



Ministry of Health
Republic of Poland

Scope of support for changes in the organisational structure of district hospitals in the field of long-term care or geriatric care at the local level within the territory of the Republic of Poland

Milestone D2L
of the National Recovery and Resilience Plan



**National Recovery and
Resilience Plan**

Warsaw, 2023

National Recovery and Resilience Plan

Component: D "Efficiency, Accessibility, and Quality of the Health care System"

Reform: D1.2. "Improving the efficiency, accessibility, and quality of long-term care services provided by health care providers at the district level"

Milestone: D2L "Enactment of a legal act regarding support for the establishment of extended care facilities/centres and geriatric wards/centres in district hospitals based on the review results."

The enactment of a legal act based on the results of a review of the feasibility of establishing extended care facilities/centres and geriatric wards/centres in district hospitals in Poland. The legal act will specify how the support for establishing extended care facilities as well as geriatric wards and/or centres in district hospitals will improve care, including for the elderly, at the local level.

The legal act will be in line with the document "Zdrowa przyszłość. Ramy strategiczne dla systemu ochrony zdrowia na lata 2021-2027" [Healthy Future. Strategic Framework for the Health-care System for the years 2021-2027].

Legal basis:

- Art. 95ba of the Act of 27 August 2004 on health care services financed from public funds (Dz.U. /Journal of Laws/ U. /Journal of Laws/ of 2022, item 2561 as amended);
- Art. 24 of the Act of 16 November 2022, amending the Act on the professions of physicians and dentists, as well as some other acts (Dz. U. /Journal of Laws/ of 2022, item 2770).

Table of contents

Glossary	3
Introduction	5
Complementarity with recommended lines of action in strategic health documents..	7
Means of supporting organisational structure changes – basic information	9
Projected support effects.....	11
Principles for establishing application criteria and monitoring initiative implementation.....	16

Glossary

Investment – an investment within the meaning of Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Recovery and Resilience Instrument (Dz. Urz. /Official Journal/ of the EU L 57 of 18 February 2021, p. 17, as amended), corresponding to an investment, programme, project, individual project, action, or their combination, as indicated in the development plan, aimed at achieving the intended goal specified by indicators, with a defined start and end of implementation.

Institution responsible for investment implementation – the minister in charge of a government administration department to whom the task of implementing the investment has been assigned according to the development plan. Under the Component D of the National Recovery and Resilience Plan (NRRP), the institution responsible for investment implementation is the Minister of Health.

Milestones – milestones referred to in Art. 2(4) of Regulation 2021/241; qualitative indicators of the reform's implementation as specified in the Annex to Council Implementing Decision (EU) 2022/0181 (NLE) of 17 June 2022 on the approval of the assessment of Poland's recovery and resilience plan (COM(2022) 268 final)¹.

NRRP – National Recovery and Resilience Plan

Initiative – an element of the investment carried out by the ultimate beneficiary of support (entity implementing the initiative), aimed at achieving the intended goal of the investment.

Reform – a reform within the meaning of Regulation 2021/241, aimed at achieving the intended goal specified by milestones, in the field covered by a specific government administration department or departments.

¹ https://www.funduszeuropejskie.gov.pl/media/109330/PL_zalacznik.pdf

District hospital – a medical entity operating a hospital or hospitals within the meaning of Art. 2(1)(9) of the Act on Medical Activity, qualified for I or II level of the primary hospital care system, providing health care services from public funds.

Indicators – target values as referred to in Art. 2(4) of Regulation 2021/241, which are quantitative measures of investment progress.

Change of the organisational structure of the district hospital – the establishment of a medical institution or organisational units of a medical entity or their parts where health care services of the following nature will be provided:

- hospital treatment in the field of geriatrics; or
- nursing and caregiving services in long-term care, provided in an inpatient setting.

This term also encompasses the transformation of an existing medical institution or organisational unit or their parts.

Introduction

Scope of support for changes in the organisational structure of district hospitals in the field of long-term care or geriatric care at the local level within the territory of the Republic of Poland (hereinafter referred to as "Scope of support") defines how the support for the establishment of medical facilities or organisational units within district hospitals, where health care services will be provided as part of geriatric care and nursing and caregiving services as part of long-term care, will contribute to improving the provision of care, including for the elderly, at the local level.

The activities covered by the Scope of support aim to:

- 1) improve the quality and accessibility of services for patients using the services provided in these organisational units;
- 2) eliminate inequalities in access to these services;
- 3) enhance the working conditions of personnel providing these services.

