Autumn Light Nursing Home in Alsómocsolád

Elderly Care Strategy

2017-2027

JANUARY 2017

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Motto

"However beautiful the strategy, you should occasionally look at the results."

Winston Churchill

A Word from the Head of the Institution

The "Autumn Light" Nursing Home is located in the heart of Alsómocsolád with its first residents moving in in May 2006. I have been the head of the institution since April 2008. This Home has become a part of my life.

Our institution is like a large family where we experience joy, celebrate holidays, face the challenges of old age and the painful moments of evanescence together.

During my work my main objective is to help our residents love our institution as their own and to make them feel good here. My key priority is to provide high-quality professional work and care for those using our nursing services, to preserve and maintain their skills and capabilities through personal attention.

We work together with our colleagues to make sure that the elderly people at our institution do not lose their cheerfulness and harmony as years pass. Due to the joint work of my colleagues working at the institution, comprehensive care is possible for the elderly. Just like links in a chain where each link joins another one, we complement one another. Our main principles include the following: respect for the elderly, appreciation, family atmosphere, generational bonding, individual and personalized care, turning towards and listening to the elderly.

Work in the social field is both a **profession** and a **commitment**. We look towards the future, treasure our past and work in the present. We continuously strive for improvement and renewal to give more and more with the help of social work for those living and working here.

Kind Regards,

Anita Pitzné Keller
Head of the Institution

Contents

1. Introduction to the Methodology of the Strategic Document

1.1. Definition of Strategy and Strategic Planning

Strategy is "the science of the preparation, management of large military operations, the governance of military campaigns and wars, the process or sum total of processes used during the military operations" (Fekete, 2011). Organizations and institutions both look towards the future and wish to organize it. The strategy provides objectives and adjusts the tools and behavior to achieve these objectives.

In most of the cases there is not only a single strategy in the life of institutions, businesses and organizations but there are also sub-strategies connected to the different functions.

In practice there has to be true coherence and harmony between the various sub-strategies as well as the sub-strategies and the institutional strategy. The dynamics of the senior management and internal communication within the organization are key factors in the process.

In the current document, strategy planning refers to a complex process to be implemented for the purposes of a defined objective in specific steps. In the introduction of strategy planning, the strategy is formed in an organized and pre-planned manner. The strategic plan describes and introduces the path leading to the desired target state in the life of the institution.

Strategy answers the following questions during planning (Mintzberg, 1994):

- Where do we currently stand in the given question/problem/area?
- What do we want to achieve?
- Which path can lead there?
- How can progress be measured?
- To know where we stand currently, an objective description of the situation is needed.

The following tools are used for assessing the current situation (Mintzberg, 1994; Mészáros, 2002):

- PEST analysis
- SWOT analysis
- focus groups, individual in-depth interviews or questionnaires (primary surveys)
- observation of stakeholders
- preparing interviews with experts
- introduction of good practices from other institutions

Strategy planning is a key element in the survival of the organization and the formation of its vision. It facilitates the process of setting the priorities in objectives, establishes performance and evaluation

criteria, describes specific processes, and provides a professional approach. Importantly, it also shows financial predictability and supports marketing processes. Besides the more effective distribution of resources, it defines what the organization can provide in terms of service processes. It also affects organizational culture and provides a framework for the vision of the employees and residents, it improves commitment.

During strategy development information collection took place, i.e. research and analysis, then along these the strategic objectives and alternatives were defined. The current institutional strategy planning involved the following areas: (based on Barakonyi 1999, p. 23):

- thinking about the future of the institution and its services,
- exploring the tools for managing the future,
- introducing integrated decision-making processes,
- the system of formalized processes, which have to result in the output set by the management of the institution and the maintaining body,
- introducing the integrated decision-making process,
- SWOT analysis,
- specifying the institutional strategic objectives,
- assigning the adequate tools to the objectives.

The strategic plan includes the preparation of plans and programs with different time horizons (short, medium, and long-term) and also highlights sub-targets. The plan includes the organizational tasks needed for implementation as well as the evaluation of the implementation.

In healthcare facilities special attention should be paid to the fact that the excessive formalization of processes can make the institution over-regulated (Minztberg, 1994), especially where the human factor is high, in this case in the care provided for the elderly. The implementation and controlling of the panning process is the responsibility of the management.

With vision-oriented strategy planning the following questions are answered for the institution:

- what do we want the institution to become between 2017 and 2027, i.e. the vision and the objective of the mission,
- what is possible in the institutional environment, i.e. the analysis of the micro and macro environment,
- what can be the basis of implementation: the study of positions, features, abilities,
- what is expected from the institution and its services in the future, i.e. the analysis of the expectations of internal and external stakeholders,
- what should the organization do during implementation, i.e. the determination of strategies.

1.1.1. Planned Steps of the Strategy

1.1.1.1. External Environment of the Institution

As part of the analysis of the *external environment* the complex and constantly changing system of relations surrounding the institution was studied (Balaton – Tari, 2007). Changes in the external environment include, for example, changes in legislation, challenges faced by aging societies, personnel changes in the management of the institution, and the financing background.

"Thus the definition of the external environment includes all such factors which affect the operation of the organization in the present or the future." (Barakonyi, 1999, p. 114).

During the analysis of the institution's external environment, the future opportunities and potential threats were explored and identified. The analysis also includes the relevant stakeholders and actors, direct and indirect competitors, and the factors present in the wider macro environment (Balaton – Tari, 2007). The larger environment, the group of macro-environmental factors, is analyzed with the PEST model. The PEST analysis[1] is a comprehensive, macroeconomic analytical tool, which can be used well in the first steps of strategic planning. An extended version of the PEST analysis is called PESTLE analysis. The results of the PEST and PESTLE analyses can be integrated well in the SWOT analysis as well (Mészáros, 2002).

1.1.1.2. Internal Environment of the Institution

The next step of strategic planning involved the analysis of the *internal environment*. During the analysis of the internal environment the resources and competences, basic capabilities of the institution were studied while the key resources and key competences were also identified. The latter can provide opportunities for the institution. Resources can be both material and non-material resources. Material resources include (based on Antal – Mokos et al., 2005) financial resources (e.g. tender, financing), physical resources (e.g. equipment), human resources (e.g. qualification of staff), organizational resources (e.g. organizational structure). Non-material resources include (based on Antal – Mokos et al. 2005) technological resources (services, trainings), innovative resources (e.g. research infrastructure), reputation (e.g. quality of services). At this stage of strategic planning those questions are answered which focus on how the resources of the organization can contribute to the creation of a lasting competitive advantage. Competences are such "resource combinations which are suitable for performing certain tasks when operated in an integrated manner" (Balaton – Tari, 2007, p. 64). As part of the internal analysis of the organization, the available and missing resources

[1] PEST stands for Political, Economic, Social, and Technological. Thus it studies the external environment along political, economic, social, and technological factors and collects information regarding the threats and opportunities presented by the environment.

and competences were identified. With the help of the SWOT analysis, resources can be studied together with opportunities and threats.

1.1.1.3. SWOT analysis

The strategic document used the SWOT[2] analysis for the joint analysis of the external and internal factors. For the decision-makers to see the strong and week points as well as the threats and opportunities deriving from the environment on the system level, these points are represented in a matrix. To also include the recommendations besides the descriptive sections of the SWOT matrix, a SWOT-matrix was used with eight fields. Besides the strengths, weaknesses, opportunities, and threats, it also includes the most important actions (Salamonné Huszty, 2000).

