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care in the community



RCRSC

Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

Comparative Health Policy Knowledge Mobilization ... Within and Beyond Borders

The CRNCC is supported by funded from the Social Sciences and Humanities Research Council of Canada and Ryerson University.



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*The CRNCC is supported by funded from the Social Sciences and Humanities Research Council of
Canada and Ryerson University.*



Thank You

- Dr. Laura Iturbide, Universidad Anáhuac and Eduardo Álvarez Falcón for your kind invitation and hospitality!



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CRNCC: Who We Are

- Virtual knowledge network of over 600 members (and growing) nationally, internationally
- Researchers, providers, clients, policy-makers, students
- UK, Netherlands, Australia, New Zealand, US, Austria, Denmark, China, Mexico





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Event Presentations and Webcasts



Event Presentations & Webcasts

Review and download CRNCC symposia presentations and webcasts.

In Focus Fact Sheets



In Focus

Review and download CRNCC's community reviewed *InFocus Backgrounders, Profiles and Fact Sheets* that can help build collaborative community capacity.

Related Reports and Research in Progress



Related Reports and Research in Progress

Review and download CRNCC's community reviewed Reports which address timely policy and practice issues.

Multimedia Production



Multimedia Productions

Access a range of Multimedia Productions, which include Slide Shows, Symposia Highlights and Webcasts.

CRNCC's InFocus Backgrounders, Fact Sheets and Profiles undergo community review. Philosophically, community review recognizes the many different kinds of expertise, and the many different places where expertise emerges. Community reviewers are either CRNCC members, or people in the community who through our member networks are identified as experts in their particular fields of knowledge, practice or inquiry in the home and community care sector. Expertise emerges from people's experiences and capacities as front line workers, academic and community researchers, policy analysts, agency directors, or program managers.

Community review occurs at different stages through:

What We Do



- Link good ideas to people
- Link people to networks
- Link networks to other networks
 - European Centre for Social Welfare Policy and Research www.euro.centre.org
 - Vilans, Centre of Excellence in Long Term and Social Care in The Netherlands www.vilans.nl
 - Centre for Health Service Studies, University of Kent, UK www.kent.ac.uk/chss



CRNCC: What We Do



- Learn from knowledge and best practices anywhere in the world and bring it home or to anywhere else in the world
- Build community capacity
- Provide evidence to providers, hospitals, community agencies for better outcomes for individuals and health systems



Beijing 2008





**Preussen Park
Berlin, Germany, 2007**



**Lions Wellness Park
Vancouver, Canada 2007**

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**Dam Head Park, Manchester
Hyde Park Seniors Playground, London,
England 2008**

Stay Ahead of the Policy Curve



Similar Issues...Different Solutions

- People live longer with multiple chronic conditions
- More complex needs
- Rising costs – technology, drugs
- Better outcomes for individuals and families
- Sustainable cost effective health system



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***Supportive Housing:
The Winning Formula
for Supporting People and Sustaining the
Health Care System***

October 15, 2007

Speakers from Denmark, UK, US, and across Canada



Similar Issues and Care Needs...

- Issue: older people want to stay at home and to “age in place”
 - Housing
 - Secure, safe, private
 - Predictable care
 - Help with personal care, dressing, bathing, toileting, taking medications
 - Preparing meals, laundry, vacuuming, cleaning bathroom and kitchen, changing bed linens, shopping, transportation
- 

Similar Issues and Care Needs...

- Care coordination so that people can transition smoothly from hospital to home and community
- Ongoing assessment and monitoring
 - Identify when needs change
- Want programs and social activities
 - Singing, exercise, conversation, listening to stories, getting out, fun!