The Scope of support has been developed based on the results of the "Kompleksowy przegląd możliwości tworzenia w szpitalach powiatowych ośrodków opieki długoterminowej oraz oddziałów geriatrycznych w Polsce" [Comprehensive Review of the Feasibility of Establishing Extended Care Centres and Geriatric Wards in District Hospitals in Poland], published in the Ministry of Health's Bulletin of Public Information², which represents the implementation of Milestone D1L of Reform D1.2 in Component D, as well as based on data and analyses included in the Map of Health Needs for the years 2022-2026³.

Together with the provisions indicated in the legal basis, the Scope of support represents the implementation of Milestone D2L of Reform D1.2, whose goal was defined as "Supporting the transformation of district hospitals into extended care facilities and geriatric wards or centres."

According to the timeline of investments under Reform D1.2, a list of selected district hospitals for additional support to establish long-term or geriatric care beds (Milestone D3L) will be developed based on the Scope of support. The selection will be based on a set of clear and transparent criteria, including local conditions related to demographic trends, long-term care needs, state of coverage of long-term/geriatric care services, and quality of care⁴. As a result of selecting initiatives for support, agreements will be signed with medical entities for the implementation of investment-related activities for the establishment of

² <https://www.gov.pl/web/zdrowie/kompleksowy-przeglad-mozliwosci-tworzenia-w-szpitalach-powiatowych-osrodkow-opieki-dlugoterminowej-oraz-oddzialow-geriatrycznych-w-polsce>

³ <https://basiw.mz.gov.pl/mapy-informacje/mapa-2022-2026/>

⁴ https://www.funduszeuropejskie.gov.pl/media/109330/PL_zalacznik.pdf p.

extended care and geriatric care units/centres⁵, fulfilling the target value indicator D4L.

The necessity to develop the Scope of support, as well as the preceding "Comprehensive Review of the Feasibility of Establishing Extended Care Centres and Geriatric Wards in District Hospitals in Poland," is substantiated by demographic indicators. The analysis of demography in Poland reveals two main trends: a decrease in population due to declining birth rates and an increase in life expectancy (population ageing), accompanied by a concomitant decrease in healthy life years. According to the diagnosis presented in the Map of Health Needs for the years 2022-2026, the observed growing number of the elderly, the chronically ill, and those needing support in their daily functioning brings forth a series of challenges related to providing appropriate health care for the elderly (including geriatric care, nursing care, and caregiving) to an increasing number of individuals with complex health issues. This trend, which is unfavourable from the perspective of the health care system, impacts the accessibility of health care services and places a significant burden on the system, limiting the ability to provide immediate access to long-term care services for all, which is crucial for maintaining continuity of treatment for patients. The increased demand for services must be appropriately adapted to the current and future health care needs of the population. Hence, the system needs to be supported to adapt health care to ongoing and projected demographic changes and mitigate geographical disparities in health care access.

Current health care system efforts are focused on securing both current and future health care needs of the population. These efforts relate not only to supporting the development of non-institutional care or addressing staffing shortages but also to increasing the number of beds in high-quality care facilities adapted to the diverse structure. Strengthening these efforts is part of planned investments under the NRRP, which will result in adapting the infrastructure of district hospitals in the field of long-term care or geriatric care.

⁵ https://www.funduszeuropejskie.gov.pl/media/109330/PL_zalacznik.pdf p.

Complementarity with recommended lines of action in strategic health documents

The Scope of support is in line with the strategic health document entitled "Healthy Future. Strategic Framework for the Health-care System for the years 2021-2027"⁶, adopted on 27 December 2021 by resolution of the Council of Ministers, because:

- a) it envisages an increase in the number of places in extended care facilities, where needed, by transforming organisational units of hospitals where beds are not fully utilised into extended care facilities or geriatric wards along with modernisation efforts;
- b) it takes into account the possibility of utilising the expanded potential of health workforce.

It also takes into account the line of action "Improvement of citizens' health and efficiency of the health care system" as indicated in the Strategy for Responsible Development. For this line of action, a strategic project "Effective Health Care Service" was identified, envisioning a package of programmes aimed at improving the situation in the Polish health care system, including i.a. the introduction of coordinated care organisation, mapping of health needs, determining the need for medical personnel (including staff training), investments in modern medical equipment and devices, e-health development, building information systems in health care, and the reconstruction of the reimbursement system for medical devices.

