



# Care and Services Demands VS. The Real Possibilities of the Providers

Sirpa Salin, PhD, Gerontological Nursing  
Autum 2017

- Finland is a Nordic country situated in Northern Europe (sixth largest country in Europe)
- Finland has a population of 5.3 million
- Its capital city is Helsinki
- The biggest and most important cities in Finland are Helsinki, Tampere, Turku and Oulu
- Official languages: Most (92%) speak Finnish as their mother tongue. The second official language is Swedish (5,5%).
- Independence: Declared December 6, 1917
- Accession to The European Union: January 1, 1995
- The Life Expectancy
  - Females: 83,8 years
  - Males: 77,8 years



# Content:

- Profound changes in the social and health care system in Finland
- The structure of the elderly care services
- The trends in caring in general
- Home care
- Integrated care pathways
- A few notes about functional capacity
- Wise solutions for the future



# Finland Now

- The municipality is responsible for providing elderly services
- The public sector is the largest producer of services for the elderly
- The municipality can buy services from the private and third sector through competition
- The municipality may also provide service vouchers to the customer and customers can choose the service provider





# Healthcare and social welfare reform package in Finland

General information 14 April 2016



<http://alueuudistus.fi/en/frontpage>

# Why is the reform needed?

- The growing need for services among the aging population, the changing range of illnesses and wider possibilities for treatment along with greater expectations from the population create pressure for mounting costs
- Slow economic growth and a high total tax rate by international standards are an impetus for finding new ways to curb rising costs.
- Inequalities among different areas and groups

# New functions of the counties as of 1 January 2019

## Government

- Decisions on healthcare and social welfare services: nationwide work division, division of duties over county borders, policies for service provision, broad-based investments, other measures needed to safeguard availability of services, steering of information management and ICT, steering of counties through agreements

## Counties

- Healthcare and social welfare
- Rescue services
- Duties of the regional councils
- Regional development duties and tasks related to the promotion of business enterprise
- Environmental healthcare
- Planning and steering of use of regions
- Promotion of regional culture and identity
- Other statutory services organised on a scale that is larger than a municipality that require deliberation
- Cooperation between counties

## Collaborative catchment areas

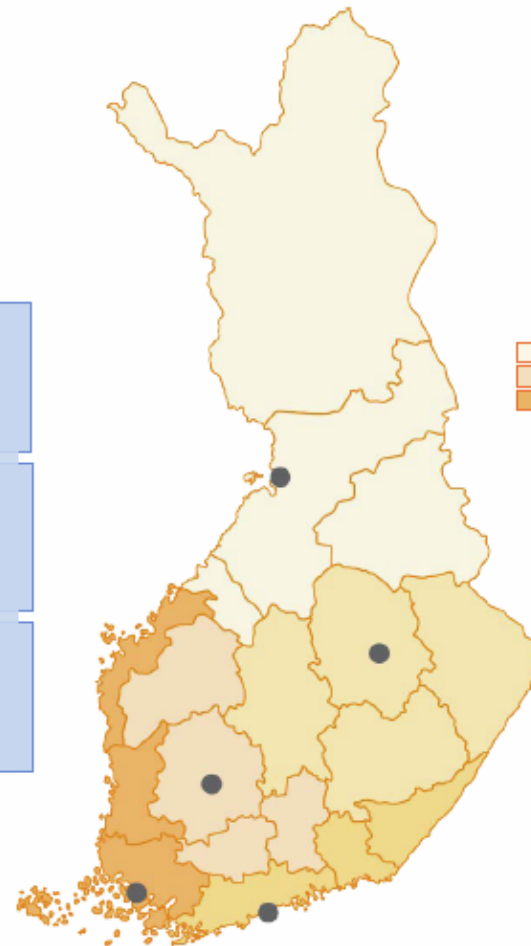
- Centralised duties in most demanding services
- Streamlining of service structure, investments and services
- Development and centres of excellence
- Emergency medical service unit
- Collaborative tasks and forum
- Cooperation agreement

## Municipalities

- Statutory duties – local tasks
- Promotion of health and wellbeing
- Local democracy and dynamism
- General mandate

## Service providers

- Public, private and third sector service providers



## 18 counties

- Responsibility for organising services
- Responsibility for financial resources
- Determines service level and contract for arranging services



## 5 collaborative catchment areas

## 12 units with extensive service around the clock (incl.

- 5 university hospitals

## Municipalities

# Planning for Ageing



- ☐ Where do I want to live?
- ☐ How do I want to live?
- ☐ What will I do with my days?
- ☐ Where do I want to die?





# The Finnish Elderly Care Law (2013) and The Recommendation



- 1) **to support** the elderly population's welfare, health, functional capacity and independent living
- 2) **to increase** and **to strengthen older peoples' opportunities** to participate in developing services
- 3) **to improve** the elderly's possibilities of receiving high-quality social and health services
- 4) **to receive** guidance from the use of other available services
- 5) It is important to receive the services sufficiently in advance – before their functional capability is going down!