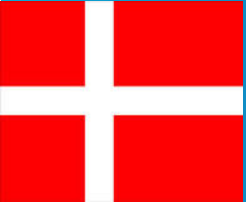
Care for Diverse Needs Groups: Race, Religion, Language, Culture, Sexual Orientation



...Different Solutions From Denmark to Deep River



- Dr. Eigil Boll-Hansen - Denmark
 - 24 hr. care with evening and night mobile patrols
 - Technology: wireless communication systems
- From international ideas to local action
- Mayor of Deep River adapted the Danish model
 - Rural municipality (4500 people) with high percentage of older people, high ambulance and hospital emergency room use, high hospitalization and ALC rates
 - 24/7 FLEXIBLE in home supportive care
 - Mobile Emergency Medical Services Personnel (community paramedics with enhanced training), Personal Support Worker, Technology



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The Technology Edge

- Simple and easy to use call button on wrist
 - Heat sensors around the stove alerts a PSW when heat reaches unsafe levels for a prolonged period
 - Flood detectors in washrooms
 - Sensor pads next to client's bed
 - A warning signal prompts a call/visit if clients don't return to bed within a specific time frame if they go to the washroom at night
 - Clients “at risk of falling” wear a small device which automatically jars when a client falls and activates a call to a PSW

Staying Ahead of the Curve

Senior Co-Housing 2013

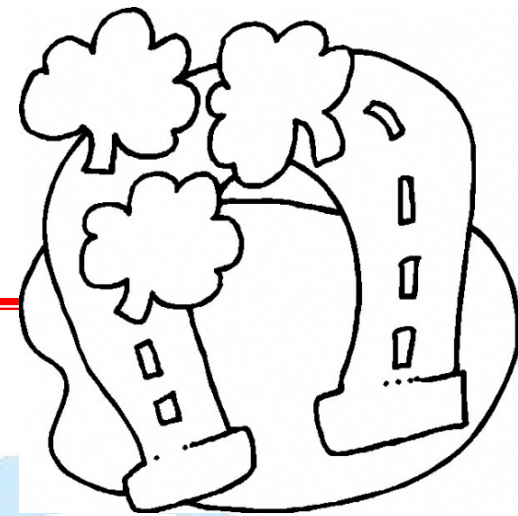


Senior Co-Housing in Our Next E-News: Share Ideas & Best Practices



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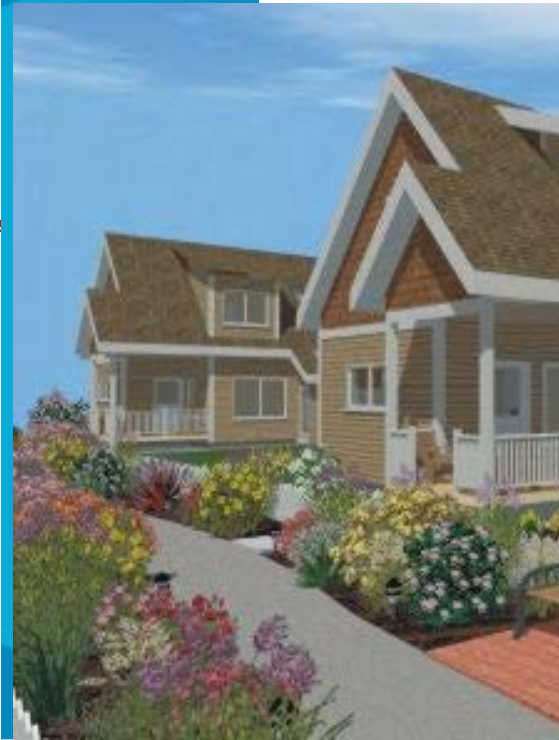
Senior Co-Housing



- 1960s: started in Denmark
- Europe, Australia, US, Canada
 - Private apartments or houses
 - Share some communal spaces and resources
 - Built to create "casual contact" among residents
 - Neighbours helping neighbours (shopping, chores, laundry...)
 - Social activities -dinner, dancing, movies, music, gardening
 - Approximately \$7.4-million to build
 - Units: \$275,000 to \$475,000
 - Retirement living can average \$26,000 a year (often higher) and nothing to sell in the end
 - <http://cohousing.ca/aboutus.htm>



