Home Care for elderly Indonesia;
a new challenge in
community managed healthcare

In the community
For the community
By the community
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Home care for elderly Indonesia: a new challenge in community managed healthcare

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1. Considerations home care elderly

- Ageing society
- Responsibility of society
- Criteria for quality of life in society
- Be active, be pro-active
- If no action, the elderly will feel neglected, isolated and lonesome.
The rapidly ageing society: ARE YOU READY?
2. Ageing Society Indonesia

Double Ageing

- Less young people, so relatively more elderly people
- The elderly become older because of better health care

Between 1950 and 2050 the elderly population will quadruple.

<table>
<thead>
<tr>
<th>Indonesia</th>
<th>Population</th>
<th>60+</th>
<th>80+</th>
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<tbody>
<tr>
<td>2011</td>
<td>230 million</td>
<td>8.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2050</td>
<td>300 million</td>
<td>25%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Source: Undesa, United Nations department for economic and social affairs 2006
Facts & figures Indonesia

- More elderly women than elderly men
- Higher proportion of women is widow
- Illiteracy rates older women are higher
- Family planning: less children especially among poor (2.4)
- Migration of young people to the city looking for a better life while elderly stay in rural area
- Elderly more dependent on community than on family
- Majority of elderly has low income/status, depends on others (family, government, charities)
Home care based upon specific needs elderly

- Chronic diseases often lead to social problems.

Social problems
- isolation
- anxiety
- loneliness
- depression

Health problems
- diabetes
- bowel problems (incontinence)
- dementia
- cancer
CARE LADDER The Netherlands

Costs

Continuum of care

Nursing home

In-house Small-scale living

Connected senior apartments

Home for elderly

Residence care compound

Short stay

Day care

Home care professional

Home care volunteer

Level of dependence

Difficulties

Homebound Assisted living Bedridden

Community care Institutional care
New concept: self-managing home care teams

- A small decentralized organisation; the central office is just supporting (salary, training, administration)
- Client centred, cost effective (30% decrease), custom-made care (client satisfaction 9.1)
- Self-steering home care teams of 8-12 nurses/care assistants.
- 1 Coach for the teams in each district
- Few managers, more professionals (low overhead, flexible, cheap, effective)
- The use of ‘smart’ ICT: home care web and digital community
Characteristics
Self-managing home care team

- Team of registered S1 and D3 nurses, community nurses level V and care assistants level 3
- Team is self-managing, divides tasks among each other, makes own planning, asks other nurses to join team if necessary, so low overhead costs.
- 24 hours available on-call
- Elderly clients always are visited by the same nurse
- The care is client centred, not task centred, holistic: the nurse will do all the care for the client and tries to stimulate independence
Tasks self-managing home care team

Basic care and specialised nursing care

- Bathing, hair washing, shaving, grooming, dressing
- On request of general practitioner or specialist (insulin) injections, take care of wounds, pain reduction
- Medication prompting
- Communicating for client with other caregivers
- Coaching family members
- Dementia care support
- Terminal care
Network self-managing home care team

**Interdependent**

- Team works in close cooperation and direct contact with general practitioner and healthcare organisations.
- Transfer nurses from hospitals, general practitioners, other health care organisations and private people refer elderly to home care team.
- Team gives guidance and is intermediary between client and doctor or other healthcare professionals.
- Has knowledge of specific community.
- Team stays involved also if the elder needs hospital care.
- Team has a small office in the community.
Continuing training
Self-managing home care teams

The central office provides a budget for ongoing training, on request of the home care teams

- Individual training
- Team training
4. Development Home care Indonesia

Healthy Indonesia 2010 – strategy for national health development:

In this document community managed healthcare and decentralization are promoted, and should be in operation in 2010.

- Few initiatives have been taken, such as Pusaka in Jakarta.
- The government policy has not succeeded as a consistent policy, absolutely insufficient to match the needs of the elderly.
- At this moment care for elderly (home care) is again on the political agenda.
Why community managed home care Indonesia

- Less expensive than institutionalised care, more cost effective because it covers more elderly.
- Elderly can stay in their own community which creates self reliance and a sense of solidarity within communities.
- Home care is the right thing to do, because elderly are reluctant to leave their homes and relatives feel ashamed to send their parents to a home for elderly.
PUSAKA concept Indonesia

Pusat Santunan dalam Keluarga means ‘Home-based Care Centre’. Pusaka also means ‘old and respected’.

