Swiss health system is based on a model of social insurance (mandatory and insurance premiums independently regulated for individual risk), but on the principle of competition between Insurance Houses, too. Each insurer is, in principle, obliged to provide, without discrimination, to all citizens of a region or a district, the base medical insurance with a medium premium [1].

In terms of health insurance, in Switzerland there are no uninsured people. There are three levels of contribution to health insurance payments:
1. Basic level, enjoyed by the whole population, regardless of the quantum contribution, is a compulsory level;
2. The second level has more services, and
3. The third level has full services.

There are also optional levels depending on the budget of each insured.

Other medical services known as “complementary” (Zusatzversicherungen/Assurances complémentaires) are not mandatory and they are still subject to the law VVG / LCA [2].

Switzerland’s health system is a complex combination of public units, private clinics and private services subsidized by the public system.

Roles and responsibilities of the health system in Switzerland reflect the country’s federal structure. Thus, we rather refer to the 26 cantonal subsystems than to the Swiss health system, because there are big differences between the spending profile of supply and model for the organization of health services, that communicate between them through federal law on health insurance (LAMaL) [1].

The Swiss health system organization contribute both public authorities and certain private bodies.

Following are the main "actors" of the system and their most important functions.

I. Organisation of the Swiss health insurance system

Swiss health system bases have been settled in the early twentieth century, with the first law on sickness and accident insurance (LAMaL), in 1911 [1]. Basic medical insurance, exist in Switzerland from 1914 (KVG) [2].

By KVG / LAMal law and ordinance of Federal Council of 29 September 1995, it underwent a radical transformation. Law sets the legal framework for compulsory medical insurance (Obligatorische Krankenlegerversicherung nach KVG/Assurance obligatoire des soins selon LAMaL) and the ordinance defines medical services that each health insurance company in Switzerland is obliged to offer to its customers. It entered into force on 1 January 1996 and provides that health insurance is mandatory for all persons who have permanent residence, or a residence permit in Switzerland for at least 3 months [2].

LAMaL obtain to Federal Council, and with its first review, the entry into force in 2001 of a series of new power supply related to medical definition, structure and level of charges and to the ability to change the basic benefits package.

---

**INTRODUCTION**

This paper presents an image of the organization and functioning of the health system in Switzerland, as well as the management of medical units and community care services. Information on the following institutions: Lindenhof Nursing School and Hospital, Psychiatric University in Bern and Community Units providing home health care, rural communities like: Lucerne, Ebikon, Dierikon, Undligenswille, Andligenswille, Sevelung, Neuchatel and Lausanne, have been provided through theoretical and practical documentation of activities carried out in Switzerland in 2010, by members of the project "Promoting social inclusion by developing human and institutional resources in community health care" (see box 1).

I. Organisation of the Swiss health insurance system

Swiss health system bases have been settled in the early twentieth century, with the first law on sickness and accident insurance (LAMal), in 1911 [1]. Basic medical insurance, exist in Switzerland from 1914 (KVG) [2].

By KVG / LAMal law and ordinance of Federal Council of 29 September 1995, it underwent a radical transformation. Law sets the legal framework for compulsory medical insurance (Obligatorische Krankenplegeversicherung nach KVG/Assurance obligatoire des soins selon LAMal) and the ordinance defines medical services that each health insurance company in Switzerland is obliged to offer to its customers. It entered into force on 1 January 1996 and provides that health insurance is mandatory for all persons who have permanent residence, or a residence permit in Switzerland for at least 3 months [2].

LAMal obtain to Federal Council, and with its first review, the entry into force in 2001 of a series of new power supply related to medical definition, structure and level of charges and to the ability to change the basic benefits package.

Swiss health system is based on a model of social insurance (mandatory and insurance premiums independently regulated for individual risk), but on the principle of competition between Insurance Houses, too. Each insurer is, in principle, obliged to provide, without discrimination, to all citizens of a region or a district, the base medical insurance with a medium premium [1].

