

## ILC Czech Republic

### Achievements and work 2009 - 2010

We have established the ILC- CZ as a communication platform on ageing with a purpose to create an independent think-tank dedicated to addressing issues of longevity, ageing, demographic change and long-term care in the Czech Republic.

We communicate on different levels: with the Czech Government (especially Ministry of Health and Ministry of Labour and Social Affairs), with different representatives from the Parliament (both House of Deputies and Senate), regional Go.

### *Development since the last ILC Global Alliance meeting*

We reported on our activities during the ILC Global Alliance meeting in Paris in 2009. Our activities at that time focused mainly on research into old age issues and public communication, organisation of events, meetings and press conferences. It was recommended by the ILC Global Alliance that we collaborate more with the entrepreneur and economic sector.

Therefore we started to address major insurance and other companies. We raised support for the first professional office staff – Ms. Lenka Kopecká, who worked for ILC in from September 2009 to July 2010. We involved the Prime Minister 's wife Ms. Dana Fischerová, who has been very supportive and involved some companies into the collaboration with us.

Lenka Kopecká and Ms Fischerová have worked together with our major insurance company about our future collaboration, these negotiations have been very detailed, the company seems to be very interested to participate in our activities and support them. However we do not know final results and their decision yet. If the decision is positive – we will be soon able to report more achievements in this. If there will be no agreement we will be looking for further support.

### *ILC-CZ as a think-tank at the Faculty of Humanities, Charles University in Prague*

However, the ILC Czech Republic has been more formally established since 2009 (that time it was more or less an informal network of organisations and persons interested in ageing). It is seated now at the Faculty of Humanities, Charles University in Prague through the research project funded by the Ministry of Health (will be described in more details in the following part) and the development project funded by the South Moravia Region (which will also be described later in more details). These research and development projects present a base for sustainable funding, despite the fact that the resources allocated to these projects

must be used only for their purposes and in principle are not for the further development of the ILC-CZ . However they will allow us to stabilize a small team of interested researchers and to gather the mental capacity to develop further projects.

### ***Web presentation***

In collaboration with Mostecká uhelná comp. and Lundbeck we have established our new web page „Stárnout je normální“ (it is good or normal to age) [www.starnout-je-normalni.cz](http://www.starnout-je-normalni.cz).

### ***Think tank for Long-term Care development***

Prof. Holmerová and Mgr. Válková have become leading persons of the Expert Panel on Long-term Care which was established by the Minister of Labour and Social Affairs (MPSV).

### ***Discussion Material on Long-term Care in the Czech Republic***

We have published the publication „Discussion Material on Long-term Care in the Czech Republic“ which was printed by the MPSV and is now being distributed to regions and communities and interested organisations and institutions.

### ***Alzheimer Plan***

We (Prof. Holmerová and Mgr. Válková) have also prepared the proposal of the Governmental Committee on Old Persons and Population Ageing to the Government of the Czech Republic to prepare Plan Alzheimer Czech Republic. This recommendation was accepted by the government 13.September 2010 and it was broadly published in the Czech Media.

### ***Public relations, media presentation***

We communicate regularly with media, organize regular press conferences (at least each 4 months) focusing at different topics of ageing.

### ***Grant collaboration***

#### **GOS Development Project**

**project coordinator: Mgr. Dana Hradcová**

We have started the collaboration with the regional government of the South Moravia region and developed the project of GOS (Gerontology, Management, Supervision). This project is implemented in the collaboration of the Faculty of Humanities (CDPC-ILC-CZ), Centre of Gerontology Prague and Czech Alzheimer Society). In this project we support the development of quality care for old persons in residential homes in this region. We focus on gerontological practice and especially on care for persons with dementia, on ethical issues, non-pharmacological methods, end-of-life care, management of care, supervision and staff development). The project teams involves experts from different fields (Mgr. Dana Hradcová and Mgr. Petr Vrzáček – management, staff support and development, Prof. Holmerová - gerontology and geriatrics, dementia, Prof. Haškovcová - ethical issues, Mgr. Mátlová – care for persons with dementia, quality of care, Ms. Hýblová – practical aspects of care for persons with dementia, Mgr. Jitka Suchá – non-pharmacological methods for persons with dementia, occupational therapy for persons with dementia).

