

What we have learned (not only) from COVID-19 in long-term care for older persons

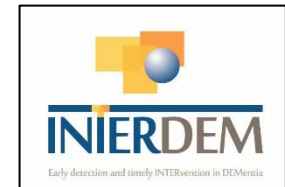
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Alzheimer Europe



Declaration

Lecturing for: Sandoz, Schwabe, Viatrix, MojeLekarna

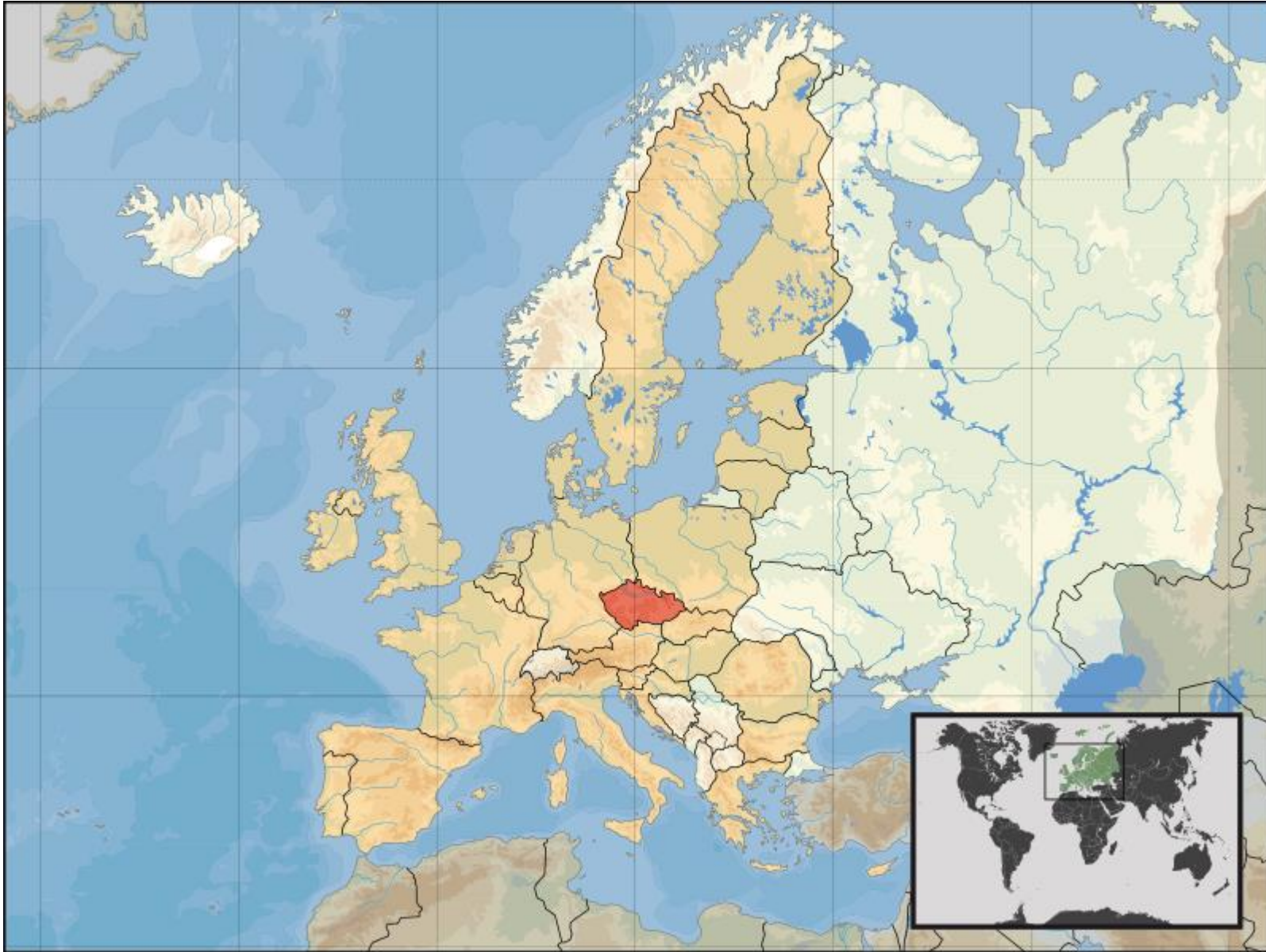
Chairperson of Alzheimer Europe which collaborates with following companies



