

GUIDED CASE 3

HOSPICE IN BULGARIA



INCLUSION CRITERIA

SECTION A



SERVICES INCLUDED

SERVICE vs MTC

Criteria 'a'

Criteria 'b' AND 2 criteria from section 'c'

4 criteria from Section 'c'

- a) The service is registered and acknowledged as a legal organization and not as a part of a meso-organization and a separate official register in the Community.
- b) To have its own Administrative unit and/or secretary's office.
- c) Complementary criteria:
 - c.1 To have professional staff specifically for the aims of the service.
 - c.2 All activities are used by the same users.
 - c.3 Separate location
 - c.4 Separate financing and specific accountancy
 - c.5. Separated documentation when in a meso-organization

SERVICES DEFINITION

- Services could be included in the mapping and counting when, as a general rule, at least a 20% of their users are persons with long term care needs. ✓

TARGET POPULATION

- The 'default population' to which the DESDE-LTC is intended to be applied is the population of the catchment area with long term care needs. It includes elderly persons with disabilities, persons with mental disorders, intellectual disability, or physical disability . ✓

SELECTING PARTS OF DESDE-LTC

- Section B ✓
- Section C
- Section D ✓

DESDE-LTC

SECTION B



LONG TERM CARE MAPPING TREE



Question 1:

Which type of long term care is it? ¿is it an information, accesibility, self-help and voluntary, day, community or residential service?

- **Information on care coding branch (I)** Facilities which main aim is to provide information on care for users with long term care needs.
- **Accessibility to care coding branch (A)** Facilities which main aim is to provide accessibility to care for users with long term care needs.
- **Self-help and voluntary care coding branch (S)** The aim of these facilities is to provide users with long term care needs with support, self-help or contact, with **unpaid staff**.

➤ **Outpatient care coding branch (O)**

These are facilities which (i) involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties and (ii) are not provided as a part of delivery of residential or day and structured activity services, as defined above.

➤ **Day care coding branch (D)** These are facilities which (i) are normally available to several users at a time (rather than delivering services to individuals one at time); (ii) provide some combination of treatment for problems related to mental illness, structured activity, social contact and/or support; (iii) have regular opening hours during which they are normally available: and (iv) expect users to stay at the facilities beyond the periods during which they have face-to-face contact with staff (i.e. the service is not simply based on patients coming for appointments with staff and then leaving immediately after their appointments).

- **Residential care coding branch (R)**
Facilities which provide beds overnight for users for a purpose related to the clinical and social management of their conditions / illnesses- users are not intended to sleep solely because they have no home or are unable to reach home.