### **LTC Research Project – project description and goals**

**project coordinator: Prof Iva Holmerová**

**Core staff: Mgr. Monika Válková, Mgr. Dana Hradcová, MUDr. Hana Vaňková**

We have applied for funding for the research project on long-term care provision in the Czech Republic. This project is planned for next 4 years and is starting now, in October. The project is funded by the Internal Grant Agency of the Ministry of Health.

The population of the Czech Republic is ageing very quickly (Eurostat EC, 2007). Especially baby-boomers and the population of seniors are cohorts of our population that are ageing even more rapidly than the general population. It is especially the population of „old old“ (80+) and „very old old“ (90+) which increases very quickly. These old persons have, of course, their specific needs. Health care costs of acute medical care do not directly depend on the population ageing (they depend especially on the development of new drugs and technologies etc.) The costs of long-term care will probably be increased and influenced by the ageing of the population (European Commission, 2009) despite the fact that the role of technologies will be also in this field very important. OECD published that the consumption of LTC increases with age even exponentially and most of LTC is consumed by 80+ persons (OECD, 2005. Holub, 2009, Daňková, 2009).

According to Lundsgaard in his report for OECD (Lundsgaard, 2005) it is possible to estimate that most countries spend on the LTC between 0,5% and 1,6% of their GDP, whereas only some nordic countries of Europe spend already more than 2% some as much as 3%. Therefore it is possible to expect very substantial increase in LTC in all developed countries (OECD, 2005). Also this fact underlines the importance of LTC and very sharply contrasts with low attention that is still paid to it in many countries (including the Czech Republic). Therefore the EU decided that LTC will be monitored by the open method of coordination (OMC) and also last European presidencies focused their conferences on this very problem (Marin et al, 2009).

International documents (Lundsgaard, 2006. Marin et al, 2009) define long-term care (LTC) as spectrum of services provided to persons with long-term limited self-sufficiency who are dependent on the assistance of others and their ability to perform basal and instrumental activities of daily living is limited (over the extended period of time). This situation may occur in any age, however there are mainly persons of older age (National plan of preparation for ageing 2008-2012. Lafortune, 2007) who suffer more frequently from degenerative and neurodegenerative diseases. The consultation material of the Swedish Presidency of the EU (Marin et al, 2009) draws attention to the fact, that institutions providing LTC have become, in many European countries, objects of different scandals concerning the quality of care. This situation is known also in the Czech Republic as the term „long-term care hospital“ (LDN in the Czech abbreviation) has become generally synonym of bad quality of care or bad quality of life of persons who live there (this bad reputation contrasts sometimes with the reality). There were also some campaigns in the Czech media focusing on insufficient quality of care and bad practice in long term care hospitals. However, long term care hospitals are not only providers of LTC, the situation is much more complicated and it is a broad spectrum of different services including services provided in the home environment. Home services of LTC present further specific problem. However, as we have mentioned above, LTC includes health care services in any situation, as the cause of its provision is the changed health status.

