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The Role of Spitex Organizations as Care Coordinators in Switzerland's Home Care System: A Functional Analysis Based on the Care Triangle Model

Rola organizacji Spitex jako koordynatora w systemie opieki domowej w Szwajcarii: analiza funkcjonalna w modelu trójkąta opiekuńczego

Introduction

Population ageing and the increasing number of people living with chronic diseases are leading to profound changes in European healthcare systems. In Switzerland, this direction is reflected in the strategy *ambulant vor stationär*, which gives priority to home-based care over institutional care (Bundesamt für Statistik [BFS], 2024). Its effective implementation requires stable cooperation among the patient, family caregivers, and the attending physician. These relationships form a configuration referred to as the "care triangle," whose balance is a prerequisite for maintaining home care and preventing premature institutionalization.

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In this context, Spitex organizations acquire particular significance as mobile healthcare providers operating at the interface between formal and informal care. Their role has evolved from the delivery of task-oriented nursing services toward a coordinative function corresponding to the concept of case management. The main research problem of this article is as follows: *how do Spitex organizations perform the function of care coordinator in the Swiss home care system, and what structural and financial barriers limit the full use of their potential in stabilizing the care triangle?*

The care triangle model serves as the key analytical tool in this study. It derives from theories of interdependence in long-term care, which assume that the patient, family caregivers, and the attending physician form a system of mutual dependencies in which overburdening one element may destabilize the entire arrangement (Klie, 2020). This model is widely used in studies of community-based care because it makes it possible to analyze the flow of information, the distribution of burdens, and the allocation of competencies in the care process. In this article, it is used to assess the role of Spitex as an actor integrating the activities of all participants in care.

Methodologically, this article is a qualitative analytical and conceptual study. It is based on a critical review of the scientific literature and an analysis of institutional documents concerning home care in Switzerland. The sources include publications on community nursing, interprofessional collaboration, case management, and reports by BFS, SAMW, Spitex Schweiz, and santésuisse. Thematic content analysis enabled the identification of the key functions of Spitex and their significance within the care triangle model. The selected sources mainly cover publications from the last decade, making it possible to capture current development trends. As the study is based on secondary data, it does not allow for full empirical verification; however, it provides a synthetic system-level perspective on the issue.

Spitex in the Swiss Healthcare System – Scope of Tasks and Functions

Spitex (*Spitalexterne Hilfe und Pflege*) refers to an organized system of outpatient health and nursing care provided outside inpatient facilities, in the homes of people requiring support (Spitex Schweiz, 2025). This system developed in Switzerland in the second half of the twentieth century as a

response to the growing care needs of older people and people with chronic illnesses and its development remains closely linked to population ageing and to the shift in the healthcare paradigm toward community-based care (Bundesamt für Statistik [BFS], 2024).

Initially, Spitex activities within primary healthcare focused on nursing care and social support delivered through local community structures. With the development of health policy promoting the model of "home care before inpatient care" (*ambulant vor stationär*), these organizations gradually became professionalized and institutionalized, becoming an integral part of the healthcare system financed through mandatory health insurance, public funds, and private contributions (BFS, 2025; Spitex Schweiz, 2025). Today, Spitex operates within a diverse organizational structure – from public and semi-public entities to private providers – while maintaining common regulatory frameworks and quality standards.

The scope of Spitex activities reflects the increasing complexity of the needs of patients receiving home care and includes both clinical services and educational, informational, and coordinative activities. A functional analysis of Spitex work makes it possible to distinguish four core areas of activity: nursing and caregiving, supportive and educational, observational and informational, and coordinative functions (Spitex Schweiz, 2025).

The nursing and caregiving function includes therapeutic services and basic care, including monitoring the patient's health status, carrying out diagnostic and therapeutic procedures, and providing support in activities of daily living.

The supportive and educational function focuses on strengthening the competencies of patients and family caregivers through health education, nursing instruction, and psychosocial support, which is of substantial importance for preventing caregiver burden (BFS, 2024; Regez et al., 2024).