1.1.1.4. Defining the vision and mission

After the exploration and analysis of the external and internal capabilities, the vision and mission were identified. The vision and mission are two different notions of strategy. Vision "includes specific ideas, it is the core of focus points. It describes the possible and desired future state, position of the organization with all those criteria that enable the measurement of progress" (Mészáros, 2002, p. 103).

The point of the mission is to "express the intended purpose of the organization, its relationship to the world and the values cherished during its operation" (Balaton – Tari, 2007). The institution's vision includes the desired future position (methodological center), the planned scope of activities (elderly care, dementia specificity, training place), as well as innovative objectives built on imagination (for example village for elderly care). The mission includes the internal values of the institution, the prescribed principles of conduct, guiding principles of operation, the philosophy of the institution. The vision and mission help in holding together the further planning steps.

1.1.1.5. Description of Institutional Goals and Objectives

The precise definition of objectives is a must for effective operation. Strategic planning should also facilitate the implementation of organizational goals. Goals are present on different levels, the general organizational goals are followed by more specific and operative levels as we go lower. The difference between goals and objectives is that goal is a wider concept, while an objective is a measureable step (Belicove, 2013). Thus objectives have a key role in planning, monitoring, and

[2] "The SWOT analysis provides useful information for strategy development by identifying Strengths, Weaknesses, Opportunities and Threats." (Balaton – Tari, 2007).

evaluation as well. The objective is deemed adequate if the SMART-model[3] applies for the indicators (Bodenheimer – Handley, 2009; White et al., 2013).

The principles of proper goal setting are as follows (Marosán, 2005; Mintzberg, 1994):

- the goal should refer to a specific area, should be simple and clear,
- the goal should refer to the result and not the action
- the goal should be measurable, so it should be possible to decide clearly if it was achieved or not,
- there should be a deadline for the goal,
- the goal should represent a challenge but feasibility is also important.

On the operative level, we had to assign such activities/tasks to the objectives that facilitated their realization[4]. The setting of strategic goals and objectives was followed by the planning of operation and the assignment of tool and methods for the realization of specific goals.

1.1.1.6. Implementation of Strategy

The strategy is not a static but a constantly changing process. Its key element is continuous monitoring and feedback. The implementation of the strategy involves two steps, on the one hand, this means the execution of actions, controlling, and evaluation. On the other hand, it involves feedback and the necessary modifications. According to the McKinsey 7S-framework seven elements have to be in harmony to make the strategic actions successful (fig. 1).

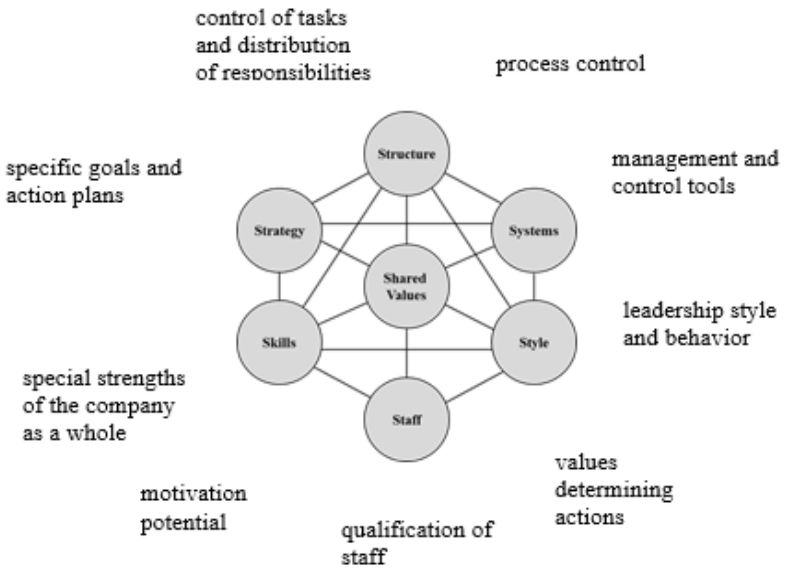

Fig. 1: The 7S framework

McKinsey 7S framework (Source: Peters and Waterman 1982; Pascal and Athos, 1981)[5]

[3] SMART: Specific, Measurable, Attainable, Relevant, Timely.

[4] These goals are called strategic actions.

During strategic planning the seven elements and the relationship between them have been processed but the model can be used for the improvement of the organizational system or the definition of incentives.

Members of the organization have to be committed to the successful implementation of the strategy. For incentives that work well such a system of interests and incentives has to be developed that goes beyond short-term interests and is rather connected to the implementation of the strategy (Barakonyi – Lorange, 1993). The more the staff can identify with the values of the organization, the more the performance of tasks related to the implementation of the strategy is perceived as an internal motivation. According to Handy (1997), the prospect of recognitions exerts its effect only under the following specific conditions:

- the individuals have to be aware that it is worth performing better for bigger recognition,
- performance should be measurable and should be connected clearly to the individual,
- the individual should consciously seek to attain the recognition,
- the bigger performance should not become a basic requirement in the future.

1.1.1.7. Controlling, Measurement and Evaluation

The complicated predictability of environmental conditions, the increasing complexity of the external and internal environment, and the transferability of tasks require controlling to be built into the process (Marosán, 2005).

The main steps of controlling are independent of the content items of the process to be controlled (Marosán, 2005), and these are as follows (Digman, 1968):

- definition of objectives and the definition of performance criteria,
- the measurement of current performance,
- the comparison of actually achieved goal with the goal set and the performance criteria,
- the recognition of necessary steps and taking action.

Controlling takes place on different levels, including the levels of strategic control, tactical control and operative control.

The following steps are relevant for the overall strategic planning process (Mészáros, 2005):

- control of strategic assumption: it has to be examined continuously whether those internal and external conditions continue to prevail along which the strategic goals and actions have been defined,

[5] Source: Fekete, J. Gy. (2011): Környezetstratégia. Available at: http://www.tankonyvtar.hu/hu/tartalom/tamop425/0021_Kornyezetstragtegia/adatok.html Date of access: 13 December 2016

- controlling the realization of the strategy, and thus knowing the specific results of the implementation of the strategy, it has to be decided whether it has to be modified,

- the continuous monitoring of the larger environment to see if there were any changes in the wider environment of the organization, which modifies the conditions for the implementation of the strategy and the activities of the organization,

- indicating threats, i.e. such unexpected events that unfavorably affect the conditions of the organization and the reevaluation of the strategy as a result.

For controlling, performance criteria have to be set in advance for the strategic tasks. The public parts of the strategy visibly do not contain performance criteria as they only mention those factors based on which the evaluation will be made. Performance criteria should be considered already when defining objectives.

1.1.1.8. Internal Communication of the Institutional Strategy

Communication is a tool for the acceptance of the strategic plan on the level of the institution and more widely alike. A specific organizational culture, organizational structure characterizes the organization, while the human factor making up the organization is not negligible either. (Mintzberg et al., 1998). Strategic planning is adequate if it fits the features of the organization which do not change in the short term. Change is experienced differently by the members of the organization and thus they also react differently. The attitude to change can take shape in many forms: acceptance, neutral attitude, and active resistance (Marosán, 2005). From the first steps of strategic planning, the level of acceptability has to be considered as well at all points, methodologically this means that all organizational levels are represented in the planning phase of the strategy.

The action plans and actions can be accepted by those involved both internally and externally if there is adequate and supportive communication. Acceptance in the organization is facilitated if the mission and vision are clear for the employees. The employees, members of the organization have to know what their role is in the implementation of the strategy. The objective of communication may be information, increasing understanding within the institution, and strengthening commitment (Barakonyi – Lorange, 1993).