- Concentrates on the first phase of home care, mainly the social component.
- In community, near the people: people go to the pusaka post
- Support provided by family and volunteers from neighbourhood
- Services consist of activities such as meals, repair and cleanliness of the house and water
- Income generating activities such as courses handicraft, cooking, and small grants
- Some Pusaka centers also provide basic health care for the elderly by establishing a Posyandu Lansia (Health Post for the Elderly).
5. Strategy for the Future

- All partners in healthcare should take their responsibility in developing the profession of home care nurse.
- The care process should be aimed at the independence of the elderly and their needs, so they can stay at home as long as possible.
- The relationship between elderly and home care team must be based on trust.
- In Indonesia it is recommended that also informal care-givers (volunteers/ family/neighbours) are involved.
- The visiting home care nurse should have a central position in this process and supports the informal care givers.
HomeCare4Indonesia

Coordination Education: AIPNI, STIKES, FON-UI

Needs elderly + family

Social welfare

Self-managing home care team

Health care

Intermediary (feedback)

Other actors in healthcare and social system: PUSAKA, Social worker, Hospital, Posyandu (Lansia), Puskesmas, Fysiotherapist, Dietist, Psychologist, Pharmacy ....

Quality of Life

Trust-based relationship

Quality of care
Why trust-based relationships

- Visits at home mostly by the same care-givers
- Home care team knows all about the personal situation of the elderly client, changes in health, is human-centred instead of task-centred
- Elderly who trust the care givers will not be afraid or ashamed to express their problems
- Well informed care givers are able to give custom-made care and can give appropriate feedback to doctors about the situation
- Trust can be considered as the first condition to improve the quality of care and quality of life of the elderly client.
HOME CARE NURSE ELDERLY

It takes the Nurses to lead the way!
6. Competencies home care nurse

- Critical ethical reasoning
- Solution-focused thinking
- Analytical and critical thinking
- Sense of humor
- Critical reflection
- Openmindedness
- Creative thinking
- Careful consultation and advice
- Coordination and organization
- Human-centred approach
- Compassionate and dedicated
- Pro-active and coaching
- Negotiation and communication
- Respect and partnership
- Co-operative and dedicated
- Decision making and insight

Build up a trust-based relationship
7. Commitment educators

To be ahead of new developments and to be pro-active in developing home care
8. Recommendations to implement home care

- Develop a home care curriculum for qualified self-steering home care nurses of different levels.
- Develop specialised modules elderly home care for existing S1 and D3 nurses (terminal care, incontinence, diabetes etc)
- Let nurse students work as trainee in the community;
- Give special attention in home care curriculum to self-steering concepts, dialoguing, coaching and training of informal care givers (e.g. family, neighbours, volunteers)
- Do applied research to needs elderly
- Develop new research methods that take into account the specific situation of the elderly people.
- Start pilots based on feasibility studies
Goal

Sustainable home care system, in the community, by the community and for the community

Objectives

- To increase availability and quality of home care services with self-managing home care teams based upon model HomeCare4Indonesia
- To stimulate community awareness
- To develop home care curricula and learning materials
Pilot project home care Bali (2)

Project organisation

- Initiative and coordination: STIKES-Bali
- Inventarisation of existing projects and organisations involved
- Selection of community for pilot (desa Pererenan, this village is selected because it has many elderly people and family that moved to the city)
- Field assessment (needs elderly, what kind of services)
- Self-managing home care team and coach
- Cooperation of home care team with other care providers (GP, hospital, health centers Puskesmas and Posyandu) and volunteer organisations (PKK, YKI)
- Think-tank: criteria, evaluation, research & development home care with representatives from education, hospital doctors/GP’s, nurses and elderly clients
Pilot project home care Bali (3)

Education & training

- Short training courses for nurses and volunteers
- Development information and training materials (self-care guidelines)

Budget

- Budget 1st year STIKES-Bali; after 1st year local government
- Sponsors: medical devices, smart ICT

Evaluation after 1 year
10. Preconditions

Pro-active

Not bureaucratic

Not expensive (low overhead)

Nearby

Needs-focused
2025: Home alone or...

YOU ARE READY!!!

Thank you for your attention