Disaster Aid
A World for the Aging and the Ill
A World for Children
A World for Disabled People

Medical Nursing Care at Home in Eastern Europe and Central Asia

Concept

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1 Introduction

The percentage of senior citizens in the entire population of Europe is one of the highest in the whole world. Out of the twenty countries of the world with the highest percentage of elderly people, eighteen are located in Europe.[1] While a simple equation of age with sickness and the need of nursing care would be out of order, it is nonetheless a fact that with advancing age multimorbidity – and with it, the need for treatment and nursing services – rises out of all proportion. Demographic developments, and the persistent emigration of young people from Eastern European and Central Asian states, are resulting in a growing need for nursing and care of the elderly in those countries. In Eastern European states the need is the more urgent in view of the frequent inadequacy of health care facilities – many poor people have no access to medical treatment at all. Health care at home, based on interdisciplinary therapeutic options (medical treatment, rehabilitation and nursing), just is not available.

In Eastern European and Central Asian countries, the general state of health of the population is considerably poorer than the EU average level.[2] Unexpected social developments following the fall of Communism – financial and economic crises, social inequality, an ever-increasing income differential and the rising cost of living – have had a negative effect on the state of health of the population. Particularly affected by this are chronically sick children and adults, as well as elderly multimorbid persons living on their own and in need of care who are dependent on medical treatment and nursing support. Eastern European and Central Asian countries are still a long way from having an adequate health care system that is accessible to all members of the population. In terms of health policy priorities, prevention, rehabilitation and medical nursing care at home are all underdeveloped. There is rarely any provision in national health systems for the establishment of mobile medical and social nursing services; almost without exception, in the countries of Eastern Europe and Central Asia such schemes exist only as plans on the drawing board.

Against this background, when it comes to the support of sick and elderly persons Caritas advocates the development of models for the provision of medical nursing care in the home. Such schemes, it is hoped, will be able to take on a pilot function, as they provide professional care at home and make it possible for people to remain in a familiar domestic setting in spite of sickness and disability.

Since 1989 Caritas Germany[3] has been supporting programmes for the development of medical nursing care in the home[4] in Central and Eastern Europe, with the aim of improving the condi-

[1] European Health Report 2005.
[2] WHO Regional Office for Europe: 10 Health Questions about the new EU Neighbours, Copenhagen 2006; WHO Regional Office for Europe and the Council of Europe Development Bank: Health and Economic Development in South-Eastern Europe in the 21st century, Paris 2006; Health: a Vital Investment for Economic Development in Eastern Europe and Central Asia, WHO 2007.
[3] the international dept. of Caritas Germany

tions of life for elderly and sick persons and pointing to an effective and economical way of providing essential health care. The detailed concept put forward in the present document is based on these experiences and is an extrapolation of the detailed concept developed for medical nursing care in the home in Central and Eastern Europe.[5]

In Eastern Europe and Central Asia health care has developed as a centralised political system, relying to a large extent on in-patient forms of medical treatment. Home nursing and support services rarely form part of the structure that is currently in place. Although medical nursing care in the home is an economical approach, and considerable shortcomings can be identified in the facilities for medical treatment of the sick and nursing services for sick and care-dependent persons, the authorisation of non-governmental organisations to provide health care is still by no means something that can be taken for granted. Statutory regulations in many cases only allow such services to be provided by economically run profit-making companies. Nonetheless, efforts can be observed in Eastern European and Central Asian countries to reform existing health care systems with a view to making them financially viable and more acceptable in social terms. A need for reform exists in a number of areas: requirements include binding definitions of health policy, an effective and decentralised health care infrastructure, transparent financing of the national health system, provision of information to the general public and finally, ensuring that medical and nursing personnel are properly qualified. The practical implementation of such far-reaching reforms against an economic background fraught with problems is however an extremely tricky undertaking. Eastern European and Central Asian countries are still a long way from achieving adequate health care facilities that can be accessed close to the home. What is more, there is a lack of cooperation and coordination between the medical and social systems. As a result, the services that are needed either fail to be developed or are developed alongside one another in an uncoordinated way.

It is hoped that the detailed concept advanced in the present document will contribute to the development of medical nursing care in the home. This document is designed to provide our partner organisations and those responsible for health care projects with a set of coordinates for the establishment of mobile health care and social nursing services.

