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Hospital at Home Treatment and Healthcare

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On May 19th, 2023, Joint Ministerial Decision G2a/oik.28804/2023 (GG B 3396/19.05.2023) was issued by the Ministry of Finance and the Ministry of Health specifying the terms and conditions for Hospital at Home Treatment and Healthcare as provided for in Articles 50 and 51 of Law No. 4931/2022. The most noteworthy provisions for the Hospital at Home Treatment and Healthcare are summarized as follows.

Hospital at Home Program

As Home Treatment organized and developed by Hospital Units of the National Health System (NHS) is defined the provision of hospital care services and medical procedures performed in patients' homes. Those patients may be adults, adolescents and children with serious complex health problems and/or chronic diseases who require long-term hospitalization in a hospital and may continue their hospitalization - treatment at home.

Hospital at Home, in the context of Home Treatment, is the provision of care to patients at home, in conditions similar to hospital care, with medical and nursing support and continuous monitoring with parallel support from trained caregivers (parents and other family members) and medical and nursing support when the patients' needs require so. Immediate access and admission to the reference hospital or an interconnected designated facility is also ensured in the event of a deterioration in the patient's condition.

Therefore, the integrated home nursing care program consists of two functions: a) out-of-hospital care, i.e. the provision of care at home and b) in-hospital care, when needed.

Scope

Hospital at Home Treatment and Healthcare concerns (a) patients, children and adults, with different underlying diseases (chronic obstructive or restrictive respiratory diseases, neurological diseases of rapid or slow progression), (b) oncological patients requiring specialized long-term care and (c) oncological patients for the conditional administration of oncological home treatment.

The basic eligibility criteria depend mainly on the complexity and chronicity of the disease, as well as on the need for technological - specialized support and not so much on the specific diagnosis of the disease; but may also vary based on the characteristics of the patients. The patient's progress, compliance and response to treatment determine the intensity and duration of care according to the assessments of the Hospital at Home team.

General Conditions for the safe operation and implementation of the Hospital at Home Treatment and Healthcare

All the following conditions should be in place:

❖ Hospital at Home Reference Center

The Hospital at Home Reference Center ensures continuous medical and nursing support,

continuous monitoring, direct access and admission 24 hours a day and all year round to the Hospital at Home Reference Center or the interconnected facility, supporting the 24-hour monitoring of patients.

❖ *Appropriate Home Environment*

Suitability is checked and certified by the Hospital at Home team before the final selection of patients.

❖ *Patient Selection - Eligibility Criteria*

The selection is made by the Hospital at Home team. The attending physician proposes to consider the possibility of continuing the patient's treatment at home, the Hospital at Home physician and Hospital at Home nurse with (and/or) the psychologist confirm the good cooperation with the medical and nursing staff and the competence of the caregiver in managing the patient, and the social worker confirms the suitability of the family environment (conditions and infrastructure of the home). After being fully informed about the purpose and operation of the Hospital at Home and the home treatment program, the patient or his/her legal guardians in the case of children sign a consent form.

Specifically for home oncology treatment, this refers to patients who will have received the first cycles of chemotherapy within the hospital structure (e.g. Short Stay Unit), as well as the first 3 cycles of immunotherapy or biological agent.

❖ *Transportation and Settling of Patients from the Hospital at Home Reference Center to Home*

Transportation and settling of patients are performed by the Hospital at Home doctors and nurses, with the assistance of the ambulance. During the first week, daily visits are made to ascertain good functioning/adaptation to the new environment. Thereafter the frequency of

visits is determined according to patients' need. Oncology patients may be exempted from transportation with the assistance of the ambulance and monitoring during the first week of the Hospital at Home, by decision of the Hospital at Home physician.

❖ *Expenses*

All Hospital at Home expenses are covered by the budget of the hospital to which the Hospital at Home Reference Center belongs. In order to accurately estimate the expenses of Hospital at Home patients, a Special Purpose Patient Registry should be established.

Transportation, Supply and Administration of Medicinal Products

Physicians and health professionals working or cooperating with the Hospital at Home Reference Centers may transport and make available narcotic substances-medicinal products to patients' homes participating in the Hospital at Home program.

The responsibility for the transportation of medicinal products lies with the Hospital at Home physician. The responsibility for the delivery of medicinal products for transportation and for the collection of returned medicinal products residues lies with the pharmacy of the hospital where each Hospital at Home Reference Center belongs.

Medicinal products that are ready for administration do not require special conditions for their preparation and are transported by the physicians-nurses, without any special procedure.

However, specific requirements and conditions apply for the administration of oncological medicinal products.

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