Service Structures in Dementia

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Innovate Dementia

Networks

Structure → Content

Structure → Organisation

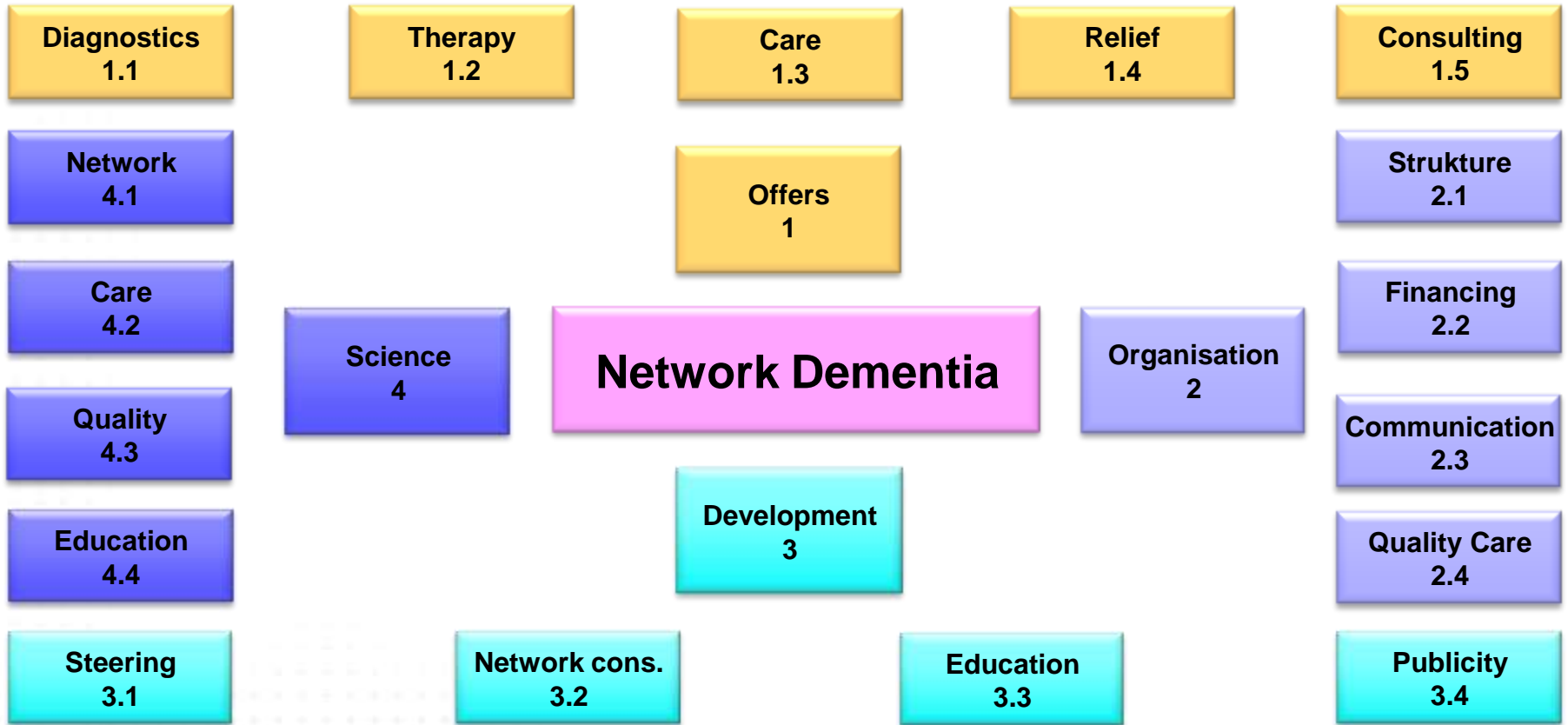Function for people → Processes for users

Function for people → Processes for providers

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Network content
What is needed?

Diagnostics 1.1	Therapy 1.2	Care 1.3	Relief 1.4	Consulting 1.5

Network 4.1

Offers 1

Strukture 2.1

Care 4.2

Financing 2.2

Science 4

Network Dementia

Organisation 2

Quality 4.3

Communication 2.3

Education 4.4

Development 3

Quality Care 2.4

Steering 3.1

Network cons. 3.2

Education 3.3

Publicity 3.4

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Organisational Networkstructure

Structure Levels

Organisational Levels

1 Person

2 Home

3 Quarter

4 Suburb - City

5 Region

6 Supraregional Structures

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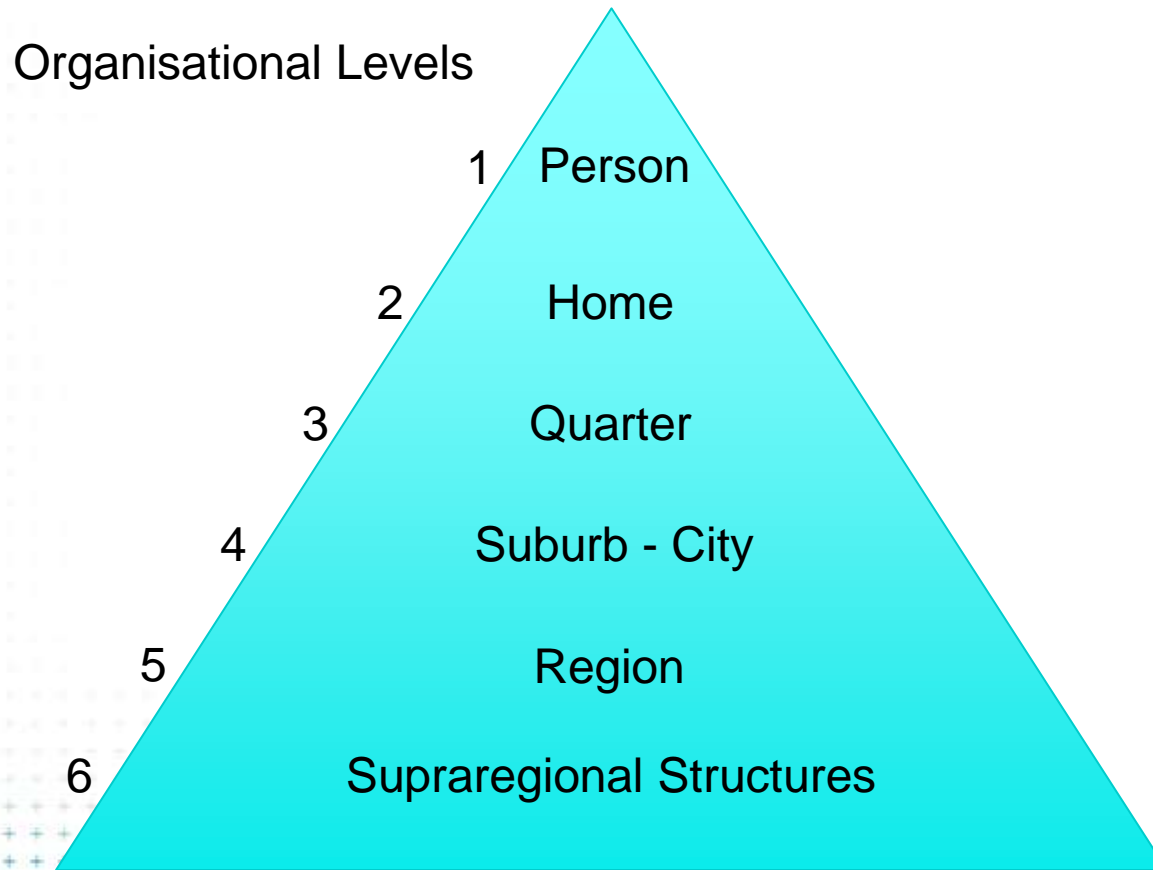
Organisation Levels

