

## TEMPLATE N°1: IDENTIFICATION OF GOOD PRACTICES BY HOST ORGANISATION

<b>NAME OF HOST ORGANISATION/INSTITUTION</b>	SINT VINCENTIUS, KORTRIJK (B)
<b>TITLE OF THE GOOD PRACTICE</b>	Transition from a medical to a social inclusion model in elderly care
<b>GENERAL OBJECTIVE OF THE GOOD PRACTICE</b>	Improving quality of life of vulnerable elderly people
<b>MOTIVATION FOR CHOOSING THIS GOOD PRACTICE</b>	Scientific research - supported by resident satisfaction surveys, the experiences on the work floor as well as evolving social tendencies - demonstrates that a personal, social and existential approach supersede the medical support in order to complete the final stage of life in a, for the resident, meaningful way.
<b>SHORT DESCRIPTION OF THE GOOD PRACTICE (+/- 500 WORDS)</b>	<p>The results of a research on vulnerable elderly (performed by the “Sociaal en Cultureel Planbureau Den Haag in 2011) prove that the elderly attribute a larger importance to the quality of life (e.g. the living environment, friends as well as free time) over dealing with their medical problems. The “WeDO” initiative (a European project on the life quality of elderly who are in need of long-term medical care) describes how giving meaning is enhanced by the inner force empowered by a contribution of the social network as well as a professional setting with a focus on giving a positive image to elderly care. This is further enhanced by working on an individual basis in small-scale projects. As such an individual approach is the foundation to person-centric care in an agreeable life and living environment.</p> <p>Within our organization Sint Vincentius we have evolved from a setting with 2 large departments to an organization with 6 living units where both the medical and logistical staff is linked to a specific living unit. This allows the staff to create an individual relationship with each of the residents in order to understand their vulnerabilities and needs but also to create opportunities to contribute to the residents wellbeing. Because of this approach we can enable every resident to participate to the daily activities in a way they are comfortable with.</p> <p>Our person-centered approach will reach new levels with our move to our new residential facilities on campus Houtmarkt in 2016. The new construction allows a transition to 10 living units with only 15 residents per unit. This allows for an even more individual approach.</p> <p>Together with the move our intake procedure will also be adapted in order to provide the best care possible. Today we focus mainly on the medical history of the resident; in the future more attention will be given to the social background and experiences of the new resident. An inclusive situation will be further achieved through a temporary stay in a “orientation house” which will allow us to learn who the resident really is.. After this orientation phase and based on his social background, their life story as well as how they perceive meaning, they will be assigned to the living unit that best fits their needs and expectations.</p>
<b>DESCRIPTION OF TARGET GROUP</b>	Elderly at risk
<b>MEANS/METHODS OR TOOLS USED</b>	<p>Learning community</p> <p>Satisfaction surveys for residents as well as staff</p> <p>Appreciative Inquiry</p> <p>Prezo</p> <p>360° feedback</p>

**SKILLS INVOLVED FOR THE CAREGIVERS**

Social/educational skills (agogic skills)

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**ATTITUDES INVOLVED FOR THE CAREGIVERS**

Openness and flexibility to participate in small scale care

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**RESOURCES NEEDED**

Required knowledge and skills, strategy and vision

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**NOTES**