1.2. Principles and Recommendations Taken into Consideration During the Preparation of the Strategic Plan

During the preparation of the strategic plan, the following principles and recommendations were taken into consideration:

- strategic planning is a management task: it is the responsibility of managers to implement it, modify it and control it if needed.

- strategic planning has to be harmonized with the organization, meaning that it is not possible to implement a strategy that is independent of or contradictory to the members of the organization or it is not possible to set goals without knowing them.

- strategy is not static, it changes flexibly, thus the current plan might or should be modified if needed in consideration of the needs and conditions.

- strategic planning necessitates the development of numerous skills and abilities thus both the managers and other members of the organization might need to receive training if needed or need to be introduced to new information.

- the strategic and operative levels have to be differentiated, meaning that the difference has to be considered in terms of the feasibility of the actions while the two levels also have to be in harmony.

- the clear vision and mission help channel the definition of goals and set the direction for analysis as well.

- it facilitates strategic planning if the values of the organization are in harmony with the values of the individual.

- objectives have a key role everywhere, including planning, monitoring, and evaluation. The definition of objectives is one of the decisive points of the strategic plan in terms of feasibility. An adequate objective is specific, measurable, accurate, realistic, and tangible.

- from the first steps of strategic planning on, the level of acceptability has to be considered as well and thus it is worth informing the organization about the planned steps and plans. The cooperation of human resources is important in terms of feasibility.

- a system of incentives is also recommended for strategic tasks as motivation and lasting attention is necessary for the planned vision and goals.

- a timetable, a responsible person, and resource requirements have to be assigned to all strategic tasks, it is not enough to set goals. A GANTT chart is one possibility for the project-level processing of the plan.

- the conscious internal communication of the strategy is an important part of the acceptance process, communication channels have to be opened in all directions and the working processes have to be made visible.

2. The History and Activities of the Autumn Light Nursing Home in Alsómocsolád

2.1. History and Activities of the Institution

The institution for the reception and care of elderly people in Alsómocsolád, the "Autumn Light" Nursing Home for the elderly is a center for elderly care and its full name is Alsómocsolád Municipal Government "Autumn Light" Nursing Home Integrated Social Institution. The institution started its operation on 1 January 2006. The number of its effective articles of association, which includes the amendment of the articles of association and as such the new articles of association in a consolidated form with the amendment approved by a resolution: KT 128/2013. (VI.24.). The home has an operating license for an indefinite time and has 42 places.

There is a long waiting list, with an especially high number of people waiting for placement out of turn. The waiting list is kept continuously and besides this there is a separate waiting list for those applying for out-of-turn placement. In the case of those applying for out-of-turn placement a three-member committee decides on the order. An empty place is first filled from the out-of-turn list, then a decision is made on the admission of those not requesting out-of-turn placement.

The residential home has good material and financial conditions. Residents are placed in rooms with two and three beds with a joint bathroom, shower, and toilet shared by two rooms (or apartments). Each room is equipped with a TV, a landline phone, a lockable wardrobe for each resident, nightstand, and a sofa bed with storage for bedding. For community events there is a hall, two lounges, and a prayer room for spiritual practice.

There is a smaller and a larger lounge available for various cultural and other activities of entertainment and recreation and if needed the spacious dining hall is also available for such purposes. Various technological devices also help residents spend their free time (TV, VCR, DVD player, radio, CD and cassette player). Daily newspapers, books and the library of the municipality are also available for those looking for such forms of entertainment.

The elderly are received with the same condition in daycare also. The accessible, spacious community spaces and the high level of technical equipment make the institution a suitable venue for community events and other opportunities for strengthening social relations.

We provide meals five times a day for the beneficiaries while our kitchen also provides meals for those on diet in line with the prescriptions of the physician (diabetes, low-salt diet, etc.) A dietician nurse visits the institution monthly. The nurse deliver presentation, does tests, provides an opinion on the meals of the beneficiaries, and after consultation with the head of catering puts

together the list of meals for those on diet. Such a cooperation makes it possible for the residents to get information directly from a professional.

Due to the high number of people with musculoskeletal diseases, the nursing home employs a physiotherapist in three hours a week. With her support and expertise the specialist contributes to the improvement of the quality of life of residents in wheelchairs, in bed, and suffering from other musculoskeletal problems, she also helps in the restoration of their condition, and in preventing the further deterioration of their condition.

It is part of the life of the home that it aims at the harmony of the internal and external environment. Cleanliness, a nice garden, and well-kept rooms are part of the principles and rules of the institution's operating principles.

A mental health specialist is responsible for mental health services in eight hours a day. The staff organize diverse daily programs for the residents, but based on individual initiative the residents can organize group events for each other also. In line with this, during the daily group sessions the institution strives to maintain the well-being of the elderly and to preserve a sense of homeliness.

The conditions are provided for the residents also for the necessities of religious life. Once a month there is a mass at the institution and an evangelical pastor organizes a prayer afternoon for believers. The residential home of the elderly shares a garden with the church. They make a walk in the spacious garden, the residents take care of their own flowers, and make their surroundings more beautiful.

Health education plays an important role in the care provided for the elderly. The home strives to make the life of the elderly more colorful with daily exercise, playful sessions (playing cards, creative games, drawing), group discussions, literature readings, music and film afternoons. During these events there is a chance to establish contacts and to participate in programs that interest them.

During professional work at the institution special attention is paid to the individual sensitivity, abilities, and needs of the residents. For this purpose the staff and colleagues providing care strive to provide personalized care and individual development plans. It is often required by the elderly to have daily personal contact with the staff. This is also shared by the management of the institution and we agree that personal discussions, listening to the problems and needs of the residents, and catering to their needs at the adequate level represent a value in the organization. The mental health group sessions are not the only venues for discussions and the solution of problems.

Besides residential care, the Integrated Social Institution provides social catering as primary care. The institution providing daycare operates a Club for the Elderly available both for those who suffer from dementia and those who do not.

The staff works hard to make sure that the residents can feel home at the institution. A high standard of care and the related professional work are key responsibilities.

It is a central principle that elderly people have to feel respect and empathy. By following the approach also embraced by the management, the staff works hard so that the residents and those receiving care would not experience old age as a burden and dependence. The institution contributes to prevention in terms of the mental and physical health of the residents as well as the maintenance of their current condition with a health conscious approach organized in a holistic way.

The institution has its own kitchen, a qualified food catering manager, a dietician, and cooks who can provide a diet for residents that is the most suitable for their age and health condition. The kitchen complies with HACCP.

In Alsómocsolád they also wished to provide specialized care besides the social primary care for the elderly. Catering, daycare, home care, and home nursing are part of primary care, while specialized care is provided by the residential institution, the Nursing Home. The Autumn Light Nursing Home for the Elderly Integrated Social Institution created 21 new workplaces at the settlement. The kitchen of the Home serving a hundred portions was built in 2009 and it provides meals three times a day on all days of the week. The Home is developing continuously both in terms of its organization and infrastructure. The staff of the Home regularly participate in professional trainings and the tenders of the maintaining body and institution ensure the steps taken to improve the equipment and condition of the building.

The nursing home provides comprehensive physical, health, and mental health care for its residents. By physical care we mean the supporting relationship established with the person receiving care and his or her environment, catering, providing personal hygiene, nursing and caring tasks. Health care refers to providing medication and medical devices. As part of mental health care small and large group sessions are organized with the aim of maintaining an active lifestyle, mental state, and development.

The residential institution provides comprehensive care. In a complex manner, it includes **physical** (supporting relationship established with the person receiving care and his or her environment, catering, providing personal hygiene, nursing and caring tasks), **health** (healthcare, providing medication and medical devices), **and mental health care** (maintaining an active lifestyle, mental state, and development). On the micro-regional, county, and regional level the modern nursing home situated in a village environment and having a high aesthetic value expands the range

of available options for elderly care. Overall, there are 91 nursing homes in the region with 38 of these in Baranya County[6].