In terms of health insurance, in Switzerland there are no uninsured people. There are three levels of contribution to health insurance payments:
1. Basic level, enjoyed by the whole population, regardless of the quantum contribution, is a compulsory level;
2. The second level has more services, and
3. The third level has full services.

There are also optional levels depending on the budget of each insured.

Other medical services known as "complementary" (Zusatzversicherungen/Assurances complémentaires) are not mandatory and they are still subject to the law VVG / LCA [2].

Switzerland's health system is a complex combination of public units, private clinics and private services subsidized by the public system.

Roles and responsibilities of the health system in Switzerland reflects the country's federal structure. Thus, we rather refer to the 26 cantonal subsystems than to the Swiss health system, because there are big differences between the spending profile of supply and model for the organization of health services, that communicate between them through federal law on health insurance (LAMaL) [1].

The Swiss health system organization contribute both public authorities and certain private bodies.

Following are the main "actors" of the system and their most important functions.

Federal Government

The competencies of the federal government is legally stipulated in the Federal Constitution.
Tasks relating mainly to health are:
- Eradication of communicable diseases or diseases with great power to spread or great virulence in humans and animals;
- Promoting the sport;
- Provision of social insurance;
- Examining and qualifying medical personnel;
- Promoting science, research and postgraduate education;
- Genetic engineering, medical transplantation and medical research;
- Labour legislation;
- Environmental protection;
- International Relations [3].

Cantons
Health Services is one of the areas of government activity in which cantons are subordinate, but still have a high degree of autonomy. The Swiss Constitution, in Article 3, it shall be provided: "The cantons are sovereign insofar as their sovereignty is not limited by federal Constitution and exercise all the rights unassigned by Confederation [1]."

Activity cantons can be divided into the following four areas:
1. Regulation of health problems;
2. Providing health care;
3. Health education, health promotion and prevention;
4. Implementation of federal laws.

Regulation of health problems include:
- Approval and licensing of medical professionals;
- The cantons determine the necessary conditions in order to obtain license to practice for health professionals;
- Open market authorization of medical or pharmacy units and control of drugs.

The need for national standards regarding the registration and control of drugs has led to an intercantal agreement well before 1900. To this end, the cantons have established Intercantonal Association for Drug Control.

Health care is provided through:
- public hospitals, private hospitals;
- unsubsidized private clinics;
- home health care services;
- emergency services;
- disaster health care services;
- ambulance services;
- medical training at basic and specialist level that is provided in seven cantonal universities, hospitals and public clinics, and examinations and qualifications are egulated by the government; postgraduate training of doctors is regulated by the wiss Medical Association (Foederatio Medicorum Helveticorum);
- training for paramedics.

Cantons are mainly dedicated to health, but also to secondary and higher education [3].

Municipalities
Cantonal health laws give municipalities responsibility for health policy.

Responsibility for providing social and medical care for certain vulnerable groups, is usually delegated to municipal authorities, focusing on home care, on the health and social care homes for the elderly and on community mental health services. For most home care services, municipalities have delegated the responsibility to independent organizations. Most municipalities and municipal associations often manage their homes for the elderly. Also, municipalities manage rural hospitals and home care services, either alone or together with other localities (through hospital associations) or are part of Council of these infrastructures.

In addition, municipalities are responsible for support and counseling activities for mothers and pregnant women, provision of obstetric services, and medical and dental services in schools [3].

Health Insurance Houses
There are many insurance houses offering different types of insurance policies including insurance for professional and nonprofessional work accidents, old age and disability insurance, maternity insurance. However, only providers who are compliant with health insurance law and are registered in