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HOME OWNERSHIP

Vancouver's first co-housing complex moves closer to becoming a reality

SADIYA ANSARI

VANCOUVER — The Globe and Mail

Published Wednesday, Feb. 13 2013, 8:19 PM EST

Last updated Wednesday, Feb. 13 2013, 8:26 PM EST

7 comments



64



47



10



7

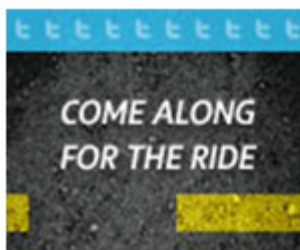


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Vancouver is one step closer to approving development of its first co-housing complex, following in the footsteps of Langley, Burnaby and North Vancouver – a move that could expand the possibilities of home ownership in Canada's most expensive housing market.



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Ahead of the Curve

Keep on *Rockin'* Sexuality and Aging

2009 Symposium



Why?



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Keep on Rockin'

Sexuality and Aging

- What are the needs here - “person-centred care”
- Speakers from New Zealand, Australia, UK and US
- Sexuality is a part of life
 - United States
 - Federal law requires each State to institute a **Bill of Rights that includes issues of sexuality for nursing home residents**
 - Australia
 - Charter of Residents’ Rights and Responsibilities which protects a person’s **right to select and maintain social and personal relationships with any other person without fear, criticism or restriction**
 - New Zealand
 - Standards under the Health and Disability Services (Safety) Act 2001 **explicitly protect consumers’ rights to intimacy and sexuality**
- Means different things to different people

