

# SAGE Holland & Malta

## Delegate Report | June 2007

Dr Jan Herbert. PhD. FRCNA



STUDYING & ADVANCING GLOBAL ELDERCARE

### THE AUSTRALIAN DELEGATION:

The Australian delegation included representatives from both the private and the not-for-profit sectors, and including entrepreneurs, clinicians, architects, interior designers, chief executive officers, peak body representatives, and some partners.



There were considerable benefits travelling with an Australian delegation, for example, much of the time on the buses, during dinner and at other times we discussed our own facilities and whether the designs, policies, ideas and so on could be adapted and would work for us. This was especially valuable because of the differing backgrounds of the delegates.

### THE NETHERLANDS – SUNDAY 10 TO FRIDAY 15 JUNE 2007:

In the Netherlands Ms Petra Neeleman, chief executive officer of Dutchcare (an award winning, not-for-profit complex in Victoria) headed our delegation.

Petra's high-level contacts proved to be invaluable. For example, we met with Arnold Moerkamp, Director of Long-Term Care, and other senior officials from the Ministry of Health in Rotterdam; a full afternoon was set aside to meet with us, to answer our many questions, and to show us the extra-ordinary architectural features of the Ministry of Health building. They explained that aged care facilities in the Netherlands are funded through insurance companies. Funding is based on assessment of clients' dependency however a classification system similar to our 'RCS' is just being introduced.

Significantly, there is a separation of accommodation and care in the Dutch system. Their presentations and discussions gave the impression that funding and political support for aged care is more generous in the Netherlands, however our delegation agreed that there was a higher political commitment to aged care, any attempts to compare the complex and vastly different funding system with that in Australia was not possible.

Thanks to Petra, we also shared delightfully informal and informative dinners with Freek Lepre, a consultant to the U.N, chief executive officer of Com 4 Life, and President of the International Association of Homes and Services for the Ageing (IAHSA), and with Joost Happel, chief executive officer of Coornhert Centrum.

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### *The Facilities*

The delegation visited a variety of aged care facilities during the study tour including high and low care, independent living apartments and a farm day care centre.

Large aged care complexes mix the equivalent of our low care and independent living units in large, and often multi-storey complexes, where care is provided to residents in their apartments as they become more dependent (ageing in place).

We were fascinated when visiting Nursing Home De Schilershock, where 180 residents from 30 different cultures are cared for (physically, socially and spiritually) – and are fed! Food preparation takes into account the differing needs of Hindu, Muslim, Jewish, Chinese, Krishna, Christian, vegetarian and other residents. We saw a computerised menu system which makes ordering of supplies and menu preparation relatively simple.

Financial arrangements vary from foundation to foundation (the 'approved provider' organisations); some mix rental and purchase arrangements for the apartments, others are based solely on rental income. Physically many of the buildings are built around central atriums where residents meet. Facilities may include restaurants, and facilities such as restaurants, supermarkets, hairdressers, crèches, internet cafes, gymnasiums, and in one a dental clinic, in another a well equipped children's playroom, all of which are open to the public. Because of their central location the community accepts the concept and the public facilities appear to be widely used.

A highlight was a visit to a Day Care Centre farm, where a total of 45 clients (15 each day) come by bus to a working farm to spend the day undertaking farm tasks under the supervision of the owners.

One of the owners is an occupational therapist with experience in aged care. Her two small children received devoted care from the many 'grannies'. It was a wonderful experience to watch the clients spending their days in an environment which was so familiar to them. University:



During a day at UMC St Radboud Sjabloon, a major university, Professor RaymondKoopman, Professor of Nursing Home Medicine, and three colleagues welcomed us and presented a number of academic papers, and discussed the legislated requirement that facilities must have one medical practitioner for each 100 residents. In the Netherlands the speciality of nursing home medicine is a quite separate speciality from geriatrics. Professor Koopman and his three colleagues provided us with lunch, and entertained us – very unexpected!



