ELTECA experience in long-term care of Central and Eastern Europe

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NO CONFLICT OF INTEREST
Numerous solutions in Long Term Care (LTC) are different in CEE than elsewhere.

Former „eastern block” countries

Common past

Unified solutions across the block (share many issues)

Numerous solutions in Long Term Care (LTC) are different in CEE than elsewhere.
Projected population change, 2014–80 (%)
Healthy life years at age 65 as a share of remaining life expectancy by sex

(*) Estimates.
(©) 2012.
Source: Eurostat (online data code: hith_hlye)
LONG TERM CARE

Social care sector • No co-operation • No algorithm for assigning the subjects based on their LTC needs

Health Care sector
## Sources of help (%)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Family members</th>
<th>Social workers</th>
<th>Neighbours, friends</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>95,3</td>
<td>1,5</td>
<td>11,8</td>
<td>4,1</td>
</tr>
<tr>
<td>70-74</td>
<td>94,7</td>
<td>3,5</td>
<td>8,9</td>
<td>3,1</td>
</tr>
<tr>
<td>75-79</td>
<td>92,9</td>
<td>4,8</td>
<td>10,0</td>
<td>3,9</td>
</tr>
<tr>
<td>80-84</td>
<td>93,4</td>
<td>2,6</td>
<td>9,3</td>
<td>6,5</td>
</tr>
<tr>
<td>85-89</td>
<td>91,9</td>
<td>7,9</td>
<td>6,2</td>
<td>6,6</td>
</tr>
<tr>
<td>≥ 90</td>
<td>91,0</td>
<td>7,1</td>
<td>6,7</td>
<td>8,9</td>
</tr>
</tbody>
</table>

*p*  

|  | NS | <0,05 | NS | NS |
Social care sector

dependency
and lack of possibility
to organize care at home

DPS (local government, churches, etc)

Home of Social Aid
(2014: 42290 – about 0.1%)

- 26 family DOPS - 166 beds

Nurses – after 5 years lost their certificate

DPS ul. Bukowska 27/29, Poznań
dedicated to elderly individuals

Working team – 0.4 workers/inhabitant
(including all staff)

Weekly meetings

Physician
family physician
limit for consultations

439 privat units registered for 24h care for chronically ill subjects, disabled persons or seniors
Table 1: Detailed characteristics of routine pain treatment in analyzed subjects including MMSE results (only consumed groups of drugs were included) - group A composed of subjects with MMSE results 24-30 points, group B - 20-23 points, group C - 10-19 points, group D - 0-9 points; p is only shown when it is statistically significant.

<table>
<thead>
<tr>
<th></th>
<th>Group A n=82</th>
<th>Group B n=67</th>
<th>Group C n=144</th>
<th>Group D n=99</th>
</tr>
</thead>
<tbody>
<tr>
<td>No prescribed analgesics</td>
<td>62 (75.6%)</td>
<td>55 (82.1%)</td>
<td>122 (84.7%)</td>
<td>89 (89.9%)</td>
</tr>
<tr>
<td>p=0.0151 vs. A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine step 1 (non-opioids)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen NSAIId</td>
<td>0</td>
<td>0</td>
<td>1 (0.7%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>16 (19.5%)</td>
<td>12 (17.9%)</td>
<td>17 (11.8%)</td>
<td>6 (6.1%)</td>
<td></td>
</tr>
<tr>
<td>Routine step 2 - tramadol (weak opioids)</td>
<td>2 (2.4%)</td>
<td>0</td>
<td>4 (2.8%)</td>
<td>3 (3.0%)</td>
</tr>
<tr>
<td>Routine step 3 - morphine (strong opioids)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Acetaminophen+tramadol (one therapeutic formula)</td>
<td>2 (2.4%)</td>
<td>0</td>
<td>1 (0.7%)</td>
<td>0</td>
</tr>
<tr>
<td>MMSE</td>
<td>24-30</td>
<td>20-23</td>
<td>10-19</td>
<td>0-9</td>
</tr>
</tbody>
</table>

Agnieszka Neumann-Podczaska¹
Tomasz Nowak²
Aleksandra Suwalska³
Dorota Łojko⁴
Roma Krzymińska-Siemaszko²
Elżbieta Kozak-Szkopek⁵
Katarzyna Wieczorowska-Tobis²
ZOL/ZPO
Home for nursing and medical care

408 institution
(2014: +9,4% vs. 2010)
8407961 person-day

Long term nursing service
obliged by law to employ PTs, OTs, social workers,
yet they do it to the least possible extent
  • physisian – consultant:
    the institution is charged for any visit

  • Barthel index up to 40 points
    (subjects with palliative and psychiatric diagnoses
    are excluded BY LAW)

Barthel index
40 points or low

Fast increase
in disability rate

Barthel index
45 points

Subject at home
with no support

REHABILITATION

DISCHARGE

http://www.pcm-nzoz-wieruszow.pl/zol.html

http://domsueryder.org.pl/opieka-medyczna/zaklad-opiekunczo-leczniczy/
Warszawa, dnia 26 października 2015 r.