The observational and informational function consists of systematically monitoring the patient in the home environment and transmitting relevant data to the attending physician, which enables early detection of health deterioration and improves the quality of therapeutic decision-making (Weiss et al., 2022).

In turn, the coordinative function includes responsible management of information about the patient's health status, synchronization of healthcare activities, and mediation among participants in the care process. This

corresponds to the concept of *case management* and interprofessional collaboration (Klie, 2020; Schweizerische Akademie der Medizinischen Wissenschaften [SAMW], 2020).

The analysis of Spitex functions within the care triangle model indicates that these organizations play the role of a key stabilizer of the entire home care system. These conclusions are confirmed both by system-level analyses and by studies on multidisciplinary cooperation in outpatient care (Bundesamt für Statistik [BFS], 2024; Schweizerische Akademie der Medizinischen Wissenschaften [SAMW], 2020).

Spitex activities simultaneously affect all elements of the care triangle, reducing the risk that one of them will become overburdened and destabilize the entire arrangement.

Table 1. The functional role of Spitex in the care triangle model: patient–family caregivers–attending physician

Spitex function	Key tasks	Patient	Family caregivers	Attending physician	Stabilizing role in the triangle
Nursing and caregiving	Therapeutic nursing care, health monitoring, assistance with activities of daily living, maintaining independence	Direct care, clinical safety, ability to remain at home	Indirect physical and time relief	Supplement to medical care between visits	Reduces the risk of patient deterioration and emergency hospitalization
Supportive and educational	Health education, nursing instruction, psychosocial support	Better understanding of illness and therapy	Strengthened competencies, reduced caregiver burden	Indirect support for therapeutic adherence	Prevents overburdening of one vertex, especially the family
Observational and informational	Observation of the patient in the home environment, early recognition of changes in health status	Faster response to deterioration	Greater sense of security	Access to clinical information unavailable in the consulting room	Reduces information gaps between home care and medical care
Coordinative (*case management*)	Information management, mediation, synchronization of activities, care planning	Coherence and continuity of care	Clarity of roles and expectations	Facilitated interprofessional collaboration	Maintains balance and communication among all elements of the triangle

Source: author's own elaboration based on BFS (2024, 2025), SAMW (2020), Spitex Schweiz (2025), and Weiss et al. (2022)

The nursing and caregiving function focuses primarily on the patient, ensuring clinical safety and the possibility of remaining in the home environment. This is one of the key objectives of the Swiss strategy *ambulant vor stationär*, meaning "home care before inpatient care" (BFS, 2025; Spitex Schweiz, 2025). At the same time, this function indirectly relieves family caregivers and supplements the activities of the attending physician between outpatient visits, helping to reduce the risk of emergency hospitalizations and escalating care costs (santésuisse, 2024).

The supportive and educational function is of particular systemic importance because it directly strengthens the competencies of informal caregivers. Research clearly indicates that caregiver burden is one of the main factors leading to the breakdown of home care and the need to institutionalize patients (BFS, 2024; Regez et al., 2024). In this context, the educational and psychosocial activities carried out by Spitex have a preventive function, protecting the stability of the entire care triangle: patient–family caregivers–physician.

The observational and informational function fills the gap between the patient's everyday functioning and the medical decisions made by the attending physician. The regular presence of nursing staff in the home environment enables early detection of changes in health status and improves the quality of clinical information flow. This is identified as one of the key conditions for the safety of outpatient care (Weiss et al., 2022).

The coordinative function has the most cross-cutting character, as it encompasses all elements of the care triangle. It corresponds to the concept of *case management*, which is regarded as a condition for coherence and continuity of care in the context of increasing case complexity (Klie, 2020; SAMW, 2020). At the same time, the analysis indicates that insufficient recognition of this function in current financing models poses a significant threat to the stability of home care (santésuisse, 2024; Spitex Schweiz, 2025).