In the text that follows we have frequently resorted to the feminine pronoun. This is because both the persons in need of care (in view of the lower life expectancy of men) and the nursing personnel (for culturally based reasons) tend to be women.

[4] As a technical term, medical nursing care in the home stands for a professional care of the sick that looks after the needs of sick people and those in need of care, based on the best professional principles, in the setting of their own home. In the transformation countries there are different terms current for this: Caritas Social Station, Home Care, Agency for Home Care, Social Centre, Patronage Service – to name just a few.
[5] This detailed concept was presented in July 2002 by the European Dept. of Caritas Germany.

2 Reasons for the extension of medical nursing care in the home

In the reform countries of Eastern Europe, the lives of many people are to a great extent determined by poverty. Among the consequences of economic poverty are undernourishment and an unhealthy diet, inadequate housing conditions, absence of any central supply system for water and power (gas or electricity) and want of access to medical facilities in connection with the commonest health risks. Health care invariably stands in a relation of mutual dependence to the economic system of a country. Deficient national budgets frequently lead to reduced expenditure on social services and medical treatment, which in turn results in greater risks to health. Healthy elderly people, however, are a significant resource – for their families, for the community and for the national economy. So measures to promote the health of the elderly are indispensable. If ageing is to be a positive experience, longer life needs to be associated with the maintenance of health, possibilities of participation and security – this was the conclusion of the Second World Assembly on Ageing, held in Madrid in 2002.

A considerable increase in the need for medical aid, nursing care and social and domestic support can be expected in future, as a result of the following factors:

- the growing number of old and very old people, coupled with the dwindling of relationship networks,
- the steadily growing number of people with chronic illnesses and dementia,
- the spread of HIV and AIDS,
- the increased prevalence of tuberculosis, hepatitis B and hepatitis C and
- the limited facilities for treatment in hospitals and care institutions.

Access to medical treatment is a right enshrined in the Charter of Fundamental Rights of the European Union, and it is an essential component of human dignity. The right of every human being to medical treatment is guaranteed in the constitutions of most states. In reality, however, universal access to health care has hardly been put into practice as yet. Even if statutory regulations for medical treatment are in place, this does not mean that it will always be available when needed. The diagnostics and supportive nursing services required for the treatment of sickness are generally only available on the basis of additional payments, for which people's incomes or pensions are frequently insufficient. Medical nursing care in the home cannot compensate for medical treatment in the absence of the latter.

It can however support or supplement medical treatment, and its provision of professional nursing care can have preventive and rehabilitative effects. Medical nursing care in the home aspires to improve the life situation of sick persons and persons in need of care, as well as the quality of support they receive. Demographic developments mean that governments are faced with the challenge of providing access to the necessary nursing services to all members of the population in need of long-term nursing care. A significant majority of people (almost nine out of

ten Europeans) prefers the idea of care at home to care in an institution.[6] This means that the demand for home nursing and support services can be expected to grow significantly in future.

In most transformation countries a culture of care and concern, based on the dignity of the individual as a right defined by the constitution, is fundamentally lacking. This shortcoming is reflected in the training given to 'medical nurses',[7] a training which is focused on sickness and the hospital. Preventive and therapeutic concepts of therapeutic care are undeveloped, or are only tentatively put into practice. Nursing care is not seen as an indispensable component in the process of recovery. Professional nursing knowledge and skills are taught as part of the training, and candidates are examined in these fields, but they are hardly used in subsequent practical work. Advice on health, information on how to deal with people in need of care and the solution of care problems – none of this forms any part of the nurse's remit, nor is the deficiency made up by any other professional class. As a result, the knowledge and skills needed for an activating nursing care are not to be found in the population at large either. Self-help and the management of situations calling for nursing care are alike rendered more difficult.

As an institution, medical nursing care in the home combines tasks from various different areas – medicine and nursing, health education and social security. Persons in need of long-term care, in particular, have complex requirements which rule out any isolated view of the medical or social aspects of their situation. As a service that complements medical and social institutions and the support provided by family members and the social network, medical nursing care in the home offers the possibility of planning health care on an individual basis, in a way appropriate to the individual person and her life situation.

The establishment of medical nursing care in the home also offers the opportunity of creating suitable jobs close to the home. These are particularly attractive to women wishing to combine their family responsibilities with a profession. The provision of appropriate conditions of work also serves to counteract the exodus of qualified nursing staff.