1 = Person   **2 = Home**   **3=Quarter**

Person with dementia

Home

Home

Home

Home

Quarter

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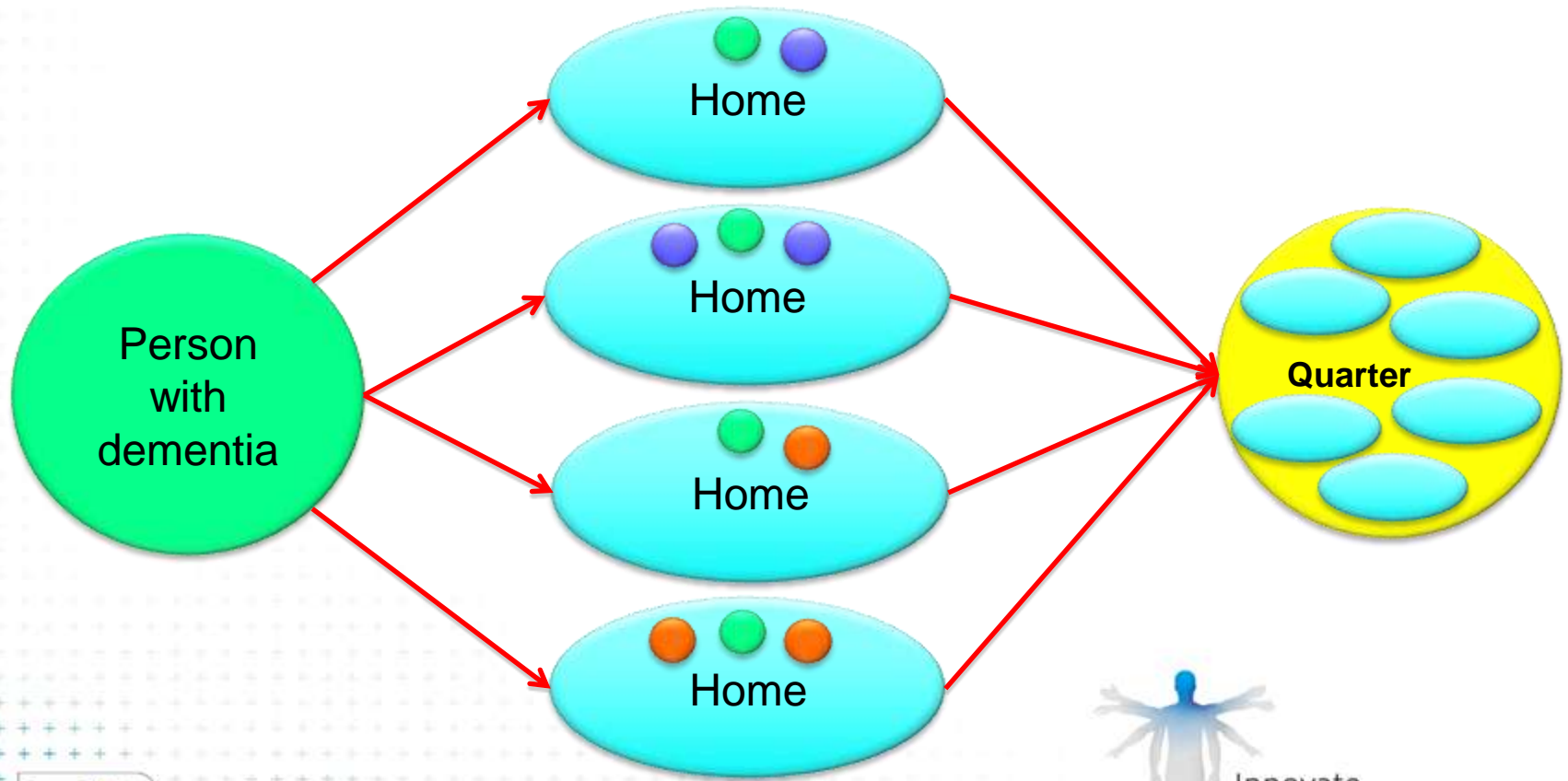
Function: Processes for users at home