Box 1.
The project "Promoting social inclusion by developing human and institutional resources in community health care" - ongoing period 2009 - 2012, is financed by the Sectoral Operational Programme - Human Resources Development (SOP HRD) 2007-2013 and implemented by the National School of Public Health, Management and Health Improvement, in Bucharest. The project goal is to reduce existing disparities and inequalities in access to primary health care services, improving access and quality in health and social services for vulnerable populations, especially in rural areas, a fair allocation and improvement in health training of human resources, from national network of support Community health care. The main objective of this project is to develop the network of community health care, improving access and quality of community health care for vulnerable groups and general population in 10 counties in Romania, selected from two development regions. The specific objectives of this project are:
- developing pilot networks for community health care services;
- promoting the development of these services at a decentralized level;
- allocating financial resources for specific activities, based on the needs of beneficiaries;
- strengthening the response capacity of communities by building local partnerships for community support to vulnerable population;
- developing and promoting training programs for professionals engaged in community health service system, in order to enhance skills and knowledge to work in multidisciplinary teams.
- developing and promoting of appropriate tools and methods for providing community health care services in a flexible way, as an alternative to hospital services.
- preventing and combating situations that can lead to social exclusion in the field of health services. Another specific objective is the development of professional expertise through training programs for professionals involved in the social system services and for human resources engaged in community health care network in the two development areas, which includes:
- continuing the process of defining the identity of professions and improve the legal framework for vocational training;
- substantiating a strategy in human resources, to include: the elaboration of the status of the profession for nursing and for community health worker; the elaboration of occupational standards on these professions;
- implementation of a coherent training policy based on a training plan;
- developing some complementary training courses for staff in the system that wish to acquire a qualification - specialization in the field.

Project objectives are circumscribed to the following orientations and needs in human resources:
- linking the training process with social and economic factors;
- improving responsiveness of the community and system to the needs of beneficiary;
- valuing analytic-synthetic and practical educational content;
- tailored training process to medico-social and educational needs;
- immediate response to the needs, based on the analysis of training demand;
- training process which meet the requirements of decentralization and transfer of responsibilities;
- flexible training programs;
- facilitating access to another profession;
- mixing and unifomring content methodology.
Medical Association (SMA) must be a member of the cantonal association. SMA regulates and accredits postgraduate medical training of doctors and confer competencies only to those of them who are members.

Medical professionals, other than physicians, are represented by their occupation-specific organizations. These organizations represent the interests of its members in dialog with employers and are also involved in developing training guidelines with Swiss Red Cross, in further developing the training system.

Advanced courses and specialized training are also provided by various organizations / professional bodies [3].

Hospital Associations

Swiss Association of Hospitals is called "H + The Swiss Hospitals" and the most important tasks are:

- representation of the interest of all hospitals;
- ensuring workplace training for managers;
- the development of management tools;
- comparative statistical data collection; these statistics are both administrative and medical statistics on the length of hospitalization and type of medical services.

Private hospitals are also members of the Swiss Association of Private Hospitals.

At cantonal level, public hospitals and public subsidy hospital have formed associations which negotiate fees with health insurance houses. Often, private hospitals are members of these associations [3].

Voluntary and consumer associations

Most organizations focus solely on certain conditions, such as the Swiss Cancer League, Swiss League against Rheumatic Diseases, the Swiss Association for Pneumology. Others are support organizations for people with AIDS.

These organizations have important functions in prevention, public relations, counseling and liaison with patients.

Patients' organizations working in various committees represente the interests of the insured population and have the right to be consulted in the process of negotiations between insurance houses and service providers, related to determining fees. However, health service users (insured people, patients and caregivers) are in a disadvantaged position [3].

II. The provision of health care

In the Swiss system, health care is provided at the following levels:

1. Ambulatory Care;
2. Public health services;
3. Secondary and tertiary health care;
4. Social care;
5. Pharmaceutical services;
6. Health Technology Assessment;
7. Human resources and professional training [3].
Further, the presentation and examples will refer only to secondary and tertiary care and to social care.

Secondary and tertiary care

Secondary care

In Switzerland there are three categories of hospitals:
- public hospitals;
- hospitals with public subsidy, and
- private hospitals.

Public hospitals can be managed by the cantons in which they are located, municipal associations, municipalities or independent foundations.

Statistics show that in 1997 there were 406 hospitals, of which more than half (272) were funded in public system [3].

Outside the cantons subordinated hospitals in Switzerland are regional and university hospitals, and over 120 private clinics, most of them are concentrated around the towns of Geneva, Zurich, Bern and Basel. Annually, approximately 20% of hospital days (about three million days) are registered in these clinics.

