Chapter 15

Developing and Managing Health Systems and Organizations for an Aging Society

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ABSTRACT

With the worldwide trend towards aging and increasing numbers of chronic diseases, the promotion of self-care as a central issue in public health is a necessity. Recently, several international entities recommend that the nursing profession rethink its focus of intervention and maximize the relevance attributed to fundamental and long-term care. The implementation of fundamental care has been associated with improved of health service security, reduced mortality rate, and hospital readmission. At the same time, for an appropriate response of the health system, it is crucial to know the care needs of people aged 65 and over, which can be met by the analysis of electronic health records.

INTRODUCTION

The available statistical projections indicate a demographic profile unmatched in history, as a result of the cumulative effect of declining mortality and birth rates over several decades. The aging of the popu-

lation is a global challenge, which require a better know of the needs of older people, including health care. According to the United Nations Organization (2012), in 2050 the elderly will amount to two billion (20% of the world's population), thus the number of people over 60 will exceed the population of young people under 15 years. Parallel to aging, unhealthy lifestyles have contributed to the prevalence of chronic diseases.

High blood pressure, obesity and diabetes mellitus are also risk factors and increase predisposition to other diseases. Approximately 60% of Europeans aged 75 and over report problems in performing activities due to illness (Murakami & Colombo, 2013). At an older age, there is an increased risk of developing chronic and degenerative diseases, which represent more than 50% of the burden of disease, with profound implications for autonomy, use of health care and services (OECD, 2011, Freitas et al., 2012, Yeh et al., 2014).

Essential Long-Term Care Needs of the Elderly

Based on the demographic changes that tend to increase, the alteration of the professional roles, caused by the absence of the woman in the home - traditional caregiver, and the gradual number of situations of dependence on self-care, emerged the need to create a new typology of financially and sustainable service - long-term care (Sequeira, 2010). The definition of this type of care assumes different designations and organizational models in several countries, and in Portugal they emerge as continuous integrated care and for the OECD, the European Commission or WHO are called Long Term Care (OECD, 2011). Long-term care can be understood as a set of interprofessional services, which are required when there is a reduction in functional, physical or cognitive capacity, which consequently leads to a situation of dependency that requires help, over a period of time, in the realization of basic daily life activities (ABVD's) and instrumental ones. The services provided fall within the scope of prevention, treatment, rehabilitation, palliative care, social support, transport assistance, accommodation, meals and daily life management (OECD, 2008).

The assessment of a person's criteria for integrating long-term care is based primarily on the evaluation of the degree of dependency. The European Commission (2012) considers a dependent person, one who has disability and / or a limitation in one or more basic daily activities of life. At the same time, for the OECD (2008), one of the most frequent categories of dependency is the level of difficulty in performing basic activities of daily living (ADL) and instrumental (ADI). The previous refers to a range of self-care or personal care actions, which include eating, dressing and undressing, voluntary control of the bladder and bowel sphincter, walking and transferring. Instrumental life activities are related to meal preparation, medication taking, income management and telephone use, public transportation, among others.

When the elderly person does not have the capacity to satisfy our own needs of self-care, they are "dependent on someone or something, for help and support" (ICN, 2006: 107), is a situation of dependency self-care. Dependence is the product of the conjugation of disability with need, which means that it is not just loss of ability or competence to perform one or more activities. The level of dependency is variable and exist several factors that may affect the exercise of the self-care agent and / or self-care behavior, which can be classified into five categories (Orem, 2001): 1) cognitive, refers to knowledge of health condition and treatment, includes learning, memory and problem-solving skills; 2) physical, it is related to the psychomotor and functional capacity, dexterity, level of activity or movement; 3) psychosocial, which includes self-concept, self-esteem, self-discipline, personality traits, perceived self-competence and motivation; 4) demographic, which involves the age group, sex, education, socioeconomic status and

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