



12th E.D.E. Congress

“The big taboos in long-term care”
September 29 – October 1, 2011, Prague

The 12th E.D.E. Congress in Prague will deal with the taboos in long-term care: care “light”, residents vs. costs, death and dying, violence and sexuality in care services. Those who live and work in care facilities often run up against these and other taboos, without ever having a chance to address them adequately. Largely ignored by society, these questions are thus frequently avoided in the homes themselves: what is care for the elderly and needy worth, how do we want to be cared for in our old age, and how would we like to live as elderly people.

Care home directors and experts from Austria, the Czech Republic, France, Germany, Italy and Switzerland will relate at the Congress how they deal with these issues in their countries, and indicate ways of offensively tackling such taboos in care services.

Prof. Dr. Wilfried Schlüter
E.D.E. President

<http://www.ede2011.com/en/programme>

Delegates' meeting in Figline Valdarno (Italy)

Delegates from the E.D.E. member associations met on the invitation of the Vice-President of the Italian association ANSDIPP Daniele Raspini for their spring session on March 25 and 26, 2011, in Figline Valdarno, a charming Tuscan town not far from Florence. The most important point on the agenda was the presentations from member countries on the topic of association work. The delegates exchanged views on the composition of the associations, directors' qualification structures and current topics in their countries. Further important topics included among others the preparations for the upcoming E.D.E. Congress in Prague and the plan of activities for the next months.

At the session the delegates also voted unanimously in favour of admitting the Swiss association CURAVIVA with 1,500 members into the E.D.E. The European Association for Directors and Providers of Long-Term Care Services for the Elderly is delighted to welcome the new member.



General Board in Figline Valdarno on March 26, 2011

Our warm thanks go out to host Daniele Raspini for the perfect organisation, his hospitality and the tour of the care home Azienda Pubblica dei Servizi alla Persona “Ludovico Martelli” in Figline Valdarno. Backed by a committed, highly-motivated staff and numerous volunteers he brings original ideas and personal dedication to the direction of this home, a model establishment in the heart of Tuscany. A native of Figline, he is familiar with the backgrounds and needs of those who come to his home, one of whose recreation rooms is reminiscent of a small piazza where neighbours come to while away the time...

G. H.

E.D.E. Vision 23

This is the 23rd 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

April 2011



*Dr. Markus Leser, CURAVIVA Schweiz,
Director of the "Old Age" division*

CURAVIVA Schweiz – a new E.D.E. member

An association with members from the care sector as well as institutions, CURAVIVA Schweiz represents the interests of homes and social services from three divisions: "Old Age" with 1,500 nursing and elderly homes, "Disabled Adults" with around 400 homes and "Children/Adolescents" with around 400 homes. With the exception of Ticino, all Swiss cantons as well

as the Principality of Liechtenstein belong to the national umbrella organisation CURAVIVA Schweiz, whose activity stretches across three business areas: services for members (e.g. publications, business management tools, purchasing pool, job placement services, etc.), training (CPD programmes for employees from homes) and finance.

To achieve the most favourable legal and financial conditions for homes and social institutions, improve day-to-day processes and optimise cost-benefit ratios for residents and staff, the three divisions participate actively in political consultation, take part in national committees and commissions, maintain direct contact to politicians, working closely with national associations, federal offices and partner associations and participating in diverse research projects.

Nearly all homes in Switzerland are in fact institutional members via their cantonal associations (except Ticino canton). Members are usually represented at CURAVIVA via the directors of homes and not via representatives of funding bodies, although we have contact with both management levels.

However, there is no longer any professional representation at CURAVIVA (this was already the case with the precursor organisation to CURAVIVA). Membership is not compulsory, but around 95 % of homes in the elderly sector are members of CURAVIVA. As the homes are formally members of the cantonal associations of CURAVIVA and the cantonal associations in turn are corporate members of CURAVIVA Schweiz, this means the individual homes are automatically members of the association.

Focal points of the association's activity

- **Staff development:** we have a project running at the moment which involves finding out what concrete measures can be used to make the home attractive as a workplace and in terms of staff recruitment, staff retention and attracting staff back into the workplace
- **Integrated care:** in Switzerland there is currently a debate about how to optimise cooperation along the care chain linking outpatient care, hospitals and homes. Forms of cooperation do exist, but unfortunately they are only very tentative. The motto "everyone for himself and everyone against everyone else" is still widely relevant (at any rate, Switzerland manages with its 26 cantons and 26 different healthcare systems because the cantons are responsible for healthcare – I find that remarkable, to say the least, against the background of tighter and tighter financial resources). In our project we are trying to find out when forms of coopera-

tion work successfully, what they cost and how they benefit those involved. The project is due to finish at the end of 2011.

