?
- The loss of hearing
- How to communicate successfully with hearing disabilities?

B6 Communication with patients with seeing disabilities

- Vision, seeing disabilities, blindness
- How do the blind and people with seeing disabilities see the world
- The principles of communication with the blind and those with seeing disabilities

B7 The relationship with patients family

- Listening and communicating
- Family empowerment (and professionalism)

B8 Establishing a help relationship

- Mediation and mediators
- Help relationship

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C. National/EU health laws

C9 Introduction to the main home health care worker EU legislation

- European Union Treaties
- Fundamental rights
- European health strategy

C10 Home health care worker UK legislation

- Legal Care Standards
- Minimum level of service standards
- Going beyond the standards

C11 Home health care workers SI legislation

- General legal environment
- Legislation in a health care sector

D. Social/ethical aspects

D12 Nurse: professional code and ethical aspects

- Nurse and the patient
- Nurse and ethical aspects of her work
- Nurse and ethical decisions

D13 Cultural differences in approaching patients

- Culture and Cultures
- The nursing theory of universality and diversity
- Passage rites

D14 Social care workers professional code and ethical aspects

- Social Code
- Care Standards
- Policies and Procedures

D15 Self instruction and continuing learning

- Self-instruction
- Toward reflective practice

Key competencies home health home carers should have in order to offer a high level quality service

Title of the professional qualification: Community nurse

Level: CNC3/ EQF 4.

The community nurse contributes to the overall health of the individual, family and community by providing care aimed at promoting health, preventing illness, caring for the sick at home, in terms of using an intervention that often requires a very good technology and practical training.

The professional must be able to:

- Involve individuals, families and communities in their own care and to shape this responsibility for health;

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- Represent the different levels where decisions are made about health care, persons in care, their needs and to intervene to secure recognition of their rights;
- Collaborate as a member within the multidisciplinary team, and within other governmental organizations and NGOs for health care;
- Ensure quality of care provided in meeting the educational and clinical practice and quality of life of individuals, families and communities they respond to.

Major responsibilities of the community nurse are:

- providing of care promotion, preventive, curative, rehabilitation and support of individuals, families and groups;
- the transmission of knowledge and skills training in health among patients and other beneficiaries, staff health system and those in training;
- participation as a member of the care team, which requires solid knowledge in communication, interpersonal relationships achievement based on mutual respect and understanding of their role and other professionals, active and responsible involvement in decision making, informing the authorities, media, etc..;
- improve the clinical practice through critical thinking, appreciation and use of existing research in the field at national and international level.

Key competences	**Level**
C1. Communication in the official language	CNC3/ EQF 4
C2. Communication in foreign languages	CNC3/ EQF 4
C3. Basic skills in math, science and technology	CNC3/ EQF 4
C4. ICT competences	CNC3/ EQF 4
C5. Competence to study	CNC3/ EQF 4
C6. Social and civic competences	CNC3/ EQF 4
C7. Entrepreneurial competences	CNC3/ EQF 4
C8. Competence of cultural expression	CNC3/ EQF 4
G1. First aid in case of emergency	CNC3/ EQF 4
G2. Planning of own activities	CNC3/ EQF 4
G3. Interactive communication with all stakeholders in the community	CNC3/ EQF 4
S1. Identifying health care needs in the community	CNC3/ EQF 4
S2. Supervision of a pregnant woman	CNC3/ EQF 4
S3. Supervision of the newborn and woman in childbed	CNC3/ EQF 4
S4. Promoting health in the community	CNC3/ EQF 4
S5. Preparing the dossier of the beneficiary	CNC3/ EQF 4
S6. Prevention and detection of disease	CNC3/ EQF 4
S7. Self-care monitoring	CNC3/ EQF 4
S8. Administration of medical treatment to the patients at home	CNC3/ EQF 4

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6 Identification of best practices