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### MALTA – SUNDAY 17 TO WEDNESDAY 20 JUNE 2007:

#### *IAHSA Conference:*

Over 650 attendees from more than 30 countries attended the IAHSA Conference in Malta. Australia was the largest country represented at the conference, USA second and Malta third 16. As with so many conferences, the choice of sessions was challenging, and there was a need to focus on areas of particular interest. I found the technology and design/building streams.

We heard that PC/ITV is being used increasingly to monitor safety and security, and observations of patterns of care, however in USA issues of privacy are emerging as significant deterrents to the use of this technology.

Another example of the adaptation of technology; in Scandinavia community care staff are using mobile phones to log in, update and access client data, enter starting times and billing information, and to calculate time spent on direct care. Staff also access the internet in clients' homes to assist them with on-line shopping. The benefits of this technology are many; up-to-date information about clients, reduced costs, increased productivity, and better management and work planning. Clinical staff, whose average age is 48, were resistant at first but after training have adopted the technology enthusiastically.

Design, as it relates to the preferences of an increasingly more demanding resident population, featured prominently in the Conference program.

A number of presentations focused on CCRCs (continuing care retirement communities) in the USA. These communities are similar to our self care/independent living units but we were told that the expectations of care and services are extraordinarily high (perhaps amongst the wealthier Americans?).

Many incorporate 'memory enhancement units', useful as the average age of entry to these communities has been shown to be 78. Market research by one group, Whitehorse, has also shown that the demands of 'silents' – the emerging generation - are vastly different from the demands of the 'boomers' – no surprise there.

The CCRCs are having to cater for a better educated, more affluent and very technological savvy population who include many non-traditional couples, whereas the current older population have lived through wars, the fear of communism, occupational permanency and a 'delayed gratification' approach to life, and their expectations are lower.

Planning at Whitehorse – a large organisation - takes into account the 'silents' wish for:



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- » **personal growth,**
- » **health and wellness,**
- » **new experiences,**
- » **better communities (for example, recycling groups),**
- » **family contact**
- » **ageing by choice – and not necessarily ageing in place.**



The 'silents' as consumers:

- » **are independent decision makers**
- » **expect information**
- » **take time making decisions**
- » **demand long term relationships built on trust and disclosure**
- » **look for the price on needs**
- » **focus on value for 'wants' – and spend considerably more on 'wants'**
- » **most have a computer in their homes and use it daily to access the internet**

As a result many CCRCs now have homes with three bedrooms and a study, garages, and access to several dining rooms which provide choices for residents and their guests.

The chief executive officer of Folkways stated that their website has experienced a fourfold increase in the number of 'hits' and now exceeds 20,000 per year. The internet is used to search for attractive CCRCs, and website design is becoming a significant factor in marketing. He also informed us that Folkways has 106 different resident committees! The resident committees take an active role in decision making.

Several CCRCs and aged care facilities have changed position titles from Directors of Activities to either Directors of Enrichment or Enrichment Co-ordinators.

Whilst the resident population in Australia is possibly not as assertive at the moment, the US trends are worth noting.

*Aged Care:*

In addition to attendance at the IAHSA Conference we visited a centrally located, multi storey self care complex, Prince of Wales apartments, which has been built to attract British as well as Maltese residents. The chief executive officer pointed out that Prince of Wales does not advertise as an option for older people as this is resisted by many of the 60+ aged group;



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rather it is promoted as a wellness centre.

We also visited a rurally located nursing home in a historic villa – a spectacular building but a nightmare from a care perspective – it definitely would fail 2008 certification requirements in Australia. The ‘for profit’ organisation Care Malta Both operates facilities. [www.caremalta.com](http://www.caremalta.com).



### IN SUMMARY:

The opportunity to travel with one’s colleagues presents a unique opportunity to share ideas and experiences as we travel, and attendance at an international conference such as that presented by IAHSa is stimulating and thought provoking. I appreciate the opportunity provided by SAGE, and a special thanks to Judy Martin for her superb organisational skills.

-- J Herbert (SAGE Holland/Malta Delegate)