LONG TERM CARE

INFORMATION CARE

ACCESIBILITY CARE

SELF-HELP AND VOLUNTARY CARE

OUTPATIENT CARE

DAY CARE

RESIDENTIAL CARE

NON-PROFESSIONAL STAFF

PROFESSIONAL STAFF

EMERGENCY CARE

CONTINUING CARE

ACUTE

NON ACUTE

WORK

WORK RELATED ACTIVITIES

NON-WORK STRUCTURED CARE

NON STRUCTURED CARE

OTHER RESIDENTIAL

ACUTE

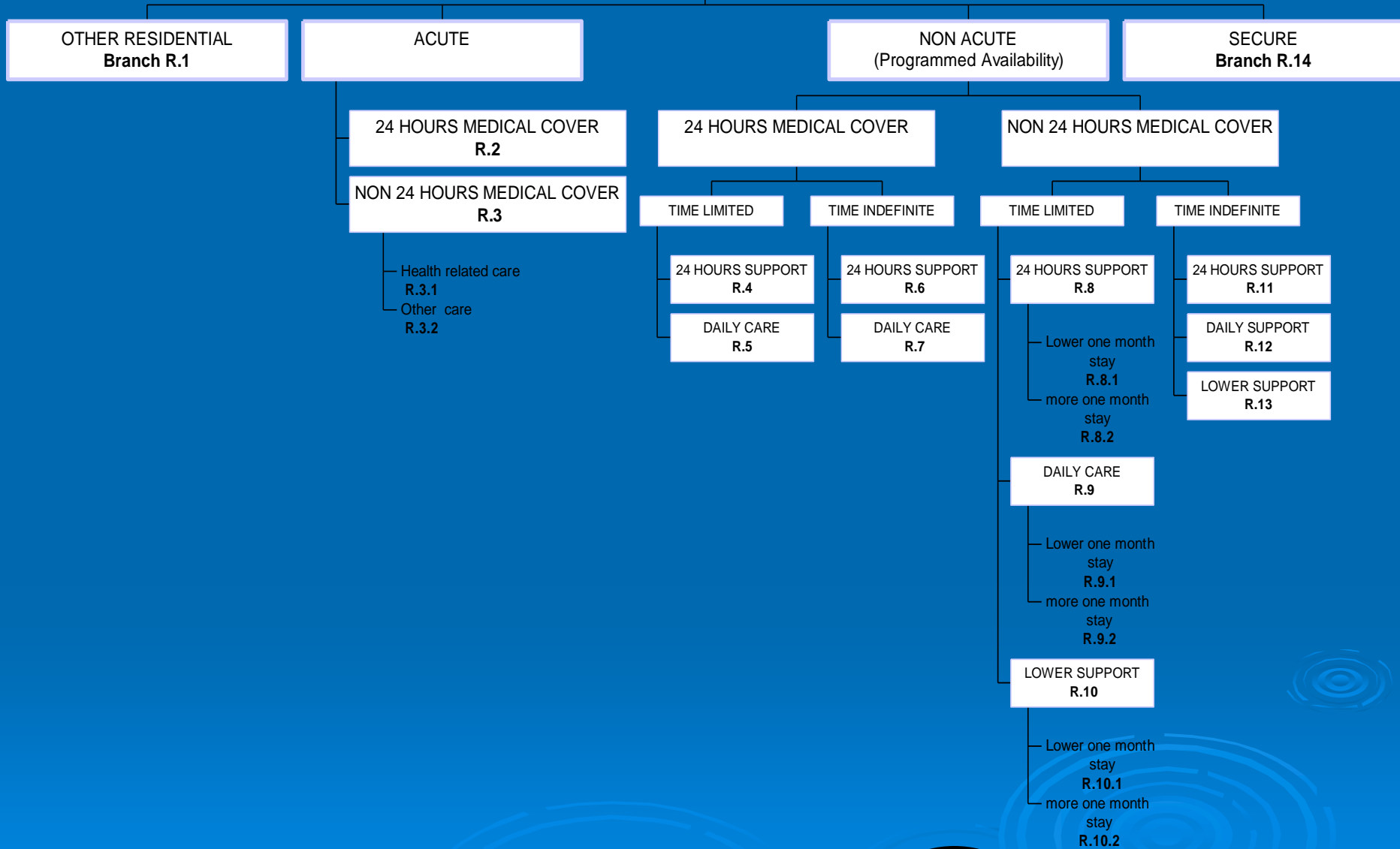
NON ACUTE
(Programmed Availability)

SECURE

Decision 1:
Residential care
Code: R



RESIDENTIAL CARE



Question 2:

Residential care coding branch, :
secure, acute or non-acute care?

RESIDENTIAL CARE

OTHER RESIDENTIAL
Branch R.1

ACUTE

NON ACUTE
(Programmed Availability)

SECURE
Branch R.14

RESIDENTIAL CARE

- **OTHER RESIDENTIAL.** Residential services not classified otherwise.
- **ACUTE (Immediate Availability for Crisis)** Services where (i) users are admitted due to a deterioration of their mental state, behaviour or social functioning which is related to psychiatric disorder; (ii) admissions usually available within 24 hours; (iii) users usually retain their own accommodation during the admission.
- **NON-ACUTE (PROGRAMMED AVAILABILITY)** Residential facilities that do not satisfy the criteria for acute or secure facilities. New admissions are sent to other facilities routinely.

RESIDENTIAL CARE

- **SECURE** Beds to which users are admitted because they are considered by clinicians to be too dangerous to themselves or others to be managed adequately on the usual catchment area admission wards, or because of a specific legal judgement which states that for reasons of safety they must go to this particular facility rather than to the local generic facilities.