The number of private hospitals is increased especially in the area of psychiatric expertise, which represents almost half of all hospitals [4].

Switzerland has a very good hospital infrastructure services developed. In planning and financing of health services is relevant that hospital care can be divided into two parts, each of the two sides governed by different legal regulations. The federal government has no authority in care planning of discharged patients and of patients from the day inpatient, and, therefore, does not provide any subsidy for this. Instead, the continuous inpatient is the main object when they planning the public subsidies [3].

Private hospitals do not receive any financial subsidy from the state, but they are financed solely from payments made by insurance companies and patients.

Both public and private hospitals listed in the cantonal hospital list, negotiates its fees with health insurance houses, but these cover only up to 85% of costs in private hospitals, according to the Swiss Federation of Private Hospitals. In addition, according to the same source, the cantons assume at least half of the operational costs of public hospitals.

Health insurance funds maintain a percentage of 50% of spending, and this value is distinctly on the invoice issued by the hospital, representing less than a half of the actual cost of treatment [4].

The cantons also finance the construction of new buildings or the purchasing of medical equipment in public hospitals, charges that are not listed on the invoice sent to the patient, but are actually supported by him through taxes paid to the state [3].

Density of beds in emergency hospitals in Switzerland is 3.5 per 1,000 inhabitants, close to the average value in Western Europe. In comparison, in France and Germany this indicator has a value of 3.6 per 1,000 inhabitants, and in Austria of 6.1 per 1,000 inhabitants. In recent years, this indicator declined from 4.1 per 1,000 inhabitants in 2000 to 3.8 per 1,000 inhabitants in 2004 (3). Also, the length of stay in emergency units has steadily declined in recent years, from 9.3 days in 2000 to 8.8 days in 2004 and reached 7.8 days in 2007 [4].

According to statistics by the OECD (Organization for Economic Co-operation and Development), in 2007, Switzerland had 3.9 doctors/1000 inhabitants, similar to the European average and slightly higher than in 2002, when it was 3.5/1000 inhabitants. Health personnel density is above the European average, 14.9/1000 inhabitants, also rising to the level of 12.9 recorded in 2000. In most Western European countries this level reached only up to 7-10/1000 inhabitants, except Ireland, where the density is 15.5/1000 inhabitants and Norway, which recorded a high of 33/1000 inhabitants [4].

Tertiary care

Complex and highly specialized treatment is provided by university hospitals, some big cantonal hospitals and, in some areas, subsidized or non-subsidized private clinics.

One of the main objectives, which it intends to Switzerland, is reducing the excess of advanced medical technologies and specialized treatments and the concentration of these types of health care in some centers of excellence. This will require infrastructure development planning, both nationally and intercantonal [3].

Social assistance

Despite the fact that the organization of care services outside hospital is generally well put together, public services are inadequate in many cases. In 2000, health insurance providers were not required to pay the full cost of home care services. For a considerable proportion of the population home care is provided by informal caregivers, with or without assistance from home care organizations, known as a service “Spitex”
There are two categories of ambulatory care providers: medical practitioners (family doctors) and Spitex type services. The high density of doctors in Switzerland indicates that there is capacity to provide home care services throughout the country. Also, the coverage with Spitex type services is quite comprehensive, even though there are some cantonal variations.

In many cantons, the municipalities are responsible for home care services, and often they empower private organizations to build and manage a range of structures. It is difficult to quantify the level of provision of services for people with disabilities and the elderly, but there are data on the number and type of institution for these disadvantaged categories. (table 1) [3].

Many elderly people requiring care are still hospitalized, because they are not enough beds available in health care institutions. After overhaul of the health insurance law a cap extended was introduced which included nursing home reimbursement, which was a financial incentive for patients requiring hospital care at home[3].

For example, we present organizational structure and management of Lindenhof Hospital, a private hospital in the canton of Bern, organizational structure and management of an institution of higher education in the canton of Bern, which prepares health care professionals and a brief history of Spitex type units, definition, benefits and financing, and organization and management of the Spitex Ebikon Unit [2].