Person with dementia

Home

Home

Home

Home

Individual care taking
Spouse, caregivers

Appointment with a barber

With a doctor

Buying shoes

Finding support

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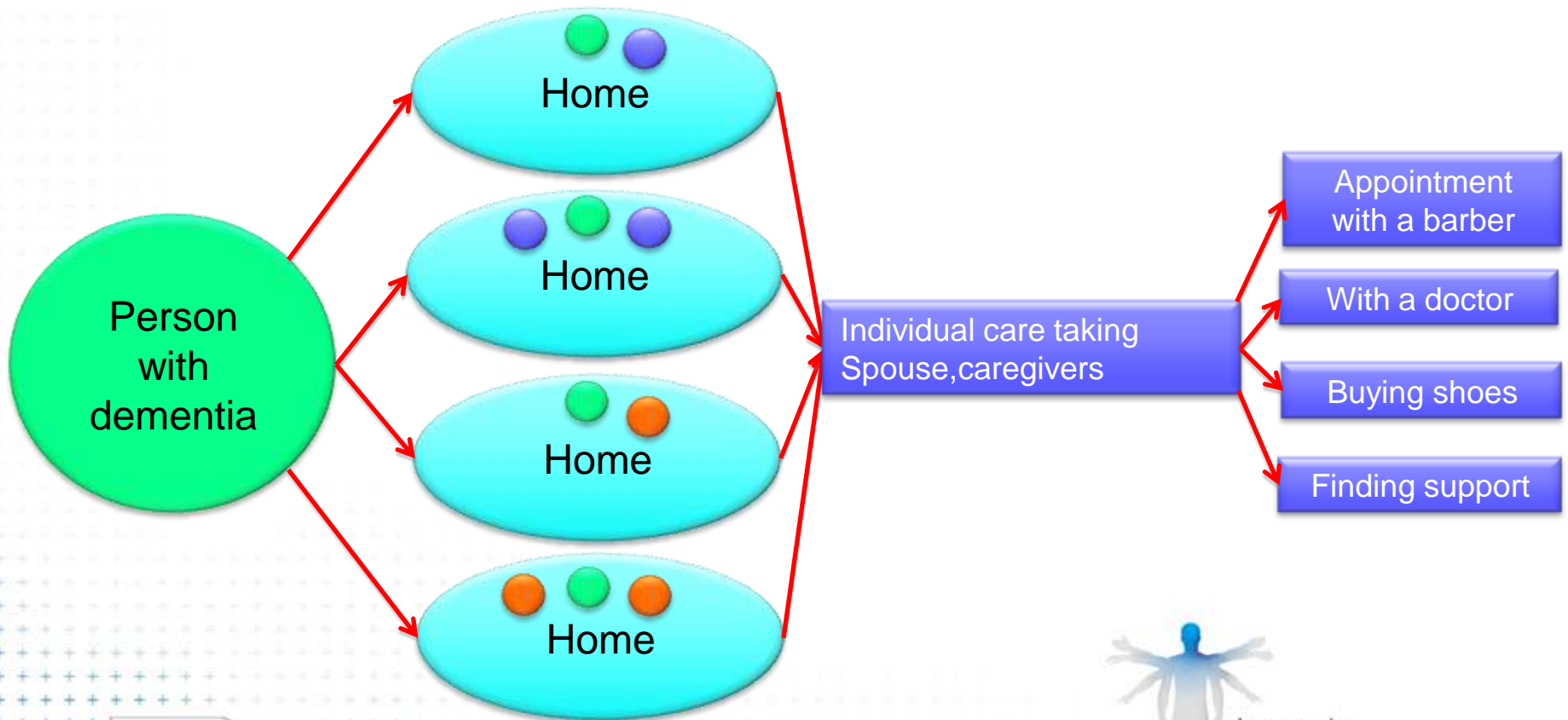
Organisation Level 3
Quarter
Catchment area and reachability

➢ Structure can be defined territorial in a single building or a consortium of different offers in a quarter
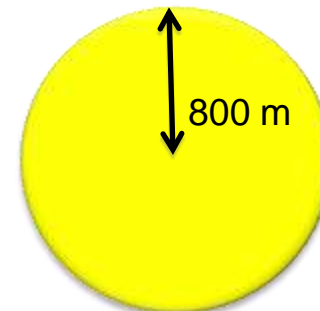
Catchment area

City
Ca. 6000 inhabitants
ca. 2,5 km^2

Urban region
Town > 6000 inhabitants
Quarter as in the city: ca. 2,5 km^2
Town < 6000 inhabitants
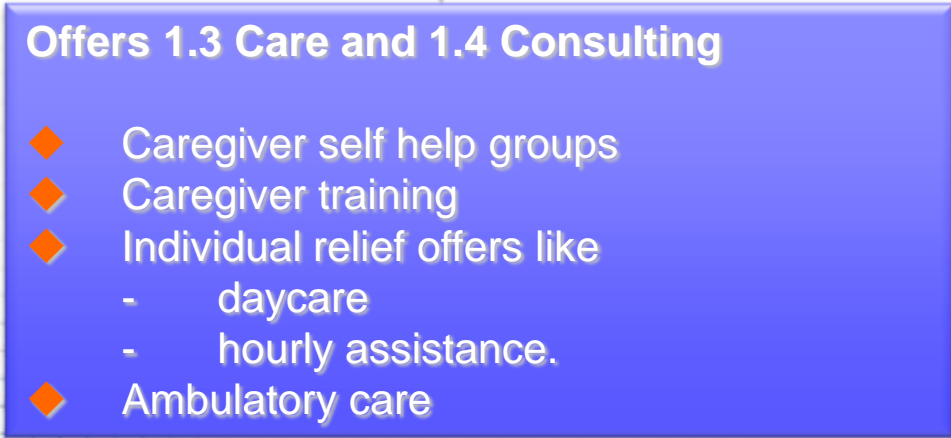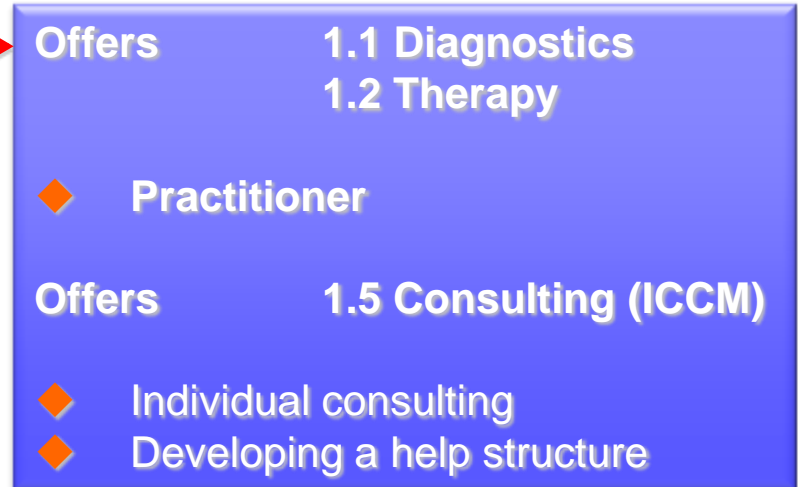Quarter depending on the structures
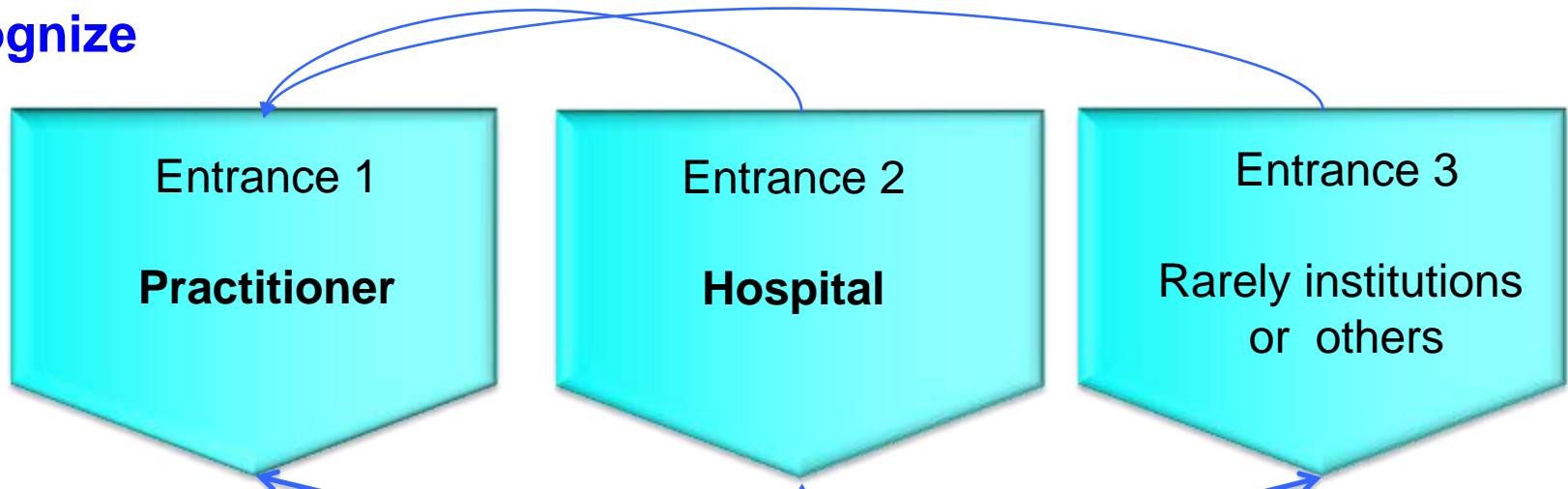
Reachability