The renovation and transformation of the infrastructure of the Home is a short term goal that will be realized. In 2017 the renovated nursing home will be opened where six rooms with three beds will be refurbished into rooms with two beds, hot water will be provided with solar energy, and a gym to be used both by the elderly and the staff will be opened on the first floor. A management room will also be established to serve as a methodological and consultation center for the Home.

The long-term goal of the Home is to become such a methodological center that stands out in terms of the quality of care and the complexity of services not only in the region but within the country as well.

2.2. Alsómocsolád the Home Village of the Institution and Its Features

Alsómocsolád is located in Hungary, in the north, north-eastern part of Baranya County, in the Hegyhát district of the Mecsek Hill. It I surrounded by hills to the east and lakes to the west. There are three county seats at the same, 55-60 km distance from it: Pécs, Kaposvár, Szekszárd. Komló, Dombóvár, Bonyhád can also be reached by car within half an hour.

Its transportation facilities cannot be deemed good due to it being accessible only on one road. Road no. 6534 connecting Dombóvár and Bonyhád can be reached on a seven-km-long access road. The settlement is also accessible by train, it has its own train station that serves as the most important freight station in the area. Station 10 on the Bátaszék-Dombóvár railway line is 2 km from the center.

The relationship between the economy and regional development was transformed continuously in the 2000s. There are few job opportunities in the village but there are jobs in the neighboring villages and industrial-economic areas. Commuting is common, sometimes involving several hours of travel a day to the workplace. Certain industrial activities have been concentrated in space at the energy and raw material sources. The locals can find employment at the neighboring industrial and food manufacturing businesses, the local government and the nursing home.

The settlement was built in an area with no outstanding agricultural opportunities, still there was a strong tradition of crop production and livestock breeding. The settlement has a structure typical of a village with detached houses built on plots arranged in the layout of a comb. Its institutions are located centrally and intrinsically connected to the structure of the settlement. There

[6] The strategic document presenting the modernization of services includes a detailed introduction to the trends of elderly care.

are four artificial fish ponds in the area of the village. The ponds have been created by the cooperative by damming the Hábi canal.

The three county seats of the Southern Transdanubia region are at a distance of 55-60 km from Alsómocsolád, thus they can be reached by car in about one hour. The smaller towns, Dombóvár, Bonyhád, Komló can be reached in half an hour. A famous spa, Gunaras, is located 20 km from the settlement. There is a direct link with Mágocs, which is 7 km away and can be reached on access road no. 65174. The other neighboring settlements, Bikal, Szalatnak, Ág can only be reached directly on dirt roads. Kisvaszar can be reached on a narrow, asphalt road also.

A key factor in terms of road traffic is that Alsómocsolád is what is called a 'cul-de-sac' settlement, meaning it can be reached only on one road. Buses are used more and the village caretaker system also contributed to proper operation.

Railway branch line no. 50 connecting Dombóvár and Bátaszék runs 2 km to the south-east from Alsómocsolád. There are two train tracks at the train station named Mágocs-Alsómocsolád, which makes the bypassing of trains possible, and there is also a side track for unloading the wagons thus the station at Alsómocsolád is the largest freight station. The departure times of passenger trains are in harmony with the requirements of the national schedule and not the local needs. Train transportation is underutilized.

Alsómocsolád is located on a 1,300 hectare area, as of 1 January 2016 it had a population of 284, with 140 houses and apartments.

2.2.1. Alsómocsolád as a Community Space and Supporter

The Municipality of Alsómocsolád in consortium with the Norwegian Association for Adult Learning and the civil organization called the Foundation for Alsómocsolád receives a grant from Norway Grants' "HU11-A1-2013" Capacity-building and interinstitutional cooperation program for the implementation of its program under no. HU11-0005-A1-2013 and titled "Pilot project for quality aging". The overall objective of the pilot program is to improve the quality of elderly care in the Hungarian countryside, with special emphasis on Alsómocsolád. Within the program conferences, lectures are organized and the most important strategic documents helping the elderly are also created. As a result of the program, a qualified human capacity is created among the administration, employees of the settlements and the heads and nurses of nursing homes operated in the region. This makes it possible to launch initiatives and processes supporting active aging outside Alsómocsolád as well.

The community life of Alsómocsolád is well organized and the municipality and civil organizations of the municipal government of the village is characterized by a caring attitude.

Community life is organized by several civil and non-profit organizations including Alsómocsoládi Közösségfejlesztő és Szolgáltató Közhasznú Nonprofit Kft., Cognitív Mentor Nonprofit Kft., Mocsoládi- Civilház Nonprofit Kft, Május Kugli Egyesület. The main tasks of the limited liability company established in 1998 and in municipal ownership include the operation of the Kölyök Fészek [Kid Nest] Forest School and tourism services. The Alsómocsolád Guest House and Conference Center has provided a venue for numerous occasions, including company events, trainings, and lectures. The event hall can host 100 people. Catering is provided by the "Autumn Light" Nursing Home Integrated Social Institution using its own kitchen. The administration of the settlement pays special attention to the management of "fate-changing and fate-shaping" projects as these are important for the preservation and survival of the village community.

Local initiatives including the Circle of Friends of Alsómocsolád, often organize and manage the human resources needed for daily life. The provide assistance in organizing events, looking after the cemetery or keeping the village clean.

The events, tourism services and programs build on the strengths of the region and address a wide age group. They put special emphasis on the hospitality of the locals and their abilities to build relationships.

The village has a health center with a medical office. The physician has office hours once a week. There is an outdoor gym park behind the health center where people can use the available tools for basic exercises and cardio training. In front of the sports park, there is a well-equipped playground for children. The outdoor pitch behind the sports park brings several sports events to Alsómocsolád annually.

3. Situation Analysis

3.1. The General Analysis of the Situation of the Elderly, Trends in Hungary and the EU

The socio-political strategy of the policy for the elderly in Hungary is to improve the social, economic, cultural, and welfare situation of the elderly members of Hungarian society and to stop its further deterioration. This is supported by active contributions from public life and the government. A key aspect of the policy connected to a long life is to support the new active, elderly age group and to contribute to the development of an approach emphasizing mutual and universal responsibility between the generations with its professional work. All this is done for the purposes of creating a viable lifestyle for the elderly and to end social isolation.

The long-term objectives of the policy for the elderly are typically as follows[7]:

- to contribute to the increasing of life expectancy at birth ;
- to increase the number of years spent healthily;
- to maintain an active life;
- to ensure financial security for the elderly;
- to strengthen social integration, harmonize health, social, educational, and cultural services in consideration of the needs and interests of the aging and the elderly;
- to decrease the digital illiteracy of the elderly by supporting life-long learning and the accessibility of digital learning materials;
- to strengthen the conditions of active aging which does not only mean physical activity, staying on the job market but also active participation in social, cultural, and civil life;
- to spread the "management" of the aging process already at a younger age;
- to contribute to a change in attitude in society towards the perception and experience of aging both in economic and social terms.

The implementation of the National Strategy for the Elderly[8] is a key issue in the current situation of the elderly. The proportion of the elderly within the Hungarian population is increasing continuously and there are more elderly women than men. The number of elderly people with diseases is also increasing and there is an increasing number of dependents per people capable of earning a salary (Semsei, 2011). Thus the social problem can increase in magnitude as without helping the elderly their social integration is not possible.

