

Alzheimer's care in the Netherlands

successes and mistakes

Hugo van Waarde

Thinking about the Netherlands...



Thinking about the Netherlands...



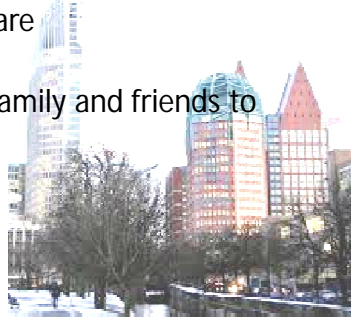
The Netherlands



- 25,803 miles²
- 16,8 million inhabitants
- 190 nationalities
- 16% of the population is > 65 years
- 25% of those are > 80 years
- an aging population

Philosophy of the Dutch system of long term care

1. The state bears the responsibility for people who are in need of long-term care
2. There is no obligation for family and friends to provide long term care



The consequences

- all long term care is financed by state-controlled mandatory insurance
- more people (will) need long term care
- less people on the labour market to contribute to the mandatory insurance
- ergo: the Netherlands faces a challenge with the long-run sustainability of long term care

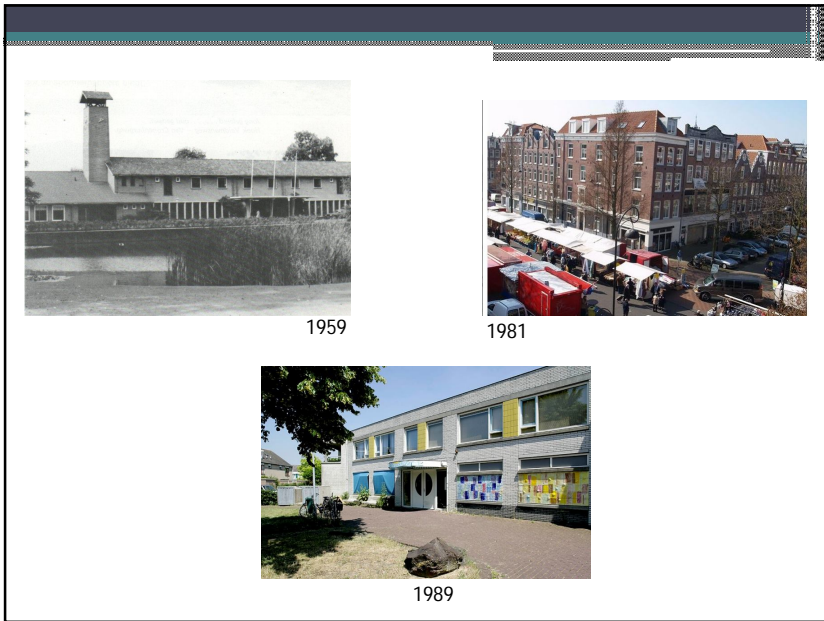


Institutionalization was the standard



Focus on care






Case management



- Advice
- Information
- Support
- Guidance
- Mediation



The slide is titled "Case management" and features a list of five services: Advice, Information, Support, Guidance, and Mediation. It includes two photographs: one showing a group of people in a meeting around a table, and another showing a woman in a patterned dress talking to an elderly woman next to a red car.

The Alzheimer Café



- People with dementia, family, friends and professional carers
- Interview, break, discussion
- Informal gathering



Topics

- What is dementia? (neurologist)
- What does it mean to have dementia (person with dementia)
- Implications for the patient (psychologist)
- Implications for the primary caregiver (family member)
- Dementia and driving a car (GP)
- Support at home (casemanager)



Focus on quality of life



Who pays for the nursing home costs?

- Buildings are developed and owned by housing cooperation's, healthcare organizations and (rarely) private investors
- All costs are paid out of the state-controlled mandatory insurance
- All costs include the costs of living, care, treatment, medicine, food, recreation, etcetera!
- The patient pays a contribution depending on his income to a maximum of about 2248,60 euros a month
- Discussion or assets should be considered as well.

Daily rate

1. Verpleging en Verzorging (V&V)

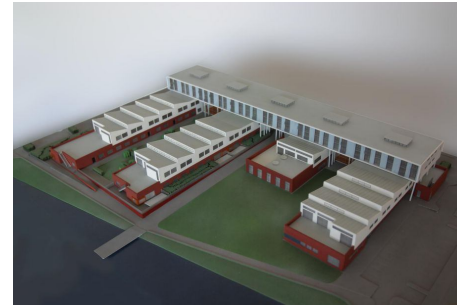
ZZP	Totaalprijs per dag (€)			
	Niet toegelaten voor BH		Toegelaten voor BH	
	excl. DB	incl. DB	excl. DB	incl. DB
1VV		55,40		59,78
2VV		70,75		75,13
3VV		85,64		107,12
4VV		97,74		119,22
5VV		133,93		156,52
6VV		133,97		156,56
7VV		157,70		186,82
8VV		183,80		212,92
9VV		130,38		185,65
10VV		201,05		230,18