# The Recommendation (2013)

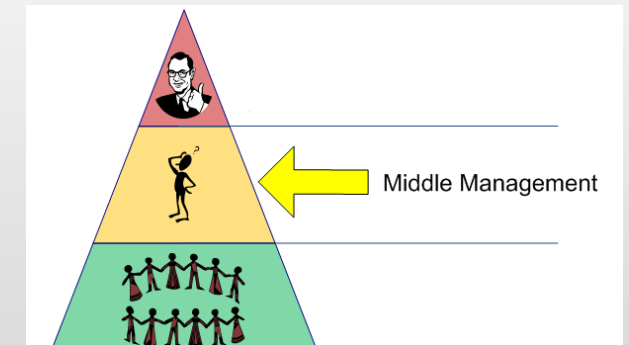
## Middle managers are responsible for

- The appropriate organization of the work
- The reform of working practices and staff skills
- The well-being and safety of the employees

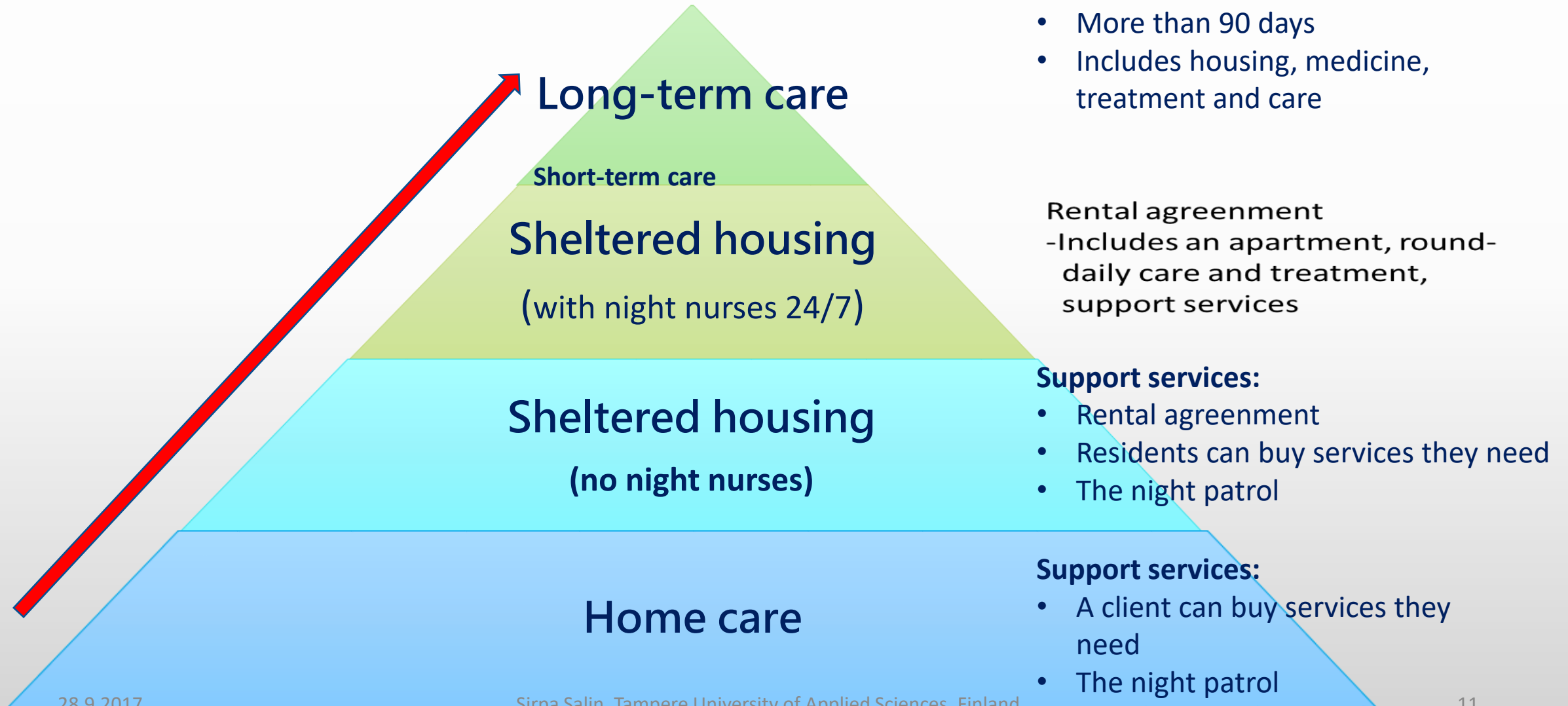


## ➤ The Participatory Management Style increases the well-being of employees

- ThemManagement of multi-professional teams
- A flexible allocation of the staff as needed



# The Structure of the Elderly Care Service



# The Aims for 2017

<b>75+</b>	<b>2010 %</b>	<b>2011 %</b>	<b>2017 %</b>
<b>Living at home</b>	<b>89,5</b>	<b>89,6</b>	<b>91 -92</b>
<b>Regular home care</b>	<b>11,8</b>	<b>12,2</b>	<b>13 - 14</b>
<b>Support for informal care</b>	<b>4,2</b>	<b>4,4</b>	<b>6 – 7</b>
<b>Sheltered housing with a night nurse</b>	<b>5,6</b>	<b>5,9</b>	<b>6 – 7</b>
<b>Long-term care, %</b>	<b>4,7</b>	<b>4,4</b>	<b>2 - 3</b>



