

## Setting the course of the E.D.E.

### Delegates from member associations meet in Toruń

The delegates from the E.D.E. member associations gathered for their autumn meeting in the Polish town of Toruń, the birthplace of Nicolaus Copernicus. The sessions began on September 20 when the Executive Board reviewed the association's current activities and the working group coordinating preparations for the 12th E.D.E. congress in Prague met to discuss organizational details.



*Our hosts  
Zbigniew Polowczyk and  
Wacław Kerpert from the Polish  
member association and  
Marta Szyszka-Wierzbička  
from TZMO*

On September 21st 26 participants from 16 countries attended the meeting of the General Board. Two new colleagues were welcomed: Gabriela Tibrea, chairwoman of the Romanian association ADIV – which joined the E.D.E. in March 2010 –, and Iveta Purne, the new chair of the Latvian association. Our guest was Dr. Markus Leser from the Swiss association CURAVIVA, which is interested in cooperating with the E.D.E.

The most important point on the agenda was discussion of the amendments to our statutes proposed by the Executive Board which should allow for the needs of our members and our sector. The delegates agreed on the new text of the statutes and approved it through a vote. The new name of our association will be “European Association for Directors and Providers of Long-Term Care Services for the Elderly”. This name change represents a decisive step for the development of the Association, signalling that the E.D.E. is open to a wider target group and seeks to become an important and acknowledged NGO for all areas of long term care. In view of the necessity to strengthen the management of the E.D.E., the new statutes also stipulate an enlargement of the Executive Board to seven members and the creation of the office of Vice-President.

Another important point was the approval of the E.D.E.'s annual accounts for 2009 and the vote on the venue of the 13th E.D.E. congress in 2013. The General Board members decided in favour of Tallinn. Furthermore Boris Koprivnikar from Slovenia presented detailed information on the European energy project ([www.saveage.eu](http://www.saveage.eu)), in which the E.D.E. is a partner. The purpose of the project is to suggest clear and practicable strategies for improving energy efficiency to European care homes. Finally, Angela Cluzel, our representative for EU affairs, reported on her activities from April to September 2010 (participation in several European conferences and projects).

For many years Toruń has been a key location for the promotion and development of long-term care in Poland. This year Toruńskie Zakłady Materiałów Opatrunkowych (TZMO, [www.tzmo-global.com](http://www.tzmo-global.com)) – Toruń's globally successful company for sanitary and medical products which has established a European training centre for long-term care in Toruń – organised a long-term care conference for the 13th time. This year's international conference (21 – 23 September) bore the title “Psychomedical Aspects of Long-Term Care”. In addition to acting as a patron of the event, with three speakers (Wilfried Schlüter, Angela Cluzel and Boris Koprivnikar) the E.D.E. also assumed responsibility for one session on 22 September. Apart from participating at the conference, the E.D.E. participants in Toruń also had the opportunity to visit a care establishment and to have discussions with people committed to ensuring quality long-term care in Poland.



*Inauguration of the 13th long-term care conference on 21st September, Toruń*

We thank the sponsor TZMO for their help in organising our sessions and the supporting programme. Many thanks also go to our Polish colleagues for their hospitality, especially to Zbigniew Polowczyk and Wacław Kerpert, President and Vice-President of the Polish E.D.E. member association, and to all of the participants for helping us make the most of these sessions.

*Martin Dürer, Executive Board member of the E.D.E.  
Gabriele Hartmann, E.D.E. Office*

## E.D.E. Vision 21

*This is the 21st issue of the newsletter E.D.E. VISION. It will inform you about current developments within the European care centres as well as about projects of the E.D.E. and its member countries. The E.D.E. also intends to adopt a position on real issues in European politics in the context of care for the elderly.*



*Prof. Dr. Wilfried Schlüter*

## E-Qalin transfer project comes to successful conclusion

To inform potential users about the sector specific QM system E-Qalin, the E.D.E. held a further information event in Hanover at the beginning of September. Participants included guests from Hungary, Sweden, Slovakia, Switzerland and the Czech Republic. Much discussion focussed on the conclusion of the E-Qalin transfer project in which employees from long-term care facilities in the UK and France received training on E-Qalin over the past two years. E-Qalin's developers greatly appreciated learning how differing legal understandings and cultural backgrounds played into the implementation in these two countries. These results will be borne in mind for further transfers in other countries. With its large European network the



*Mag. Margit Klein (Austria) from the E-Qalin-GmbH and Prof. Dr. Wilfried Schlüter at the workshop in Hannover on 8 September 2010*

E.D.E. plays a key role in the dissemination of E-Qalin in Europe. In this way the Czech Republic was secured as a new partner for introducing the QM system over the course of the project.

Certification (outside evaluation) was developed under the auspices of the Slovenian E-Qalin partner over the two years of the project, and the certifiers were qualified. There have already been concrete requests for the certification of establishments in Luxembourg.