2006
Dorpzigt
Zuid-Beijerland

- One care home for 6 people with dementia
- Hospice
- Library
- Daycare for children



2000
Archipel
Almere

- Six care homes for people with dementia
- Residential care for elderly
- General practitioners
- Farmacie
- Restaurant



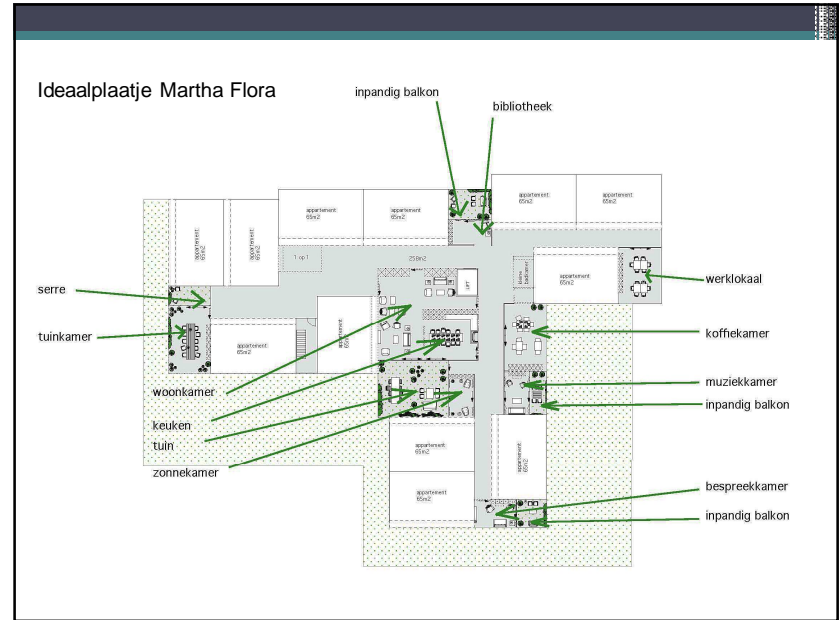
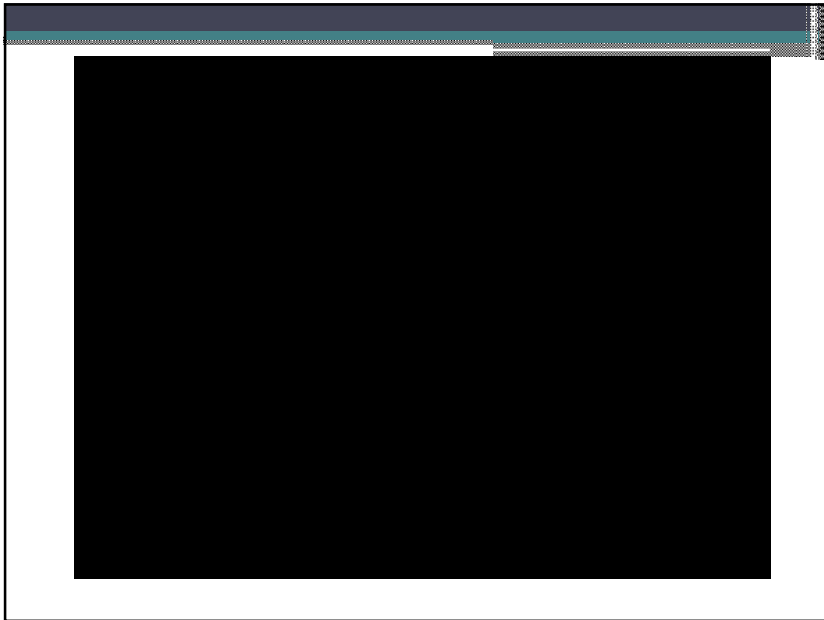


2011
De Hulst
Oterleek

- Four care homes for 6 people with dementia
- Daycare
- Guesthouse for 5 people with dementia



2010
Klein Suydermeer
Zuidermeer





November 2013
Martha Flora
Den Haag

The regulations

- Quality standard for long term care
- Quality of staff
- To reduce risks: behaviour, medication, nutrition issues, incontinence, falling etc.
- It is focused on the reality that is written down, not on what is daily practice
- It is about reducing risks...not on improving quality of life