800 m

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Function Quarter
Processes for providers: making offers

Quarter
„Quarters-coordinator= ICCM"

Offers   **1.1 Diagnostics**
               1.2 Therapy

◆   **Practitioner**

Offers   **1.5 Consulting (ICCM)**

◆   Individual consulting
◆   Developing a help structure

Offers 1.3 Care and 1.4 Consulting

◆   Caregiver self help groups
◆   Caregiver training
◆   Individual relief offers like
      -       daycare
      -       hourly assistance.
◆   Ambulatory care

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Function Quarter
The way of the user into the network

Recognize

Entrance 1	Entrance 2	Entrance 3
Practitioner	**Hospital**	Rarely institutions or others

Accompanying

Consultant: ICCM
Independent continuous casemanager
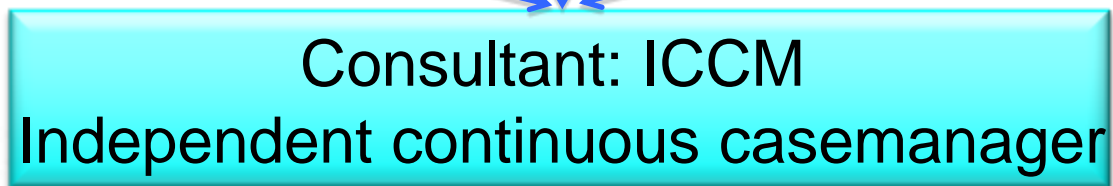
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Organisational Structure

Independent continuous case manager ICCM

Professional Casemanagement with two characteristics:

Continuity

- a person most often a social worker serves as consultant

  over the whole course of the disease

Independency

- ICCM are financed by the providers making offers in a

  quarter

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Organisational structure: practitioner

Function
1. Gate to network

- Most often practitioners work alone and are responsible for more than 1500 different diseases
- They can not take care of every problem that comes along with dementia
- However, practitioners most often receive the dementia signal at first
- Informations concerning the social system are not in his field of competence. A social worker can consult on financial, legal, sozial and care support.

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Organisational Structure as Basis for Communication

The medico-social Team **(MST)**

Interprofessional collaboration will be the solution:

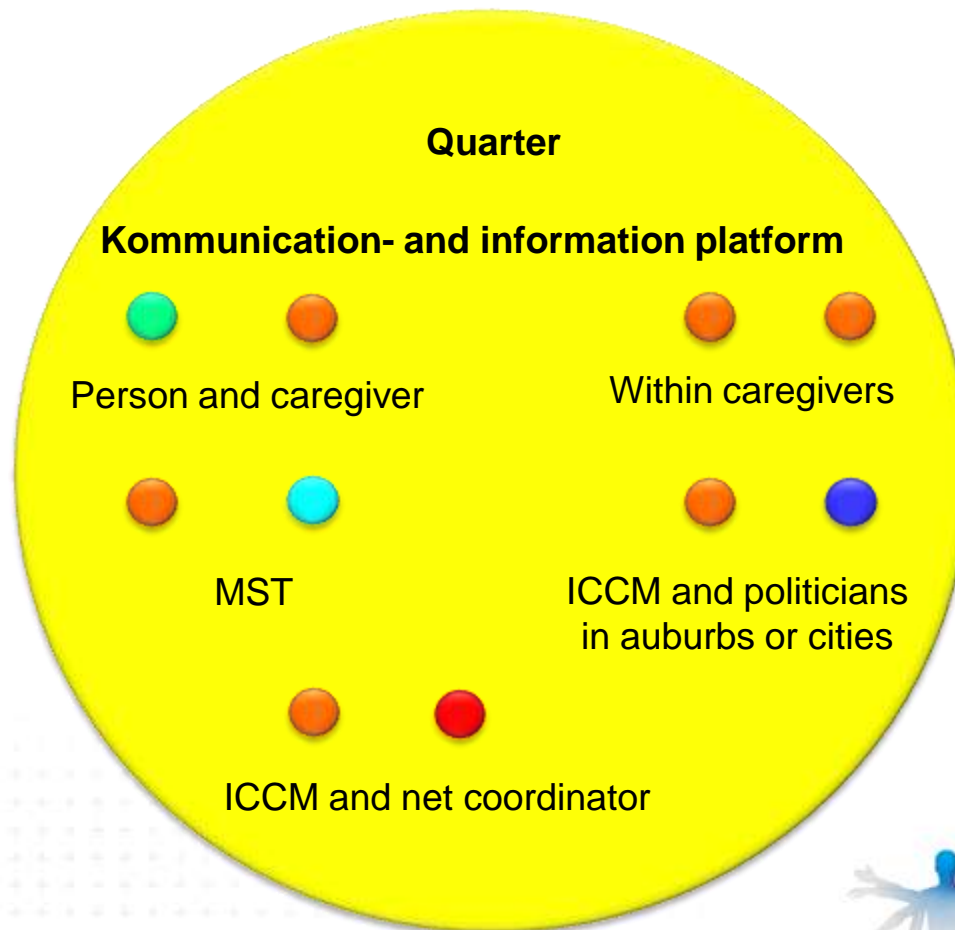| Practitioner + | Social worker | = Medico social Team **MST** |