3 Problems of sick persons and persons in need of care

In view of current life conditions for people in Eastern European and Central Asian countries, where the most urgent health imperatives – like clean drinking water, sufficient nourishment and healthy living conditions – are in many cases not met, sickness and the need of care constitute a special social problem. In addition to the difficulties of an insecure basis for life, sick persons and persons in need of care must cope with specific problems on a daily basis. The death of a partner, coupled with the tendency of young people to move to the city or leave the country, often leaves elderly people living on their own. With increasing age, they can no longer count on local family support or children living close by. Solitary sick persons and persons in need of care

[6] European Commission: Long-Term Care in the European Union, 2008.
[7] This can be represented as the training of medical assistants whose main task is to support doctors in their diagnostic and therapeutic work.

have to meet the challenges of daily life at home on their own, and often prove unable to provide for themselves. A combination of material hardship, the social experience of loss, a poor state of health and medical or nursing problems makes elderly people particularly dependent on the help they can get from others.

The threat presented by HIV and AIDS and their effects also adds up to a special challenge in connection with medical nursing care in the home. The number of AIDS patients in need of care is likely to increase dramatically, and so also will the need for home nursing and support. Not just their families, but public health systems as well are unable to cope with the demand. In Eastern Europe and Central Asia HIV and AIDS sufferers are no longer a mere peripheral group but have developed into a real social problem. HIV sufferers are often stigmatised, which leads to the condition being treated as a taboo subject. Information and advice on prevention and on the care of persons suffering from AIDS are a matter of increasing importance in connection with medical nursing care in the home.

Sickness and the need of care present those immediately affected, as well as their family members, with a new life situation. Family members providing care have to balance out their own needs, family pressures, professional commitments and the needs of the person they are looking after. Care persons are often at their wits' end, because they lack the knowledge, skills and practical experience that are required for the provision of medical and nursing support. Information, consultancy and instruction in home care are thus just as important as the assurance of reliable and competent support in the form of medical and nursing care by physicians and the health services.

There is frequently a need of help in connection with the following daily activities:

- the regular taking of medicines (sometimes several times a day),
- controlled readings of blood pressure and blood sugar levels, and other planned measures for observation of the sick person's condition,
- the changing of bandages in cases of chronic wounds,
- personal hygiene (washing, showering, bathing, brushing teeth, combing hair, shaving),
- excretion of urine and faeces, going to the toilet,
- preparation and consumption of food,
- getting up and going to bed,
- getting dressed and undressed,
- managing to walk and stand independently, leaving and returning to the home,
- management of the house, cleaning the home, washing clothes and laundry, changing the sheets, shopping, cooking, washing up and regulating financial affairs.

People affected by sickness frequently require not just practical help, but also psychosocial support in order to cope with the condition of being sick and dependent on care.

Suitable aids for the treatment of sickness, or such as are required to compensate for or guard against a physical handicap (palliatives for regular complaints, or tools to facilitate nursing care), are rarely provided, even though they would make it easier for people to cope with the challenges of daily life and look after themselves independently.

Nor can it be assumed that sick persons and those in need of care, and their relatives, will be adequately informed about the condition they are suffering from, its consequences, the appropriate medical treatment and the proper methods and resources that are required to care for the patient. Health risks and consequential problems are frequently incurred by persons in need of care, as well as by those caring for them, just because of a lack of the necessary information and instruction. An inadequate or unsuitable diet, unhealthy living conditions, non-existent or inaccessible medical treatment or nursing resources all serve to make their life situation more difficult and increase their dependence on external help.

4 Conceptual framework

Fundamentals

Based on their mission, the mandate of the Christian churches includes contributing to the solution of social problems. This applies above all to situations where human life is at risk or human dignity is put in question. The living conditions of aged people who are sick or in need of care in the transformation countries represent a problem affecting the whole of society, and so come under this heading.

Sickness affects all dimensions of the reality of the human individual. Sickness affects the body, the soul, the life, the social relations and all the thoughts and actions of the person affected. Sick persons in need require a form of support that gives them hope in a situation of apparent hopelessness, and refreshes or strengthens their confidence in their inviolable human dignity. As a form of Christian concern for the human being, Caritas Home Care is directed to the whole person and is designed to cope with her physical, psychic, psychological, social, spiritual and material needs. The care services we offer are aimed at the individual and the life situation of the individual, being based on the idea of 'helping people to help themselves'. Full-time nursing personnel and voluntary Caritas helpers work together to provide reliable and competent support for sick persons and persons in need of care who depend on their services.