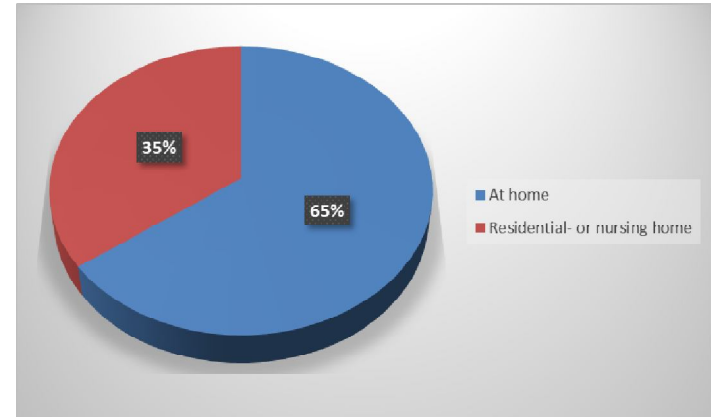
From a caring government

to

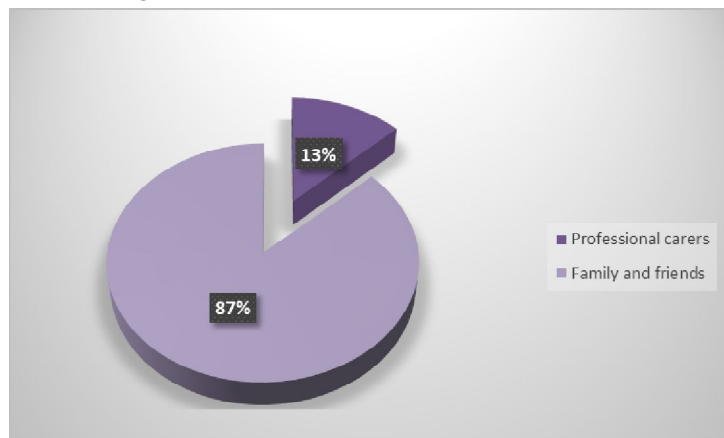
a participating society



Where do people with dementia live?



Who's caring at home?



Thuis wonen met dementie

◀ Naar de beginpagina

- WOONKAMER
- KEUKEN
- TOILET
- SLAAPKAMER
- BADKAMER
- GANGEN & TRAPPEN
- BESTAANDE WONING
- **NIEUWBOUW**
 - ◁ Inrichting
 - ◁ Apparatuur
 - ◁ Licht, lucht, geluid en warmte
 - ◁ Bouwkundige aanpassingen
- EXTRA INFORMATIE

Zoeken Help Contact Lettergrootte: normaal, groter, grootst

U bent hier: Beginpagina > Nieuwbouw >

Nieuwbouw

In de hele woning kunt u aanpassingen doen om iemand met dementie en de partner of andere gezinsleden te ondersteunen.


Bij nieuwbouw, of bij grote verbouwingen, kunt u hier in de ontwerpfase al rekening mee houden. Dit biedt kostenvoordelen, omdat aanpassingen achteraf meestal lastiger te realiseren zijn en daardoor vaak duurder uitvallen.

U vindt hier informatie over oplossingen die u bij nieuwbouw al in de ontwerpfase kunt meenemen. Het gaat om aanpassingen die het wonen ondersteunen wanneer sprake is van mobiliteits-, oriëntatie-, perceptie- of geheugenbeperkingen en die het comfort en de veiligheid vergroten.

De informatie is als volgt ingedeeld:

- [Inrichting](#)

[Print deze pagina](#)



Model van een woning voor mensen met dementie

Model Home Dementia


TECHNOLOGIE
THUIS · NU!

