

GUIDED CASE 2

ESMD SANLUCAR IN SPAIN



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

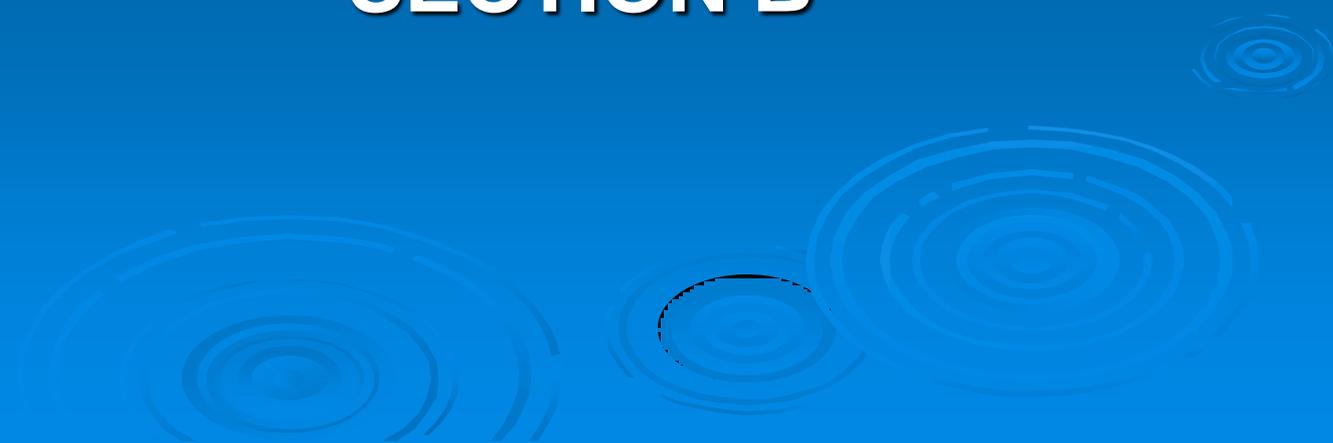
- The 'default population' to which the DESDE-LTC is intended to be applied is the population of the catchment area with long term care needs. It includes elderly persons with disabilities, persons with mental disorders, intellectual disability, or physical disability . ✓

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:
Outpatient care
Code: O

OUTPATIENT CARE

EMERGENCY

CONTINUING CARE

HOME & MOBILE

NON MOBILE

HOME & MOBILE

NON MOBILE

24 HOURS
0.1

LIMITED HOURS
0.2

24 HOURS
0.3

LIMITED HOURS
0.4

HIGH INTENSITY
0.5

MEDIUM INTENSITY
0.6

LOW INTENSITY
0.7

HIGH INTENSITY
0.8

MEDIUM INTENSITY
0.9

LOW INTENSITY
0.10

Health related care
0.1.1
Other care
0.1.2

Health related care
0.2.1
Other care
0.2.2

Health related care
0.3.1
Other care
0.3.2

Health related care
0.4.1
Other care
0.4.2

Health related care
0.5.1
3/6 days/week
0.5.1.1
7 days/week
0.5.1.2
7 d/w incl overnight
0.5.1.3
Other care
0.5.2

Health related care
0.6.1
Other care
0.6.2

Health related care
0.7.1
Other care
0.7.2

Health related care
0.8.1
Other care
0.8.2

Health related care
0.9.1
Other care
0.9.2

Health rel care
0.10.1
Other care
0.10.2

3/6 days/week
0.5.2.1

7 days/week
0.5.2.2

7 d/w incl overnight
0.5.2.3

Question 2:

Outpatient care coding branch :
emergency or continuing care?