- ❖ Practitioner and social worker collaborate
- ❖ in the office of the practitioner.
- ❖ The social worker visits the practitioner whenever he will be needed
- ❖ The appointment is made with patients and their caregivers
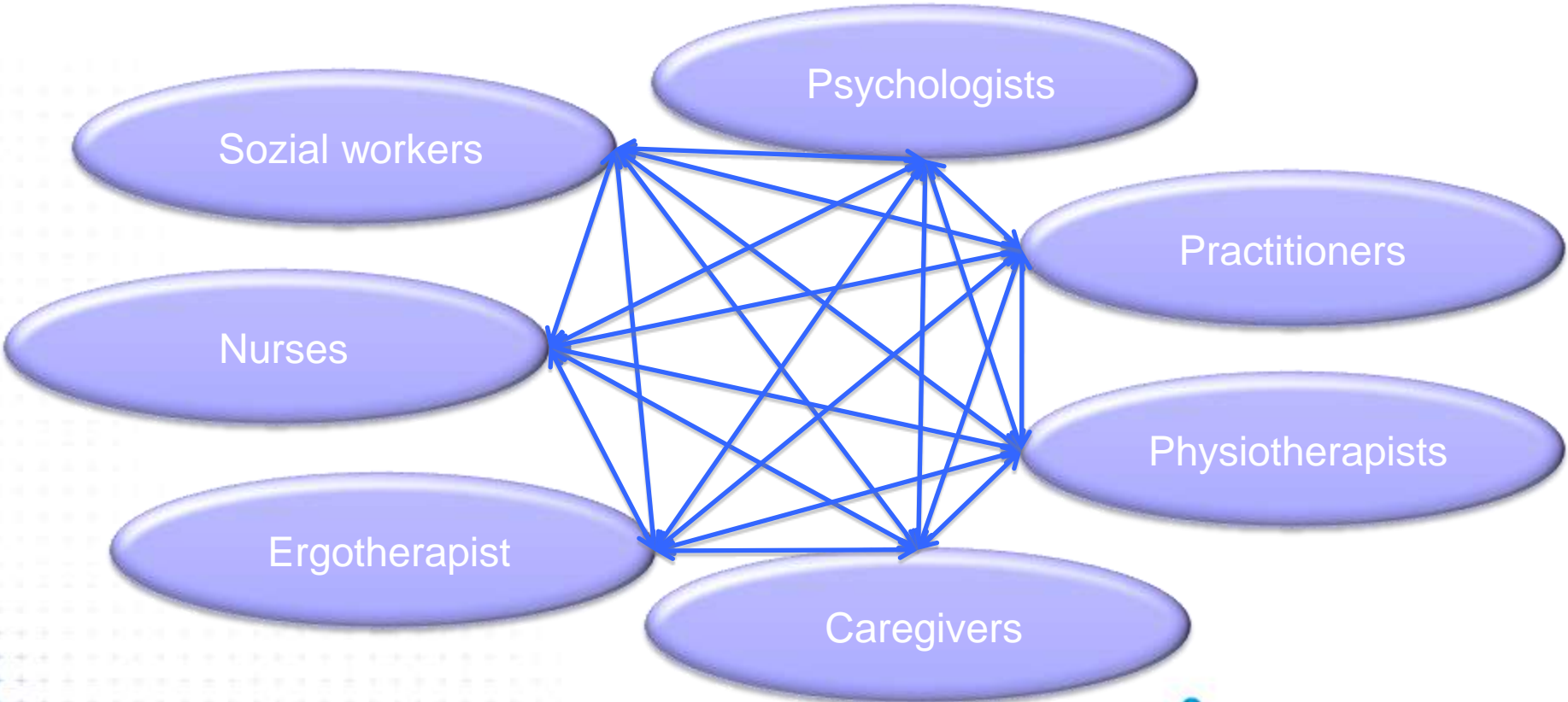
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**Function Quarter
Communicational Platform for Users and Providers**

Quarter

Kommunication- and information platform

Person and caregiver

Within caregivers

MST

ICCM and politicians
in auburbs or cities

ICCM and net coordinator

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Organisational Structure Including All Relevant Professions Collaboration Fosters Communication

Psychologists

Sozial workers

Practitioners

Nurses

Physiotherapists

Ergotherapist

Caregivers

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Organisational Level 4
Suburb, City

Quarter

Quarter

Quarter

Quarter

„Suburb or City Coordinator"
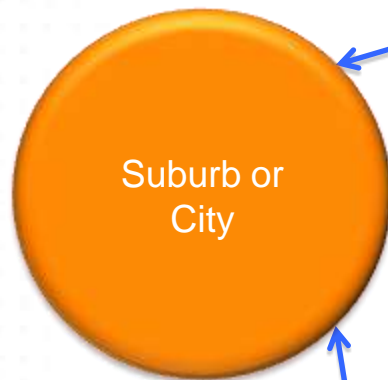
Quarter

Quarter

Quarter

Quarter

Charakteristicum

- ca. 50000 - 150000 Inhabitants

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Function Level 4 „Suburb"
Suburb or City (ca. 50-150000 Inhabitants)

Suburb or City

Communication (Network 2.3)

- ◆ Supervision of professionals of a quarter
- ◆ Caseconferences
- ◆ Teilnahme an Netzwerk (z. B. über PSAG)

Qualitätserfassung (Netzwerk 2.4)