The actions planned for support based on the Scope of support are also complementary to the projects included for funding under the Medical Fund. It encompasses interventions directed at medical entities providing publicly financed health care services in the field of hospital treatment (geriatrics, geriatric care services outside geriatric wards, long-term care, nursing and caregiving services) in an inpatient setting.

The tasks outlined in the Scope of support are also complementary to the actions related to long-term care and geriatric care at a supra-regional level as defined in the National Transformation Plan announced in the Minister of Health's announcement of 15 October 2021⁷ This is because they complement, in both material and personal scope, the following actions:

⁶ <https://www.gov.pl/web/zdrowie/zdrowa-przyszlosc-ramy-strategiczne-rozwoju-systemu-ochrony-zdrowia-na-lata-2021-2027-z-perspektywa-do-2030>

⁷ http://dziennikmz.mz.gov.pl/DUM_MZ/2021/80/akt.pdf

- 1) action 2.6.5: support for the development of infrastructure for medical entities transforming hospital wards or their parts where inpatient geriatric and long-term care services will be provided from public funds;
- 2) action 2.9.5: support for the development of infrastructure for medical entities through modernisation or establishment of new wards or structures where inpatient services in the form of long-term care – nursing and caregiving services – will be provided from public funds.

The envisaged interventions are also part of the actions specified in regional transformation plans.

The document also takes into account recommended lines of action indicated in the Map of Health Needs for the years 2022-2026, including, among others, the rationalisation of the number of beds in hospital wards or their transformation according to demographic projections into long-term care beds⁸.

The actions within the Scope of support planned under the NRRP have a different nature compared to the actions planned under cohesion policy programmes implemented in the financial perspective 2021-2027, both at the national and regional levels.

⁸ All related recommended lines of action are included in the Map of Health Needs for the years 2022-2026 in sections related to hospital treatment and long-term care.

Means of supporting organisational structure changes – basic information

Personal scope

The support is exclusively dedicated to district hospitals that establish medical facilities, organisational units, or their parts:

- providing health care services in the form of nursing and caregiving services as part of long-term care, carried out in an inpatient setting,
- providing health care services in the form of hospital treatment in the field of geriatrics.

Material scope

Support for changes to the organisational structure of district hospitals within NRRP funds provided for herein will be for:

- reconstruction, renovation, and modernisation of district hospital infrastructure,
- in justified cases related to the inability to effectively invest funds in the reconstruction or expansion of old, worn-out buildings that do not meet the requirements for premises and equipment of a medical entity according to applicable legal regulations: construction of new infrastructure for medical entities, along with acquiring property rights for construction purposes,
- equipping with modern medical devices and products,
- supporting qualitative changes in the functioning of district hospitals through the implementation of necessary infrastructure actions.

Time range

Assumed period of implementation of supported investments: from 2023 to Q2 2026.

Funding principles

Funding for support under the NRRP is carried out in accordance with the principles defined in the Act of 6 December 2006 on the principles of conducting development policy (Dz. U. /Journal of Laws/ of 2023, item 225) regarding the funds referred to in Section 2aa of this Act.

Projected support effects

The implementation of the initiatives will contribute to achieving the overall goal specified in the description of milestone D2L of the NRRP, which is to improve the provision of care, including to the elderly, at the local level.

The achievement of the goal "**Improvement of the quality and accessibility of health care** services in the field of geriatric care and nursing and caregiving services as part of long-term care for patients using services provided within established organisational units of the medical entity" will be facilitated by achieving the following outcomes, with associated actions:

Action	Outcome
<p>The conclusion of 50 agreements with district hospitals, resulting in a change of organisational structure aimed at establishing medical facilities or organisational units, in which health care services in the field of geriatric care or nursing and caregiving services as part of long-term care will be provided in an inpatient setting.</p>	<p>Establishment of at least 1,490 additional beds in inpatient long-term care or geriatric care.</p>
<p>All initiatives will involve adaptation to the conditions for providing guaranteed health care services, particularly in terms of medical personnel and the provision of medical equipment and devices as specified in the prevailing laws, while considering the necessity to ensure high-quality health care services and the proper delivery of these services.</p>	<p>Improvement of the quality and accessibility of health care services in the field of geriatric care and nursing and caregiving services as part of long-term care in 50 district hospitals (completion of 50 initiatives, representing 100% implementation of investments).</p>

