De Hogeweyk
A vision and the outcome: De Hogeweyk

Eloy van Hal - Facility Manager De Hogeweyk

- A change of vision on care for people with a severe dementia
- De Hogeweyk: (backstage) a nursing home organization
- Scientific Research and Results

De Hogeweyk

“Living as usual in small groups with lifestyle for people with severe dementia”
De Hogeweyk

Dementia - what we knew and what we saw happening

- A traditional nursing home organization confuses the resident with severe dementia on a daily basis
- The resident with severe dementia needs situations he can overlook
- The resident with severe dementia needs support to live his life as usual
- Living together with strangers can be good if those strangers have the same lifestyle, can become friends
- Dementia causes fear, depression, restlessness and aggression. Our behavior and the environment can influence those symptoms.
The vision on living, wellbeing and care

- Ageing in place: 85% of all people with dementia (in the Netherlands).
- For those other 15% we offer and support living, care and wellbeing (lifepleasure’s).
- Living in a normal home with in a normal household, together with others who have the same lifestyle.
- Living his or her individual life in this home and outside

Living a life as usual
De Hogeweyk

• you must feel -> tour ....
• YouTube, CNN, BBC etc.
• Nursing home funded by NHS (public, not private)
• 23 homes for 6-7 (PG) residents
• 152 residents with severe dementia
• each home run their own household
• 7 lifestyles
• neighborhood facilities
• streets, gardens, squares
From vision to practice: The Method

- The Hogeweyk is the first implementation according to this concept.

- The principles of this concept are incorporated in The Method. The 6 pillars of The Method are the framework for implementing the concept.

- The Method is based on an integrated product (living, wellbeing and care).

- Each pillar is an essential part of the concept. All six are equally important.
Pillar : The favourable surrounding

Living life as usual, in a normal house, with a normal household.

- Where confusion is minimized
- Where life has a normal human scale, living together in a small group with the same lifestyle
- Where the resident is supported by professionals to cope in daily life as usual
Pillar: The favourable surrounding

- A house with a front door, a living room and a kitchen
- A house with your own bedroom
- A house that is furnished in the style of your own home
- A house where the household is done according to your own ideas: cleaning the house, washing and ironing the clothes, preparing the meals
- A house with a daily routine according to your own ideas.
- A small group: 6-7 in each house
- Outdoor space: streets and gardens to walk in and to be outside
Pillar: The favourable surrounding

- 23 houses, 17 designs
- Supermarket, restaurant, café, hairdresser, a theater and rooms for social life meetings
- Parks, gardens, squares, alley, streets and lanes, a fountain, a pond, etc.
- Art-exhibitions
- Total of 15,310 m², 50 % of the property is outdoors, 50 % is built environment
Pillar: The favourable surrounding

- All employees and all volunteers know how to support a person with dementia in experiencing daily life.
- The exterior and the interior design support the person to understand where he is and what is expected of him.
- De Hogeweyk is accessible for everybody, the façades are the safe guard to the “unsafe” world outside.
Pillar: Life's pleasures and meaning of life

- A social life: meeting others in the pub, restaurant or as a member of a club (35 different clubs)
- Concerts in theater
- Daytrips
- Enjoying a walk in the fresh air
- Daily shopping in the supermarket
- The freedom to wander around
Theater
Restaurant
Pillar: Health

- Experiencing health and the quality of life are leading
- Medics/ therapists to support quality of life
- Balance in life: wellbeing, living and health
- A social-relational system instead of a medical system
- Quality of life is our goal, as long as the extensive program in search for the cure of dementia is going on
• ‘Quality of life’

QUALITY OF LIFE of people suffering from dementia

Individual factors:
- Happiness
- Health
- Medication
- Self esteem

Environmental factors:
- Caring relationships and social structure
- Feeling at home
- Having something to do
- Independence and autonomy
- Esthetics
- Physical environment

Culture & Tradition
Family & Community
Personal Freedom
Surroundings

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
Pillar: Lifestyle

Lifestyle for people with dementia?

Yes!

A person with dementia is the same individual as before the dementia.

**Lifestyle is**: surroundings, environment, interior design, social behaviour, daily routines, preparation of the meals, norms and values.
Motivaction’s segmentation model of the Western European population based on social values

- Dementia occurs in all social milieus
- Therefore clients living in De Hogeweyk are a reflection of all kinds of (elderly) people in Dutch society.
Motivaction’s approach: beyond sociodemographics

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<tr>
<td>House</td>
<td>Villa in LA</td>
<td>Apartment in Manhattan</td>
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Socio demographics

Norms & values
Pillar: Lifestyle

- Your norms and values are the basis of your lifestyle.
- Everybody decides on norms and values in your 20’s.
- Living according to your lifestyle validates you as a person.
- Lifestyle is what you eat, what you read, what religion means to you or how you communicate with others.
- Lifestyle is who you are.
Methodology

- Grouping elderly people who share the same social values and lifestyles
- Based on criteria and data in the Mentality-database of the Dutch population

Outcome: 7 lifestyle profiles in ‘de Hogeweyk’

1. Urban (‘Stads’): open, outgoing, talkative
2. Traditional (‘Ambachtelijk’): traditional, handicraft, mashed potatoes
3. Homy (‘Huiselijk’): traditional, cozy, household work
4. Indonesian (‘Indisch’): tradition, nostalgia, Indonesian food
5. Upper class/ well-to-do (‘Goois’) manners, classical music, high tea
6. Cultural (‘Cultureel’): the arts, wine, vegetarian meals
7. Christian (‘Christelijk’): sober, religious music, praying
Pillar: employees and volunteers

- Employees and volunteers know the vision and apply it in their work. They work independently on basis of the vision.