In summary, the role of Spitex in the care triangle model goes far beyond the provision of individual nursing services. These organizations perform an integrating and stabilizing function, without which the implementation of the "home care before inpatient care" strategy remains structurally incomplete (BFS, 2025; Spitex Schweiz, 2025).

Increasing importance is being attributed to the coordinative function, which includes information management, clinical observation of the patient in the home environment, and communication with the attending physician

and other actors in the healthcare system (Weiss et al., 2022). This function fits within the concept of case management and professional intersectoral collaboration, recognized as crucial for the quality and continuity of outpatient care (Klie, 2020; SAMW, 2020). Nevertheless, its role remains insufficiently appreciated in existing financing models, limiting the possibility of its full development in practice (santésuisse, 2024; Spitex Schweiz, 2025).

In addition to coordination and counselling, services delivered within nursing and therapeutic care also include specialized forms of support, such as palliative care and community psychiatric care. Data from the Federal Statistical Office show that more than 470,000 people use Spitex services each year, a substantial proportion of whom are over 80 years of age (BFS, 2024). This trend is associated with increasing case complexity and a growing need to integrate medical, nursing, and social activities.

The stability of family caregivers is one of the key conditions for maintaining home care. From this perspective, Spitex should be viewed as a systemic pillar of care rather than merely as its supplement. Without its involvement, the implementation of the strategy *ambulant vor stationär*, that is, the priority of home care over inpatient care, remains structurally incomplete (BFS, 2025; Spitex Schweiz, 2025).

The analysis of Spitex's role in supporting family caregivers shows that these activities are significant not only at the level of the caregiving relationship, but also for the stability of the entire care triangle. This provides an important starting point for further system-level conclusions.

The Coordinative Role of Spitex in the Care Triangle Model

The coordination of home care is one of the key elements of the stability of the care triangle: patient–family caregivers–attending physician. Operating at the interface between formal and informal care, Spitex organizations play the role of an integrator that connects the activities of all participants in the care process. Their coordinative function includes both support for family caregivers and the role of clinical observer for the attending physician, which in practice creates a coherent model of case management.

Family caregivers constitute the foundation of home care, carrying out a substantial share of caregiving tasks informally and without remuneration (Bundesamt für Statistik [BFS], 2024). At the same time, they often remain

an insufficiently visible element of the healthcare system, even though the main burden of everyday care rests on them. In the context of increasing case complexity, multimorbidity, and longer care trajectories, their role becomes more intensive, increasing the risk of physical, psychological, and organizational overload.

Studies indicate that informal caregiver burden is one of the main factors leading to the destabilization of home care and the need to institutionalize patients (Klie, 2020). This process is gradual and may remain unnoticed for a long time both by caregivers themselves and by the healthcare system. Particularly critical moments arise when the patient's health deteriorates, therapy changes, or after discharge from hospital (Regez et al., 2024). In such circumstances, the absence of adequate support increases the risk of breakdown in home care.

In this context, Spitex organizations perform an important stabilizing function through supportive and educational activities which, as indicated in the functional analysis, are directed specifically at family caregivers. These include health education, instruction in nursing techniques, psychosocial support, and early recognition of symptoms of caregiver burden (BFS, 2024; Regez et al., 2024). Such activities strengthen caregivers' competencies at both the substantive and emotional levels, thereby increasing their capacity to provide long-term care.

An important, although often underestimated, aspect of the support offered by Spitex is its mediating function between family caregivers and the attending physician. Informal caregivers often take on the role of communication intermediaries, conveying information about the patient's health status despite lacking adequate preparation to interpret it. By performing the observational and informational function, Spitex assumes part of this responsibility, improving the quality of clinical information flow and reducing the decision-making burden placed on the family (Weiss et al., 2022).

From the perspective of the care triangle, these activities help reduce the overload of one of its vertices and improve the balance of the entire system. Support for family caregivers is not isolated but remains closely linked to the coordinative function of Spitex. By managing the flow of information and synchronizing the activities of different actors in the care system, these organizations ensure clarity of roles and expectations toward caregivers, which significantly reduces the risk of their overburdening (Klie, 2020; Schweizerische Akademie der Medizinischen Wissenschaften [SAMW], 2020).