Social, political and ecclesiastical expectations of the home care services that Caritas provides are many and varied, and often fail to take into account the limits of the possible. As a mobile health care service, Caritas Home Care is obliged to provide professionally qualified care of the sick that relates to the sufferer's needs and empowers persons in their social vicinity to assist them. This provision of assistance is more than just a voluntary social endeavour – it is also a significant public task, and as such forms part of a country's social security system. Demo-

graphic, social and economic developments have made the reliable provision of support for sick persons and persons in need of care a centrally important task for society. Caritas Home Care can make an important contribution in this field.

In this connection, it is also very important to work out a statement of guiding principles – as this is the only way to check whether the range of services, the composition of the personnel provided, the qualitative results achieved and the impression made on the general public conform to the goals and profile of the care provider.

Targets and tasks

Caritas Home Care[8] is a mobile service offering home care, consultancy and support to persons who are sick or in need of care and the family members looking after them. With the assistance it offers, medical nursing care in the home is based on the needs of the individual and assumes responsibility for a form of care that is professionally qualified and meets the imperatives of human dignity. Caritas accepts its social responsibility in relation to persons who are sick or in need of care and the family members looking after them, as well as to its own members of staff.

With a view to improving the life situation of sick persons and persons in need of care, Caritas is pursuing a number of targets in the field of medical nursing care in the home on the basis of pilot projects. These targets are regarded as being of equal value.

Project targets in connection with medical nursing care in the home

- Creation of models to improve the provision to the population of outgoing domestic health care and social nursing services
- Ensuring the participation and empowerment of members of the population acting on their own initiative, by helping them to help themselves and by motivating and enabling voluntary helpers
- Promoting health on the basis of information, consultancy and instruction, together with prophylaxis against health risks and the prevention of avoidable medical complications
- Creation of appropriate conditions in the workplace, together with the specialisation, differentiation and development of the specifically social work of Caritas as a service of the church
- Cooperation and networking involving all the professional groups and institutions involved in this field
- Integration of medical nursing care in the home with health and social security systems.

[8] Terminologically speaking, Caritas Home Care stands for the professional nursing service provided by Caritas which looks after sick persons and persons in need of care in their own home. In the transformation countries it is known under various names (Caritas Social Station, Agency for Home Care, Caritas Home Care, Social Centre etc.).

Based on these targets, medical nursing care in the home is designed to improve the life of sick and care-dependent persons by providing information and advisory services to the family members affected, together with the best possible professional support in the context of the home. Professionally qualified care personnel are provided to give advice, instruction and support to sick persons and persons in need of care, family members and voluntary care workers in connection with the promotion of health and domestic nursing care. Furthermore, domestic nursing care is planned in cooperation with other professional groups, institutions and services that are involved in the provision of nursing and health care services.
Caritas Home Care helps sick persons and persons in need of care to go on leading a life at home in accordance with their individual requirements for as long as it lasts. It supports family members and other persons involved in meeting the obligation they have taken on of caring for and looking after the sick or care-dependent person. Caritas Home Care is particularly concerned to maintain intact existing help networks based on family and neighbourly relations.

Home nursing care services

The medical nursing care in the home services provided by Caritas is directed to the specific requirements of persons who are sick or care-dependent. Medical nursing care in the home documents the individual's needs and the services provided, as well as supplying directly the home care services that the sufferer herself, her family members and persons close to her may be unable to provide.

The central services provided by Caritas Home Care for sick persons and persons in need of care in a domestic setting include the following:

- information, instruction, consultancy and emotional support,
- medical care (e.g. the administration of medicaments, injections and infusions or application of medical ointments),
- applying and changing bandages,
- stoma care and treatment in connection with tracheostomy, praeternatural anus and urinary tract stoma,
- taking readings of blood pressure and checking blood sugar levels, observation of vital signs,
- putting on compression stockings,
- applying prostheses and bandages,
- applying and removing catheters,
- checking and looking after drainages,
- preventive and rehabilitative mobility exercises, loan of nursing aids,
- help with arranging and keeping medical and hospital appointments,
- personal hygiene measures including help with excretion,
- making patients comfortable in bed,
- helping them get dressed and undressed, supporting them in getting up and going to bed,

- helping them with household tasks such as shopping, cleaning the home, preparation of food, laundering sheets and clothes.
- Caritas Home Care also helps make it possible for families to be with the sufferer at the point of death and take their final farewell of her.