- Volunteers are fully fledged and equivalent colleagues.

- A volunteer always works under the direction or the indirect supervision of an employee who is responsible for his or her work.
Pillar: employees and volunteers

- Introduction day
- Learning on the job
- Workshops, Theme weeks
- Coaching on the job
The team in the house

1 Team in every house (6/7 residents)

Each team exists of 6-8 employees

- Professional caregiver (level 3): 7.00 am – 10.30 pm (2,9 fte netto)
- Assistant (level 1-2): 8.00 am – 1 pm (0,97 fte netto)
Living, wellbeing and care

Caregivers are responsible for:

- Daily care
- Nutrition
- Health
- Input for the life/careplan

Based on the vision of De Hogeweyk
The team in the house

Every team has a “First Responsible Caregiver” (EVV-3) who is responsible for the life/careplan, and the coördination of living, wellbeing and care for each resident.

Input:
- all professionals who are involved with the resident
- the team
- the family

The life/careplan is a signed understanding between the family and the organization.
The team in the house

Daily support for the team:
- Support by a nurse when needed
- Support by a geriatric/GP or psychologist when needed
- Support by a physiotherapist when needed, etc.
- Support by a social worker when needed
- Support by occupational therapist when needed, etc.
- Support by the night team and caregiver level 2

All are employed by De Hogeweyk
Support for the team

Challenging behaviour

1. Team meeting
2. Help/observation by social worker
3. Plan by social worker (level 5), psychologist and doctor
4. Contact with the family of the resident
5. Registration of the plan in the residents life/care administration
The levels of education

- Level 1 - 1 years of education. Assisting to a professional

- Level 2 - 2 years of education. Assistant in daily care

- Level 3 - 3 years of education. Caregiver with permission to perform certain technical nursing activities/ medicine

- Level 4 - 4 years of education. Specialised Caregiver/nurse.

- Level 5 - 5 years of education. Specialized nurse with management qualifications
Residents, employees and volunteers in De Hogeweyk

- 152 residents
- All kinds of dementia
- Only residents with severe dementia: in need of care 24/7
- 291 employees: 167 fte, including social workers, therapists, doctors, etc.
- 140 volunteers
Pillar : the organisation

- The vision is leading for all policy and the organisation structure.
- Finances and procedures are adapted to the vision.
- Nursing home care: back stage
- Living life as usual: front stage
- All professionals work together to integrate all aspects of life for the resident
- The professional is in service of the resident to experience a normal life and health
- Organization: wellbeing, living and health
• Operationalizing rehumanization

Guiding principles

(1) Deinstitutionalize
(2) Transform
(3) Normalize
• 1) Guiding principles – deinstitutionalize
• 2) Guiding principles – transform
3) Guiding principles – normalize
Financial model – social security system

• Every Dutchman pays taxes for the social security system
• The system provides long-term care for chronic conditions on basis of an indication
• Indication is given by an independent committee
• The indications for De Hogeweyk are: “severe dementia” and “severe dementia with psychiatric aspects”
• De Hogeweyk is a nursing home
• The residents pay to the state an amount according to income
Financial model

- The Dutch social security system provides the budget
- The budget is ± € 5800,- per resident per month
  - All personal: caregivers, nurses, doctors, paramedics, administration, cleaning, management and staff
  - All housing costs: real estate, maintenance, energy costs, etc.
  - All food costs: food and drinks
  - All care and cure products: medicines, incontinence materials, syringes, etc.
  - Activities for each resident, 30 minutes per week
De Hogeweyk concept reverse engineered

Practice → Research based validation → Methodology & Blueprint
The development of the concept in the traditional nursing home building

• 1993 – 2007
  - A few technical adjustments in the building, a kitchen for every group of residents, a normal household
  - Create a supermarket, a theater, a pub and a restaurant, etc.
  - Create freedom in safety for the residents
  - Research on lifestyles
Designing Dementia Village: financial model

Input: Vision on quality of life

Modular Optimization

Translate

Variable Parameters

Fixed Reference Data

Calculate

Output: Sustainable Business model + Quality of Life
Scientific research?

Scientific Research has shown the positive influence on the brain by, for example:

- Exercise
- Fresh air and day light
- View of nature
- Social contacts
- A pleasant atmosphere and a set table on the appetite of people with dementia
- Care for people with dementia in small groups
Scientific research?

Positive effects care for people with dementia in small groups

- On the brain / agitation
  - Exercise
  - Fresh air and day light (van Hoof et al., 2009)
  - Social contacts (Lawton, 1997)
  - Pleasant physical surroundings (Zeisel, 1999)

- On the appetite
  - A pleasant atmosphere
  - A set table

- On employee satisfaction (Verbeek et al, 2010)
Results

- High satisfaction score among residents and family
  (8.9 on a scale of 10)
- High satisfaction among employees
  (7.6 on scale of 10)
- High satisfaction among volunteers
  (7.6 on a scale of 10)
Results

- No nursing home stigma, but a sense of normal life.
- No bedridden residents since 1993
- Decrease in aggression by an increase in:
  - Space to walk around
  - Fresh air
  - Exercise
  - Day light
  - Freedom
Shoot the bears!!

- Institutionalised nurses, therapists, social workers
- Institutionalised organisation
- Family members have learned to think in medical and care terms
- Inspection and Health Care Officials think institutionally
- Finances
- Traditional nursing home architecture

Explore the boundaries, discuss the intention of the law, find the human scale
De Hogeweyk
“Living as usual in small groups with lifestyle for people with severe dementia

“Our solution is to let people have normal lives”

Jannette Spiering, managing director

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