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The analysis of Spitex's role in supporting family caregivers shows that the activities carried out are significant not only at the level of the caregiving relationship, but also for the stability of the entire care triangle. This constitutes an important starting point for further system-level conclusions.

The relationship between nursing care and the attending physician in the home environment is one of the key elements determining the quality of outpatient care. Research indicates that general practitioners have limited insight into patients' everyday functioning, whereas Spitex staff observe them regularly in their natural living environment (Weiss et al., 2022).

In this context, Spitex performs the function of clinical observer and information intermediary, identifying early symptoms of health deterioration and transmitting relevant data to the attending physician. This function is consistent with the concept of interdisciplinary collaboration aimed at improving the quality and safety of care (Schweizerische Akademie der Medizinischen Wissenschaften [SAMW], 2020).

Cooperation between Spitex and the physician makes it possible to reveal barriers that are not visible in the consulting room, such as the patient's actual level of independence or real living conditions. In this way, Spitex acts as a kind of early warning system, providing contextual data necessary for accurate clinical assessment and therapeutic decision-making.

Medication management is a particularly important area of this cooperation. Spitex staff not only monitor therapeutic adherence, but also identify potential adverse effects and medication errors, which are among the main causes of avoidable hospitalizations among older people (Ziaeian & Fonarow, 2016). Direct presence in the home environment makes it possible to verify medication use, including cases of polypharmacy resulting from treatment by multiple specialists. This represents an important contribution to the process of therapy optimization by the attending physician.

The contemporary role of Spitex as a coordinating link is further strengthened by the development of digital technologies. The use of data exchange platforms and electronic health records (eHealth) enables vital signs and clinical observations to be transmitted in real time (Gasser et al., 2021).

These solutions reduce the risk of information loss and support therapeutic decision-making based on current environmental data, rather than solely on information obtained during outpatient consultations.

A partnership-based model of cooperation between Spitex and the attending physician is a key condition for improving patient safety. The integration of direct environmental observation with clinical expertise and digital tools supports effective prevention and the early avoidance of health crises.

Structural and Financial Barriers and Development Perspectives

Although the importance of Spitex organizations in the Swiss home care system is steadily increasing, their coordinative functions are still constrained by significant structural and financial obstacles. Current financing models for Spitex nursing care in Switzerland focus primarily on the reimbursement of specific nursing activities. As a result, time spent on care coordination, in-depth conversations with families, or substantive cooperation with physicians is often insufficiently reflected in the reimbursement system (santésuisse, 2024).

Structural and financial barriers do not result from a lack of professional competence among nursing staff, but from systemic organizational conditions and existing models of healthcare financing, which insufficiently account for the complexity of contemporary outpatient care (Spitex Schweiz, 2025).

A key problem remains system fragmentation, expressed in the division of responsibility among different healthcare actors: physicians, Spitex service organizations, social institutions, and informal caregivers. Although the strategy of home care before inpatient care (*ambulant vor stationär*) assumes the integration of activities and continuity of care, in practice this cooperation is often based on informal relationships and individual staff commitment rather than clearly defined system-level procedures (SAMW, 2020). The absence of uniform organizational frameworks for case management means that the coordinative function of Spitex is implemented unevenly and depends on local conditions.

Another important structural barrier is the asymmetry of institutional position between the attending physician and Spitex organizations. Although Spitex nursing staff possess comprehensive knowledge of the patient's everyday functioning in the home environment, their role in the decision-making process is sometimes limited to an executive or informational function. Research on interprofessional collaboration indicates that the lack of clearly

defined decision-making competencies for nursing staff and barriers to the flow of digital information, including full interoperability of IT systems, hinder optimal management of the therapeutic process (SAMW, 2020). In addition, the absence of clearly defined coordinative competencies leads to the underuse of nurses' potential as full partners in the treatment process (Weiss, Hof & Burkhalter, 2022, pp. 289–298).