Semsei (2011) suggests the following steps for solving the problems of an aging society:

[7] Source of the reference: http://www.parlament.hu/documents/10181/303867/2015_34_idosellatas_mod/41451911-9b1f-46fe-807d-28342c62e45e. Date of access: 22 December 2016. 2:45 PM.

[8] Hereafter referred to as INS. http://www.parlament.hu/irom38/10500/10500.pdf Date of access: 22 December 2016. 3 PM.

- the social "Taygetus" as an ancient method: this happens when society does not manage the problems resulting from adulthood. The elderly people "weaken" biologically, economically, and socially as well as in terms of their health and fall out of the social division of labor and pass away before time.
- improvement of health conditions, meaning that the primary goal of gerontology is to extend human lifetime. The secondary objective is to spend the extended lifetime as healthily as possible. IT methodological tools may include education (pedagogy, andragogy, gerontagogy[9]), prevention, healing-caring, and rehabilitation.
- participation of the elderly in the division of labor, with increasing retirement age, or the involvement of the elderly in work,
- increasing the number of births; but this is a long-term policy.

The real solution lies in the preservation of the health of people, its most important part is prevention and providing information. The organizational framework for the real solutions is currently represented by the Council of Senior Citizens, the Professional Association of Geriatrics, and the Gerontology Scientific Coordination Center (GTKK). GTKK is the only national, comprehensive gerontology center. The institution coordinates the scholarly and social life of gerontology in Hungary. For effective operation such a methodological network of centers is needed where the elderly are educated or where professional training and know-how is provided in the area of elderly care. It is about time to establish an institution that is familiar with and does research on the Hungarian situation.

The increasing average age seen in developed countries is a desirable development for the entire society. Hungarian society also faces the challenges of aging more and more. The current demographic trends show a continuous increase in the number of senior citizens. The distribution of the elderly population is not even in the counties of the country. Békés County is the oldest, 26% of its population belongs to the 60+ age group. The proportion of the elderly is the lowest in Szabolcs-Szatmár-Bereg County where less than one fifth of the population is under 60. There are fewer than average senior citizens in Hajdú-Bihar and Pest counties as well. In Baranya County this was 23.7 in 2011 according to the Central Statistical Office.

One of the goals of the bill submitted by the government under no. T/5052 on the amendment of certain social and child protection acts is to systematize social services in elderly care and to regulate the use of home assistance. In Hungary, life expectancy at birth was 72.01 years for men and 78.73 years for women in 2013. The proportion of the 65 and 65+ population increased to 17.5 percent by 2014. Currently, the number of those over one hundred is 1,100 while the number

[9] education of elderly citizens

of those over 90 exceeds 35,000. In 2011-ben the aging index[10] was 115. According to population projections, by 2050 the proportion of the elderly will be 29.4 % and by 2060 it will be 31.9 %, which is in line with the EU average. In 2012 2.9 million people received pension or pension-like benefits, 57 percent of these received old age pension. The amount spent on pension and pension-type benefits and their proportion to the GDP increases continuously[11].

In 2013 altogether 131,791 people received home care in Hungary. According to current trends people live longer, have fewer children, and retire earlier. The lack of a social balance results in structural changes in the job market, in the social care and protection system, the healthcare system, and in the processes of social integration.

There are few tools made for the elderly, most of them are health or medical tools available in connection with their diseases. This does not facilitate the creation of the conditions for active aging. The learning centers and multi-directional educational provide opportunities for the integration of the elderly in society. Providing care for elderly patients is the task of society, the improvement is elderly care is a must.

3.1.1. The Description of the Status of the Elderly at the Autumn Light Nursing Home in 2016

The situation of the Autumn Light Nursing Home in Alsómocsolád, the condition of its residents and beneficiaries mirrors the status description of Hungary. The condition of its residents and their needs urge for the implementation of the National Strategy for the Elderly.

The average headcount at the nursing home in 2016 was 42, with 27 of these were suffering from dementia, and 15 people require general care. The institutional care of 9 people ended, 8 people passed away and one person moved out (after the expiry of the fixed term). The institutional care of 9 people started. No separate section has been established for people with dementia but the beneficiaries staying in the same rooms are accommodated based on their similar mental and caring needs. The Home is utilized in 100 percent and applications are submitted continuously.

The institution is very much in demand in the region and due to the work of its staff as well, it has a good reputation among the elderly and those looking for such a home. The number of those for whom care is provided, (as of 10 Deceber 2016) in terms of gender this means 30 women and 12 men. The number of people with dementia is 27. 9 of these are men and 18 women.

The distribution of the residents according to diseases was as follows in 2016:

[10] The number of 14 year olds or younger per 65 year olds – calculated for 100 people.
[11] This number represented 11.8% of the GDP in 2012.

- Cardiovascular diseases: 40 people
- Musculoskeletal diseases: 23 people
- Diabetes: 11 people
- Cancer: 3 people
- Hearing disability: 2 people
- Incontinence: 18 people
- Pulmonary disease: 4 people
- Visually-impaired – blind: 2 people
- Visually-impaired – 3 people
- Kidney disease (in need of kidney dialysis): 1 person

In terms of mobility, the distribution in 2016 was as follows:

- Inpatient – cannot be mobilized: 3 people
- Using wheelchair alone: 3 people
- Can sit in wheelchair but cannot use it alone: 3 people
- Using walking frame or rotator: 7 people
- Using walking stick: 7 people

Distribution according to ability for self-care in 2016:

- Self-caring: 14 people
- Partly self-caring but requiring assistance for certain activities: 21 people
- Requiring full care: 7 people

The following data are available in terms of specialized care:

- Taking blood and body fluids for lab tests is done through the Lab in Mágocs.
- Those with permanent catheter: 2 people
- Mobilizing activities: individual physiotherapy 10 people (by physiotherapist) + group physiotherapy for about 15 people

Comparison Table no. 1 of Appendix 1 includes detailed data on the status and condition of residents and beneficiaries between 2009 and 2016.

3.2. Economic Activity Characterizing the Elderly in Light of Income and Consumption

The income and regular monthly allowance of those over 65 are provided by their pension. Expenses related to food represent a significant amount for them it can be supposed that the children and grandchildren get a significant portion from this. Another significant expense involves maintaining the house and health-related costs, especially money spent on medication.

According to the data of the Central Statistical Office, in 2011 close to 180,000 people over 60 were active economically. More than one quarter of people aged 60 were economically active, this was about one fifth of 61 year olds, however, in the case of older age groups this proportion was much lower.

2,152,000 people from the elderly age group were not active economically in 2011. The proportion of those who are not active economically was the lowest among those aged 60 and 61 and this increases with age. Among those over 60 who are not active economically inactive earners were in the majority in all age groups in 2011. Within the group of inactive earners the proportion of those receiving old age pension on their own right increased up to age 74 then over 75 it decreased. As there are more women in older age groups, in their case the proportion of retirees receiving pension for their relatives increases, 18% of those over 90 receive such benefits. However, the proportion of those receiving disability pension and other inactive earners is the highest between 60 and 61 and their proportion decreases with age.

According to the data of the Central Statistical Office for 2015, the number of those using the social services for the elderly continued to increase. The number of those receiving meals increased continuously in the past years, in 2014 it was 17% higher than in 2010 and it amounted to 172,000 people. The number of those receiving home care increased by 77% in the same period, in 2014 133,000 people received this form of care. 23,000 people used home assistance with a warning system, which is 9% less than in 2010. Care was provided for 14,000 people within the framework of the support service which is 4.8% lower than in 2013 and a quarter less than five years before. The number of those using daycare continued to increase since 2010 not only among the elderly but also within the group of the disabled, the homeless, addicts and psychiatric patients. Most of those for whom care was provided were helped by clubs for the elderly, this means 39,000 in 2014, 3.4% more than five years before.