The situation of LTC provision is also complicated by the fact that it is not sufficiently defined, nor in the legislation, LTC services are provided in the health care system by different institutions (LTC hospitals, departments of aftercare, psychogeriatric departments, continuing stays in health institutions because of social reasons etc.) and also by different social care institutions (so called nursing departments in homes for seniors, homes with specific regime etc.). As we have mentioned above the legislation is not clear, has many gaps with severe impact in practice and does not provide clear guidance for the LTC. Therefore there are many organisational problems and system failures in the health care provision. They are frequently discussed, however they have not been yet sufficiently investigated and analyzed. The expert panel for long-term care was established in 2009 and both Minister of Health and Minister of Social Affairs as well as members of House of Deputies, Senate, European Parliament, representatives of LTC providers and independent experts participate in its activity. Ass.Prof. Holmerova and Mgr. Valkova act as coordinators of the panel. It has become obvious also during the activity of the panel that there is lack of information about the long-term care. It has become clear that for the future discussion and planning of the LTC we need more information about the status of LTC provision both in the Czech Republic and in the EU and also the analysis of all available data (concerning for instance care allowance information, availability index of different LTC services in different regions etc.) We have found in the Czech reviewed literature 62 references of LTC, however most of them were not relevant and some provided general overview of the situation (Janečková, Malina, 2007). Some of them were dealing with very specific problems that were very marginal to LTC. We (authors of this project) have been involved since years in gerontology and geriatrics and have been interested in the dignity of frail old people (see the list of literature). We are convinced that it is necessary to conduct systemic analysis of the situation of long-term care and put together all knowledge and data that are available, but have not been analysed yet.

The outcome should be analysis that would provide comprehensive information on the present state of LTC and serve as a discussion material for further political decisions and for the improvement of quality of LTC for frail old persons.

The object of our research will be also institutions that provide long-term care. As we have mentioned above, some of them, especially long term care hospitals have been criticised in last months and years and they have even become a synonym of low quality care despite the fact that many of these institution undergo a process of transformation and they provide good quality care. It is necessary to remark that the recent discussion on long term care has been very emotional and has not used facts and arguments. Also some controls from insurance companies mainly focused on limited structural parameters and they were not able to discriminate quality of care. Also some other systems (ISO) fail to discriminate good quality of care. Therefore we suggest comprehensive attitude to this complex problem based on systematic analysis performed in institutions providing long-term care. This analysis will be based on qualitative and quantitative research in indicators of quality of care, support of dignity of frail old persons, culture of organisations etc. Authors will use their experience from the previous research that was performed in homes for older persons, this research focused on the health status and quality of life of older persons and proved high prevalence of dementia, depression and other chronic conditions, these results were published in national and international journals (with IF). Based on these results we will constitute recommendations and standards of good quality care, a practical tool for quality implementation and monitoring.

**Goals of the project are following:**

- to analyze present situation of systems of long-term care in the Czech Republic and countries of the EU, this analysis will be based on available literature, search of data concerning health and social care provision, care allowances etc.
- to analyze the long-term care provision in selected institutions in the Czech Republic from the point of view of gerontology and geriatrics, nursing care and other professional care, analysis-diagnostics of organisation regarding its structure, management level, some economical and organisational aspects
- to determine quality indicators in the collaboration with these institutions and based on the discussion with experts, establish quality standards and recommendations of good practice
- to suggest strategy of long term care, including its differentiation that would respect specific needs of different groups of patients

**Hypothesis:**

Long-term care that includes both health and social care presents a specific problem of public health and health policy. The importance of this problem is increasing. It is an important ethical, socio-economic and ethical problem which should be evaluated and assessed in the systematic way. Its analysis should serve as a basis of political discussion.

It is possible to suggest the strategy of long-term care based on contemporary trends in geriatrics, gerontology and medicine of chronic diseases - as a basis for professional and public discussion.

It is possible to establish quality criteria of long-term care that are achievable in our circumstances and to create and evaluate of standards of long-term care. These standards can be used for quality implementation and monitoring in the long-term care.

## **Methodology:**

### Analysis of LTC in Czech Republic and EU

Analysis of the present state of long-term care in the Czech Republic and EU will be based on the search of scientific literature, national and international documents, data concerning care provision both in health and social care (available data of the Department of Health, Department of Social Affairs, insurance companies etc). Analysis of the situation in the long-term care in the Czech Republic and selected countries will be provided.

### Strategy of LTC

Based on this research we suggest discussion material on long term care as a basis for professional, public and political discussion.