Suggested structure of my short presentation:

- Info about the long-term care system in the Czech Republic (funding, organisation, few numbers)
- Centre of Gerontology as a flexible model of long-term care in the community and how we have coped
- COVID-19 in the CR (best – worst situation, mortality...)
- Lessons learned (generally and in the Centre)





Population 10 626 430

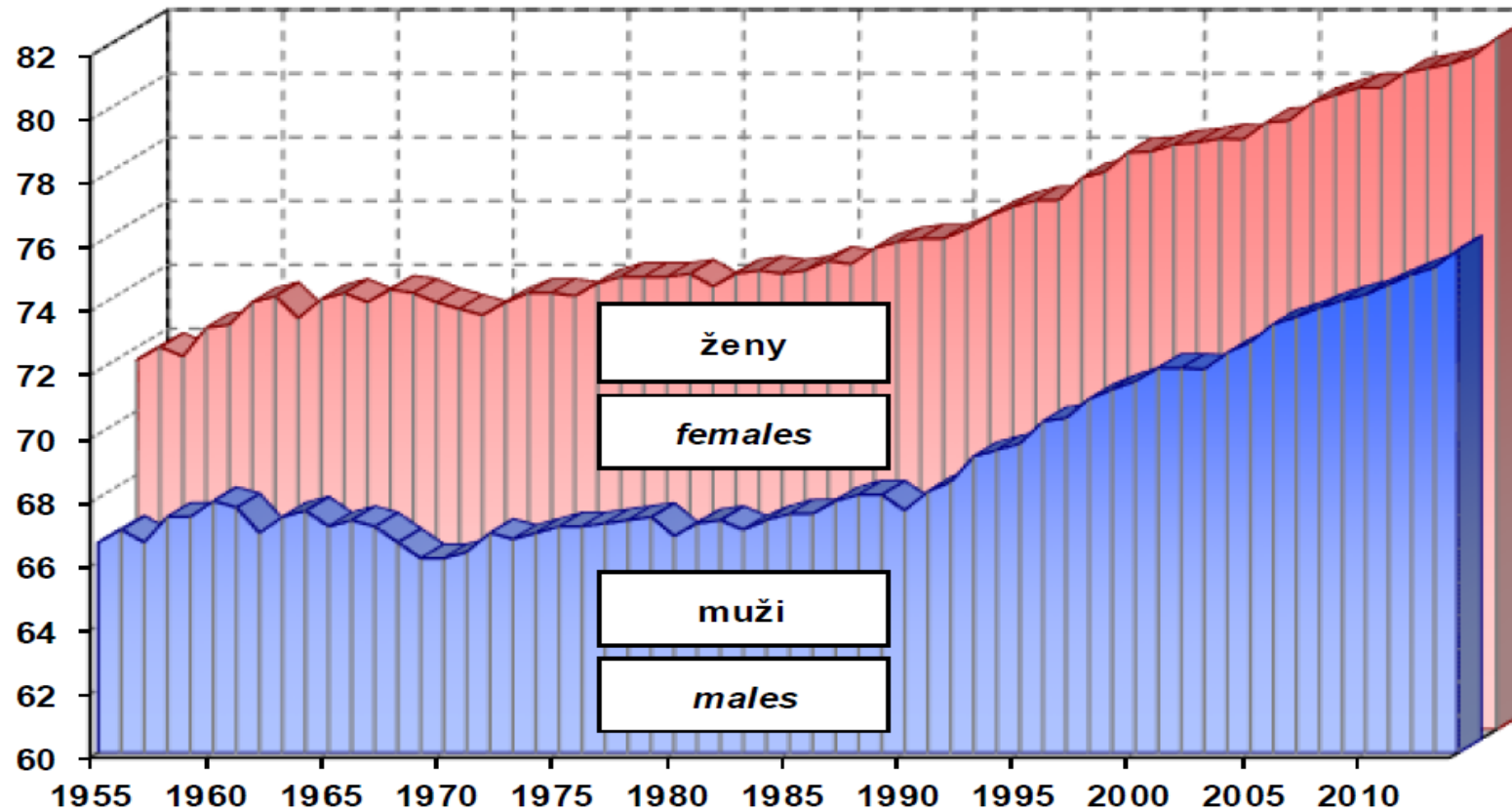
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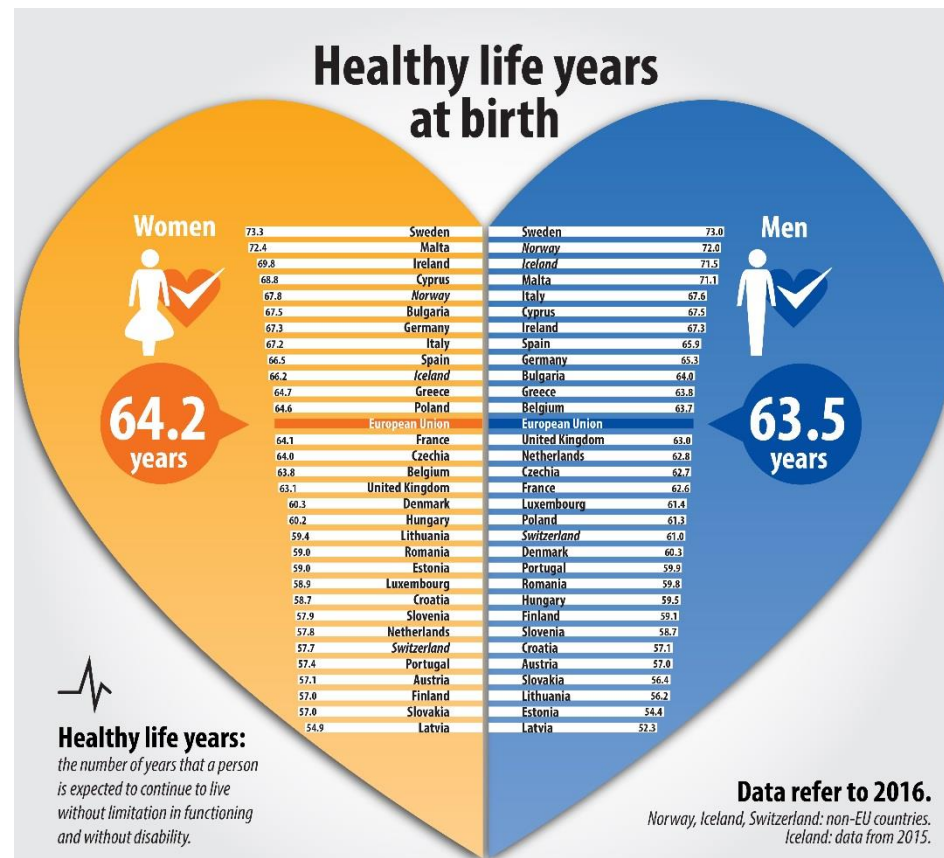
**Life expectancy at birth:
men 78, women 82**