Lindenhof Hospital is the largest private hospital in central Switzerland (Figure 1). It has over 100 years of existence and also plays an important role in primary care and specialized care in the region, and also beyond the limits of the canton of Bern.

Este un spital privat non-profit al Crucii Roșii și al Fundației pentru Nursing ce oferă servicii cuprinzătoare și de înaltă calitate medică. Numărul mare de medici specialiști din toate disciplinele și utilizarea cele mai noi echipamente și metode de diagnostic și tratament contribuie la menținerea unei reputații excelente a spitalelui. Cooperarea interdisciplinară între medici, asistenți medicali și profesioniști din alte domenii, reprezintă cea mai bună cale de a apăra interesele pacienților aflați în centrul activității sale.

It is a non-profit private hospital of the Red Cross and of the Nursing Foundation which provides comprehensive services and quality care. The large number of specialists from all disciplines and the use of the latest equipment and methods of diagnosis and treatment contributes to the maintenance of the excellent reputation of the hospital. Interdisciplinary cooperation between physicians, nurses and professionals from other fields, is the best way to defend the interests of patients at the heart of its business.

In the conduct of daily activities in Lindenhof Hospital participates, a total of 1,100 employees, of which 150 are doctors. At the same time, the hospital offers 70 training places in various professions. Hospital management is provided by the Director General, Deputy Director, Deputy Director of the Secretariat and the Secretariat Director.

The hospital has seven departments: medical, financial, economic, specialized medical services, human resources / administration services, health care and engineering / logistics.

Very important is the fact that the hospital provides medical care in almost all medical specialties: general surgery, anesthesia, Cardiology / Angiology / vascular surgery, dermatology, gastroenterology, obstetrics, gynecology, hematology, internal medicine, intensive care, oral surgery, pediatric surgery, psychiatry and psychotherapy, nephrology, neurosurgery, neurology, Neuropediatrics, oncology, ophthalmology, orthopedic surgery, ENT, pediatrics, Phlebology, plastic and reconstructive surgery, pulmonology, radiology, rheumatology, thoracic surgery, trauma and urology.

Regarding clinical activity, the hospital has a total of 250 beds, which have an occupancy rate of 87%. These beds are of three types: private – 1bed/room, semi private- 2 beds / room and shared room with 4 beds, with no difference in comfort. Annually, at Lindenhof Hospital, are hospitalized 12,000 patients from the region, of which 3000 patients in day care, and 35,000 patients from outside the canton. The number of hospitalizations for infants is about 1000/year. The average length of stay is 6.5 days. Main sources of funding of the hospital are represented by the Swiss Red Cross Foundation and the Nursing School Lindenhof.Bern.

Lindenhof Nursing College (translated "the park with lime") combines tradition with innovation. Founded in 1899, has over 100 years of activity, with a lasting impact on education and training. Former school management considered necessary transition from training school nurses in the Red Cross, which was responsible for their training until 1942.

Lindenhof School has a curriculum focused on several levels of study, namely:
- studies after sixth grade middle school;
- Primary School Public health and health care (high school) without obtaining a graduate specialization;
- school for obtaining depth of specialization;
- university educated type specialization in nursing, public health, social medicine, health promotion, medical sociology and social work.

Starting September 1, 2007, the Lindenhof school focused entirely on practical training. The new changes associated with the education system in canton Bern led to basic training and formal training in nursing from 2007.

The school director works with a core team consisting of seven persons, as well as with outside experts in relevant fields and related areas of practice. Institution's programs and services take into consideration the impact on the quality of education and later practice. They are based on practical experience gained through work at the Lindenhof hospital.

Applying information and communication technologies (e-learning) is one of the world needs professional activity. Lindenhof School has successfully integrated these technologies into teaching and learning. This provides concept courses, creating learning programs tailored to individual needs, training of tutors "Tele" (trainers who take courses at the distance) for collaboration in e-learning for Lindenhof students, faculty and staff.

