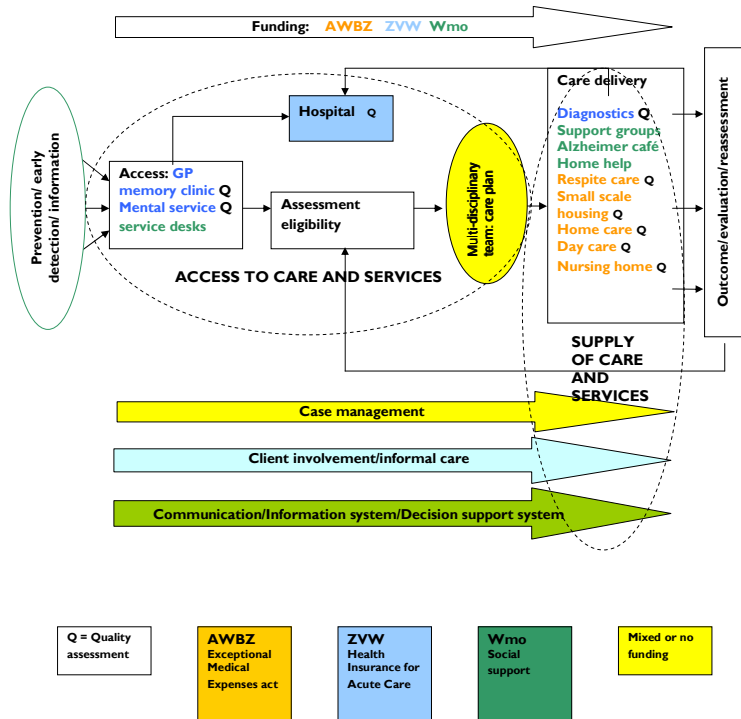


Care and services for Mr. D: quality assessment & funding



The Netherlands

The dementia care built up with seventeen crucial elements

I Care before the diagnosis

- 1 Information, counselling and support
- 2 Referring and perceiving

II Care during and immediately after the diagnosis

- 3 Screening and diagnostic research
- 4 Case management
- 5 Treatment of the client system (patient and caregivers)
- 6 Accessible information and support for the client system after the diagnosis

III Care in the manifest phase

- 7 Case management
- 8 Treatment of the client system (patient and caregivers)
- 9 Information and support for the client system after diagnosis
- 10 Aid with ADL and home help
- 11 Transportation / participation
- 12 Services at home
- 13 Activities for clients
- 14 Respite care / temporary residence of the client to relief the caregivers
- 15 Vacation for people with dementia, with or without partner
- 16 Housing
- 17 Help in critical stages

Quality of care

Most care institutions have a quality system
Service providers are responsible for quality assurance

The Netherlands Health Care Inspectorate / IGZ ensures that providers in the elderly care comply with laws and regulations.

Quality assessment is an obligation nowadays

- Improvement programs on a large scale
- Clear inspection policy
- Standards and guidelines
- Monitoring care on outcome indicators

Service providers, professionals and service users agreed on national level to what indicators to use

A Quality Framework of norms improves the transparency of care and enhances competition between providers

14 problem areas as recognized by dementia patients & caregivers

1. Feeling strange
2. What's wrong, and what might help?
3. Frightened, angry and confused
4. Facing it alone
5. Avoiding contact with others
6. Personal care
7. Danger
8. Other health problems
9. Loss
10. It's all getting too much
11. Losing one's say in matters
12. In sickness and in health
13. Miscommunication with care professionals
14. Reluctance to go into residential care

For people with dementia and their family it is important that the care they get corresponds with their own experience, troubles, problems and needs. All problem areas were defined from the view of the client. These were based on interviews with caregivers and in cooperation with experts.

From experiences and reactions of clients and caregivers throughout the whole country, the areas have been inventoried as seen as the most urgent and compelling, and should be improved. The following 5 areas were given the most priority to look into:

1. Frightened, angry and confused
2. It's all getting too much
3. Reluctance to go into residential care
4. Feeling strange / What's wrong, and what might help?
5. Miscommunication with care professionals

Informal care

3,5 of the 16 million inhabitants of the Netherlands help the elderly, the sick, the handicapped

Almost 2 million have a heavy task as a caregiver
1 in 5 caregivers is over burdened

40 percent of the informal care is given to parents and in-laws
On the average 16 hours a week

1 in 5 takes care for a sick partner
1 in 10 for a sick child

Most caregivers are younger than 65 and also have a job besides their care task

In two decades the elderly with dementia will have doubled to 450.000
The amount of caregivers will have declined relatively

interlinks

Vilans
VIJNEN DIE WELKE IN 2002