<p>Promotion of initiatives involving the implementation of additional actions focused on <i>patient experience</i>, which are supplementary and complementary to the conditions for providing guaranteed health care services as stipulated in prevailing laws, enhancing patient comfort and safety, as well as expediting the treatment process, such as new medical equipment.</p>	<p>Improvement of the quality and conditions of providing health care services in the field of geriatric care or nursing and caregiving services as part of long-term care in an inpatient setting, exceeding the conditions specified in prevailing laws and complementary to them, in at least 25 district hospitals (completion of 25 initiatives, representing 50% implementation of investments).</p>
<p>Promotion of projects that encompass the execution of supplementary actions aimed at quality enhancement from the perspective of health care personnel, complementary to the conditions defined by prevailing laws, such as new equipment, renovated rest and refreshment rooms, and additional amenities improving working conditions.</p>	<p>Enhancement of the quality and working conditions of health care personnel providing services beyond the conditions stipulated in applicable regulations and complementary to them, in at least 25 district hospitals (completion of 25 initiatives, representing 50% implementation of investments).</p>

Achievement of the objective "**Elimination of inequalities in access to health care services** in the field of geriatric care and nursing and caregiving services as part of long-term care for patients using services provided within established organisational units of the medical entity" will be enabled through the attainment of the following outcomes, with corresponding actions assigned to them:

Action	Outcome
<p>Promotion of initiatives involving a change in organisational structure aimed at the establishment of medical institutions or organisational units providing geriatric care and</p>	<p>Establishment of at least 745 additional beds for long-term care or geriatric care in territorial areas of the Republic of Poland where the demand for such services will be increasing the most.</p>

<p>nursing and caregiving services as part of long-term care in an inpatient setting, implemented in the following territorial areas of the Republic of Poland:</p> <ul style="list-style-type: none"> – in urban municipalities of the following provinces: Lubelskie, Podlaskie, Podkarpackie, and Świętokrzyskie⁹, – in provinces where the demographic structure indicates the highest projected growth in demand for long-term care in the future¹⁰, namely in the eastern provinces (Lubelskie, Podlaskie, Podkarpackie, and Świętokrzyskie), as well as in Opolskie, Łódzkie, Śląskie, and Warmińsko-mazurskie provinces, – in provinces where the number of beds in inpatient long-term care or geriatric care per 1 million population is lower than the national average¹¹, – in districts where the caregiving capacity index is projected to fall below the national average or below 100 starting from 2030¹². 	
<p>Implementation of initiatives in at least 12 districts where no</p>	<p>Establishment of additional long-term care beds in at least</p>

⁹ According to data from the "Comprehensive Review of the Feasibility of Establishing Extended Care Centres and Wards in District Hospitals in Poland."

¹⁰ According to data from the "Comprehensive Review of the Feasibility of Establishing Extended Care Centres and Wards in District Hospitals in Poland" and the Map of Health Needs for the years 2022-2026 in the areas of analyses related to long-term care and inpatient treatment.

¹¹ According to data from the Map of Health Needs for the years 2022-2026 in the areas of analyses related to long-term care and inpatient treatment.

¹² Ibidem.

long-term care or geriatric care services are provided in an inpatient setting (so-called "blank spots") ¹³ .	12 districts where no nursing and caregiving services are provided as part of long-term care in an inpatient setting.
Implementation of initiatives in at least 12 districts with a rate of the number of inpatient long-term care beds per 100,000 inhabitants below the national value ¹⁴ .	Establishment of additional long-term care beds in at least 12 districts where the rate of the number of inpatient long-term care beds per 100,000 inhabitants is lower than the national average in Poland.

Achievement of the goal "**Improvement of working conditions for health care personnel providing medical services** in the field of geriatric care and nursing and caregiving services as part of long-term care for patients using services provided within established organisational units of the medical entity" will be facilitated through the attainment of the following outcomes, with associated actions assigned to them:

Action	Outcome
Promotion of initiatives in districts in which, in addition to actions aligned with the scope of the Scope of Support, there are or, in the period of 3 years preceding the implementation period of the initiative, were implemented actions related to increasing the qualifications of the personnel providing services in the field of geriatric care and nursing and caring services as part of long-term care in an inpatient setting.	Enhancing the competencies and qualifications of health care personnel providing services in the field of geriatric care and nursing and caregiving services as part of long-term care in an inpatient setting in at least 25 district hospitals (completion of 25 initiatives, representing 50% implementation of investments).
All initiatives will provide medical equipment and devices to facilitate patient	Improvement of premises- and equipment-related working conditions for the health care personnel providing services in 50

¹³ According to data from the Map of Health Needs for the years 2022-2026 in the areas of analyses related to long-term care.