The nurse without college education is in charge of planning and organization nurses and nurse aids activities, the use of the vehicles and medical equipment and office supplies.
History of SPITEX type units

Switzerland has a distinguished history of medicine with a continuing concern for the medical, but also for social care. Thus, in 1551 is stated that: “Every municipality is obliged to take responsibility for the needy.” Poverty was seen through the prism of the “new” protestant moral as a result of laziness. Each hall also treats and helps only cases with no debts or cases of disease and death. Other cases that do not belong to the same hall, were not treated.

In the eighteenth century took place a reform of the medical system. At mid-century appear many medical textbooks and to various hospitals medical schools are attached. At first, this job primarily target men as labor. Study the job is taken over and run by doctors.

In the mid-nineteenth century has been a professionalization of the profession of nurse and medicine at the same time becomes a profession and for women. An important role is played in the middle of this century by the Red Cross. It takes professional education of health professionals. Municipalities are forced to take health care costs. At the same time the patient is also required to take some of the costs or pay a fee. In addition to municipalities, funding is made with the help of various associations, sponsorships, foundations, etc..

Despite the fact that care and health care has a tradition of at least 100 years, the first Swiss Congress takes place only in 1987. In 1994, the Association of Medical Care at home (SVHO) merges with Health Care Association (SVGO) and the Swiss Association Spitex is born (SVS).

Spitex unit type definition

Spitex site (spit = hospital ex = external) is actually an external hospital, a non-profit organization providing healthcare and social services outside of hospitals. Its role is to help protect, advise, and to prevent. The services provided are complementary services provided by hospitals, retirement homes, family physicians, physiotherapy, and others do not compete with them. The services are oriented to all age groups. Spitex addresses patients with various diseases, any patient suffering from an illness, accidents, those with disabilities, older people and women who gave birth.

An important objective is for the individual, to acquire its own autonomy. For this, the individual is taught to help himself as much as possible, alone. On taking each case an assessment of the patient is made and of the health care goal. This assessment is compulsory and is controlled by the health insurance. The need for this assessment aims to provide medical services to each individual so that they are not excessive nor insufficient. Evaluation results in practice to a good quality of services provided

Among the advantages of the home care system are included:
• Decreased average length of hospitalization and fewer hospital readmissions that comparatively are more expensive;
• Improving the quality of life of patients, regardless of age, of the persons with disabilities, but also people with a terminal illness;
• Additional help for single people or for people who care for a patient, and while working, or for people with very low income.

Communication with and between other care providers (hospitals, retirement homes, family doctors, etc..) - Figure 2 - is very important and at the same time, it protects patient identity. Communication is done only with the patient agreement and only on its behalf. The patient is informed of the discussions between the partners. Advice is always welcome, but the final decision remains to the patient.

Funding Spitex type units

In terms of funding, it must be said that, depending on the care provided, there are three different rates, namely:
• rates for needs assessment;
• rates for complex medical care, and
• charges for easier medical care.

They are supported by law, by the medical insurance. Housekeeping and other relevant nursing care costs are incurred by municipalities. Other financing options are the sponsorships through the association members or voluntary activities.

Health insurance companies pay the hospital for the hospitalization period, but not for the period when the patient receives care at home. A large part of the costs for such care are covered by private insurance houses. One of the most important additions to the package of mandatory health insurance was to cover home and Spitex services provided.

Nationally, about 27,000 people work for Spitex and take care for 200,000 patients annually, of which 46% are aged over 80 years. Spitex provide 11.5 million hours annually, of which 58% are for healthcare and 42% are for domestic and nursing care.

In a year, the Spitex cost amounts to 1.08 billion SFR (Swiss francs), of which 367 billion are paid by the insurance house. Spitex consumes 2% of the budget of Switzerland for all health costs. Note that Spitex services and home care services are two sectors for which health insurance houses spend increasingly more money.

Spitex Unit Ebikon

During the project were carried out visits to sites such Spitex, or Spitex clients homes. Patients were selected in such way, to have a variety of cases by their complexity, with different care needs. For example, we present the town Ebikon Spitex Unit, located in Lucerne city extension.