- ◆ Regionale Qualitätsoptimierung
- - Erfassen der Qualität mit validen Methoden (Netzwerk 2.4)
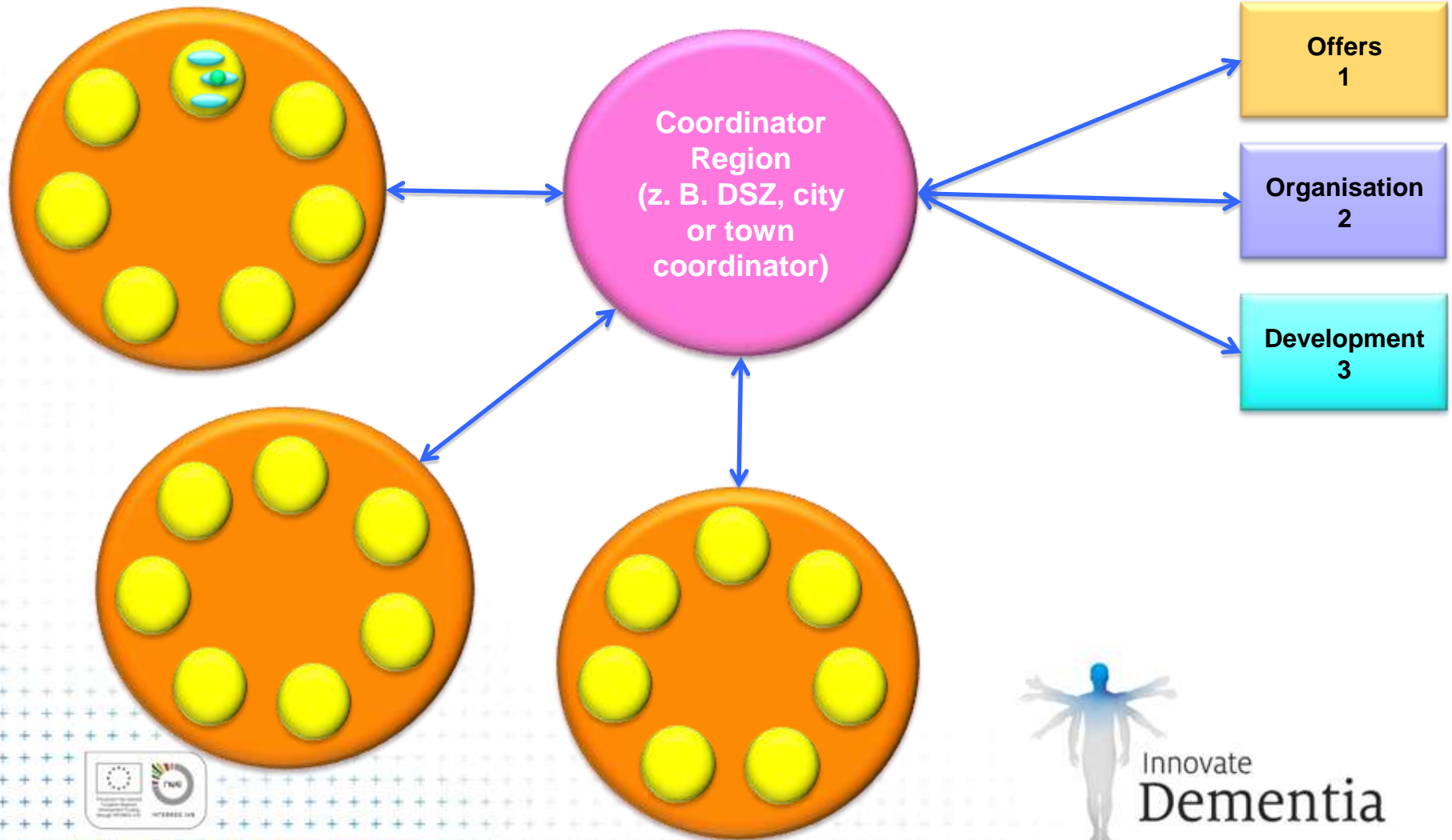- - Besprechung der Ergebnisse
- ◆ Input aus 3.2 und 4 Forschung

Steuerung (Netzwerk 3.1)

- ◆ Weiterentwicklung anhand der Ergebnisse

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Organisational Level 5
Region (ca. 1 Mio. People)

Coordinator Region (z. B. DSZ, city or town coordinator)

Offers 1

Organisation 2

Development 3
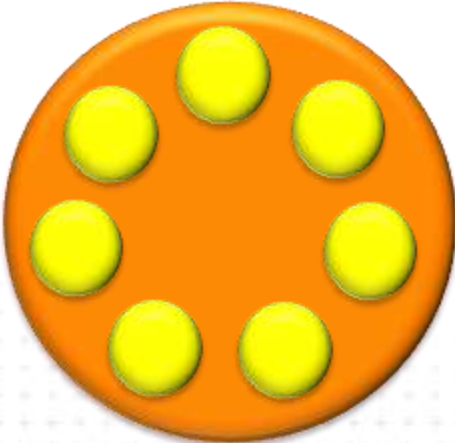
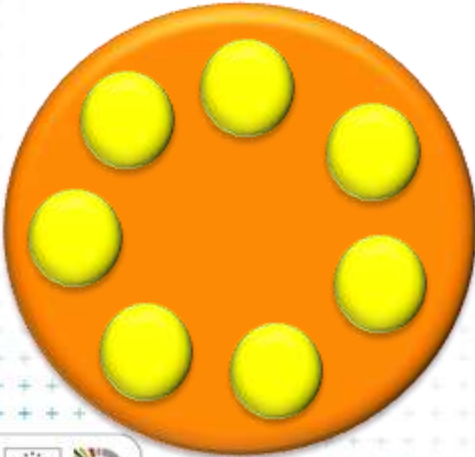Innovate Dementia

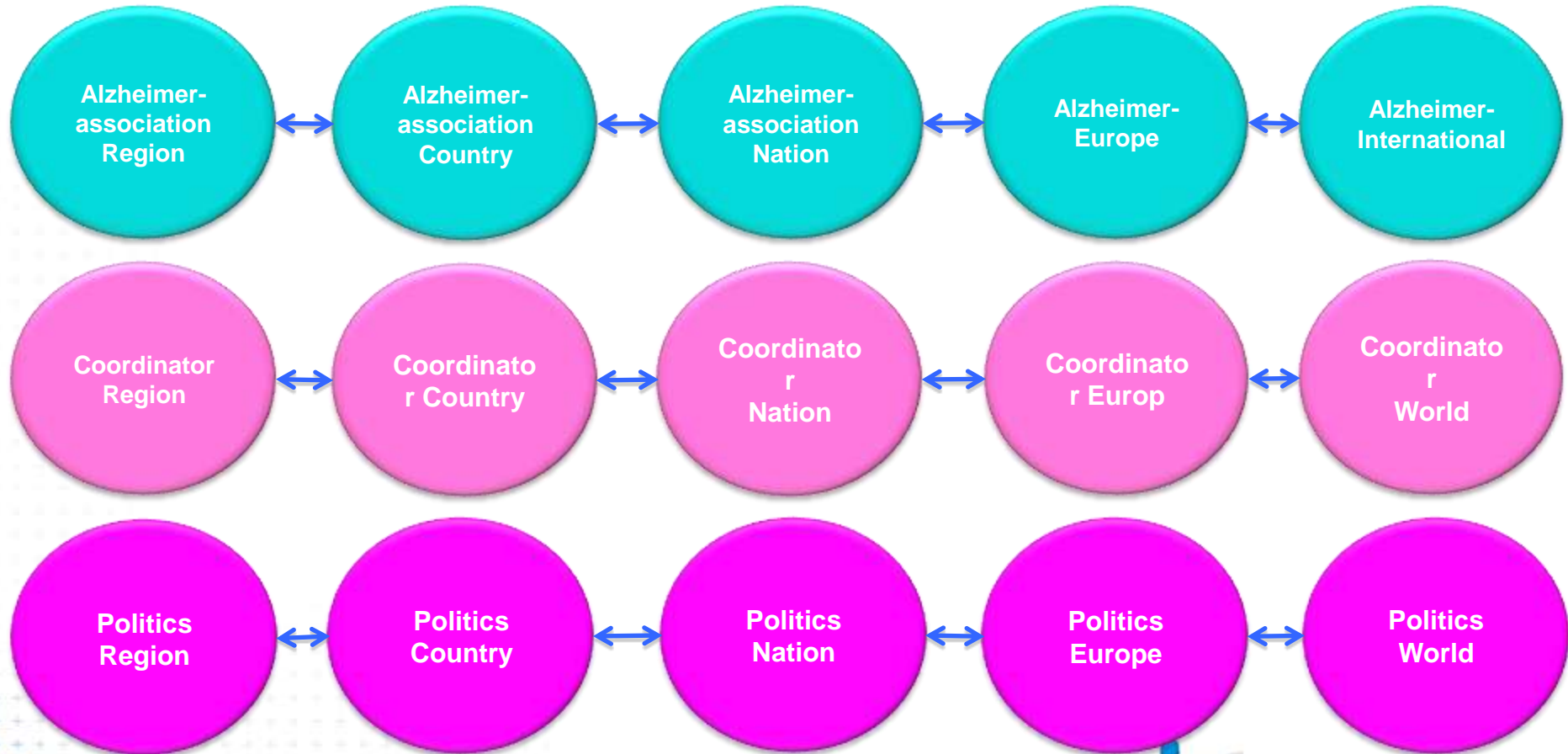© Ihl, 2014

Function Level 5
Region

QC 2.4

- ◆ Periodic Evaluation of structures(i. e. annual)
- ◆ User survey etc.