Organisation and structure

In considering how medical nursing care in the home can best be organised, it is essential to analyse the situation in which the work is to be carried out. It is particularly important to take into account the situation of the local population in relation to the provision of health care. It must be determined, on the basis of analysis on the spot, what home care services are already provided and what services are still in need of development.
As well as a description of the current health care situation of the population, an outline of the basic limiting conditions in the following areas is also called for:

- describe health care services and their shortcomings;
- determine the specific help requirements of sick persons and persons in need of care living at home;
- find out what household structure elderly people are living in;
- check the national and local authorisations required for the provision of medical nursing care in the home;
- decide where the main points of emphasis for medical nursing care in the home should fall;
- select the location for Caritas Home Care and define the area where care is to be provided;
- acquire project partners;
- get in touch with contact persons (local municipal councils, doctors, hospitals, NGOs);
- clarify fundamental financial issues;
- obtain any subsidies offered by local councils and other municipal authorities.

Suppliers of medical nursing care in the home bear the overall responsibility for the working methods, organisation and quality of the services provided and the qualifications of personnel. Based on the organisational form of the mobile services for medical nursing care in the home provided by Caritas, home care, advisory services and support are offered for a manageable regional area. The selection of the services to be provided is at all times interrelated with the need of support, as well as with other factors such as the qualifications and number of staff available, the equipment on hand and the availability of financial resources.

Depending on the specific help needs and the resources available to Caritas, different models for the provision of care and support in the home can be realised:
- services offering information, consultancy and instruction on care in the home (either exclusively or in combination with other service areas);
- services to provide help with household tasks;
- services to meet care and mobility needs;
- services involving medical care;
- services involving the loan of home care aids;

- services involving all or a number of those listed above;
- services that are integrated with other health care institutions or are organised as an independent service.

For the development of medical nursing care in the home it is essential that there should be a central contact point and scene of operations through which information, care and support can be accessed. The help provided by Caritas Home Care is not dependent on the religious affiliation or ethnic origin of the person in need of help, nor does it bear any relation to the nature of the illness.
Caritas Home Care provides medical, nursing and social support as a mobile service for a defined and delimited regional area (e.g. one or more parishes, a deanery, a town or an urban district). The size of the catchment area must be based on the service resources available. Time spent on travelling should not take more than a quarter of a carer's daily working hours.
Help is provided both by full-time nursing personnel and by voluntary Caritas helpers. This involves networking between the full-time professional staff and volunteers in the parish communities.
Caritas Home Care coordinates the deployment of its staff from a central office. Patient-based documentation of the planned operations and services provided is an indispensable requirement.

Personnel and further training

As the health care and social nursing services of Caritas claim to be based on the individual human being, decisions relating to personnel are of particular importance. Official constraints are another factor calling for a decision as to what professional groups need to be represented on the team. Requirements in terms of the qualifications of staff will be interrelated with the specific services provided. Good working conditions are an essential prerequisite for the acquisition of committed personnel. These include a comprehensive induction into the new field of work, regular (if possible weekly) meetings to discuss services and individual cases, the opportunity of further training and adequate professional consultancy and supervision.

Direct personal services to maintain or improve domestic nursing and support of the sick are provided by medical nurses, care staff, social assistants, home helpers and volunteers. Depending on their qualifications, their area of work will include various tasks, though with some core tasks in common.

The core tasks of medical nurses are as follows:
- information and consultancy services to patients and their family members;
- cooperation with family members, doctors and hospitals;
- carrying out medical, nursing and prophylactic measures;
- provision of basic nursing services (personal hygiene, dressing/undressing, making the patient comfortable in bed, checking that the patient is eating and taking medicines etc.);
- arranging for the loan of home care aids to facilitate nursing and encourage independence;

- planning and documenting the care provided;
- instructing and accompanying volunteers in connection with help in the home and social support.

The core tasks of care staff, social assistants and home helpers are as follows:
- provision of basic nursing services (personal hygiene, dressing/undressing, making the patient comfortable in bed, checking that the patient is eating and taking medicines etc.);
- carrying out prophylactic measures;
- helping patients to take food;
- creating and fostering contact with relatives;
- creating and fostering contacts in the patient's social and cultural environment;
- supporting the patient in dealings with the authorities, and representing her interests;
- help with domestic tasks (cleaning the home, looking after clothes and laundry, shopping, preparing meals);
- documentation of the services provided.