# The main reasons to seek treatment

(Vauramo 2013)

	%	The mean age of the clients
<b>Nursing homes:</b> <ul style="list-style-type: none"> <li>• <b>Dementia</b></li> <li>• Unable to take care of oneself</li> <li>• Somatic disease research and treatment</li> <li>• Other reason</li> </ul>	59 % 19 % 7 % 15 %	<b>84</b>
<b>Sheltered housing (with night nurse)</b> <ul style="list-style-type: none"> <li>• <b>Dementia</b></li> <li>• Unable to take care of oneself</li> <li>• Physical impairment – Difficulties in moving</li> <li>• Other reason</li> </ul>	57 % 20 % 5 % 18 %	<b>83</b>
<b>Sheltered housing (no night nurse)</b> <ul style="list-style-type: none"> <li>• Unable to take care of oneself</li> <li>• <b>Dementia</b></li> <li>• Housing problems</li> <li>• Other reason</li> </ul>	32 % 23 % 7 % 38 %	<b>80</b>
<b>Long-term care</b> <ul style="list-style-type: none"> <li>• <b>Dementia</b></li> <li>• Somatic disease research and treatment</li> <li>• Unable to take care of oneself</li> <li>• Other reason</li> </ul>	59 % 24 % 8 % 7 %	<b>82</b>

# Trends in Caring in General

## More acute hospital care (specialized care) for the elderly

- Short hospital stays
- The partial optimization of care systems

## Less Institutional care available

- Home care coverage has fallen
- Family caregivers and other informal caregivers carry more responsibility

## The service system is complicated, bureaucratic and fragmented

- Integrated care pathways do not work
- Too many transitions from one institution to another.



# The Service System from the Point of View of the Family

- Confusing
- Fragmented services
- Lack of coordination
- Many services require a doctor's referral



# Home Care

- The profile of the home care client

- Cognitive impairment
- Dementia
- Living alone, loneliness, insecurity.  
[https://www.youtube.com/watch?v=6hVkJ8SU\\_9M](https://www.youtube.com/watch?v=6hVkJ8SU_9M)
- Functional cabasity

- Lack of resources

- The clientele of home care has increased while the staff has shrunk
- Burdensome work, sick days and willingness to quit
- Old fashioned way to allocate resources







# The Integrated Care Pathway (ICP)

- The service structure has not been adequately renewed
- Good practices do not spread
- Services and their productivity is analyzed from the point of view of the organization rather than the elderly
- Too many transfers during the last few years of life
- Conditions for successfully transferring an elderly person:
  - Common responsibility for care
  - Flow of information
  - Common procedures

# Loss of functioning

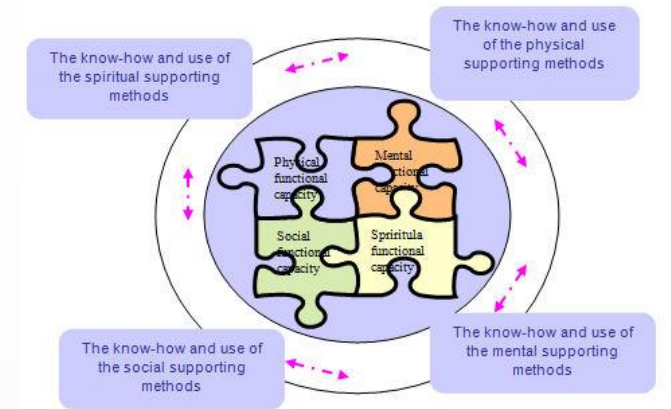
- In hospital care:
  - A third loses part of their functioning
  - One of the goals must be to restore the elderly person's functioning to their pre-illness level
  - It is important to recognize causes
  - Avoiding unnecessary bed rest and encouraging patients to do things on their own
  - Mapping functioning before discharging
  - Where does the elderly person go to receive continuing treatment?

(Jämsen et al. 2015)

# Loss of functioning

- In home care
  - Elderly people are unhappy with their psychosocial support
  - Not enough encouragement to cope independently
  - Support services are fragmented and provided by several parties
  - The lack of common responsibility and care coordination leaves room for the weakening of capability

(Eloranta et al. 2012)



# Wise solutions

## Challenges

- The period of old age has lengthened in the 21st century
- The functioning of the oldest people has not improved
- The baby boomers will retire
- New employees are needed
- Elderly care is not so magnetic among students of the field
- Negative image of the work
- Family members' position

## What to do

- New procedures
- Developing 24h home care
- New professions and immigrants
- Technology as an aid to communication
- Telemedicine, telephysiotherapy, etc.
- Smart buildings <http://urn.fi/URN:ISBN:978-952-11-4730-2>
- Learning by doing
- New projects