6.1 Coach Bot- Modular E-Course With Virtual Coach Tool Support

Description of indicators

Use of means of narrative medicine	The means of narrative medicine are movies, books and experiences of theatre used with the aim to help the patients to tell their stories
Use of means of parental pedagogy	The means of parental pedagogy are the use of parental narrative descriptions, the presence of an educational contract between healthcare professionals and parents, the involvement of associations of parents in the training path of the healthcare professionals
Use of tools of International Classifications of Functioning, disability and Health (OMS 2011)	The means of ICF are: the Check list ICF, the Core set ICF, the WHODAS OMS, the Manual ICF, the assessment influenced by ICF
Use of strategies to collect narrative descriptions	The strategies to collect narrative descriptions are civic audits, open meetings, citizens' meetings and focus group with citizens and patients on the evaluation and planning of healthcare services.
Use of citizens narrative descriptions in order to improve the healthcare services	Example of citizen narrative descriptions are: complains, feedbacks on the health service, letters of praise
Use of methodologies in order to involve the citizens in the field of training and education health system	Examples of methodologies to involve citizens in the training and education health system are: the involvement of citizens as opinion leader, the involvement of parents and relatives as privileged witnesses, etc

Description of the best practice:

The COACH BOT project aimed at designing and testing an innovative e-learning methodology for adult education that combines the Conversational Agent Technology (chatterbot or chatbot) with an ad hoc designed modular learning path. Therefore, the project methodology combined a duly designed modular e-learning path according to the adult workers' needs with a human-computer interface (chatbot) to enhance the e-learning effectiveness. It has developed a collaborative e-learning environment that allows users to communicate and interact with a chatbot, called "Virtual Coach", through a human-like interface. Pilot e-courses were designed and delivered addressing to home health care professionals, such as medical staff, nurses, care workers and doctors, who constitute the project's direct target group. The main innovation of the COACH BOT project is the "Virtual Coach". It supports participants "individually" during the modular e-course providing them with various kinds of services. The "Virtual Coach" acts as a personal teacher, a coach and a peer assistant providing learners:

- orientation and creation of personalized training path
- in-depth information
- assessment and suggestion on the lessons contents
- help and technical support
- case studies and role playing.

The COACH BOT methodology includes also an e-course curriculum ad hoc developed according to a personalised approach. This approachallows learners to benefit from a training path based on learners' specific needs. Considering that each learner has his or her own specific work needs, knowledge and skill requirements, learners have the opportunity to create their own personal training

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programme. For example, a learner can choose to focus on certain topics while avoiding others or merely study only the basic information. The "Virtual Coach" interviews and chats with learners in order to create a student profile that can help guide them in selecting useful course modules which will constitute their own personal training path. The project is based on the conversational agent technology. The conversational agent engine will be created by AIML open source technology (Artificial Intelligence Mark-up Language), XML standard used to create chatbots. With the aim to interface the chatbot to the learning systems and the people, an open source AIML interpreter will be used and modified to manage different data and algorithms.

Results:

The e-course "Enhancing the European home healthcare professionals' competencies" was based on an e-learning methodology that allows each learner to build a personalized learning path. The personalized learning path of each student consists of some topics selected from the list of modules of the course curriculum, on the base of each student specific needs. The complete course curriculum includes 15 modules divided in 4 main areas as follow:

A) **Medical issues**: Module A1 Support Individuals to access and participate in recreational activities; Module A2 Support individuals in their daily living.

B) **Psychological issues:** Module B3 Communication with elderly people; Module B4 Communication with dying patients and their family; Module B5 Communication with patients with hearing disabilities; Module B6 Communication with patients with seeing disabilities; Module B7 The relationship with patients family; Module B8 Establishing an help relationship.

C) National/EU health laws: Module C9 Introduction to the main Home Healthcare Worker EU legislation; Module C10 Home Healthcare Worker UK legislation; Module C11 Home Healthcare Workers SI legislation.

D) **Social/ethical aspects:** Module D12 Nurse: professional code and ethical aspects; Module; D13 Cultural differences in help relationships; Module D14 Social care workers professional code; Module D15 Self instruction and continuing learning. More information on www.coachbot.eu