The core tasks of voluntary helpers are as follows:
- providing social support for sick and elderly people;
- accompanying patients when they leave the home;
- supporting them in keeping up social contacts;
- supporting them in their dealings with the authorities and visits to the doctor, and generally representing their interests;
- dealing with errands like picking up prescriptions from the doctor or medicaments from the pharmacy, paying bills on the patient's behalf;
- helping patients with their shopping;
- helping keep the home clean;
- help with the care of clothing and the laundry;
- documentation of the help provided.

Adequate professional qualifications and the ongoing training of full-time members of staff and voluntary helpers are essential prerequisites, if home care is to be provided to the required standards of quality.

Ongoing training should be actively planned rather than being left to chance. Such training should serve for the development of the skills needed for medical nursing care in the home and for the personal development of members of staff. Especially in the initial and consolidation phases of home care, employees in various working areas and on different levels of responsibility are likely to be faced with complex and varying demands.

Caring for sick and elderly people in a home setting calls for a professional and objective judgment of the situation and its requirements on the part of members of staff. Support measures must be planned and carried out effectively. Training courses should also provide and reinforce skills which are indispensable for responsible involvement with medical nursing care in the home and for professional and networked social relations as part of a team.
Further training in the field home care must offer qualifications for various different areas of responsibility. Qualifications are necessary

- for the competent assessment of varied and different care situations,
- for the provision of quality-based and activating care and support,
- for the constructive planning of communicative and cooperative measures,
- for information and consultancy relating to preventive measures, especially in relation to chronic and infectious diseases,
- for instruction and consultancy on care issues,
- for the handling of management tasks and lobbying, and
- for the reliable judgment of one's own professional limits and possibilities.

Documentation and reports

Without documentation, medical nursing care in the home that meets contemporary standards would be unthinkable. This includes the documentation of nursing work and institutional administrative tasks, both being equally important areas. For medical nursing care in the home, sound administration is as indispensable as it is in business generally. This must form the basis for transparent cost and activity accounting, bookkeeping and the annual financial statement. Only an overview of the costs overall, as allocated to the different areas of activity, offers a valid foundation for the purposeful development of medical nursing care in the home.

For it to be possible to form a judgment of the physical, social, emotional and spiritual well-being of persons in need of care as their condition develops, the documentation of nursing work – nursing documentation – is an essential instrument. It serves to ensure that sick persons will be cared for and looked after in a planned and purposeful way.

The aim of the documentation of nursing work is the systematic registration and classification of all the information that is relevant to the realisation of the intended care strategy.

Written nursing plans, reports and progress sheets reporting specific observations of a condition (e.g. blood pressure or blood sugar levels) assist the continuity of nursing care. Moreover, consistent documentation encourages a form of communication that is focused on persons, resources and problems, such as is only possible to a limited extent when providing care in the home (by contrast with in-patient treatment in an institution). As a result, a better estimate can be formed of the individual care situation. Seamless documentation informs all the persons involved about the current care situation, militates against the adoption of stereotypical nursing models and reduces risks in the provision of nursing care.

Consistent nursing documentation also serves as an organisational instrument for the planning of service schedules and the coordination of working processes, and can be used to demonstrate and check the quality of the care provided.

Essential elements of nursing documentation

- Master record / card index card for personal data, social and nursing anamnesis, notes on mobility, capabilities, patient's ability to look after herself, illnesses
- Nursing plan describing the individual nursing diagnosis or nursing objectives, along with the associated nursing operations, detailing what needs to be done and when and how often
- Nursing report, notes on the progress of nursing, recording any changes and the state of the patient
- Medical instructions sheet and progress check sheet
- Activity sheet for the consistent record of activities and for statistical purposes.

Thorough project documentation simplifies the periodic presentation of results, and supports lobbying and publicity work. Such reports should give a clear picture of the essential facts relating to the costs, returns and the services supplied and of the connections between these various factors.

