

Care for elderly people in Herrljunga – Sweden. The study visit report

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ABSTRACT

The study visit between June and July 2012 included observation on rules regarding care for elderly people in Herrljunga commune (Swedish: Herrljunga kommun). In Sweden, similar to other countries, the percentage of elderly people – those above 65 years old - is systematically growing. Care for elderly people is organized by authorities

of the communes (kommuner). Health visitors are subjects to local government supervision. Their main task is to develop rules and procedures for geriatric care. A patient's health state indicates the commitment of staff, whether it should be a single visit, day care or 24/7 care.

Key words: study visit, elderly people, Sweden

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The study visit between June and July 2012 included observation on rules regarding care for elderly people in Herrljunga commune (Swedish: Herrljunga kommun). Herrljunga is one of 290 Swedish communes and is located in the region of Västra Götaland. It has 9,000 inhabitants – 49.08% female and 50.92% male. The total population of Sweden is approximately 9 million people. Västra Götaland is located in the southwestern part of the country. The most important place in the city is its port, which is the biggest in all Scandinavia [1].

Organization of care for elderly people

In Sweden, similar to other countries, the percentage of elderly people – those above 65 years old - is systematically growing. It is estimated that elderly people account for 18% of the Swedish population. Care for elderly people is organized by authorities of the communes (kommun). There are two main types of care: household – that is, in the homes of the elderly the place of living; and institutional – that is, in nursing homes, rest homes and geriatric institutions [2].

The commune provides the best possible quality of service through a multi-stage strategy:

1. Improvement of health status and ability to self-manage the basic activities of daily life by medical and nursing services.
2. Improvement of environmental conditions by adapting apartments for elderly people using wheelchairs, organizing transportation for those who cannot use public transport, delivering food and supplies, installing alarm devices and providing regular contact with social workers.
3. Support for the family through the day care centers where elderly people spend time actively [3].



Figure 1. Communal nursing home-Herrljunga (own material).

The centre in Herrljunga that I visited is a communal nursing home. It provides medical services 24 hours a day. It is a complex of several

buildings with multi-room apartments, a dining room and rooms for other activities. Elderly people get not only appropriate care but have also their free time organized when they can go for a walk or practice manual activities. Medical staff in the facility provide services at each patient's home.

Household gives elderly people promise to save autonomy. They can choose if they need another type of care - day care or round-the-clock care. What is more, a patient's guardians also get necessary help and support. Nurses are ready to give palliative, psychiatric and geriatric care, treat wounds and diabetes as well as give nutrition advice.



Figure 2. Nursing room- Regina Sierzantowicz (own material).



Figure 3. Nursing room - Maria Elijason (own material).

Swedish nurse's functions in geriatric care

Health visitors are subjects to local government supervision. Their main task is to develop rules and procedures for geriatric care. A patient's health state indicates the commitment of staff, whether it should be a single visit, day care or 24/7 care.

Medical documentation is gathered in a computer system for each patient and it is an important factor in the quality, safety and evaluation of care. It also includes basic material for supervision and monitoring of given care.

Each nurse is responsible for the professional care of a group of patients (20 to 25 people). By logging into each patient's individual electronic system, a nurse can report a patient's problems or concerns, establish goals to achieve, and plan proper actions and their prospective results. The most common issues for patients are described by symptoms and are available according to patterns that eliminate inexplicable terms and abbreviations. The system allows the nurse to sign a list in order to change medications, file motions for help, report incidents, document the patient's nutritional state, note exposure for decubitus ulcers, give directions about self-care, and report interventions during duties and home visits, and so on.

Nurses' assistants also help in all nursing activities and rehabilitation. These assistants gain their formal competencies by graduating from properly licensed schools that confirm their right to practice their profession. They may also gain licensing after a long period of practice and certain courses. A nurse who is directly responsible for the care of elderly people may train such assistants (for example, in managing a Foley catheter, evaluation of glycemic level, measurement of insulin level, feeding the patient through a gastric tube, or managing a stoma) and extend their professional authority by granting an appropriate certificate. Physiotherapists, after training, may order some simple activities to do at a patient's home. Workers who have gained written permission to extend their professional duties lose this ability when there is a change in their supervisor. In such cases, there is a necessity to reapply for proper certificates.

Each member of the medical staff, i.e., nurse, nurse's assistant, occupational therapist, physiotherapist, and dietician, gathers documentation according to his or her competence. Nurses are responsible for coordination of all the nursing activities. They cooperate with family physicians and hospitals. The MAS (Director of Nursing) is responsible for the supervision of medical documentation.

All workers are required to maintain strict confidentiality regarding every patient's personal data, diagnosis, course of the disease, and treatment. Revealing any information requires the patient's consent and every login in the system is registered.

CONCLUSIONS

Basic health care is a complex system providing care for elderly people. Nursing and medical activity is similar in Poland and in Sweden. It requires a full commitment from all medical staff. Although there are many similarities, the organization of each medical system is slightly different. An advanced computer system in Sweden

allows efficient coordination of procedures undertaken in communes. However, communes have different systems and information cannot be exchanged between them. Developing an electronic system of gathering medical documentation in Poland should be based on the Swedish experience, but it should be standardized for every commune, district, or voivodeship.

Conflicts of interest

The authors have declared no conflicts of interest.

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