Steering 3.1

- ◆ Provider agreement on QC and Steering
- ◆ Demand analyses
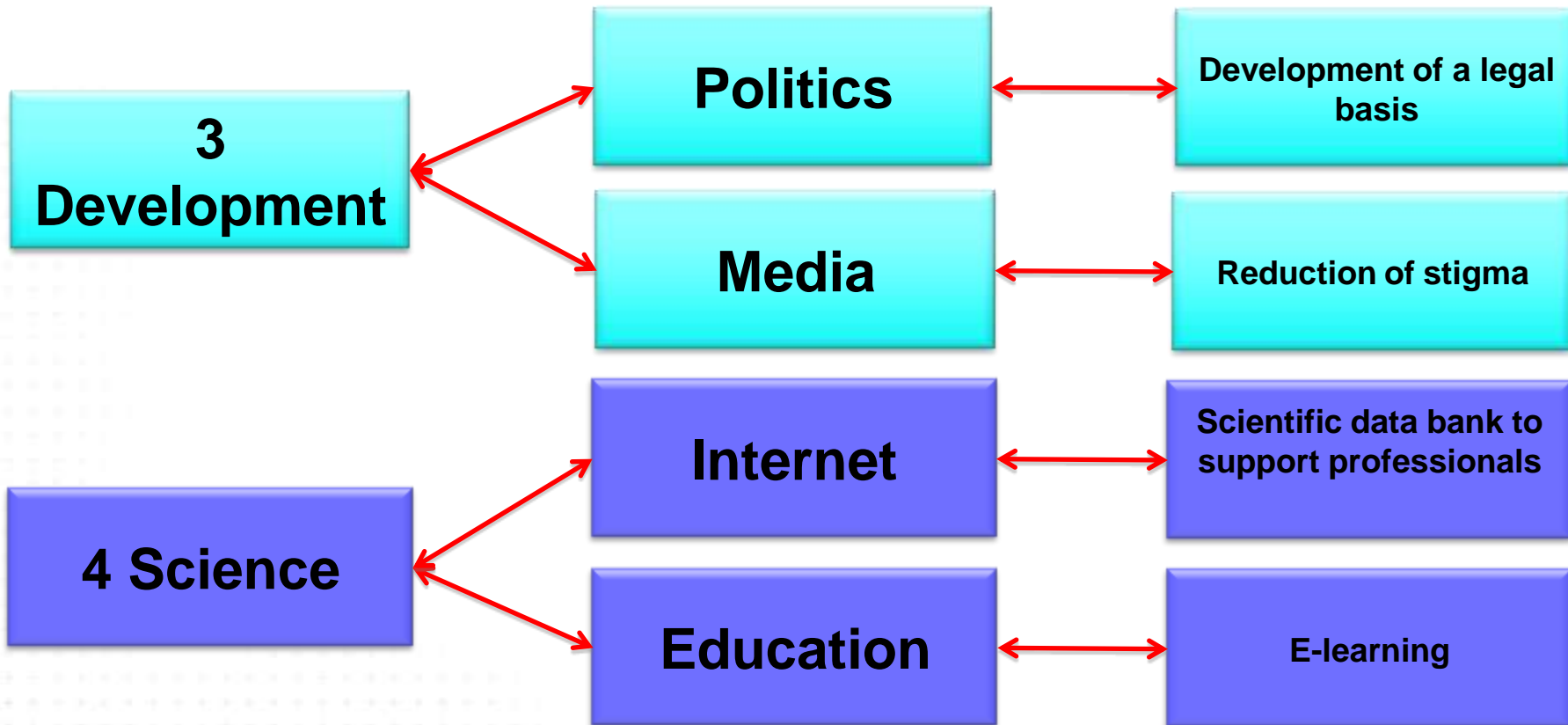- ◆ Adaptation in coordination with regional developments

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Organisational Level 6 - supraregional

| Alzheimer-association Region | ↔ | Alzheimer-association Country | ↔ | Alzheimer-association Nation | ↔ | Alzheimer-Europe | ↔ | Alzheimer-International |

| Coordinator Region | ↔ | Coordinator Country | ↔ | Coordinator Nation | ↔ | Coordinator Europ | ↔ | Coordinator World |

| Politics Region | ↔ | Politics Country | ↔ | Politics Nation | ↔ | Politics Europe | ↔ | Politics World |

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Functions Level 6 Supraregional