6.2 Gat4provip - Guidance advice and training for parents and relatives of visually impaired persons

Description of indicators

Use of means of narrative medicine	The means of narrative medicine are movies, books and experiences of theatre used with the aim to help the patients to tell their stories
Use of means of parental pedagogy	The means of parental pedagogy are the use of parental narrative descriptions, the presence of an educational contract between healthcare professionals and parents, the involvement of associations of parents in the training path of the healthcare professionals
Use of tools of International Classifications of Functioning, disability and Health (OMS 2011)	The means of ICF are: the Check list ICF, the Core set ICF, the WHODAS OMS, the Manual ICF, the assessment influenced by ICF
Use of strategies to collect narrative descriptions	The strategies to collect narrative descriptions are civic audits, open meetings, citizens' meetings and focus group with citizens and patients on the evaluation and planning of healthcare services.
Use of citizens narrative descriptions in order to improve the healthcare services	Example of citizen narrative descriptions are: complains, feedbacks on the health service, letters of praise
Use of methodologies in order to	Examples of methodologies to involve citizens in the training

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involve the citizens in the field of training and education health system	and education health system are: the involvement of citizens as opinion leader, the involvement of parents and relatives as privileged witnesses, etc

Description of the best practice

To lessen the impact of becoming an unexpected carer to a person who has just lost their sight. Through this structure the project aimed to give new carers all the practical help and guidance as to how to cope with their immediate problems and how to plan ahead to give the best possible support and future lifestyle opportunities to their partner or relative. The project tried to address all practical issues the target group need to be informed about for both their short and longer term practical needs, as well as lessening the impact of psychological issues through both a residential course offering contact with experts in rehabilitation and a long term self-help forum group.

Results:

1. A 3 day course to explain physical eye conditions, how to act as a sighted guide, essential steps to take in the home, how best to understand the psychological impact of the event, what support is available. The courses would be run as mini residential units by the project partners, the structure and content being readily transferable to other EU states.

The courses:

Training Book 1 – Physical Issues of Visual Impairment

Training Book 2 – Psychological issues for the carers of visually impaired people

Training Book 3 – Advice, Guidance and Training

Training Book 4 – Assistive Technology

Training Book 5 – Life Skills and Motivation

2. A website that further details all the above for long term reference and give links to additional sources of information, help and guidance. More information on *http://www.gat4provip.eu*

6.3 Home care services project by White - Yellow Cross Foundation from Romania

Description of indicators

Use of means of narrative medicine	The means of narrative medicine are movies, books and experiences of theatre used with the aim to help the patients to tell their stories
Use of means of parental pedagogy	The means of parental pedagogy are the use of parental narrative descriptions, the presence of an educational contract between healthcare professionals and parents, the involvement of associations of parents in the training path of the healthcare professionals
Use of tools of International Classifications of Functioning, disability and Health (OMS 2011)	The means of ICF are: the Check list ICF, the Core set ICF, the WHODAS OMS, the Manual ICF, the assessment influenced by ICF
Use of strategies to collect narrative descriptions	The strategies to collect narrative descriptions are civic audits, open meetings, citizens' meetings and focus group with citizens and patients on the evaluation and planning of healthcare services.
Use of citizens narrative descriptions in order to improve the healthcare services	Example of citizen narrative descriptions are: complains, feedbacks on the health service, letters of praise
Use of methodologies in order to involve the citizens in the field of	Examples of methodologies to involve citizens in the training and education health system are: the involvement of citizens

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training and education health system	as opinion leader, the involvement of parents and relatives as privileged witnesses, etc.

Description of the best practice

The Home care services project started in collaboration with the United Way Romania in 2005 with a total of 50 beneficiaries and continued in each successive year until now due to the favorable results recorded. The project won in 2007 award for the best program of the year 2006/2007 within the Civil Society Gala. The project proposes to provide comprehensive health services to address persons with special needs, mostly elderly, dependent and very dependent residents from Bucharest. The target group consists of 60 persons / month, with an advanced level of support need (unable to move and / or to meet their own needs). Most of them are elderly persons (54 persons), others are not subject to admission to hospital, or cannot be hospitalized for a long period. Here we find patients terminally ill with cancer and pathologies requiring palliative care.

Results:

Over 90% of diabetic patients will learn to manage themselves and their hypoglycemic medication to manage responsibly their diet

- Acquiring knowledge and skills for self-care to patients who have family

- 100% reduction in family stress caused by patient care in the terminal phase, the team's presence at critical moments

- Independence for the monitoring of physiological parameters and blood glucose in patients with hypertension and / or diabetic

- 20% of beneficiaries will get medication

- Restoring skills in active power and educate family on artificial feeding.

Other results:

- Increased sense of security;

- Quality of life;

- Reduction in hospitalizations;

- Playing its independence beneficiary environment.