Working premises and facilities

Requirements for Caritas Home Care that relate to the premises and provision of equipment and facilities may be derived from the defined service areas and from statutory stipulations relating to the authorisation of health care and social nursing work.
The location of medical nursing care in the home serves as a central scene of operations, and should be easily accessible by members of staff and visitors. Spatial requirements for medical nursing care in the home include the following:

- An office and a meeting room are essential; there should be facilities for members of staff to make tea and coffee; this can also be combined with a demonstration area for instruction in the use of nursing aids.
- Wet room and shower for the hygienic preparation and after-treatment of instruments and working materials and for the cleaning of nursing aids.
- Toilet (for staff and visitors).
- Depot and equipment room, when nursing aids are provided on loan.

Besides the layout of the premises in accordance with functional requirements, essential basic features includes the following: equipment and nursing aids, instruments, bandaging materials, disposable needles and syringes, disinfectants for skin, hands and surfaces, medical literature and training materials, out-patient treatment bags for all nursing staff (including blood pressure measuring equipment and a stethoscope), consumables for the first-time provision of nursing care, disposable gloves and disinfectants for the hands.

The remit of medical nursing care in the home does not include responsibility for keeping the patient continuously supplied with medicaments and nursing consumables.

Consistent forms for the documentation of nursing care, mandatory for all members of staff, must form part of the equipment provided.

Use of one's own car facilitates the mobile deployment of nurses and members of staff in areas where no public transport is available, and the distances between persons in need of care are such that effective work would otherwise be impossible.

Coordination and networking

The coordination of the manifold aspects involved in domestic care and support is an important precondition for the further development of medical nursing care in the home. This also adds up to an important prerequisite for cooperation with the responsible ministries and authorities, and for the integration of medical nursing care in the home with national health systems and social security policy.

The core tasks of coordination include the following:
- Coordination and realisation of project work
- Cooperation in the provision of medical nursing care in the home (internally to Caritas, and with other institutions)
- Organisation of the ongoing training and further training of members of staff involved in the project
- Promotion and development of medical nursing care in the home as a professional service
- Promotion and development of voluntary work in medical nursing care in the home
- Cooperation and networking between government authorities and independent institutions
- Lobbying work to improve the life situation of sick persons and persons in need of care
- Lobbying work to promote the integration of medical nursing care in the home with national health and social systems
- Lobbying work to encourage financial contributions to medical nursing care in the home from the local self-administrative authorities
- Contributing to publicity work for medical nursing care in the home
- Information, monitoring and reporting.

Within the health care system as a whole, the services provided by mobile home care represent only a partial area. This makes it indispensable for members of staff to cooperate with other persons and institutions involved in health care. They will make sure that a doctor is involved in good time if necessary, organise support from a social service or information centre, arrange a visit from the priest or minister and provide other social aids.

Caritas Home Care plans its tasks in cooperation with the patient's family members, with doctors, priests and ministers, voluntary parish workers or neighbourhood volunteers, information centres, polyclinics, hospitals, social security offices and institutions working to provide help for the elderly and for persons with special needs. The ongoing development of cooperative relations with all these partners is an essential task.

National and independent services providing medical nursing care in the home should also be acquired as partners, as well as interest groups representing the concerns of sick persons and persons in need of care.

Lobbying

In many Eastern European and Central Asian countries, medical nursing care in the home has not been integrated with the health care facilities available to the population. The planned and continuous provision of information about the experience of medical nursing care in the home should raise the awareness levels of responsible politicians and the population at large in relation to the needs of sick persons and persons in need of care. People are often unaware of the problems of sick and care-dependent persons and elderly people living on their own, because such persons do not have a mouthpiece to make their voice heard in society. Among the tasks of medical nursing care in the home is to bring home to the general public the wide variety of the different needs involved, and where necessary to press for a reform of the statutory regulations.

For a state that sees itself as democratic and socially aware, a responsible social involvement on the part of the population is a matter of great importance. In a democratic society the citizens are challenged to contribute to the nation's social system and help realise it on the basis of their own social initiatives. Another of the objectives of medical nursing care in the home is that families should be supported in looking after their sick and care-dependent relatives, and interested citizens should be enabled to contribute to care and support in the home on the basis of complementary voluntary services.

5 Financing and sustainability

Caritas Germany works for the sustainable development of medical nursing care in the home in its partner countries. After an initial, time-limited phase of partnership, the partners should be in a position to carry on with medical nursing care in the home independently so as to ensure permanent benefit to the relevant target groups. If this is to be achieved, a suitable legal frame-

work needs to be in place. Many Eastern European and Central Asian countries are trying to move away from a centrally planned national health system and to develop a health care system financed by health insurance and to a large extent paid for out of income tax. In situations of economic recession and political instability, the introduction of such systems can be expected to bring about adequate forms of health care on the basis of insurance coverage only very gradually.