Poz. 1705

USTAWA
z dnia 11 września 2015 r.

o osobach starszych

The law on the older persons (60+)

The government needs to monitor the situation of older persons and present it by the end of October each year
### Live Expectancy

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live expectancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At birth</td>
<td>73.8</td>
<td>81.6</td>
</tr>
<tr>
<td>At the age of 60 years</td>
<td>19.2</td>
<td>24.3</td>
</tr>
<tr>
<td>At the age of 65 years</td>
<td>15.9</td>
<td>20.2</td>
</tr>
<tr>
<td>Healthy live expectancy at the age of 65 y</td>
<td>7.5</td>
<td>8.1</td>
</tr>
</tbody>
</table>

**Population 80 years and older**

- 58% needs help in self-care

### Self-care Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>transferring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unable to accomplish</td>
<td>4.3%</td>
<td>3.0%</td>
</tr>
<tr>
<td>able to do with severe difficulties</td>
<td>8.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>able to do with some difficulties</td>
<td>33.7%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46.8%</td>
<td>17.7%</td>
<td>51.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>bathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46.8%</td>
<td>17.7%</td>
<td>51.0%</td>
</tr>
</tbody>
</table>

*Source: Wniki na podstawie bieżących badań GUS oraz danych Eurostatu*
Long-term care medicine certified training programme (2009)

1 year postgraduate course for all clinical specialists

9 months practical activity (in the LTC-accredited dpt):

1 month geriatrics

2 weeks palliative care

„Criteria of Vážka“ ČALS Q Certification:

50 p- Care for persons with dementia (person centered, skilled, dignity, family involvement, activities, BPSD, skilled nursing...)

20 p - Environment and equipment

25 p - Staff (number, education, support)

5 p - Grandmother´s test

Holmerova, I, Dementia – a priority problem of long-term care; 2012
ELTECA: Exchange of Experience in Long Term Care

a platform for exchange of experiences in LTC
with the aim to help open new perspectives for LTC in CEE

Prague (Czech Republic) – Prof. Iva Holmerova

Co-organized by:

- Charles University in Prague - Faculty of Humanities
- Centre of Expertise in Longevity and Long-term Care
- Centre of Gerontology in Prague
- Czech Alzheimer Society,

Alzheimer Europe
ELTECA Rationale:

- Low political priority – law & finances
- Low awareness of problems and syndromes
- Low quality of care in LTC institutions; lack of quality indicators
- Two sectors of LTC with no co-operation:
  - Lack of proper health care in social sector of LTC
  - Underdiagnosed and undertreated symptoms (i.e. pain)
- Topic of scandals...
ELTECA 2011: Exchange of Experience in LTC

the ADVISORY BOARD
Participants - professions

**Physicians:**
geriatrics, neurology, psychiatry, GP, Certified Medical Directors (CMD), rehabilitation specialists, long-term care medicine specialists, public health specialists

**Other professionals:**
public health, ethics, philosopher, sociologist, lawyer, management scientist, adragogics, economist ...

**Other members of multiprofessional team:**
nurses, OTs, PTs, psychologists, social workers

Dedicated to all interested people who want to improve LTC and to build the new face of LTC
ELTECA: Exchange of Experience in Long Term Care

DEMENTIA - priority problem of LTC

RATIONALE:

• Persons with without severe CI stay at home as long as possible due to available services and assistive technologies
• Persons with severe cognitive impairment need more assistance and, in case of no available services, they are institutionalised

The education and training in dementia/dementia care is an urgent need

(GPs, outpatient specialists deal with the specific problems of patients with dementia, physicians in acute care and especially those working in LTC, other professionals and informal caregivers).
1.) Is long-term care formally established in your country?

<table>
<thead>
<tr>
<th></th>
<th>Reakce</th>
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<tbody>
<tr>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
</tr>
<tr>
<td>Celkem</td>
<td>13</td>
</tr>
</tbody>
</table>

YES: PL, Cz, A, DE, Israel, USA
NO: Sk, H, Alb, LT, SL o

Holmerova, I, Dementia – a priority problem of long-term care; 2012
ELTECA: AIMS

• To compare the LTC (dementia care) in different countries including CEE
• To compare the interprofessional perspectives
• To promote co-operation and exchange of information among professionals, patients and the community
• To support development of long-term care policies and services with special focus on the Central Eastern Europe
• To share of the best practices
• To describe the unique challengers and common challenges in various countries
• To develop the education opportunities in dementia for various professionals (especially physicians) and caregivers
• To create the research initiatives & outline the successful research in LTC
LTC modules of ELTECA