The many positive experiences had by care home directors with the introduction of E-Qalin in their establishments have done much to improve the satisfaction of all those living and working in these facilities. This includes an improvement in the quality of life of residents and greater job satisfaction among the staff (e.g. more efficient communication between professional groups, better balance of work and family life).

The E.D.E. will remain active in disseminating E-Qalin throughout Europe.

*Prof. Dr. W. Schlüter*

## E-Qalin comes to the Czech Republic

After Germany, Austria, Luxembourg, Slovenia, Italy, France and Britain, a new country has appeared on the E-Qalin map.

In 2009 the Czech association of providers of social services sent a proposal to the Czech Ministry of Labour and Social Affairs for introducing E-Qalin in Czech homes for the elderly. The project was approved and started on June 1, 2010, supported by the European Social Fund and the state budget of the Czech Republic.

The Czech association is currently translating all the material, training the Czech instructors and promulgating E-Qalin, among other



*First part of the E-Qalin instructor training, 18 – 20 August 2010 in Tábor*

activities. The entire project should be completed by the end of 2011, and introduce E-Qalin in 15 homes for the elderly. Needless to say, after the end of the project all homes for the elderly in the Czech Republic will receive an offer for raising their level of quality and becoming part of the E-Qalin family.

*Dipl. Ing. Jiri Horecky, B.A.(Hons)*



**12th European Congress  
of the E.D.E.**

**„The big taboos in long-term care“**

**September 29th –  
October 1st, 2011, Prague**

## The new care financing system in Switzerland



*Daniel Domeisen,  
CURAVIVA SWITZERLAND  
Elderly Care Division*

Switzerland's new care financing system will come into effect on January 1st 2011. Highest quality and cost efficiency in questions of care are the designated aims of CURAVIVA Switzerland. With this in mind we must energetically see to it that the new care financing system is not implemented to the detriment of the residents of care homes and facilities.

After a transition period of 3 years, the new care financing system will standardise the contributions of health insurance funds to the costs of care in all Swiss cantons. Similarly the contributions of long term care patients will be fixed across Switzerland at a uniform ceiling of 21.60 Swiss francs per day. Also new is the inclusion of acute and transitional care costs after a hospital stay (max 14 days) to benefits provided by the basic insurance plan for nursing care. Nevertheless, as the cantons have obtained the right to fix the administrative and practical procedures concerning the residual financing, in practise it is unfortunately the case that massive differences in regulations on residual financing will arise from canton to canton. As of yet the cantons have no duty to coordinate among themselves.

Should it prove beneficial to them, it is conceivable that the cantons will make full use of the transition period of up to three years to adjust the existing cost structure between health insurance funds and care home associations. In addition it is foreseeable that the cantons, and subsequently also the municipalities, will use the new care financing system to carry out radical changes to the previous financing model. Practical developments and previously conducted 'adjustments' already provide examples of how costs – namely for maintenance and upkeep of buildings, new buildings and extensions – must be borne by homes directly without the aid of one-off taxes. The upshot: where this is not yet the case homes and care facilities must complete their asset accounting without delay and with a maximum of care – across Switzerland and with no exceptions. This also means showing new additional costs and investment contributions of residents. Because only when homes and care facilities show their capital expenditures in their full-cost accounting will they be able to demonstrate the care-relevant share, and in so doing prepare a financial statement in accordance with the law.

Consequently a failure to account for assets will contravene the law and hinder the verification of actual care costs. The recommendation by the executive board of the Swiss Conference of Cantonal Ministers of Health (GDK) on the reorganisation of care financing of 22 October 2009 states that

- cantons **set** the reimbursable costs for care in care homes.
- prior to that cantons **may** "voluntarily" chose to **consult** the care homes.

- a **normative** (average) calculation for "fixing" costs – not based on the homes' proven care costs – is **justified**.
- fixing an **upper cost ceiling** for calculating the residual financing is also **justified**.

Should the Swiss cantons in fact push this through, the care home associations must become active in the interests of residents. The cantons have the duty to regulate the residual financing. That does not mean they may restrict this, fix it normatively or limit it with cost ceilings. The consequences of a normative fixing or limitation of residual financing will be over-compensation on the one hand and a funding gap of proven care costs on the other. Both of these are inadmissible and contravene the Health Insurance Act.

It is a key objective of the new care financing system and an explicit mandate to the cantons that they should regulate the residual financing to the full extent for each individual resident, and not allow or bring about financing gaps or uncovered care costs in the residual financing through normative calculations or limitations. In our view this neither corresponds to the will of the legislators nor will it be met with understanding by those affected. That reasonable solutions are feasible can be seen in the cantons which honour their mandate.

*Daniel Domeisen, CURAVIVA SWITZERLAND · Elderly Care Division*

**E.D.E. is partner in the European energy project SAVE AGE**  
Information: [www.saveage.eu](http://www.saveage.eu)