OUTPATIENT CARE

```
graph TD; A[OUTPATIENT CARE] --> B[EMERGENCY]; A --> C[CONTINUING CARE]
```

EMERGENCY

CONTINUING CARE

OUTPATIENT CARE

- **Emergency care.** Emergency facilities (i) provide assessment and initial treatment in response to a crisis, deterioration in physical or mental state, behaviour or social functioning which is related to the condition; and (ii) can usually provide a same day response during working hours.
- **Continuing care.** These facilities provide patients with regular contact with a mental health professional, which may be long term if required.

OUTPATIENT CARE

```
graph TD; A[OUTPATIENT CARE] --> B[EMERGENCY]; A --> C[CONTINUING CARE];
```

EMERGENCY

CONTINUING CARE

Decision 2: Continuing care

Code: O.5- O.10



OUTPATIENT CARE

EMERGENCY

CONTINUING CARE

HOME & MOBILE

NON MOBILE

HOME & MOBILE

NON MOBILE

24 HOURS
0.1

LIMITED HOURS
0.2

24 HOURS
0.3

LIMITED HOURS
0.4

HIGH INTENSITY
0.5

MEDIUM INTENSITY
0.6

LOW INTENSITY
0.7

HIGH INTENSITY
0.8

MEDIUM INTENSITY
0.9

LOW INTENSITY
0.10

Health related care
0.1.1
Other care
0.1.2

Health related care
0.2.1
Other care
0.2.2

Health related care
0.3.1
Other care
0.3.2

Health related care
0.4.1
Other care
0.4.2

Health related care
0.5.1
3/6 days/week
0.5.1.1
7 days/week
0.5.1.2
7 d/w incl overnight
0.5.1.3
Other care
0.5.2

Health related care
0.6.1
Other care
0.6.2

Health related care
0.7.1
Other care
0.7.2

Health related care
0.8.1
Other care
0.8.2

Health related care
0.9.1
Other care
0.9.2

Health rel care
0.10.1
Other care
0.10.2

3/6 days/week
0.5.2.1

7 days/week
0.5.2.2

7 d/w incl overnight
0.5.2.3

➤ **Question 3:**

Continuing care, ¿Home&Mobile or Non-mobile care?



OUTPATIENT CARE

```
graph TD; A[OUTPATIENT CARE] --> B[CONTINUING CARE]; B --> C[HOME & MOBILE]; B --> D[NON MOBILE]
```

CONTINUING CARE

HOME & MOBILE

NON MOBILE

HOME & MOBILE/NON MOBILE

- **Home & Mobile.** In home & mobile facilities contact with users occurs in a range of settings including users' homes, as judged most appropriate by professionals and users. For a service to be classified as 'home & mobile', at least 20% of contacts should take place away from the premises at which the service is based. For some services, the main site of provision may vary from day to day (e.g. services in rural areas which move from village to village) – this does not mean they should be classified as 'home & mobile' unless staff go and do work at locations away from that day's main site.

Non-mobile. Services which do not meet the criteria for 'home & mobile'

OUTPATIENT CARE

```
graph TD; A[OUTPATIENT CARE] --> B[CONTINUING CARE]; B --> C[HOME & MOBILE]; B --> D[NON MOBILE];
```

CONTINUING CARE

HOME & MOBILE

NON MOBILE

Decision 3:

Continuing, non mobile care

Code: O.8-O.10



OUTPATIENT CARE

CONTINUING CARE

NON MOBILE

HIGH INTENSITY
0.8

MEDIUM INTENSITY
0.9

LOW INTENSITY
0.10

Health related care
0.8.1
Other care
0.8.2

Health related care
0.9.1
Other care
0.9.2

Health rel care
0.10.1
Other care
0.10.2

➤ **Question 4:**

Continuing, Non mobile care: High,
Medium or Low intensity?



OUTPATIENT CARE

CONTINUING CARE

NON MOBILE

HIGH INTENSITY
0.8

MEDIUM INTENSITY
0.9

LOW INTENSITY
0.10

HIGH/MEDIUM/LOW INTENSITY

- **High intensity.** These are facilities which have the capacity to make face to face contact with users at least three times per week when clinically indicated.
- **Medium intensity.** These facilities do not have the capacity to supply three times weekly contact to users, but which can provide contacts at least once a fortnight when indicated.
- **Low intensity.** These services do not have the capacity to see users as often as once a fortnight.