Alongside structural barriers, significant financial constraints directly affect the scope and quality of care coordination. Existing reimbursement models focus primarily on measurable nursing services, such as therapeutic procedures or basic care, while time devoted to coordination, communication with physicians, and support for family caregivers remains underestimated or omitted (santésuisse, 2024).

An additional burden is the complex system of residual financing (*Restfinanzierung*), under which cantons and municipalities are required to cover negative financial results or provide targeted subsidies to cover losses. This creates pressure for high time efficiency, which directly conflicts with the need to devote time to relationship-building and multidisciplinary coordination, both of which are essential in the care of chronically ill patients. Pressure to improve the cost efficiency of services results in shorter visits and reduced preventive and coordinative activities, even though in practice these activities are highly relevant for preventing hospitalizations and rising care costs (Klie, 2020).

Another factor deepening financial problems is the shortage of qualified nursing staff. The growing number of older patients, often affected by multimorbidity, increases case complexity and intensifies care work. Under such conditions, Spitex staff are forced to prioritize activities directly related to the patient's clinical safety at the expense of coordination and case management, which paradoxically increases the risk of destabilizing home care (BFS, 2024).

At the organizational level, insufficient integration of digital tools also remains an important barrier. Although the digitalization of home care creates the potential to improve information flow, in practice the lack of coherent medical documentation systems hinders effective cooperation between Spitex and physicians (Gasser, Metthez & Spichiger, 2021, pp. 85–92). This results in an increased administrative burden on staff and the risk of losing important clinical information.

In summary, structural and financial barriers limit the full use of Spitex as a care coordinator and stabilizer of the care triangle. Overcoming these barriers

requires not only adjustments to the financing system, but also institutional recognition of the coordinative function as a key link in healthcare, one that determines the effective implementation of the strategy of home care before inpatient care (Spitex Schweiz, 2025; SAMW, 2020).

The following table illustrates the systemic limitations of Spitex's coordinative functions, which hinder the implementation of the "home care before inpatient care" strategy (*ambulant vor stationär*). According to forecasts, the financing reform (*Einheitliche Finanzierung*, planned for 2028/2032) may help reduce these barriers.

Table 2. Barriers to Spitex's coordinative functions and development perspectives in the Swiss home care system

Type of area	Characteristics	Effects for Spitex	Development perspectives
Financial	Dominance of billing for nursing activities; no reimbursement for coordination	Shorter visits, reduced prevention	EFAS reform (2028–2032): unified financing and reimbursement for coordination
Structural	System fragmentation across 26 cantons; lack of uniform procedures	Uneven implementation of coordination	Integrated care: standardization of case management procedures
Institutional	Role asymmetry between physician and Spitex; reduction to an executive function	Underuse of staff's clinical knowledge	Implementation of APN roles: strengthening nurses' decision-making autonomy
Staffing	Shortage of nurses and increasing multimorbidity	Priority given to clinical safety	Task shifting and telecare: relieving staff and optimizing visits
Technological	Lack of integration of electronic documentation systems	Administrative burden and data loss	Mandatory EPD: full IT interoperability and rapid information flow

Source: author's own elaboration based on BFS (2024), Gasser et al. (2021), SAMW (2020), Spitex Schweiz (2025), santésuisse (2024), and Weiss et al. (2022)

This reform eliminates the previously flawed economic incentives by unifying the payment key between cantons and health insurers, regardless of the place where care is provided. For Spitex, this means systemic support for the strategy of home care before inpatient care, budget stabilization, and a real opportunity to include the previously underestimated costs of coordination, prevention, and case management in the standard catalogue of reimbursed services.