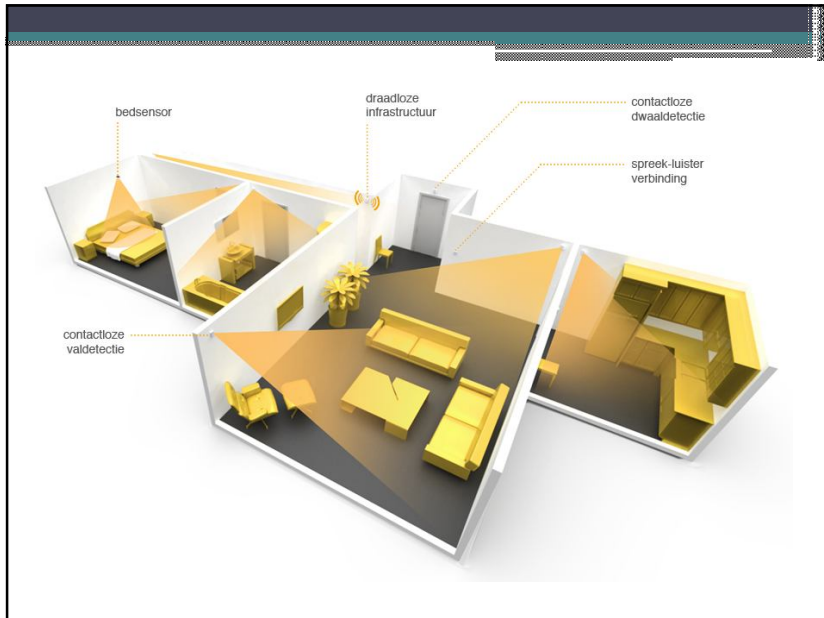


**OT
IB**

a
alzheimer
nederland

Unattended Autonomous Surveillance



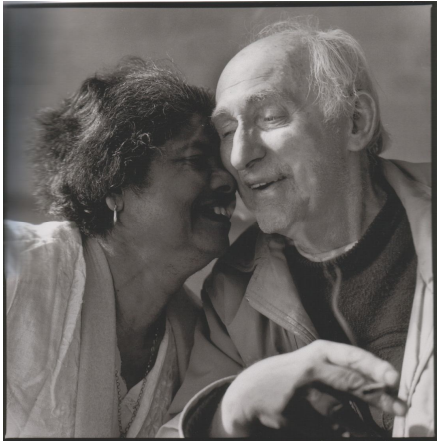


Caring communities

- combination of healthy people and people with dementia
- lower rents in exchange for providing support and care
- common facilities for elderly and families with young children
- freedom to walk around in the neighbourhood



Quality of life

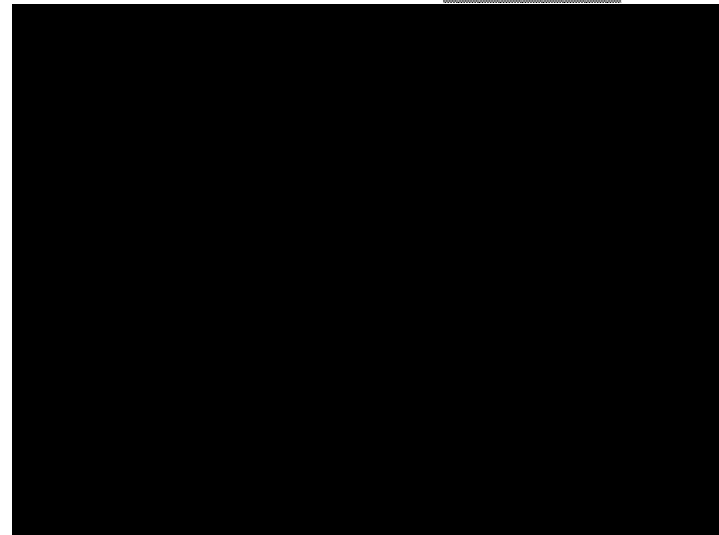


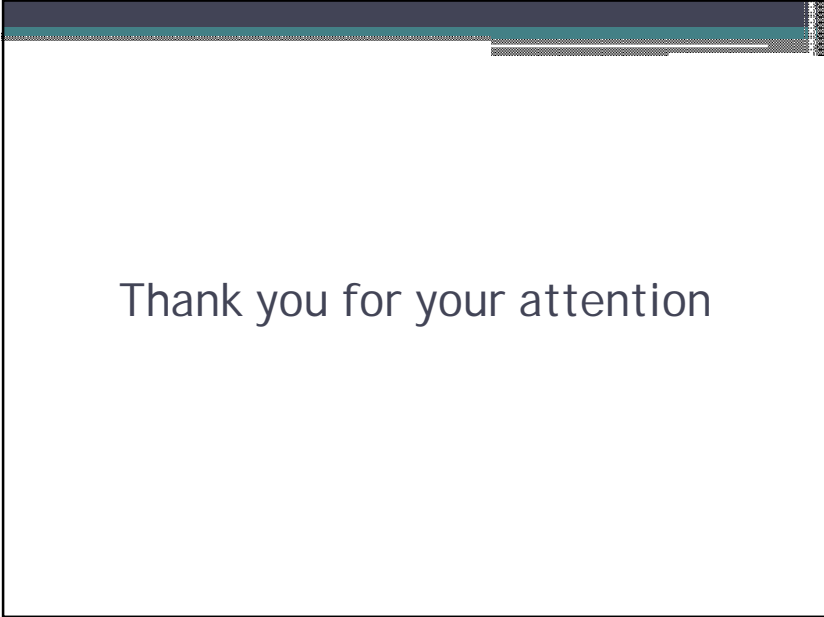
Summary



- focus on knowledge and understanding of dementia
- focus on support for people with dementia and their informal carers at home
- focus on support of technology
- built a variety of care homes with attention for the cultural background and habits of the individual
- with as much personal freedom as possible

**This kind of care should be avoided
at all cost in Canada**





Thank you for your attention