OUTPATIENT CARE

```
graph TD; A[OUTPATIENT CARE] --> B[CONTINUING CARE]; B --> C[NON MOBILE]; C --> D[HIGH INTENSITY 0.8]; C --> E[MEDIUM INTENSITY 0.9]; C --> F[LOW INTENSITY 0.10];
```

The diagram is a hierarchical flowchart. At the top is a yellow box with a double border containing the text 'OUTPATIENT CARE'. A vertical line connects it to a second yellow box containing 'CONTINUING CARE'. Another vertical line connects that to a third yellow box containing 'NON MOBILE'. From the bottom of the 'NON MOBILE' box, a horizontal line branches out to three separate boxes. The leftmost box is white and contains 'HIGH INTENSITY' and '0.8'. The middle box is yellow and contains 'MEDIUM INTENSITY' and '0.9'. The rightmost box is white and contains 'LOW INTENSITY' and '0.10'. The background is blue with faint white ripple patterns.

CONTINUING CARE

NON MOBILE

HIGH INTENSITY
0.8

MEDIUM INTENSITY
0.9

LOW INTENSITY
0.10

Decision 4:
Medium intensity Care

Code: O.9.1-O.9.2



OUTPATIENT CARE

CONTINUING CARE

NON MOBILE

MEDIUM INTENSITY
0.9

Health related care

0.9.1

Other care

0.9.2

Question 5:

- Continuing, Non mobile, Medium intensity care: Health related care or Other care?

OUTPATIENT CARE

CONTINUING CARE

NON MOBILE

MEDIUM INTENSITY
0.9

Health related care

0.9.1

Other care

0.9.2

HEALTH RELATED CARE / OTHER CARE

- **Health related care.** Facilities which main goal is the specific clinical care, during the period described by the code, and where a part of the staff is qualified on health care (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine, Psychology)
- **Other care.** Facilities that do not meet the criteria for health related care services.

OUTPATIENT CARE

CONTINUING CARE

NON MOBILE

MEDIUM INTENSITY
0.9

Health related care
0.9.1

Decision 5:
Health related care

CODE: O.9.1



OUTPATIENT CARE

CONTINUING CARE

NON MOBILE

MEDIUM INTENSITY
0.9

Health related care
0.9.1

FINAL CODE

Outpatient, continuing care, non mobile,
medium intensity, health related care

CODE: 0.9.1

OUTPATIENT CARE

EMERGENCY

CONTINUING CARE

HOME & MOBILE

NON MOBILE

HOME & MOBILE

NON MOBILE

24 HOURS
0.1

LIMITED HOURS
0.2

24 HOURS
0.3

LIMITED HOURS
0.4

HIGH INTENSITY
0.5

MEDIUM INTENSITY
0.6

LOW INTENSITY
0.7

HIGH INTENSITY
0.8

MEDIUM INTENSITY
0.9

LOW INTENSITY
0.10

Health related care
0.1.1
Other care
0.1.2

Health related care
0.2.1
Other care
0.2.2

Health related care
0.3.1
Other care
0.3.2

Health related care
0.4.1
Other care
0.4.2

Health related care
0.5.1
3/6 days/week
0.5.1.1
7 days/week
0.5.1.2
7 d/w incl overnight
0.5.1.3
Other care
0.5.2

3/6 days/week
0.5.2.1

7 days/week
0.5.2.2

7 d/w incl overnight
0.5.2.3

Health related care
0.6.1
Other care
0.6.2

Health related care
0.7.1
Other care
0.7.2

Health related care
0.8.1
Other care
0.8.2

Health related care
0.9.1
Other care
0.9.2

Health rel care
0.10.1
Other care
0.10.2