Beyond financial reform, the long-term development of Spitex organizations is concentrated around three main pillars:

- Development of advanced nursing practice (ANP): broader implementation of the role of advanced practice nurses (Advanced Practice Nurse – APN) enables task shifting. Thanks to their advanced clinical qualifications, APNs can assume some decision-making and diagnostic responsibilities from primary care physicians. This would strengthen the institutional position of Spitex as an autonomous partner in integrated healthcare.
- eHealth and full digital interoperability: the gradual implementation of the electronic patient record (EPD – *Elektronisches Patientendossier*) and the standardization of IT systems would reduce information asymmetry. Direct digital access to the patient's medical history would improve communication among physicians, Spitex, and hospitals, reduce time-consuming bureaucracy, and limit the risk of therapeutic errors.
- Integration of community care models: a promising direction is the development of integrated care networks in which Spitex becomes the central operator connecting family medicine, social institutions, and informal caregivers. This approach also assumes the use of telecare and home monitoring systems (telehealth), which could help optimize staff work under conditions of workforce shortage.

These transformative trends would allow Spitex organizations to evolve from primarily executive providers into strategic managers of patients' health in the home environment.

Summary and Conclusions

This article analysed the role of Spitex organizations in the Swiss home care system from the perspective of the care triangle model: patient–family caregivers–attending physician. It demonstrated that the importance of Spitex extends beyond the delivery of individual nursing services and is directly linked to the implementation of the *ambulant vor stationär* strategy, which prioritizes home care over inpatient care. In the context of population ageing, increasing multimorbidity, and the shifting burden of care into the home environment, these organizations are becoming one of the key links ensuring continuity, safety, and coherence of care.

The analysis confirmed that the four basic functions of Spitex – nursing and caregiving, supportive and educational, observational and informational, and coordinative – form an interrelated mechanism for stabilizing home care. The nursing and caregiving function strengthens patient safety and enables patients to remain in their home environment; the supportive and educational function relieves families and increases caregivers' competencies; the observational and informational function supplements the physician's knowledge with data derived from the patient's everyday functioning; and the coordinative function integrates the activities of all participants in the care process. It is this final function that gives Spitex activity the character of case management rather than merely nursing execution.

In response to the main research problem, Spitex organizations perform the function of care coordinator primarily through their continuous presence in the patient's home environment, systematic monitoring of the patient's health status, transmission of information to the attending physician, and support for family caregivers in everyday care. Their position between the patient, family, and physician enables them to identify risks that are not visible during a single medical consultation, organize information flow, and prevent overload in one element of the care triangle. In this sense, Spitex acts as a practical integrator of home care and as an actor stabilizing the relationship between formal and informal care.

At the same time, the full use of this potential is limited by structural and financial barriers. The most important include fragmented responsibility among cantons, municipalities, and service providers; insufficiently formalized procedures for interprofessional cooperation; asymmetry in the institutional

position of physicians and nursing staff; workforce shortages; and insufficient interoperability of digital tools. A particularly important problem is the financing model, which rewards billable nursing activities more strongly than time-consuming coordination, conversations with families, prevention, and case management. As a result, Spitex possesses both the competencies and practical access to key patient information but does not always have the organizational and financial conditions needed to use them fully in the role of coordinator.

From a system-level perspective, Spitex should therefore be understood not as a peripheral provider of home services, but as a condition for the effective functioning of the community-based care model. Strengthening this role requires recognizing coordination as a genuine healthcare service, ensuring its adequate financing, developing tools for digital data exchange, and building partnership-based relationships among community nursing, physicians, and family caregivers. Only then can the *ambulant vor stationär* strategy be implemented not merely as an organizational postulate, but as a durable model of stable, safe, and integrated home care.

Recommendations

1. Recognize coordination as a service financed under health insurance.
2. Strengthen nursing competencies in case management.
3. Standardize procedures for cross-sector cooperation.
4. Develop interoperable eHealth tools enabling real-time data exchange.
5. Increase investment in nursing staff, especially in home care.