Geriatric assessment
Communication
Management of geriatric syndromes
Coordination of the multidisciplinary team
Dignity
Management of care in different care settings
Quality of care
ERASMUS project on dementia education  
(Glasgow, – 2013-2015) - Paliare

• 1st ETECA - 2012  
• 2nd ELTECA - 2013  
• 3rd ELTECA - 2014  
• 4th ELTECA - 2014

Common Speaking Experts  
(Budapest, H)  

AMDA’s 2016 Annual Conference  
March 17-20, 2016 – Orlando, FL

Session Title: Comparison of Alzheimer’s and Dementia Care in the U.S. and Central and Eastern Europe: Interprofessional Perspectives and Best Practices

Interprofessional Geriatric Training  
Ft. Loudadaile, Fl, USA

EUGMS: SIG on LTC  
• Venice, IT – 2-12;  
  I. Holmerova
<table>
<thead>
<tr>
<th>Time</th>
<th>Lecture</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Opening ceremony</td>
<td>Iva Holmerová (CZ)</td>
</tr>
<tr>
<td>09:10</td>
<td>Dementia and its impact</td>
<td>Charles Scerri (MT)</td>
</tr>
<tr>
<td>09:40</td>
<td>Diagnosis of Alzheimer´s disease, differential diagnosis</td>
<td>Robert Rusina (CZ)</td>
</tr>
<tr>
<td>10:10</td>
<td>Alzheimer´s disease – therapeutic possibilities</td>
<td>Jakub Hort (CZ)</td>
</tr>
<tr>
<td>10:40</td>
<td>Needs of persons with dementia – geriatric point of view</td>
<td>Iva Holmerová (CZ)</td>
</tr>
<tr>
<td>11:10</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Collaboration of Alzheimer Scotland and university, education on dementia</td>
<td>Debbie Tolson (UK)</td>
</tr>
<tr>
<td>12:00</td>
<td>Behavioral and psychological symptoms of dementia and their management</td>
<td>Deborah Sturdy (UK)</td>
</tr>
<tr>
<td>12:30</td>
<td>Patient with dementia and emergency.</td>
<td>János Rádnai (H,A)</td>
</tr>
<tr>
<td>13:00</td>
<td>Lunch</td>
<td></td>
</tr>
</tbody>
</table>

**Dementia Management : Similarities and Differences**

**Panel Discussion on Case Studies**

<table>
<thead>
<tr>
<th>Time</th>
<th>Lecture</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00</td>
<td>Care for persons with dementia: What we can do after diagnosis – experience of Scotland</td>
<td>Kate Fearnley (UK)</td>
</tr>
<tr>
<td>14:30</td>
<td><strong>Case Study 1</strong> – First signs of dementia, diagnosis, disclosure of diagnosis, support. <strong>Panel Discussion</strong> :The importance of coordination (Alzheimer Plan) and case management. The role of physicians.</td>
<td>Presentation</td>
</tr>
<tr>
<td></td>
<td><strong>Panel Discussion</strong> :The importance of coordination (Alzheimer Plan) and case management. The role of physicians.</td>
<td>Panel: Charles Scerri, Debbie Tolson, Kate Fearnley and others</td>
</tr>
<tr>
<td>15:30</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>16:00</td>
<td><strong>Case study 2</strong> – Management of BPSD, psychosocial interventions <strong>Panel Discussion – management of dementia and BPSD</strong></td>
<td>Presentation</td>
</tr>
<tr>
<td></td>
<td><strong>Panel Discussion – management of dementia and BPSD</strong></td>
<td>Deborah Sturdy, Iva Holmerová and others</td>
</tr>
<tr>
<td>17:00</td>
<td>LTC and palliative care for persons with dementia</td>
<td>Ladislav Kabelka (CZ)</td>
</tr>
<tr>
<td>17:30</td>
<td>Wrap-up of the day</td>
<td></td>
</tr>
</tbody>
</table>

**Various types of activities**

**PLENARY LECTURES**

**WORKSHOPS**

**PANEL DISCUSSION**

with the feedback from participants and ongoing e-mail communication

recorded and available as streaming media
Common Speaking Experts
(Budapest, H)

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March 17-20, 2016 – Orlando, FL

Session Title: Comparison of Alzheimer’s and Dementia Care in the U.S. and Central and Eastern Europe: Interprofessional Perspectives and Best Practices
SWOT analysis

**Strengths**
1. International collaboration
2. Group of experts from various fields, interested in LTC
3. Interprofessional approach
4. Collaboration with international organisations (SIG EUGMS, AMDA)

**Weaknesses**
1. Lack of formal organization and management
2. Incidental activity
3. Not a sexy topic 😁

**Opportunities**
1. Building a collaboration network
2. Spreading out the idea of LTC
3. Innovative educational options
4. Best practices exchange
5. Growing importance of LTC

**Threats**
1. Not of academic interest
2. Unclear future
3. Lack of systematic funding
Thank you!

kwt@tobis.pl