¹⁴ Ibidem.

care, protect health care personnel from exposure to health-hazardous factors or physical strain, and create premises that improve the working comfort of service providers (such as, for example, well-equipped rest and refreshment rooms, caregiving rooms, elevators, etc.), at least in line with the minimum requirements stipulated by current legal regulations.

district hospitals (completion of 50 initiatives, 100% implementation of investments).

Principles for establishing application criteria and monitoring initiative implementation

1. The tasks of the Minister of Health acting as the institution responsible for implementing investments under the NRRP are defined by Art. 14 of the Act on the Principles of Conducting Development Policy.
2. The Ministry of Health's investment organisational structure is responsible for the implementation of the investments provided for in the Scope of Support.
3. The implementation of investments, including in particular the establishment of criteria for selecting initiatives to be supported, will be conducted with adherence to principles of transparency, integrity, and impartiality. This will be achieved by basing the selection of initiatives to be supported on:
 - a) objective and publicly available data included in the Map of Health Needs for the years 2022-2026,
 - b) results of the report created as part of Milestone D1L of the NRRP, and the contents of the Scope of Support, published in the Minister of Health's Bulletin of Public Information.
4. The selection of initiatives takes place according to principles set out in the Rules and Regulations for the selection of initiatives to be supported, which are adopted and made public on official website of institution that is responsible for the implementation of the investment.
5. The Rules and Regulations mentioned in point 4 specify, among other things:
 - a) criteria for selecting initiatives;
 - b) deadlines and procedures for submitting applications for initiative support from the development plan;
 - c) description of the procedure for evaluating initiatives,
 - d) description of the procedure for re-evaluating initiatives.
6. According to the Rules and Regulations mentioned in point 4, priority will be given to district hospitals where the founding entity is the district (powiat).
7. The criteria for selecting initiatives relate to individual initiative or a group of initiatives submitted in the application for support. These criteria encompass:
 - a) horizontal principles and criteria for initiative selection under the NRRP – determined by the minister responsible for regional development,
 - b) specific criteria – determined by the institution responsible for investment implementation based on needs related to the specifics of the investment and considering requirements outlined in the programme documents of the NRRP.

8. The institution responsible for investment implementation shall evaluate initiatives in terms of meeting the initiative selection criteria..
9. The institution responsible for investment implementation shall inform the applicants for support of the outcome of the evaluation.
10. The institution responsible for the implementation of the investment shall conclude an agreement with the applicant for support whose initiative has been selected for support.
11. The institution responsible for the investment implementation is responsible for monitoring the implementation of the investment, which:
 - a) from the process of selecting applications for support shall draw up a list of district hospitals qualified for support in the establishment of medical facilities or organisational units in which health care services in the field of geriatric care and nursing and caregiving services as part of long-term care will be provided, which will be published in the Ministry of Health's Bulletin of Public Information;
 - b) shall prepare a detailed report from the Evaluation Committee based on the evaluation of the applications submitted in terms of meeting the selection criteria.
12. Monitoring of investment implementation is conducted in particular based on the results of statistical surveys and data from:
 - a) the level of initiatives;
 - b) public statistics;
 - c) analysis and evaluation of the investment or its parts.
13. The agreement for initiative to be supported shall set out principles of initiative implementation, including in particular:
 - a) initiative description, including the purpose for which the funding is granted and the deadline for its implementation;
 - b) amount of allocated funds and the manner in which the tranches are to be determined, the deadlines and conditions for the transfer of those funds, and the interest rate of the loan;
 - c) commitment to store necessary documents for inspection for the period specified in the agreement;
 - d) commitment to submit to the inspection and the procedure for inspecting initiative implementation;

- e) forms of securing proper performance of obligations under the agreement;
- f) terms and conditions for termination of the agreement due to irregularities occurring during initiative implementation;
- g) terms and conditions and deadlines for repayment of funds, including those misused or taken in excess, or used inappropriately;
- h) commitment to conduct information activities regarding the financing of the initiative from the funds of the Recovery and Resilience Instrument;
- i) other provisions allowing monitoring and reporting on the achievement of targets and indicators of the investment under which the initiative is being implemented.