



TRIAD E

Transition from a medical to a social inclusion model in elderly care

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Erasmus+

GENERAL OBJECTIVE

SWOT analysis of
the medical model

Create support of
vision in all levels
of an organization

Improve quality of
life of vulnerable
elderly people

SWOT ANALYSIS MEDICAL MODEL

Strengths

- Expertise and knowledge about disease
- Clear roles for everyone

Weaknesses

- No inclusion, people become to live where's place in elderly care
- Less involvement of family, caregiver

Opportunities if no medical model

- Sharing of knowledge and expertise
- Inclusion of elderly people based on existential, social, personal needs
- More involvement of family, caregiver
- Increasing quality of life

Threats

- No attention for the human behind the disease
- Everyone becomes equal

WHY THE CHOICE FOR THIS TRANSITION?

- ✘ Results of scientific research
- ✘ Results of resident satisfaction surveys
- ✘ Experience on the work floor
- ✘ Social tendencies
- ✘ Collaboration with vzw Den Achtkanter (beyond good practice!)

HOW CAN WE REACH ALL LEVELS?

residents

- Listen to our residents daily, both individual as in group
- Create an atmosphere where there is room for hospitality and healing environment
- Inclusion not based on disease but with attention for social network, social and existential needs
- Large departments become small living units for 15 residents

employees

- Listen to our residents daily, both individual as in group
- A clear vision with emphasis on ethics
- Experience built by empathy sessions (sTimul)
- Employee friendly policy

organisation

- Project partnerships with vzw Den Achtkanter, HoGent concerning quality of life
- Project partnerships with other participants in elderly care
- Development of a vision on small scale living and its benefits
- Organisation of a learning community

WHAT ARE THE CONDITIONS FOR SUCCESS?

- ✘ Only when all parts work together,
- ✘ the puzzle fits !



CREATING A NEW HOME FOR 154 RESIDENTS

- ✘ Residents are submerged in a vision that departs from existential, social, personal needs in stead off disease
- ✘ Employees are submerged in a vision that departs from other skills in stead off medical skills
- ✘ End of 2016, we're moving to a brand new home for 154 residents where elderly vulnerable people live together in communities of 15 residents, with a focus on possibilities rather than difficulties.
- ✘ The soul of an organization is determined by the people who live and work there. A good atmosphere within a home improves the quality of life. This approach supports a meaningful final stage of life.

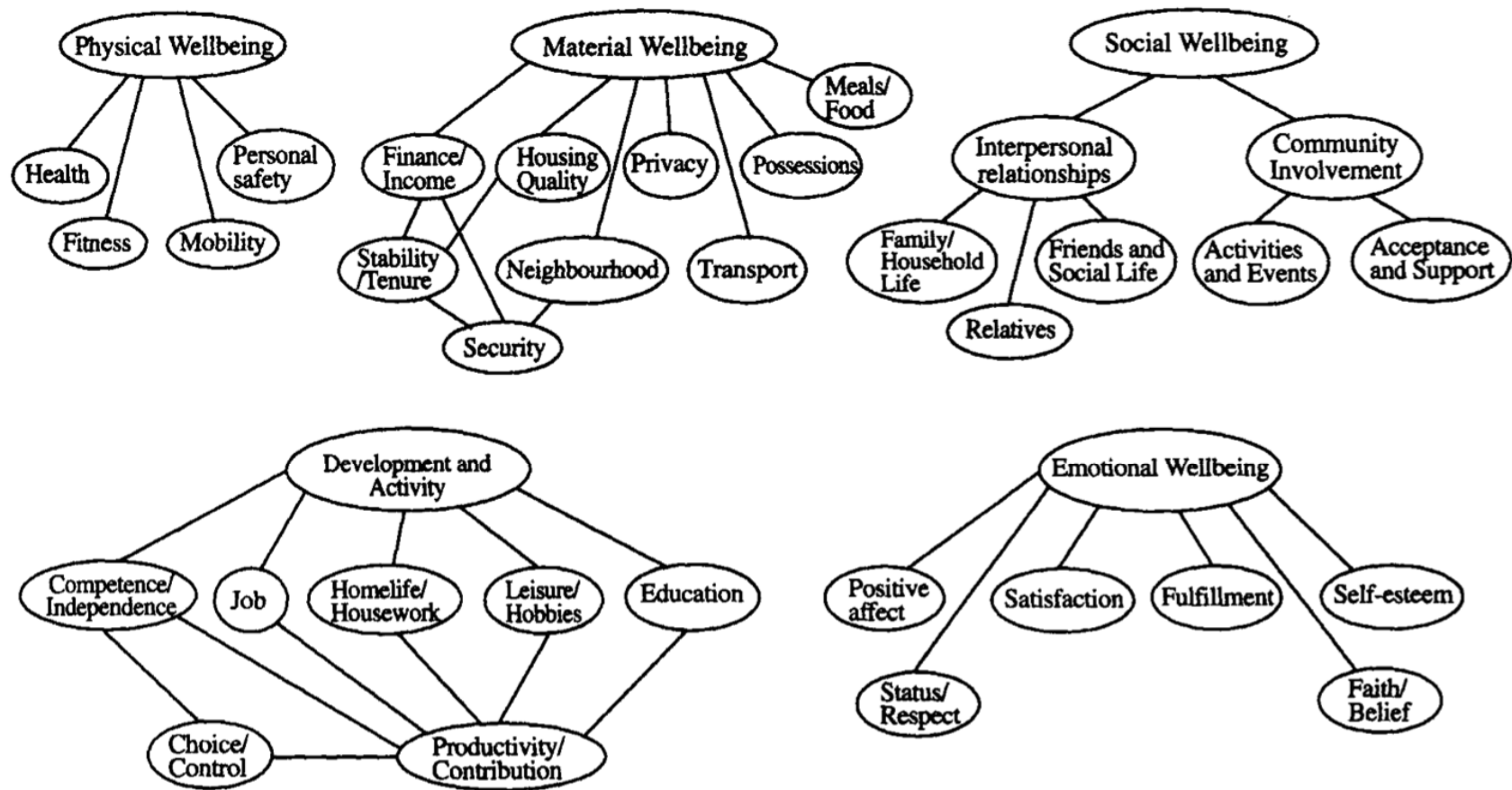


FIGURE 2. Domains relevant to quality of life. Based on: Andrews & Withey (1976); Baker & Intagliata (1982); Bigelow et al. (1991); Blunden (1988); Borthwick-Duffy et al. (1992); Brown & Bayer (1992); Campbell et al. (1976); Cummins (1992a); Flanagan (1978); Franklin, Simmons, Solovitz, Clemons, & Miller (1986); Heal & Chadsey-Rusch (1985); O'Brien (1987); Parmenter (1988); Schalock et al. (1990); Stark and Goldsbury (1990).

IMPROVING QUALITY OF LIFE BRINGS...



Questions?

