

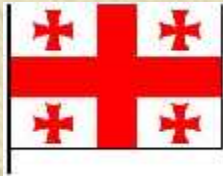


HOME CARE FOR THE ELDERLY PROVIDED AT PRIMARY CARE LEVEL



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GEORGIA



GEORGIA

Country data

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- **Population – 5.4 million**
 - **Capital- Tbilisi, population 1.253.000**
 - **Surface area – 69.700 sq. km**
 - **Population per sq. km – 78**
 - **Birth rate (May 1, 1998) – 11.2 ‰**
 - **Maternal mortality rate-19,3%**
 - **Mortality rate-7,7 ‰ (May 1, 1998)**
 - **Life expectancy (2002) – 72.63 years**
 - **Population absolute poverty rate (1999)–20%**
 - **GDP (US \$) – 995 per capita (1998)**



Meeting the health care needs of the elderly is one of the cornerstones of primary health care

NATIONAL FAMILY MEDICINE TRAINING CENTER



RECEPTIONIST



**TRAINING
ROOM**



HALL



**FAMILY
PHYSICIAN**



**PRACTICE
MANAGER**



**PRACTICE
NURSE**

A Training Program to Enable Nurses and Doctors to Deliver Home Care for the Elderly

*complete family medicine training
and specialized training in geriatric care*

- ✦ Training course has been beneficial for the medical staff and elderly patient as well
- ✦ As a result of the training, physician competence improved and accordingly performance has been improved
- ✦ Doctors and nurses learned how to identify and recognize the health needs of elderly patients and which major conditions are necessary to be considered when caring for the elderly

To evaluate the effectiveness of educational intervention

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- ✦ audit for the elderly health-check program have been conducted before (1999) the training course in gerontology

recording about isolation, activities of daily living, eating pattern, continence, BMI, Blood Pressure, whether the mini-mental test has been conducted, vision and hearing tests, self-care ability or consultation on the patient care.

- ✦ survey of 1040 elderly over 74

- ✦ re-audits done in 2000, 2001, 2002, 2004

Health Needs of the Elderly

Sources of population-based data:

- **Practice lists** (list inflation up to 30% in some districts)
- **The size and characteristics of the elderly population- Morbidity and mortality statistics;**
- **The population census** (basic demographic information, such as age, sex, marital condition, information about health problems, accommodation, facilities, social positions etc.)
- **Service utilization data**
- **Screening in the elderly** (The health check-ups and functional and mental assessment, identification of baseline information of health and social needs from which care plan is constructed).
- **In order to detect common problems of health status - a survey by postal questionnaire the Woodside 9-item screening letter**

Postal questionnaire the Woodside 9-item screening letter

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- ✦ **Do you live on your own?**
 - ✦ **Are you without a relative you could call on for help?**
 - ✦ **Do you depend on someone for help?**
 - ✦ **Are there many days when you are unable to have a hot meal?**
 - ✦ **Are you confined to home through ill health?**
 - ✦ **Is there anything about your health causing you concern or difficulty?**
 - ✦ **Do you have difficulty with vision?**
 - ✦ **Do you have any difficulty with hearing?**
 - ✦ **Have you been in hospital during past year?**

Postal questionnaire the Woodside 9-item screening letter

District nurses were involved in data collection

The survey showed

- ✦ **88% of the citizens over the age 74 have health problems**
- ✦ **47% of them visited district outpatient clinics**
- ✦ **39% of them were without any medical care**

Results of Survey

Live on their own	27: without a relative patient could help 53:
among them depend on someone help	36:
Confined to home through ill health	33 5: Live on their own 44:
have difficulty with vision	78:
have difficulty with hearing	62:

Improvement in the Quality of Continuous Medical Care for the Elderly

AUDIT

**Quality Of Medical
Care**

**Continuing
professional
development
1999-2000**

**Guidelines
2002-2003**

Evidence-Based Practice



- ✦ Training programs for doctors and nurses
- ✦ Educational materials for the patients and their careers
- ✦ Clinical Practice Guidelines and protocols