### Comprehensive analysis of institutions providing LTC:

In this complex analysis of activities, quality of care and culture of 6 selected organisations will use methods of organisation diagnostics, research of the organisation culture (questionnaire will be prepared, validated and compared with international tools), we will focus on organisation structure and functioning, management and some economical aspects. Research and communication with experts in different fields relevant to LTC (nursing, occupational therapy, psychology, gerontology and geriatrics but also supervision etc) will focus on different aspects of care. Also quantitative data, indicators of quality of care (use of restraints, regime specimen, specialised therapies, attitudes and expectations of clients, but also number of falls, some other selected parameters of quality of life) will be searched. In case that they are not available, some of them will be raised from patients through research provided that persons will give their informed consent. We will also collect information from care providers (on care burden and work regime, perception of their role, identification with organisation's goals, risk factors of burn-out syndrome, motivation etc.) Individual data will be collected (after the signature of informed consent form) by questionnaires or by qualitative methods (interviews).

Long-term care institutions will be selected so that we get different types of LTC providers that are most common in the Czech Republic (aftercare departments of hospitals, long term care hospitals, nursing care departments and/or institutions, palliative care providers, psychogeriatric departments, community based LTC providers). We will try to have also examples of different administrative types of organisations (e.g. for- and non-profit, charitable, state, regional or community administered). Important aspect is also to have organisations from different regions. Our selection will not be random. We will try to select institutions that are undergoing a change in their functioning, that reflect present situation and problems and that are trying to improve their position both in the public opinion and in the care market. Therefore we do not expect „average“ or representative data but we will try to have best possible insight into present situation and problems of institutions that are trying to provide better care than a usual one.

Research methods for the comprehensive analysis of long term care providers in the Czech Republic: diagnostics of the organisation, organisation structure and culture, selected partial qualitative and quantitative parameters in order to provide comprehensive picture of the organisation, its staff and clients, general, external and internal conditions of care provision.

### Consensus on quality criteria in LTC

The aim of this part of the project is to establish quality criteria that are realistic and achievable in the Czech Republic and that could contribute to quality improvement, they will

be suggested on the basis of analysis and also by experts in different fields of professional care. Experts will use their expertise and knowledge of criteria, standards and guidelines in their field and they recommend quality criteria to be further evaluated. Regular meetings with staff and management, workshops and continual communication will be necessary condition albeit much of communication will be performed by modern technologies (e-mail, skype etc). Focused workshops with researches for all participants workshops will be organised (gerontology, quality, supervision, occupational therapy, nursing etc.)

To establish indicators and quality criteria: we will organize focus groups (or other relevant methods of qualitative research. Delphi method will be used to get expert opinion. Measurable criteria will be used for construction of quality standards of LTC (or to support guidelines and, possibly, also construction of more complex tools, for instance similar to these of MDS -minimum data set).

#### Standards of LTC and guidelines.

Guidelines of good practice will be suggested as well as selected standards of long-term care. These standards will present a tool for quality improvement and monitoring. We suppose that these standards will be complementary to already existing ones (e.g. ISO, SAK etc), but they will focus more on processes. Standards will be evaluated in 10 institutions that provide long-term care. Their potential will be the quality improvement and monitoring.

#### Time schedule and activities

October 2010- June 2011: analysis of LTC in the Czech Republic and selected European countries (coordinated by ass. Prof. Holmerova in collaboration with experts - see their tasks)

July 2011- June 2011: strategy of LTC will be proposed - based on the above mentioned study and discussion with national and international experts.

June 2011 - June 2012: publications and materials for international discussion will be prepared (ass. Prof. Holmerová)

2011-2013: comprehensive analysis of conditions and situation of LTC will be performed in 6 institutions, from the point of view of specialised experts and their team, that will focus both the institution and its internal and external environment, staff and clients. Empirical research. This process will continue in formulation of quality criteria and guidelines and standards formulation (Delphi, consensus meetings, workshops etc.) The aim is to have most as possible measurable criteria (coordination dr Vaðková, Mgr Válková, see their task description).