Task Examples

3 Development
→ **Politics** ↔ Development of a legal basis
→ **Media** ↔ Reduction of stigma

4 Science
→ **Internet** ↔ Scientific data bank to support professionals
→ **Education** ↔ E-learning
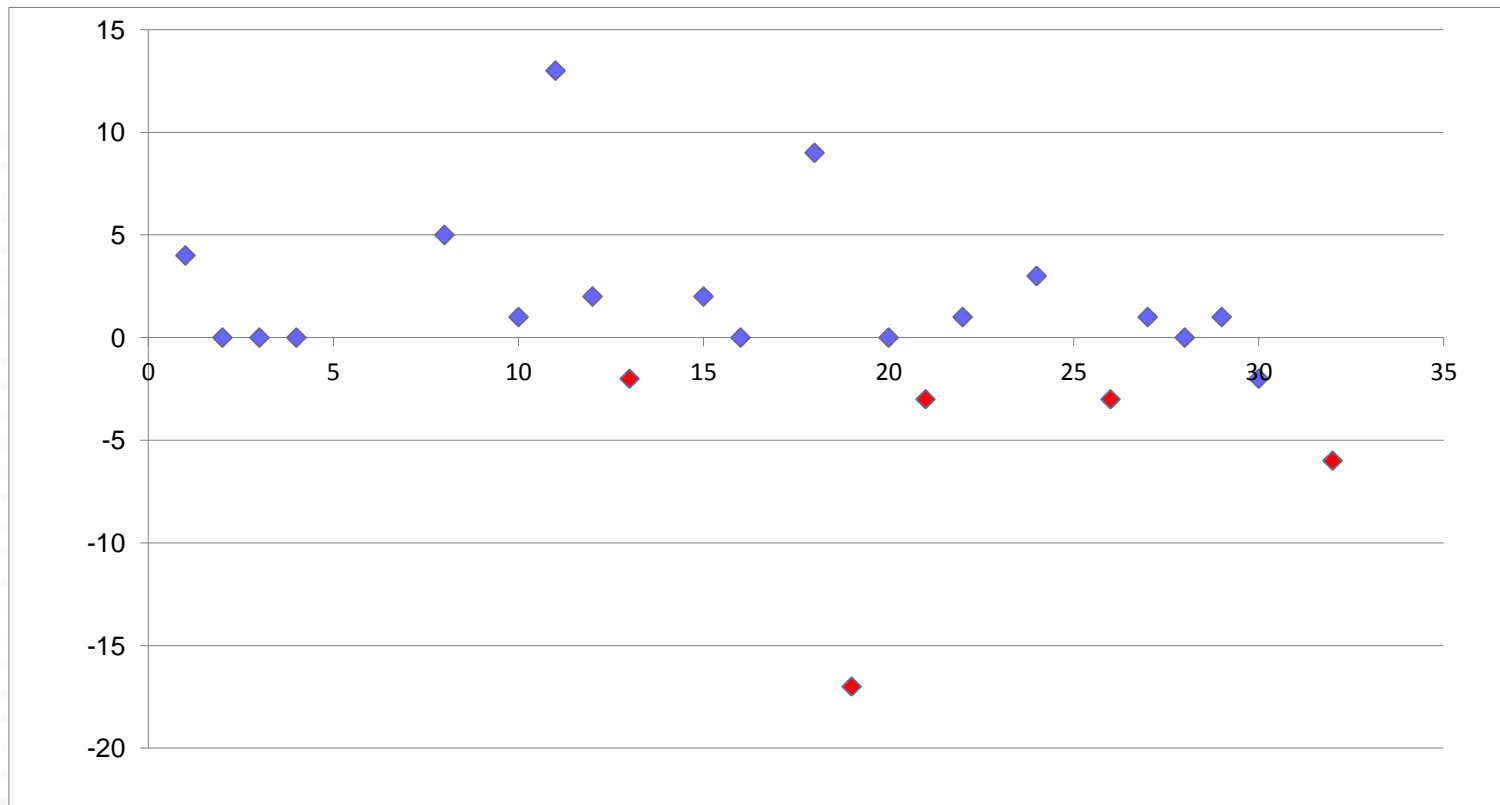
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Development needs Quality
Basic requirements

✓ Most of the professionals are already there

➤ Coordination is missing in nearly all sections

➤ We need coordinators

➤ We need education as well as coordination of the coordinators

➤ In NRW one part of coordination is partially done
   by the Dementia-Service-Centres

➤ Regional and supraregional coordination have not started so far.
   Supraprofessional coordination is missing

➤ In Germany institutionalisation is indirectly supported by law. There
   is a need to optimize financing of ambulatory support

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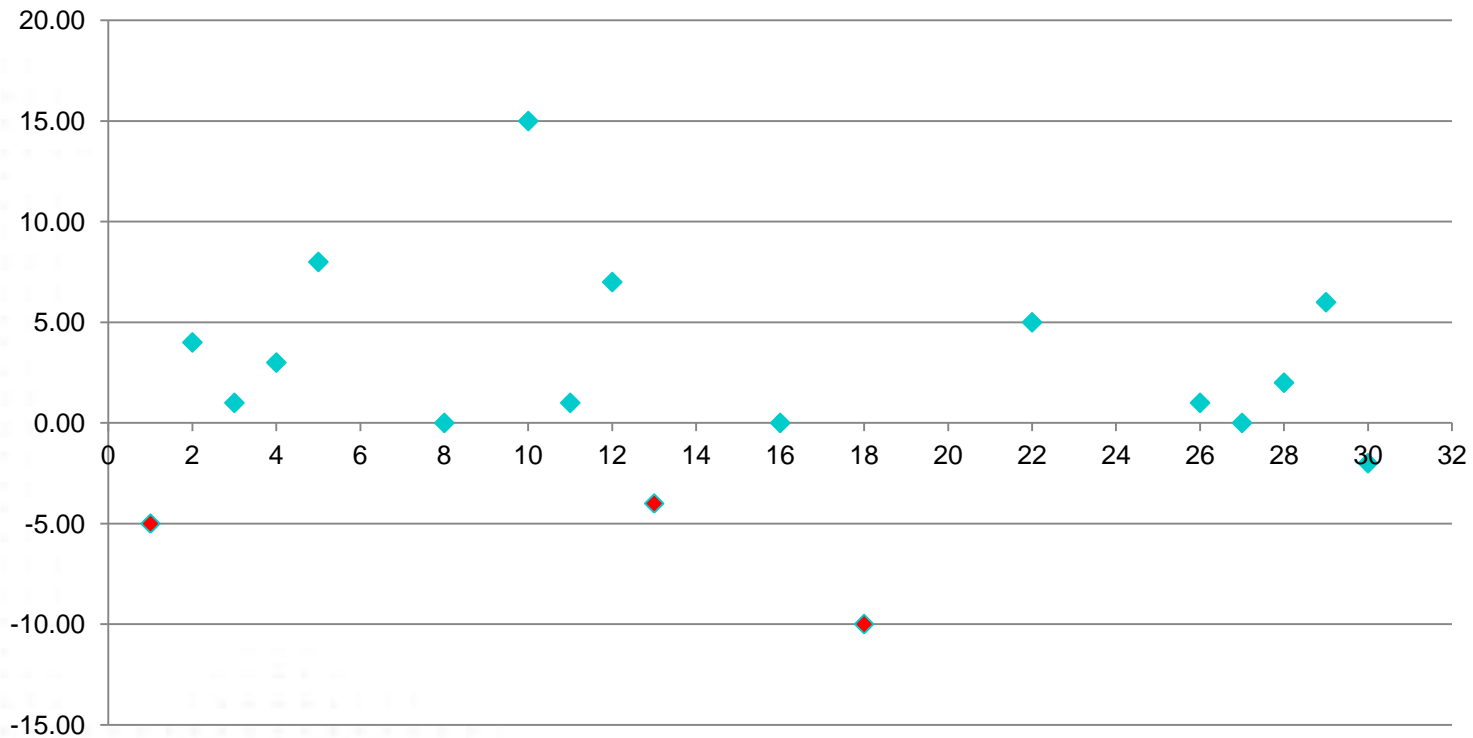# Outcome of the work of the network- TE4D

Alteration in the Test for the Detection of Dementia with Discrimination from Depression (TE4D) after 6 month
N=23, 11 improved, 6 worsened descriptively.

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Geriatric Depression Scale

Thank you for your attention!

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