6.4 Care for the elders

Description of indicators

Use of means of narrative medicine	The means of narrative medicine are movies, books and experiences of theatre used with the aim to help the patients to tell their stories
Use of means of parental pedagogy	The means of parental pedagogy are the use of parental narrative descriptions, the presence of an educational contract between healthcare professionals and parents, the involvement of associations of parents in the training path of the healthcare professionals
Use of tools of International Classifications of Functioning, disability and Health (OMS 2011)	The means of ICF are: the Check list ICF, the Core set ICF, the WHODAS OMS, the Manual ICF, the assessment influenced by ICF
Use of strategies to collect narrative descriptions	The strategies to collect narrative descriptions are civic audits, open meetings, citizens' meetings and focus group with citizens and patients on the evaluation and planning of healthcare services.

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Use of citizens narrative descriptions in order to improve the healthcare services	Example of citizen narrative descriptions are: complains, feedbacks on the health service, letters of praise
Use of methodologies in order to involve the citizens in the field of training and education health system	Examples of methodologies to involve citizens in the training and education health system are: the involvement of citizens as opinion leader, the involvement of parents and relatives as privileged witnesses, etc

Description of the best practice

The project proposed the provision of social care and palliative care at home to the elderly, contributing to:

- the development of palliative care services and socio-medical home tailored to elderly patients and based on the principle of equality;

- to facilitate access of vulnerable groups of elderly to the social care services;

- developing partnership between institutions that can offer support, innovation and flexibility of specialized services and palliative care social care.

The beneficiaries were:

1. immobilized elders and deprived of care

2. elders that are in the terminal phase of illness;

3. Elderly patients that are in areas without access to social services and medical care for which deprivation leads to worsening of health.

More information on http://www.ingrijirevarstnici.ro

Results:

Quality standards for home care services:
Socio-medical home care
Palliative care at home

6.5 Quality standards for palliative care services

Description of indicators

Use of means of narrative medicine	The means of narrative medicine are movies, books and experiences of theatre used with the aim to help the patients to tell their stories
Use of means of parental pedagogy	The means of parental pedagogy are the use of parental narrative descriptions, the presence of an educational contract between healthcare professionals and parents, the involvement of associations of parents in the training path of the healthcare professionals
Use of tools of International Classifications of Functioning, disability and Health (OMS 2011)	The means of ICF are: the Check list ICF, the Core set ICF, the WHODAS OMS, the Manual ICF, the assessment influenced by ICF
Use of strategies to collect narrative descriptions	The strategies to collect narrative descriptions are civic audits, open meetings, citizens' meetings and focus group with citizens and patients on the evaluation and planning of healthcare services.
Use of citizens narrative descriptions in order to improve	Example of citizen narrative descriptions are: complains, feedbacks on the health service, letters of praise

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the healthcare services	
Use of methodologies in order to involve the citizens in the field of training and education health system	Examples of methodologies to involve citizens in the training and education health system are: the involvement of citizens as opinion leader, the involvement of parents and relatives as privileged witnesses, etc

Description of the best practice

This is a document in which standards for palliative care services in Romania are presented. The project drafted the minimum quality standards that were born from the desire to improve medical care provided to very vulnerable patient groups and assisted insufficiently, ie those with incurable diseases. Standards resulted in a set of criteria to be met by any potential palliative care service about to be established and can also be used by health authorities and donors as a practical tool for assessing palliative care services in Romania. Based on a minimum quality standards in palliative care the costs of palliative care in Romania (February 2010) were calculated. Also there have been proposals for norms for the personnel working in palliative care services; for palliative care providers authorized and to train nurses in palliative care.
More information at http://www.studiipaliative.ro/STANDARDE%20INTERIOR.pdf

Results:

principles with a total of more than 30 quality standards

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7 Conclusions

Home care health system in Romania is at its beginnings and there are plenty to do in order to properly operate. The improved home care health system would greatly reduce hospital costs, supervision being able to be done at home by trained staff and specialist doctor. Also there is a large bureaucracy for the insured persons who need such services. Many people are not informed about home health care, and for this reason the patient is being cared for by family. Also it would be useful for family doctors, the specialist and the Ministry of Health to become more involved in informing the insured about the benefits of these services.

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