Publications will be prepared.

2014: Discussions and analyses of gathered data. Publications.

#### **Discussion:**

We aim to provide the complex picture of long-term care in the Czech Republic and also in some other european countries that will be based on available data. This analysis has not been executed in the Czech Republic and it is necessary for public, professional and political discussion concerning this important issue. This is in contrast to the situation in other european countries. Based on our research we propose strategy of long term care in the Czech Republic. It is necessary to stress that comprehensive and culture sensitive issues of long-term care, its quality, dignity of patients of LTC and other important issues have not

been studied (in the Czech Republic) in the sufficient extent. However there were some (few) attempts to study some partial aspects of LTC or to provide brief overviews of it. Therefore we lack the comprehensive analysis of possibilities, needs, expectations, problems of institutions that provide LTC, of their staff and especially of patients. In the comprehensive analysis of 6 different LTC providers we will gather all necessary qualitative and quantitative data and information to get this complex view.

Despite we have some existing standards concerning aftercare and long term care (SAK, ISO), most of them deal mostly with limited criteria concerning especially common organisation of less complex activities and technical aspects. However they do not assess such complex issues as quality of life, dignity, expectations, aspirations and their fulfilment etc. Many other aspects concerning frailty, multi-morbidity, but also passivity of old persons are not reflected. Therefore we will in our research investigate possibilities, ways and criteria to address these subtle issues that are very important for holistic approach to older persons. Based on this research we will formulate measurable criteria of quality of LTC and evaluate them in audit performed in 10 institutions. Based on this process we will formulate standards of quality in long-term care.

### **Collaboration:**

The research team will closely collaborate with the Centre of Gerontology. Prof. Holmerová is president of the Czech Society of Gerontology and Geriatrics and Czech Alzheimer Society and she communicates with many LTC providers in the Czech Republic, which gives a possibility of adequate selection of LTC providers relevant to our project. We have international contacts and collaboration within the Global Alliance of Longevity Centres, with University of Bergen and Roede Kors Sykehjem Bergen Norway (Dr Bettina Husebo, Dr. Stein Husebo), Technical University Dresden (Prof. Vjera Holthoff), Nursing Department of South London University (Dr. Jitka Jancova) and other international partners. Ass. Prof. Holmerova contributed (as board member of Alzheimer Europe and of the expert group) to european recommendations on palliative care for persons with dementia, she participates in the ethical panel on dementia and in other international initiatives.

### **Contribution of the project:**

The project corresponds to priorities of the Departmental Programme of R&D - MH III from 2010 to 2015, chapter 12 - „New methods in the care for health and tools of health policy in the action of health systems“ by determining long-term care in the context of our health care provision and in the interface with the social care. Standards of long-term care will be established that will include indicators of quality (and efficiency) - tools for quality of long-term care improvement and monitoring.

### **Outcomes of the project:**

#### Publication outcomes:

Publications in peer-reviewed journals and in journals with IF

Monograph on long-term care

Applied outcomes:

Strategy of long-term care (discussion material)

Guidelines and standards of LTC - as tools for quality improvement and monitoring. These will be discussed in the board of the Czech Society of Gerontology and Geriatrics. Tools for the comprehensive organisation analysis will be produced for broader use.

### **Impact of the project:**



The research project respects rules of IGA concerning publications (peer-reviewed journals or journals with IF). Project reflects the common situation of LTC in the Czech Republic and it will produce following tools:

1. Analysis of LTC in the Czech Republic and EU (theoretical analysis, data analysis)
2. Report of problems and situation of LTC in the Czech Republic (based on comprehensive analysis of 6 LTC providers)
3. Indicators of quality of LTC
4. Standards of LTC, their pilot evaluation, guidelines of good practice in LTC.