From the perspective of further research and healthcare practice, it is particularly important to deepen analyses of coordination effectiveness, the impact of financing reforms on the stability of home care, and the role of digital tools in improving patient safety. The most important directions for further research include:

- the need for empirical studies on the effectiveness of Spitex coordination,
- analysis of the impact of financing reforms on the stability of home care,
- research on interprofessional collaboration in community-based settings,

- assessment of the effectiveness of digital tools in patient monitoring.
- For healthcare practice, this means:
- the need to build partnership-based physician–Spitex relationships,
- implementation of local case management models,
- development of family caregiver support programs,
- integration of community-based observation with the therapeutic process.

Abstract: Population ageing and the increasing number of people with chronic diseases create the need to develop integrated forms of home care. In Switzerland, this direction is expressed in the *ambulant vor stationär* strategy, which gives priority to community-based care over inpatient care. The aim of this article is to analyze the role of Spitex organizations as care coordinators in the home care system, using the care triangle model comprising the patient, family caregivers, and the attending physician. The main research problem concerns the way in which Spitex stabilizes cooperation among these three actors and the barriers that limit the full use of its coordinative potential. A qualitative content analysis was applied, including a critical review of the scientific literature and institutional documents concerning home care in Switzerland. The findings indicate that Spitex plays a key integrative role, encompassing nursing, educational, observational-informational, and coordinative functions that stabilize the care triangle and prevent overload in its individual elements. At the same time, the coordinative functions of Spitex are constrained by financial, structural, institutional, staffing, and technological barriers. The conclusions emphasize the need for systemic recognition of coordination as a financed service, standardization of cross-sector cooperation, and development of digital tools supporting information exchange. The article also indicates the need for further research on the effectiveness of Spitex coordination and its implications for healthcare practice, particularly in strengthening interprofessional cooperation and supporting family caregivers.

Keywords: Spitex, home care, care coordination, care triangle, case management, community-based care, Switzerland.

Streszczenie: Starzenie się populacji oraz rosnąca liczba osób z chorobami przewlekłymi tworzą potrzebę rozwijania zintegrowanych form opieki domowej. W Szwajcarii kierunek ten wyraża strategia ambulant vor stationär, która przyznaje pierwszeństwo opiece środowiskowej przed opieką stacjonarną. Celem niniejszego artykułu jest anali-

za roli organizacji Spitex jako koordynatorów opieki w systemie opieki domowej, z wykorzystaniem modelu trójkąta opieki obejmującego pacjenta, opiekunów rodzinnych oraz lekarza prowadzącego. Główny problem badawczy dotyczy sposobu, w jaki Spitex stabilizuje współpracę między tymi trzema podmiotami, oraz barier ograniczających pełne wykorzystanie jego potencjału koordynacyjnego. Zastosowano jakościową analizę treści, obejmującą krytyczny przegląd literatury naukowej oraz dokumentów instytucjonalnych dotyczących opieki domowej w Szwajcarii. Wyniki wskazują, że Spitex odgrywa kluczową rolę integrującą, obejmującą funkcje pielęgnacyjne, edukacyjne, obserwacyjno-informacyjne oraz koordynacyjne, które stabilizują trójkąt opieki i zapobiegają przeciążeniu jego poszczególnych elementów. Jednocześnie funkcje koordynacyjne Spitex są ograniczane przez bariery finansowe, strukturalne, instytucjonalne, kadrowe i technologiczne. Wnioski podkreślają potrzebę systemowego uznania koordynacji za finansowaną usługę, standaryzacji współpracy międzysektorowej oraz rozwoju narzędzi cyfrowych wspierających wymianę informacji. Artykuł wskazuje również na potrzebę dalszych badań nad skutecznością koordynacji realizowanej przez Spitex i jej znaczeniem dla praktyki ochrony zdrowia, zwłaszcza w zakresie wzmacniania współpracy międzyprofesjonalnej oraz wspierania opiekunów rodzinnych.

Słowa kluczowe: Spitex, opieka domowa, koordynacja opieki, trójkąt opieki, zarządzanie przypadkiem, opieka środowiskowa, Szwajcaria.

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