European social legislation so far provides regulations only for limited areas of society, as this sphere has always been thought to be the prerogative of national sovereignty. Consequently all governments will have to show in future how the quality and financing of home or long-term care is ensured. The organisation of the national health system and provision of medical treatment for the population are also matters for which the state is principally responsible. The European Council is working to achieve an appropriate standard for the provision of health care and to support healthy habits and styles of life. It also aims to promote the equal access of all members of the population to the health care system. Health education and nursing care in the home are particularly important in this connection. Responsible decisions on the levels of health and social policy give preference to out-patient treatment and care in the home over in-patient services provided by an institution. To take the pressure off clinics by cutting the time patients spend in hospital, with hospital services shifting in the direction of the treatment of acute and severe conditions, there needs to be a reliable and readily available system in place for the treatment of out-patients. So medical nursing care in the home also needs to be taken into account by legislation on social services and benefits.

When it comes to ensuring the provision of care of the sick in a domestic setting, it is characteristic that different aid systems, with varying degrees of organisation and professionalism, will be involved in the project. Medical treatment will be to a large extent provided by out-patient departments and polyclinics, consultants and hospitals. Nursing care will be given by the primary network of family, neighbourhood and friends, backed up by voluntary helpers and where necessary by organised professional help services, such as Caritas Home Care. Services provided by medical nursing care in the home are an important and indispensable element in the primary health care and social security systems. They support those in need of care, and help to avoid situations where excessive demands are made on those caring for the patient.

Financial coverage of costs

Caritas Home Care aims to make a sustainable contribution to the improvement of the nursing care and support provided for sick and care-dependent persons in a domestic setting. Its main aims are the implementation of nursing advisory services, the promotion of self-help in the nursing care and support given to sick and care-dependent persons and the provision of the nursing services that are required. This also includes the acquisition, training and accompaniment of

voluntary helpers for medical nursing care in the home. It must also be possible for the success of home care to be measured with reference to financial, business management and economic factors.

Mobile health care and social nursing services that are effective and in tune with requirements can only be achieved in the long run when financial backup of these outgoing services can be assured, in the middle to long term, in such a way that all costs are covered. Records of activity that are open to inspection, transparent cost unit accounting and cost calculations showing each working hour spent in home nursing, as well as each patient, house visit and service provided, are an essential basis for this.

Financial support from charitable organisations can only be a transitional solution. Nursing care in the home forms part of the primary health care system, and so should be firmly integrated as a service with health insurance or with other financial systems of the health care services.

The following measures can help to ensure that the costs are covered:

- integration with the health care system
- recognition of the service provider within the health insurance system
- recognition of the service provider within the social security system
- cost refunds and remuneration for service from the social security and health insurance systems
- cost contributions from sick and care-dependent persons
- state subsidies for the cost of care or in the form of institutional sponsorship.

Decisions should be taken as to what risks and medical conditions need to be covered by the provision of health care. This means asking, in concrete terms, what needs to be provided for sick persons, persons in need of care and persons with special needs to make it possible for them to lead a life in keeping with human dignity, and who is going to provide it and under what conditions.
In the interests of health and social security, sick persons should be provided with a legal claim to certain kinds of help, and the service provider should be subject to defined requirements.

As a service supplier under the national health care system, the provider of services for medical nursing care in the home has a fundamental claim to the reimbursement of costs by way of remuneration for work performed.
Public funding – like subsidies for personnel costs, rent and material expenses – should be taken into account when calculating the level of remuneration, in so far as this has been expressly designated by the funding body for the indirect subsidisation of the remuneration for work performed.

Caritas is entitled to expect remuneration for work performed in all cases where the nature of the assistance provided – especially in connection with legal claims for services rendered within the health insurance system – allows for it. It cannot be the responsibility of Caritas to subsidise the health care system and social obligations of the state, nor indeed would this be possible in view of the limited finance at Caritas' disposal. Regular adjustment of remuneration levels to match the general development of personnel and material costs is also required. A necessary condition for this is the transparent evidencing of direct costs, to include all direct costs incurred in carrying out tasks on the basis of an economical system of operational management.

6 Literature

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