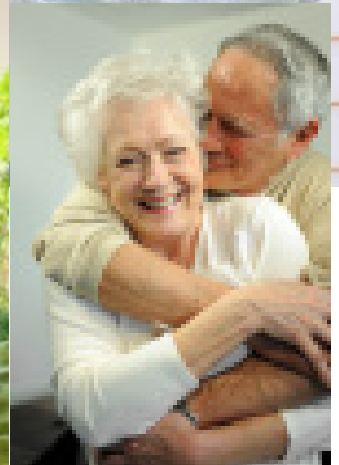
Looking and Feeling Good



Companionship



Emotional Intimacy



Romance and Relationships

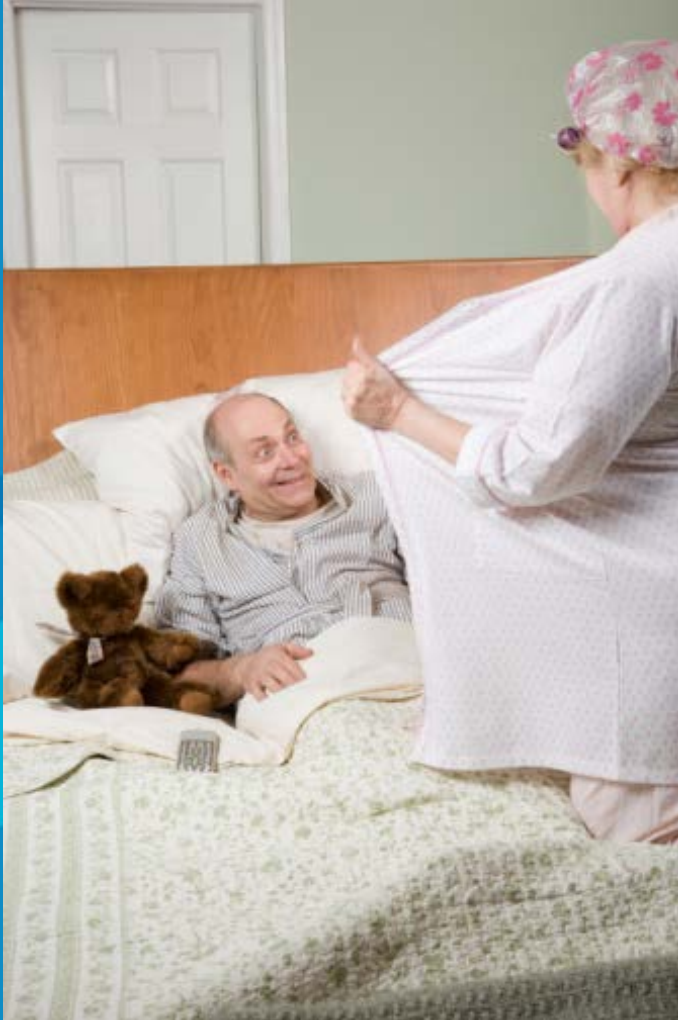


Fun!



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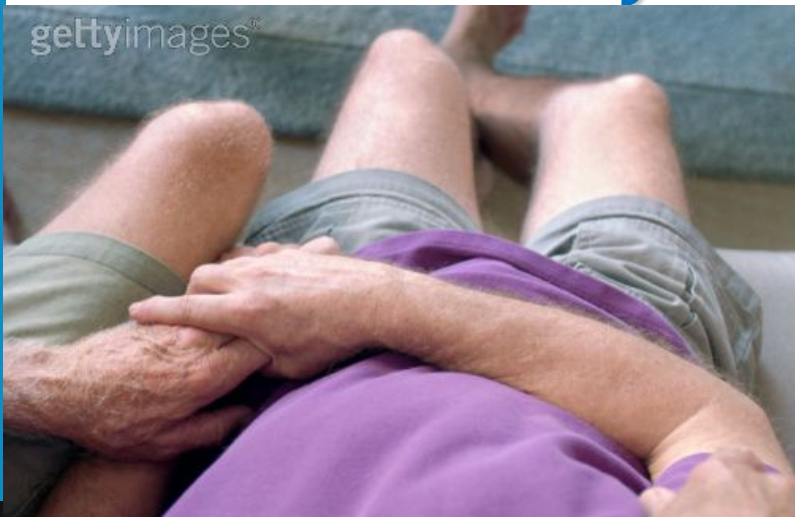
Physical Intimacy



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Sexual Identity and Orientation

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Ahead of the Policy Curve

- 2011: Ontario Long-Term Care Act - Nursing Home Residents' Bill of Rights. Residents have the right to:
 - form friendships and relationships
 - have their lifestyle and choices respected
 - meet privately with their spouse or another person in a room that assures privacy
 - share a room with another resident according to their mutual wishes
- Media coverage – increase in public awareness of the issues

Dementia patients denied sex in nursing homes

People diagnosed with dementia may not be able to make some financial decisions but still consent to a relationship

Australian Broadcasting Corporation Posted: Jun 27, 2012 10:31 AM ET | Last Updated: Jun 27, 2012 1:33 PM ET 114

The sexual expression of people with dementia in aged care homes is being needlessly denied, say researchers.

A team from the Australian Centre for Evidence-Based Aged Care at La Trobe University in Melbourne reports its findings online in the Journal of Medical Ethics.

"There is no reason why people can't enjoy a healthy sex life until the day they die and it's been shown to be hugely important to psychological and physical wellbeing," first author Dr. Laura Tarzia tells the Australian Broadcasting Corporation.

And yet, she says, sex between people in aged care homes is seen as a bit taboo, especially if they have dementia



There is no reason why people can't enjoy a healthy sex life until the day they die, an Australian researcher says. (iStock)

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- Should seniors' homes facilitate sex between residents?