- **Palliative care:** last year the Swiss Federal Council adopted a national strategy for implementing palliative care in homes. Cantonal implementation concepts are currently being worked out and there is also a comprehensive brochure dealing with different methods of implementation. CURAVIVA is supporting the process and helping homes to implement concrete measures in this area. Unfortunately, who will pay and how much they will pay for these services is still not clear at the moment – as is almost always the case.
- **Dementia:** this is a topic that concerns us all worldwide. The trends in terms of dementia are well-known. In Switzerland with its 26 different healthcare systems – as I have already mentioned – we find a diversity of approaches to dementia care and, needless to say, these are not very closely coordinated with each other. With a kind of framework approach, we would like to deliver a template comprising the key elements that an approach to dementia care needs to contain.
- **Care financing:** the new law on financing long-term care has been in force since 01.01.2011. This ends around ten years of wrangling about who will pay the care costs in a home. Today about 50 % of care costs are paid by health insurance funds, 20 % by the residents and 30 % by the cantons.

"Personnel exchange" project

Staff exchange: to bring my presentation to a close – as a newcomer to the E.D.E. so to speak – may I put forward another project idea. It is an idea for exchanging staff between homes. At the moment we are trying this out between the two linguistic regions of French and German-speaking Switzerland – but we could well imagine it might work within Europe too. The idea is that an interested professional goes on secondment to a home in another country for one or more weeks and is supervised there by his or her local counterparts. The person (or employer) pays for travel costs, while the host home takes care of accommodation, food and supervision. In this way we feel sure a personally and professionally valuable exchange can develop between professionals on an international scale. CURAVIVA is looking for one or two interested institutions which would like to establish contacts with homes in Switzerland.

Dr. Markus Leser, CURAVIVA Schweiz, Director of the "Old Age" division





The Lighthouse in Luleå, Sweden

Short-term residential care

Luleå is situated in the very northern part of Sweden, close to the Arctic Circle. It is home to roughly 72,000 inhabitants, in the city centre and rural outlying areas. The Lighthouse was founded in 2000 and is still developing as a social services facility offering a broad range of services to elderly people. In a nutshell it is a meeting place providing a host of activities for the elderly. We have a pool, sauna (very important in the north of Sweden), gym, computer room, restaurant, café, library and sunroom with an indoor beach. Several times a week we provide entertainment. We have three day centres and provide support for relatives.



Anna-Lena Andersson

Our facility also provides short-term residential care with a total of 64 beds, eight of which are for people with dementia. The elderly who stay at The Lighthouse never move in for good, rather they stay for a short period varying from a few days to a month or even more if needed.

We have four different categories of short-term care:

- Relief for family members who care for relatives at home.
- Convalescence after severe illness requiring lengthy recovery.
- Provisional accommodation for those waiting for a care home.
- Residents under observation (to determine their care needs).

Those eligible to stay at The Lighthouse must obtain a certificate from personnel at the Swedish Social Welfare Service providing information on the guest and the aim of their stay. We have around 800 "in and out patients". Some of these return over the course of a year, especially those cared for by relatives. The rooms are furnished and guests need only bring their personal belongings, clothes and medical equipment. The staff at The Lighthouse comprises physiotherapists, nurses, occupational therapists and management. We also have a booking service with which guests, relatives or welfare service personnel can book stays. This service is provided by the management. Guests under observation undergo a special examination to determine the type of help they will require after their stay, which normally lasts 3-4 weeks. Guests cared for by their relatives normally stay from 1-2 days to 1-2 weeks, and often return on a regular basis. All of our guests have rehabilitation on daily basis according to the objectives of their stay, which are regularly followed up on. Guests can also participate in all of the activities at the centre. Our motto is "receive with kindness". We are very proud of our short-term housing, and welcome you to visit Luleå.

Anna-Lena Andersson is Director of The Lighthouse, staff member at the Social Welfare Service of the City of Luleå and member of the Swedish Association for Directors of Residential Care Homes for the Elderly (S.D.E.)

Quality rating of Czech care homes

The Czech Association is currently putting the last touches on an interesting project: a quality rating of care homes, developed together with partner Hartmann Rico S.A. and experts from the Ministry of Labour and Social Affairs, the Union of Towns and Municipalities, the responsible committee of the Czech Parliament and various non-profit organisations.

Starting June 2011, the Czech Association will award anywhere from one to five stars to individual homes. The project aims to give a better overview of the country's establishments to seniors/users and their families, to maintain and support the rise of quality in care homes and to stimulate the synergy between price and services.

The evaluation system comprises 283 criteria with a total of 1000 points. All the criteria were defined from the client perspective on the basis of a comprehensive survey of seniors from across the Czech Republic. The evaluation system was tested in 12 care homes with different sizes (from 10 to 400 beds) and quality standards. The criteria address five main areas: Accommodation, Meals and dining, Leisure time and culture, Partnership, and Care.

The star rating will remain in place for 3 years. After this time a re-evaluation will be carried out by an external inspector from the certification committee. All parties will be involved in the evaluation, including the care home management, employees and of course residents. A special website will then display all of the homes awarded with stars, together with examples of the best practices.

Jiri Horecký, President of the Czech Association APSS CR