LONG TERM CARE

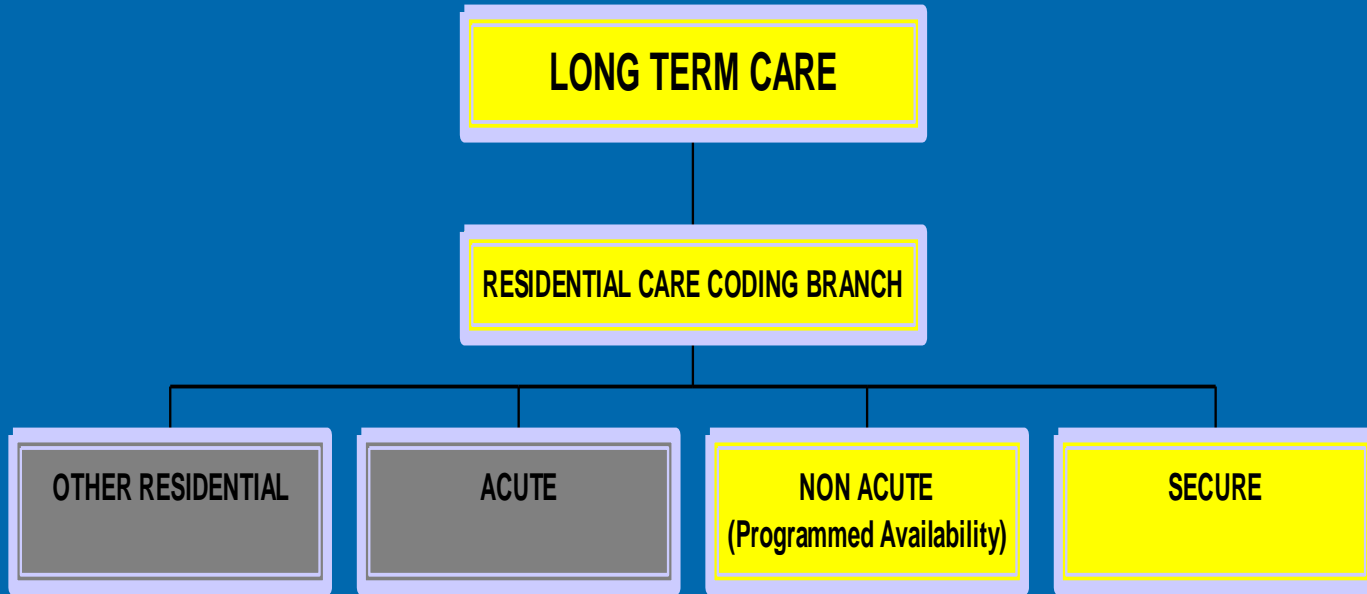
RESIDENTIAL CARE CODING BRANCH

OTHER RESIDENTIAL

ACUTE

**NON ACUTE
(Programmed Availability)**

SECURE



Decision 2:
Non-acute care

Code: R.4- R.13



RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

24 HOURS MEDICAL COVER

NON 24 HOURS MEDICAL COVER

TIME LIMITED

INDEFINITE STAY

TIME LIMITED

INDEFINITE STAY

24 HOURS SUPPORT
R.4

DAILY CARE
R.5

24 HOURS SUPPORT
R.6

DAILY CARE
R.7

24 HOURS SUPPORT
R.8

Lower one month stay
R.8.1
more one month stay
R.8.2

DAILY CARE
R.9

Lower one month stay
R.9.1
more one month stay
R.9.2

LOWER SUPPORT
R.10

Lower one month stay
R.10.1
more one month stay
R.10.2

24 HOURS SUPPORT
R.11

DAILY SUPPORT
R.12

LOWER SUPPORT
R.13

➤ **Question 3:**

Non-acute care, ¿24-hours medical cover
or non 24-h medical cover?

RESIDENTIAL CARE

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graph TD; A[RESIDENTIAL CARE] --> B["NON ACUTE  
(Programmed Availability)"]; B --> C[24 HOURS MEDICAL COVER]; B --> D[NON 24 HOURS MEDICAL COVER];
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The diagram is a hierarchical flowchart. At the top is a box labeled 'RESIDENTIAL CARE'. A vertical line connects it to a second box labeled 'NON ACUTE (Programmed Availability)'. From the bottom of this second box, a horizontal line branches out to two separate boxes: '24 HOURS MEDICAL COVER' on the left and 'NON 24 HOURS MEDICAL COVER' on the right. The background is blue with faint, stylized ripple patterns.

NON ACUTE
(Programmed Availability)

24 HOURS MEDICAL COVER

NON 24 HOURS MEDICAL COVER

24 HOURS MEDICAL COVER

- **24 HOUR MEDICAL COVER.** Facilities within Hospitals or within other residential meso-organisation where there is 24 hour medical resident cover.
- **NON-24H MEDICAL COVER.** Facilities usually located outside hospital grounds where (i) users are admitted because of a crisis, a deterioration in their physical or mental state, behaviour or social functioning which is related to the condition; (ii) admission usually available within 24 hours; (iii) users usually retain their own accommodation.

RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

24 HOURS MEDICAL COVER

NON 24 HOURS MEDICAL COVER

TIME LIMITED

TIME INDEFINITE

TIME LIMITED

INDEFINITE STAY

24 HOURS SUPPORT
R.4

DAILY CARE
R.5

24 HOURS SUPPORT
R.6

DAILY CARE
R.7

24 HOURS SUPPORT
R.8

Lower one month stay
R.8.1
more one month stay
R.8.2

DAILY CARE
R.9

Lower one month stay
R.9.1
more one month stay
R.9.2

LOWER SUPPORT
R.10

Lower one month stay
R.10.1
more one month stay
R.10.2

24 HOURS SUPPORT
R.11

DAILY SUPPORT
R.12

LOWER SUPPORT
R.13

Decision 3:

Non-acute, non 24-h medical cover care

Code: R.8-R.13



RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

NON 24 HOURS MEDICAL COVER

TIME LIMITED

INDEFINITE STAY

24 HOURS SUPPORT
R.8

Lower one month stay
R.8.1
more one month stay
R.8.2

DAILY CARE
R.9

Lower one month stay
R.9.1
more one month stay
R.9.2

LOWER SUPPORT
R.10

Lower one month stay
R.10.1
more one month stay
R.10.2

24 HOURS SUPPORT
R.11

DAILY SUPPORT
R.12

LOWER SUPPORT
R.13

➤ **Question 4:**

Non-acute, non 24-h medical cover care,
Time limited or Indefinite Stay?

RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

NON 24 HOURS MEDICAL COVER

TIME LIMITED

INDEFINITE STAY

TIME LIMITED/INDEFINITE STAY

- **Time-limited.** These are facilities where a fixed maximum period of residence is routinely specified.
- **Indefinite stay.** These facilities do not fulfil the criteria for 'time-limited' services.

Decision 4:
Indefinite Stay Care

Code: R.11-R.13



RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

NON 24 HOURS MEDICAL COVER

INDEFINITE STAY

24 HOURS SUPPORT
R.11

DAILY SUPPORT
R.12

LOWER SUPPORT
R.13

Question 5:

- Non-acute, non 24-h medical cover, indefinite stay care, 24 hours, daily or low support?

RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

NON 24 HOURS MEDICAL COVER

INDEFINITE STAY

24 HOURS SUPPORT
R.11

DAILY SUPPORT
R.12

LOWER SUPPORT
R.13

RESIDENTIAL SUPPORT

- **24-H SUPPORT.** Staff is present within the facility 24 hours a day, with responsibilities relating to the monitoring and clinical and social care of the patient (i.e. domestic or security staff is not included).
- **DAILY SUPPORT.** Members of staff regularly on site at least five days a week for some part of the day, with responsibilities related to the monitoring and clinical and social care of the patient.
- **LOWER SUPPORT.** These are facilities where the user resides for some purpose related to the management of his/her condition and where there is a direct link between residing in the facility and some support from staff, but where staff are regularly present fewer than five days per week.

RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

NON 24 HOURS MEDICAL COVER

INDEFINITE STAY

24 HOURS SUPPORT
R.11

DAILY SUPPORT
R.12

LOWER SUPPORT
R.13

**Decision 5:
24 hours support**

CODE: R.11



RESIDENTIAL CARE

NON ACUTE
(Programmed Availability)

NON 24 HOURS MEDICAL COVER

INDEFINITE STAY

24 HOURS SUPPORT
R.11

FINAL CODE

Residential, non-acute, non 24h medical cover, indefinite stay, 24h support care

CODE: R.11

RESIDENTIAL CARE

OTHER RESIDENTIAL
Branch R.1

ACUTE

NON ACUTE
(Programmed Availability)

SECURE
Branch R.14

24 HOURS MEDICAL COVER
R.2

NON 24 HOURS MEDICAL COVER
R.3

Health related care
R.3.1
Other care
R.3.2

24 HOURS MEDICAL COVER

TIME LIMITED

24 HOURS SUPPORT
R.4

DAILY CARE
R.5

TIME INDEFINITE

24 HOURS SUPPORT
R.6

DAILY CARE
R.7

NON 24 HOURS MEDICAL COVER

TIME LIMITED

24 HOURS SUPPORT
R.8

Lower one month
stay
R.8.1
more one month
stay
R.8.2

DAILY CARE
R.9

Lower one month
stay
R.9.1
more one month
stay
R.9.2

LOWER SUPPORT
R.10

Lower one month
stay
R.10.1
more one month
stay
R.10.2

INDEFINITE STAY

24 HOURS SUPPORT
R.11

DAILY SUPPORT
R.12

LOWER SUPPORT
R.13