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THE ALL-NEW 2013 FUSION + HYBR LEARN MORE

Stay Ahead of the Policy Curve

Integrating Care for Older Persons: If it's such a great idea, why haven't we done it yet?
CRNCC - HSPRN December 2012 Symposium



Best Practice – The Netherlands



Dr. Henk Nies (Vilans)

Model of Innovation:

BUURTZORG Nederland
(The Netherlands Neighbourhood Care)

The Buurtzorg Nederland (The Netherlands Neighbourhood Care) first started in 2006 to address service gaps and fragmentation of care for clients receiving home care services from large organizations. The Buurtzorg model consists of small, self-managing teams of up to 12 community nurses who provide integrated home care services for 40 to 60 clients in neighbourhood units of approximately 15,000 residents. In contrast to traditional home care organizations, where assessment, care planning and coordination are performed by specialized individuals, the Buurtzorg nurses take on the assessment, care planning and coordination functions using information and communications technology support (see next page). In so doing, Buurtzorg nurses can do the job with reduced numbers of support staff.

Under Buurtzorg, the highly trained, generalist nurses are able to provide a wide range of care for clients with complex conditions. They care for:

- Terminally ill clients
- Post-acute care clients
- Clients with multiple, chronic illnesses
- Clients with dementia

Nurses in the Buurtzorg enable clients to live independently; they have the latitude to draw on formal and informal resources (family, neighbours and volunteers) to help clients self-manage and control in their care.

By 2010, Buurtzorg expanded to incorporate 330 teams of 3,300 nurses supporting over 40,000 clients a year. Based on research by Ernst & Young and Nivel, the Netherlands Institute for Health Services Research, the Buurtzorg is highly cost effective, providing savings of up to 50% over traditional home care organizations. It is also ranked as one of the best organizations in integrating care across formal and informal providers while meeting expectations in the quality of care. Doctors and local authorities are also highly satisfied with Buurtzorg for their clients. In 2011, Buurtzorg was awarded the best employer of the year for offering a high degree of staff involvement, staff satisfaction and low turnover rates. It seems that Buurtzorg is an integrating care model worth closer attention in Canada.

Sources
van der Veen, R. (2011, October). *Neighbourhood care: Better home care at reduced cost – The Netherlands*. Paper presented at the INTERLINKS Final Conference, Baden, Austria. Retrieved from http://interlinks.euro-centre.org/sites/default/files/WG4_Buurtzorg_EvriV.pdf

de Blok, J. (2011). Buurtzorg Nederland: A new perspective on eldercare in the Netherlands. *The Journal: AARP International, Summer*, 82-86. Retrieved from http://onlinasystem.org/AARPTheJournal_Summer2011_deBlok.pdf

To learn More

Buurtzorg Nederland

INTERLINKS – Neighbourhood care: better home care at reduced cost

A new perspective on eldercare in the Netherlands

6 CRNCC E-news Fall/Winter 2013



Integrating Care of Older Persons: Innovations from the EU

Prof. dr. Henk Nies

In collaboration with Jos de Blok

Vilans, Centre of Expertise for Long-term care
VU University Amsterdam, Zonnehuis Chair
The Netherlands

CRNCC, 10 December 2012, Toronto
Integrating Care for Older Persons: If It's Such A Great Idea,
Why Haven't We Done It Yet?

Kenniscentrum langdurende zorg

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Block Nurses: The Netherlands

BUURTZORG



Jos de
Blok

- **Problem:** large, bureaucratic home care organizations with high overheads - not cost effective, not client-centred care
- **Solution:** small scale home care centred around district (block) nurses- “Buurtzorg”
- Started in 2007 with 1 team/4 nurses
 - Deliver community care and work with GPs
 - Use ICT/ smart phones to retrieve and update files

BUURTZORG

- 2012: 440 independent teams with over 4,700 nurses and 60,000 clients annually
- Each independent team = max 12 nurses, 40 to 50 clients
 - Organize and are responsible for the complete process
- 25 people in 1 back office; 10 coaches, 0 managers, 8% overhead costs (average: 25%), 8% profit
- Buurtzorg concept is spreading to Sweden
- Top and bottom line: better care for people at lower cost

Where to?



- Expand our global alliances
- Transfer and mobilize expert skills, knowledge and research for future social and health needs
- Leverage and build community capacity with people on-the-ground who make things happen

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