Life expectancy at birth

Vývoj střední délky života při narození
Trend of life expectancy at birth



Zdravé dožití (HLY)



Health, Social and Long-term care in CR

Health care:

- General health care insurance
- System of general practitioners (private), specialists and home care agencies
- 48 903 acute care beds in Czechia – 391 acute geriatric beds
- **28 683 post- acute beds** – in the health care system

Social/welfare care:

- Different types of home social care services
- 13 784 beds in nursing homes (with special care)
- 37 050 beds in „social“ nursing homes – residential homes
- cca 30 000 beds different community residential settings
- Health care provision: on-site nurses and GPs (**not sufficient health care in residential homes**)

Centre of Gerontology Prague

Health services

- Geriatric rehabilitation (RHB, dementia) – 37 beds
- Home nursing care (cca 60 persons)
- Geriatric out-patient services
- Geriatric mobile team



Centre of Gerontology Prague

Social and other services

- Day care unit (for PwD)
- Home personal assistance
- Dining for seniors (in the Centre and at home)
- Day unit (seniors at risk)
- Contact and meeting centre

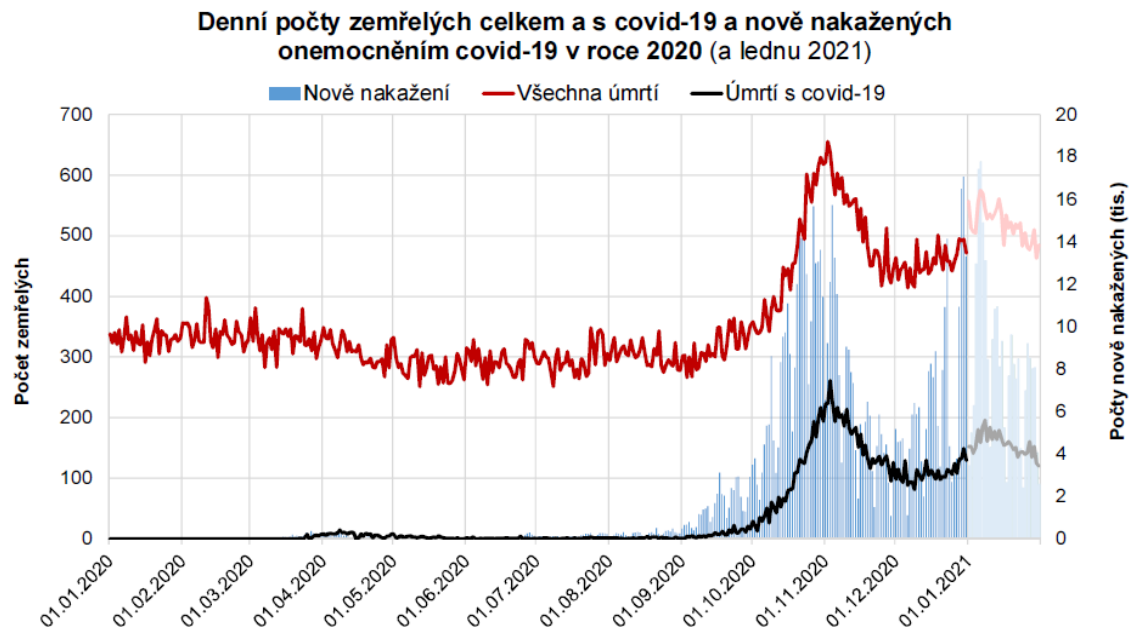


Organisation and Care Principles of the Centre of Gerontology

- Communication
- Respecting demand
- Flexibility
- Fluidity („fluid technology“)
- Evidence based
- Qualified health care
- Person centred care



COVID-19 infections and deaths in CR



300 COVID deaths by June 2020

„best in the world“ (political declarations)

Over 30 000 COVID deaths by June 2021

„worst“ (statistical data)



„Preventive absolute lock-down of NH“ 40 NH in the spring 2020

SIDE EFFECTS (despite the increased support of staff and rewarding public reaction):

- Staff felt isolated from families (children, older parents)
- Stronger feeling of conflict between the professional and family roles, burnout... –
- Many of them not willing to repeat this experience again....



Health care model: Better integrating health care into the residential care practice

- **Preventive measures and plans** – consulted and modified together with health care professionals (physicians, nurses, hygiene specialists) – in every procedure and on every stage of care provision and contact with patients, clients, families, staff, external suppliers...necessary environmental changes
- Focus on efficiency, effectiveness sustainability, not so spectacular – a „normal“ functioning in anormal situation
- „our“ model – very feasible also for pandemic times – flexibility, responsiveness

Organisation and Care Principles of the Centre of Gerontology – in the crisis

- Communication – staff meetings, information Exchange...
- Respecting demand – communication with the local authority
- Flexibility – changing services (home based...vaccination centre)
- Fluidity („fluid technology“) – involvement of people, students, volunteers, digital tools
- Evidence based - information
- Qualified health care
- Person centred care



- Professional health and social care skills are necessary: hygienic measures, education of staff how to prevent themselves and clients from infection (s) – not only COVID-19 is a threat...
- Education of staff at all levels (especially in health care issues) is a necessary condition: NH physicians and nurses to lead the process, to educate, prepare epidemiological regimes...
- EDUCATION: development of curricula for long-term care – in the process
- FLEXIBILITY AND RESPONSIVENESS in care organisation (alternative to „absolute institutions“)
- MORE SUPPORT TO LTC IN GENERAL

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