The number of those who received long-term residential care also continued to increase between 2010 and 2014, in 2014 close to 78,000 people were cared for at these institutions. Among those receiving long-term residential care the majority is represented by those living in nursing homes for the elderly, their proportion is 65%. The number of those who received care at institutions providing temporary care increased until 2013, then it decreased by 8.3% within a year, thus within five years it increased by 5.6% overall. In 2014 about 13,000 people lived in such institutions.

The proportion of pensioner households within all households was 31% in 2014. Their personal expenditure per capita amounted to HUF 1.1 million, which at current prices means HUF 31,000, in real value 3.2% more than a year before. Household consumption expenditures of those

living in pensioner households exceeded the national average year by year, in 2014 by 16.0%. Another special feature of the consumption structures of pensioners is that the index for home maintenance is higher than average in their households, along with the health expenses due to the expenditure on medication. They spent twice as much on health as the average (HUF 99,000), and within this HUF 75,000 on medication in 2014.

According to household statistics, the income position of the elderly is not unfavorable compared to the younger generations, especially those with children. Being a pensioner does not necessarily mean a risk of poverty as the pension is a certain, permanent income. At the same time, it should also be kept in mind that the assets accumulated until retirement also play an important role in the quality of pensioner life. Research on income conditions point out that the assets accumulated during a lifetime are not spent on their own wellbeing but are mostly built into the inter-generational transfers, meaning that they move from the elderly towards the young. For the currently aging generation it is also natural that with their work, time, and even by reorganizing their life they would support their adult children if they get into a difficult situation.

This mentality and custom makes the active role of the elderly more difficult in terms of unfolding their opportunities within their own social layer.

3.2.1. Life Planning and Self Care

There is a growing social need for self-care. The majority of the active age population is not familiar with the different savings and self-care opportunities. These have no traditions in Hungary, it depends on the initiative of the individual if they can establish the conditions for an active old age. This, however, is not possible or possible only with great difficulties without conscious saving.
The two forms of self-are are individual or non-organized self-care, including savings, preparing for deferred consumption, and help provided within the family. Organized self-care is a kind of self-care based on a community of risk (voluntary funds) and individual accounts (retirement savings). According to certain calculations in their 20s people should spend 10-15 % of their income on self-care, 20-25% of it in their 30s, 25-30% in their 40s and over 30 % over 50 (Salamon, 2012).

Based on trends in more developed countries people do not only base self-care on bank deposits. One of the key roles of the state in terms of promoting self-care is to build a bridge and support individual initiatives. In economics, self-care refers to the willingness to save for old age or the time of retirement (Dombi and Leveleki, 2013). Using another approach, the notion of self-care is used to present the financial and material situation, which is identified with the presence or absence of economic potential, which means that "the individual us responsible for his or her wellbeing and is able to finance the related needs and expenses" (Kuti 2006, 117.old.)

The self-caring attitude of Hungarian society is not strong. Regular monthly income comes from pension and many are forced to work even at an older age. Strategic thinking has significance during the individual life cycles.

3.2.2. The Approach of Autumn Light Nursing Home Supporting the Life Path Model

In order to ensure the sense of comfort and safety for the elderly living in the institution, they receive support for maintaining their earlier relationships as well as to establish new ones at the nursing home. The institution provides an opportunity for the elderly to build such a life path model which includes not only economic but also social activity.

According to the Central Statistical Office, at an older age, over 60 voluntary work is not typical even though it is a necessary activity for the preservation of the ability to work and a self-awareness for the suitability for the labor market. The institution providing care for the elderly is open to programs and activities supporting voluntary work and it actively supports such initiatives.

Collecting and teaching people regarding awareness of the life path models is one of the long-term goals of the institution. In line with this, the management of the institution has formulated the following principles:

- aging does not equal being sick,
- always the weakest function should be strengthened but autonomy has to be respected,
- one needs to strive for the constant physical and mental exercising of the body,
- more emphasis should be paid to prevention.

This institutional approach emphasizes that a lifestyle that is adequately tailored for the individual helps the body to adopt to the different workloads. The presence of a disease in this approach starts with the disruption of the adaptation reaction in the body, for which the diagnosis is only a documentation. Thus it focuses on screening and prevention as well as the establishment of lifestyle centers in its long-term plans. Its objective is to provide comprehensive services for those age groups as well who are still far from elderly age but would like to adapt as well as possible to their environment, to build up a preventive lifestyle against the current problems of aging. The techniques facilitating adaptation among others support the spreading of a financial culture, the development of the attitude of self-care, the protection of family relationships, and also exercises contributing to a healthy body.

3.3. The Health Conditions and Health Care of the Elderly in the Hungarian System

At the time of the 2011 census 1,650,000 people, 16.6% of the population claimed they were chronically ill in Hungary. A larger proportion of the elderly (40%), more than 900,000 people were chronically ill. This proportion is higher among elderly women than in the case of elderly men. One third of elderly chronically ill people are hindered in their daily life by their disease, more than a quarter of them face the same problem in terms of mobility, and more than one tenth in self-care. With the increase of age, such hindrance occurs more often.

During data collection 490,000 people, 5% of the population, had a disability in Hungary. This was true for 11% of those over 60, meaning 255,000 people, in a similar proportion in the case of men and women. More than half of all the people with disabilities is elderly. Among those over 60 the proportion of those with disabilities increases with age. For the elderly the most frequent disabilities include mobility, visual, and hearing impairment. The occurrence of all three disabilities increases with age. The proportion of the elderly with disabilities is the highest in Szabolcs-Szatmár-Bereg County and the lowest in the capital. Their proportion is higher in the northern and eastern parts of the country than in the central and western counties of Hungary. Baranya County represents the national average.

A large portion of the elderly is threatened by isolation and exclusion. These also entail the increase in the risk of disease as well. There are differences in the health conditions along other criteria as well. Indicators of health conditions show significant differences in relation to the city-countryside dichotomy and in connection with qualifications, income, and former position in the labor market.

Services provided in parallel for the elderly often occur in the healthcare and social sectors- The complex process that includes both social and health care aspects is further complicated by the fact that nursing tasks similar in their content are currently implemented as part of two different sectors, with differing minimum requirements, protocols, referral and financing systems. There is no adequate cooperation between the two systems (according to the report of the State Audit Office), it they are characterized by parallelisms and the capacity management systems are not harmonized either between the social and health care systems in terms of providing permanent residential places and placement for long-term care at hospitals. Institutions offering temporary and mixed care are absent and on the institution side there would be more need for such organizational forms. The assessment of the needs for home care and specialized home care has not been carried out or has been done only partially. The eventuality of access to in-home specialized care prescribed by doctors is an especially large problem. The shortage of doctors is frequent in the countryside and at

settlements under a population of 10,000. In healthcare there is an increasing need for permanent residential institutions.

3.3.1. Health Services of the Autumn Light Nursing Home

In terms of healthcare the institution undertakes to provide continuous healthcare services for the beneficiaries. This includes regular medical and specialist care, hospital care, providing medication, medical devices, screening tests. If needed, specialist care is provided by offering transportation to the specialist's office. Visits by the GP provide comprehensive examinations for those who need it, individual needs are addressed also at the GP's office. Diagnosis, the documentation of prescribed therapies is continuous and up-to-date. Out-of-hours medical service is also available. The provision of medication and medical devices is regulated by the following legislation: According to decree no. 1/2000. (I.) of the Ministry of Social and Family Affairs as amended by decree no. 6/2002. (IV.5.) of the Ministry of Social and Family Affairs the institution shall bear the cost of medication on the basic list (Art. 52.(2)).