In terms of human resources, the unit shall be composed of staff:
• 1 head;
• 1 coordinator;
• 1 nurse without a college;
• 1 receptionist;
• 24 nurses with or without college;
• 10 nurse aids;
• 1 accountant and two drivers.

Spitex head has tasks of representation, advertising the results of our work, establishing and maintaining contacts.

Spitex head is a nurse coordinator with college (university level), whose tasks are to coordinate activities and medical-social care home run by Spitex.
Receptionist is a nurse and deals with care needs assessment, distribution of clients/patients to nurses, preparing materials for the home care clients and their sterilization.

Nurses, with or without college education, provide the following home care services to customers:

- prepare the medical record of the plan of care at European standards;
- organize care with its regularity and frequency;
- responsibility for coordinating medical staff;
- Collaboration with regional hospitals, medical specialists and family doctors, physiotherapists, masseurs, counselors, priests etc.
- Administration of the treatment prescribed by a doctor;
- changing bandages
- monitoring vital signs: blood pressure, blood sugar, pulse, respiration etc.
- wound care and pressure sores.

Nurses also take care of the rehabilitation therapy at home, caring for people with disabilities, terminal illness care, artificial nutrition and change of the permanent urinary probe. Nurse aids provide care and hygiene services and of the environment of the patients, and other household activities, such as partial or full bathroom, and bed-ridden patient mobilization, cooking etc.

The two drivers are volunteer employees to help customers transfer to and from hospital. Spitex material endowment consists in two cars, which are used for nurses rides on distances longer than 5 km, without driving employees. For distances less than 5 km travel is by bicycle, public transport (with reimbursement) or even on foot.

The space where Spitex works is provided by the local community. All that means supplies, telecommunications and furniture, and health care supplies and materials (dresses, bandages, kits, instruments, cases for drugs, disinfectants, sterilization equipment, pads, diapers, gloves, etc.) are purchased from storage of medical equipment with funds from health insurance fund, Swiss Red Cross, or received as a donation from pharmacies.

Quality control is done only at structure level. Each Spitex unit has a quality manual. For procedures performed, standards are taken from the system of hospital care. Reimbursement, by type of expenditure is as follows: ● by home insurance, medical care procedures and counseling ● by the municipality for cleaning the clients houses; the price is that stated in the hotel. Contact with the client is set at its own request or by toll free telephone call or hospital request.

After evaluating customer needs, contract for care provision is signed. Each customer has a personal record of evidence of his care needs and services provided. Based on these records at the end of a month a statement of expenditure is made which shall be submitted under the signature of the client, to the insurance house for settlement.

Spitex Ebikon provide support and care for a total of 2,000 customers in the village and surrounding areas Ebikon, Dierikon, Undligensville and Andligensville, with a total population of 12,000 inhabitants. Collaboration with family doctors, psychologists, social workers takes place when needed. Although not necessary, however, there are meetings with them once a month. The results of consultations and decisions are provided to the customers.

In conclusion, we can say that in general, medical care is provided 24hours/24, in different ways, depending on customer needs. If appropriate medical care can’t be provided at home, then the patient is transferred to another institution, such as hospitals, nursing homes, etc. If the family is overburdened and safety can’t be assured or becomes intensive care, then the transfer to another institution follows.

CONCLUSIONS AND PROPOSALS

Promoting social inclusion by developing human and institutional resources from healthcare community in Switzerland is a viable model, worthy consideration for policy makers in Romania. The visit to Switzerland of the members of the project “Promoting social inclusion by developing human and institutional resources from community healthcare” provided very useful information from the experience of a country with tradition in the field, in order to develop in our country networks and pilot centers for community health services according to local needs, develop and promote tools and methods for providing adequate community care services, including home care, in a flexible way, as an alternative to services offered in the hospital system - objectives pursued by the project above mentioned. Their implementation would be a step forward in the decentralization of health services and in the creation of alternatives to the hospital or institutional care.

Figure 1. Lindenhof hospital –general view

References