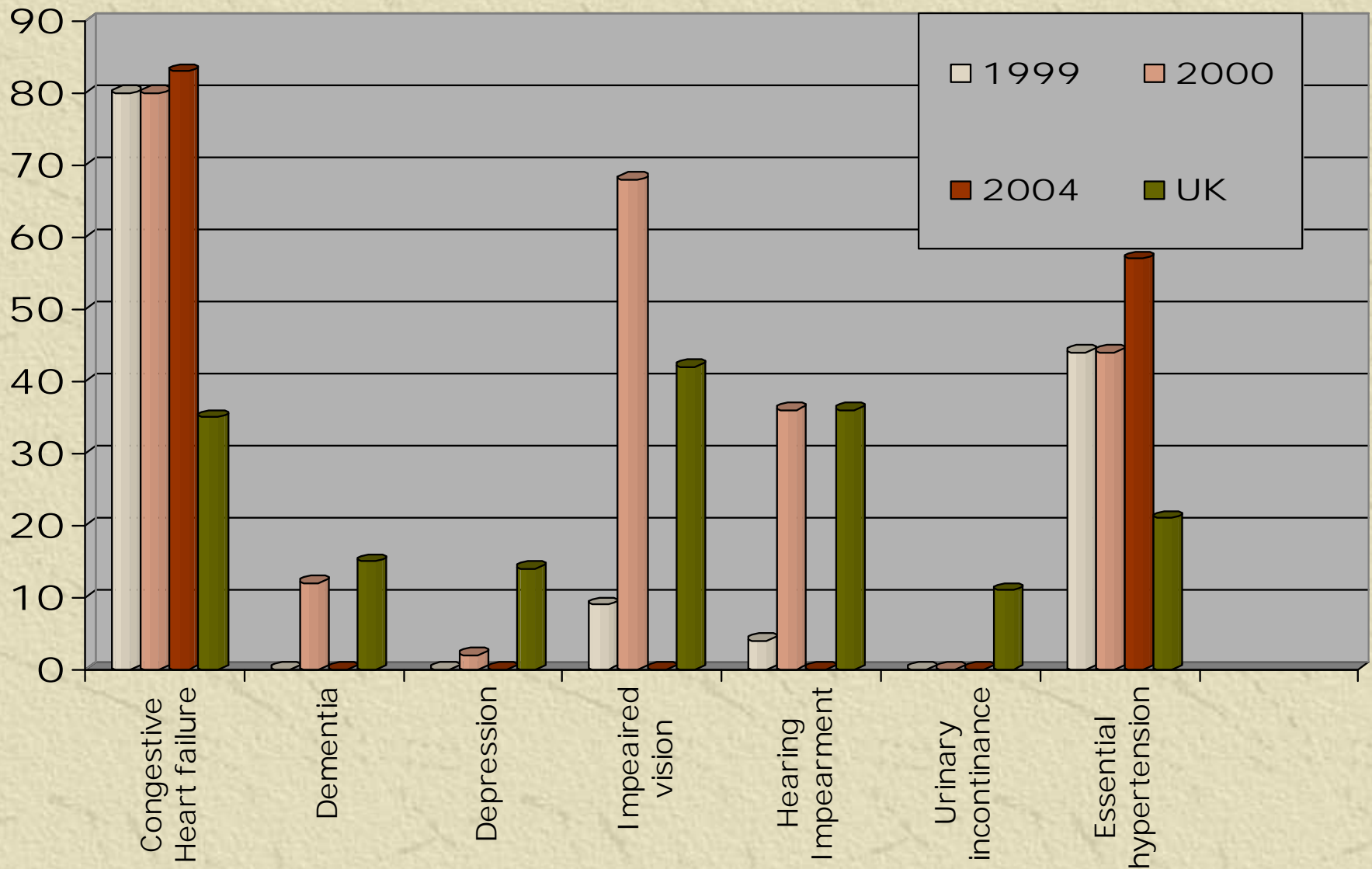
1999...

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- ✦ Attendance – very low
 - ✦ No one doctor had got medical records about social needs of the elderly, mobility, mental health, sensory needs, continence, functional performance and attitudes to medication.

Results of audits done in 1999 and 2000

Attendance to district outpatient clinic	39 %	66%
Measured blood pressure	100%	100%
Vision check	40%	76%
Hearing tests	83%	93%
Self-care ability	2%	55%
Mini-mental test	0	92%
Advice for the self-care	21%	78%
Education of caregivers	0	15%

Most common diagnosis made at NFMTC before and after the training course in gerontology



NATIONAL FAMILY MEDICINE TRAINING CENTER

The Best Practice for the elderly care



Existing Municipal Health Programmes

✦ Municipal PHC Programme

✦ 2004-2005 Municipal Health Programme to support the development of PHC

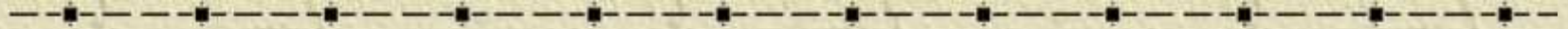
To create a long-term elderly care model, work with patients and families; physicians, nurses and others; developing the primary health care team approach

To Develop and Establish Standards, Guidelines and Audits for Assuring Quality of Continuous Medical Care for the Elderly

- ✦ **Timely access for urgent, routine or follow-up care** *to promote the efficient use of medical services*
- ✦ **Prevention of disease and promotion of health**
- ✦ **The diagnosis and management of disease**
- ✦ **Establish home nursing care** *for those who have difficulties in getting to the centre*

To Deliver High Quality Elder Care

Core activities:



- ✦ Establish a working diagnoses and plan of management for each elderly patient contact
- ✦ Develop primary care guidelines for long-term problems and protocols for the management of specific conditions
- ✦ Develop an effective health promotion/chronic disease program
- ✦ Develop shared guidelines with services of other agencies at the local level
- ✦ Evidence-based practice

Model for Monitoring and Evaluating Quality of Elder Care and Problem Resolution

- ◆ **Determine the focus of responsibility of quality assurance activity and the scope of services being generated by the organization**
- ◆ **Develop performance criteria, establish related measurement standards; Systematically monitor and evaluate the indicators of quality; Take appropriate action to resolve problems**
- ◆ **Create a permanent record of all quality assurance activities, ensuring that all relevant information is fully integrated into the organization**

To Develop and Establish a Wider Range of Medical Services Appropriate to the Common Needs of the Elderly Population at the Primary Care Level

- * Developing political awareness, understanding and responding to the political agenda, professional agenda, agenda of local people**
- * Establishing a wide network of local links**
- * Developing joint mechanisms working with other primary and public care teams in the area**
- * Develop joint mechanisms working with secondary and social care**

HEALTH is “a state of complete physical, mental and social well-being and not merely the absence of disease“ (WHO)

✦ *To ensure financial security*

✦ *good housing*

✦ *social services*

✦ *health care according to needs*

These should be available to all members of society, thus ensuring a high standard of general health and care for each elderly individual on equal terms.

To Create a Long-term Elderly Care Model

- ✧ As a result of the ongoing health reforms in Georgia, the national health services are making their first steps towards the development of the primary health care
- ✧ **Our aim is to develop services enabling a person to continue quality life, living at home for longer periods**