The documentation connected to healthcare services is arranged by the healthcare staff at the arrival of the resident, then they complete the classification of nursing and caring needs of the applicants. The healthcare staff continuously manages the individual drug registration sheets and prepare the individual care plan together with the resident, el. When a disease emerges, they prepare the nursing plan of the resident. They complete the transfer booklets for each shift together with the different records, including blood pressure measurement, weight measurement, blood sugar control. They monitor the records of medical visits.

As part of healthcare services, the staff and the nurse responsible for mental health provide mental health services as they have adequate qualifications. They provide tasks tailored to the need of the resident and considering the features of the given season, which also extends to treatment in line with their current condition. The goal is to build or maintain social relations between the residents. Maintaining relationships with relatives is a key area. Mental health services also include the organization of excursions, recreational programs, and cultural events for the purposes of cherishing community experience and social relations. In order to guarantee the necessary conditions for maintaining contacts with others, qualified professionals help in writing letters and managing various official duties. The main goals include the preservation of the self-caring abilities of the residents, staying in touch with various charity and other organizations, helping the practicing of religious life, and active collaboration in the life of the settlement.

In terms of the use and fees of the service, the following regulations shall be governing: Act III of 1993 on Social Governance and Social Benefits and decree no. 3/2003. (II. 14.) of the

Representatives of the Alsómocsolád Municipality on in-cash and in-kind benefits to be provided for socially disadvantaged adults and children living in the settlement.

3.4. Social Services and Care

Hungary is an aging society if we consider the increase in the number and proportion of the elderly. Hungary has unfavorable demographic features but it is not one of those countries with a strikingly old age composition[12].

In line with the Fundamental Law of Hungary, the Hungarian state provides special protection for the elderly. Old age pension is regulated by Act LXXXI of 1997 on the Eligibility for Social Security Benefits and Private Pensions. The sustainability of the Hungarian retirement system depends on the long-term level of employment and the demographic features. However, the amount of budgetary contributions on pension-type benefits increases continuously. According to experts, the further increase of the retirement age and the improvement of active aging is a must[13].

Act III of 1993 on Social Governance describes the in-cash and in-kind benefits that can be given to those in active and elderly age by the municipality together with the social services, basic services, and specialized forms of care that can be provided for them.

In-cash benefits are as follows:

- old-age allowance provides care for those who are not eligible for pension after reaching retirement age in their own right due to a lack of service period or who receive a small amount of care (e.g.. spousal allowance).
- nursing allowance: in-cash care provided as automatic entitlement for adult relatives providing in-home care for people in need of long-term care.
- municipal aid (in the case of subsistence problems).
- aid provided by the settlement that provides support for regular expenses connected to housing, drug expenses, debts related to housing.

In-kind social benefits:

- public health care;
- health services.

The following are basic services from the group of social services:

- social catering,

[12]https://www.ksh.hu/docs/hun/xftp/idoszaki/pdf/nepesseg_gyarapodo.pdf

[13] The key documents of the policy for the elderly in Hungary are the National Strategy for the Elderly [Parl. resolution no. 81/2009 (X.2.)] and the first Action Plan for the Elderly [Govt. resolution no. 1087/2010. (IV. 9.)], which follow the principles of active aging.

- home assistance,
- daycare for senior citizens,
- home assistance with warning system.

Specialized care includes institutions providing residential and temporary placement, nursing homes for the elderly, institutions providing care and nursing with long-term residence, retirement homes.

In the last years the government increased financing for retirement homes, the renovation of nursing homes has started. It is a common tendency in developed countries that instead of the costly residential institutions and types of services they provide support for home, near-the-home, mobile, and ambulatory types of services with different regulatory and financing forms.

Home assistance has been the oldest basic service provided for the elderly by the municipalities in Hungary. Its goal is to provide assistance for elderly people living in the settlement who have a low income, are ill, have limited mobility and are socially disadvantaged in their own living environment. The number of people using the service is increasing continuously. Home assistance is a fee-paying service with the help of institutional staff providing in-area care, which can be used voluntarily, in maximum 4 hours a day. The municipality may decide that the person does not have to pay the fee in case of neediness. Some municipalities make the service free of charge in the entire settlement.

The form of care for home assistance can be:

- assistance in maintaining hygiene in the living environment,
- cooperation in household activities,
- prevention of emergencies,
- assistance in solving emergencies,
- providing caring and nursing tasks.

Prior to using home assistance the need for care is examined. Since 2015 the government has increased the threshold and thus prior to using the service a more thorough condition survey is made for the applicant. The coordination of monitoring is the responsibility of the Department of Social Affairs at the National Office of Rehabilitation and Social Affairs (NORSA)[14].

There is an increasing demand for social services and there are more and more financing problems emerging in the system due to changes in the social structure.

[14] The Social Sector Portal (operated by NORSA) shall publish the resolutions passed in connection with the monitoring of social service providers and institutions, contracts concluded with operators, and orders establishing the violation of obligations.

3.4.1. Social Services of the Autumn Light Nursing Home

The services offered for those family members, relatives who provide nursing and care for a family member cannot be found within the service offerings of the Hungarian social care system either. One of the key principles of the Home is to also involve the family members in the care of elderly people and to establish the conditions for the family to maintain their attachment as much as possible. The personal development plan is made at the institution in consideration of the individual needs both in basic and specialized care. There is special emphasis on addressing the individual needs.

A detailed description of the social services provided by the Autumn Light Nursing Home can be found in section 2.1 of chapter 2.

The list of services and their role within the system are introduced in appendix 2.

3.5. The Elderly and Learning

Raising awareness of the position of the elderly is absent already in primary education, which could be one of the major pillars in ending discrimination against the elderly. There are few specializations in connection with elderly care in tertiary education as well. There is a lack of professionals specialized in providing care for the elderly in Hungarian educational programs. The elderly, but even those over 45, should educate themselves, this is one of the principles of life-long learning. Life-long learning is of crucial importance in active aging.

Few in this generation are skilled in information technology even though numerous options could be used for learning with multimedia tools. Also, there are only a few who speak foreign languages. The various training programs do not address the special learning needs of the elderly. The self-help, awareness-raising courses would be important for the elderly.

The participation of people between 45 and 64 in education is lagging behind the EU average in Hungary. There is a better ratio in the case of those with a university or college degree and it decreases with the level of qualification. Learning is not only a good investment but it also has a preventive effect in terms of health. Learning languages is one of the protection factors against dementia.

The employment of those over 45 who participated in trainings was clearly facilitated by the training they had completed. One of the key effects is that the training program helped them keep their workplace.

Another effect of learning and qualifications is that it increases self-confidence. During the training program, the sense of uncertainty experienced by the elderly decreased and their self-

assessment and self-esteem improved. This effect and change is important in the treatment of the problems of the elderly because the improvement of the elf-esteem of the older generations may counterbalance the discriminative attitude of society.

3.5.1. The Learning and Development Programs of the Autumn Light Nursing Home for the Elderly

Autumn Light Nursing Home provides learning and development opportunities for the residents continuously and on a daily basis. The sessions are moderated in most cases by the mental health specialist but often there are also presentations by guest lecturers. The programs and workshops can also be organized by the residents themselves. There are several programs available for the residents with varied mental conditions with which deterioration can be prevented.

Occupational therapies are sociotherapy processes with the aim of preserving and developing skills. These therapies fit fell into the holistic approach of geriatrics and thus they support the body, the social as well as the social conditions. Not only those can participate in these programs who suffer from dementia but it is perfectly suitable for prevention as well. One of the difficulties involved is that there is a decreased or missing motivation in the case of those with dementia, they have an unstable mood, and might also have hearing or seeing problems. Their condition may deteriorate suddenly. In such situations the approach of the caregiver, nursing staff is governing as activities that can keep people busy are available even in the worst conditions.

