

Improvement Planning - Slovenia

(extract from D8.1 Improvement Planning Programme)

Social Protection Institute of the Republic of Slovenia (IRSSV)- Slovenia

National partner has identified the long-term care sector as an area for improvement, with the town of Trbovlje as the pilot implementation site. Activities were grouped into relationship building, assessment of current state (uptake of integrated services, electronic infrastructure) and awareness raising. An emphasis on optimising long-term care planning to relieve the care burden on the younger generation was emphasised. Implementation of planned activities rest on the municipal government as partners; thus a shared understanding of capacity and alignment of objectives was required. The intended results were to increase the proportion of users involved in community-based care and further to optimise long-term care costs.

Stakeholder engagement was well attended with representatives from the pensioners' association, centre for social work, municipality of Trbovlje, and the Social Protection Institute. A clear need to prioritise e-care implementation was identified during the stakeholder engagement workshop. Following the workshop, the region is responding by improving awareness of this service. Additionally, calls for systematic solutions for long-term care was heard, and data analysis will be prepared as a first step to identify the services available for seniors in the region and the utilisation level.

Goal of improvement: Improved long-term care in the region of Trbovlje

Planned Work		Intended Results			
Input	Activities	Outputs (Sample)	Short-term Outcome	Medium-term Outcome	Long-term Outcome
Finance Staff	Regular meetings with local stakeholders. Conference in municipality once a year. Establishing protocols for stakeholder cooperation.	Established local platform for communication to discuss needs and challenges in the field of long-term care.	Stakeholders are aware of existing services for citizens. Improved knowledge of Long Term Care challenges (among stakeholders).	Improved coordination between different levels of care and services (i.e.. social home care and community nursing etc.) Improved organisation of LTC.	Optimized long-term care costs. Decreased burden of supporting older family members on younger generation. Improved intergenerational solidarity.
	Scoping analysis of integrated care (# of users, financial expenditure) by municipality and stakeholders. Monitoring which professions are in short supply.	Needs assessment conducted. Estimated expenditure of each type of long- term care. Improving conditions for employees / staff development and improving working conditions.	Increased cooperation between stakeholders. Evidence based planning of LTC.	Increased proportion of users involved in community-based care.	
	Assess current e-care infrastructure. Gain knowledge of different possibilities of e-care (knowledge transfer). Promote e-care and build capacity among users to access e-care.	Understanding of existing e-care structure. Patients and caregivers have the skills to engage in e-care.	Increased uptake of e-care by patients and caregivers.		
	Establish accommodation for crisis situations.				