The occupational therapies can be greatly varied: they may include the arts, music, handicrafts, and animal-assisted sessions. These, besides being enjoyable activities, might also reduce anxiety and improve self-esteem.

Good programs provide a structure for daily life and offer active activities. They relieve tension and stress, and also help with communication.

4. The Strategic Directions of Elderly Care Between 2017 and 2027

4.1. Definition of the Vision

The framework for the definition of the **vision** is provided by Article 23 of the European Social Charter:

"With a view to ensuring the effective exercise of the right of elderly persons to social protection […] to enable elderly persons to remain full members of society for as long as possible, by means of:

a) adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;

b) provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

– to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:

a) provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;

b) the health care and the services necessitated by their state;

–to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution."

According to the **organizational vision,** the Autumn Light Nursing Home is such a complex service-providing institution which provides basic tasks including social catering, daycare, residential care for the elderly, while it also provides individual development options through its special services. With its operation it wishes to support the attitude for independent choice of support. It provides its services in a high quality and based on customized development plans. At the same time, it operates as a kind of resource center which provides knowledge transfer on the one hand, while it also organizes and transmits already existing knowledge thus serving as a learning venue on the other. With its specialization in dementia, trainings for specialists in elderly care, and special trainings provided for the elderly it generates new process in Hungary in the area of elderly care. On the long-run, it supports active and quality aging as well. Thus it is dealing not only with senior citizens but starts the development task much earlier, providing support for new generations. It provides support for those families who have to care for an elderly person.

The following are the strategic organizational values that determine the vision of the Autumn Light Nursing Home:

- **Independence and sustainability** as organizational values: the home providing care for the elderly would like to provide independence for the residents as much as possible. Independence

is not only a one-sided value, it also provides the necessary tools for the independent work of the staff and offers support for their high-quality professional work. The institution considers professional autonomy to be central in its own operation as well. Sustainability is a key aspect in terms of decision making. It is carried out along the principles of safety and adequate quality of life, keeping the risk of diseases at a low level, the preservation of human dignity, and the facilitation of functional independence. The realization of sustainability is a key objective when planning processes and services. Independence and sustainability are key considerations in nursing and care provided for the elderly and in the development of services.

- **Humanity and empathy** as organizational values: a client-centered attitude in the focus of services is a value and objective to be followed for the employees of the institution. Both the staff and residents of the home receive support to be able to live and work under dignified conditions at the nursing home. The conditions are guaranteed for this by the institution but invites and supports the staff and residents to play an active role in it.

- **Family and community** as organizational values: the institution strives to cherish transgenerational relationships in the life of residents. It looks for and implements all those opportunities that help the elderly maintain contact with their families and communities with all the available tools and methodological knowledge. For its staff it guarantees the conditions for a family-friendly workplace. The institution itself would like to become a unified community as an organizational culture.

Along the organizational values, the **main principles of strategic planning**, i.e. the organizational commitments can be determined:

- understanding the experience and needs of elderly people is a crucial element in ensuring the quality of care and services. The elderly are not the tools but users of the opportunities provided by the institution.
- the elderly have to be involved in the planning and development of services and the decisions made about them.
- we need to raise awareness that there is no single good model for institutions providing care for the elderly and their range of services. The changing social and economic situation do not support constancy. Due to the different life circumstances and individual needs the services used can vary greatly.
- flexibility has to be provided and the elderly have to be helped in finding the most suitable nursing and caring services for their personal lifestyle. This is in harmony with the principle of self-directed support.

- the institution has to contribute to providing a valuable model for future generations for their elderly life. The planning processes have to be supported as prevention and screening represent a key element. Planning should be perceived as a value, self-caring activities preparing for old age is not only a form of saving but also an investment into life and the preservation of the quality of life.
- the future of nursing homes is to become such service centers where the families and social relations of senior citizens can also occupy themselves. In the service centers it is possible to spend quality time with the entire family.
- for the elderly, the service centers provide an opportunity for learning and might also provide a practice venue for gerontology training.
- for the transfer of valuable models, the conditions for building a mentor network have to be created.

The mission of the institution is to provide a model and tools not only for a viable old age but for one that is lived in wellbeing and actively. It considers the social integration of the elderly to be important and acknowledges all initiatives as a value that improve the self-esteem and social self-assessment of the elderly. By 2027 the operation of the Autumn Light Service Center in Alsómocsolád includes the Dementia Center in Alsómocsolád and the Mocsolád Geriatric Training Institute. The operation of the institutions and the life of the village go hand in hand in these processes as the village provides the environmental conditions needed. The Service Center continues to provide care and nursing, along with the services connected to the well-being of the elderly in their daily life. The dementia center provides special care for people suffering from dementia and with its presentations and trainings strives to introduce dementia as a condition for family member and healthcare professionals. The geriatric training center offers such training programs and psychoeducational activities that provide useful information both for professionals in the field of geriatrics and the elderly.

4.2. Defining Goals

The Autumn Light Nursing Home, as a multi-faceted organization is committed to realizing the following **goals** between 2017 and 2027:

- **Quality**, meaning that the elements of general quality assurance should prevail in elderly care also. These elements of quality assurance are as follows: specified professional guidelines and protocols, methodological papers, Hungarian Healthcare Standards and the related methodological resources, quality management, ensuring the institutional conditions of patient safety, specification and meeting of indicators, monitoring of national patient satisfaction surveys, and adherence to the stipulations regarding food safety. Guaranteeing

the professional background is a key criteria along with trainings for the staff. Due to the deficient system of elderly care good practices have to be collected for the purposes of quality improvement. According to current expectations there should be at least 1 geriatric specialist for 50 patients for professional work to be provided at an adequate standard. The long-term objective is to have a physician specialized in geriatrics as responsible for care.

- Service, meaning the operation of the processes and activities of the service strategy at the highest standard possible in client-centered nursing and care built on a holistic approach. This covers the financial management of the service, which presupposes the availability of crucial management information in terms of finances. The effective and cost-effective services contribute to long-term sustainability. Service demand management coordinates needs with resources, thus it has to be considered during implementation. The goal of the development of a service portfolio is to achieve maximum value creation besides the simultaneous management of risks and costs. Understanding the relationship between services and strategy is a key element of strategic processes, therefore the needs of the elderly and their family have to be considered under all conditions. The quality of the services has to be controlled regularly, possibly with grading and visualization.

- **Financing**, meaning the establishment of the conditions enabling smooth and continuous operation. The financing principles include safety, profitability, flexibility, normativity, and liquidity. Safety means that the duration of capital investment and implementation are in harmony economically. Profitability can be realized with favorable commitments and investments with a definite return. Flexibility may affect financial viability in connection with social and regulatory systems. Normativity prevails when the rules and regulations of the financing monitoring systems are considered. In the case of liquidity, the goal is to maintain the ability to get access to money and ensure solvency. Following cautious financing strategies is recommended.

- **Growth** or institutional development. Development can be measured several ways, for example, with the changes in staff numbers, the number of available beds, and the measureable improvement in the quality of services. A basic type of growth strategies is the Ansoff-matrix[15]. As for the adaptation strategies, following the innovation and consolidation

[15] The second basic question of the development strategy is the following: what are the alternative directions in which the organization can develop its activities? The starting point is the situation that the organization has accumulated resources that can be invested. Ansoff matrix: analyzes the strategic development alternatives available for the institution based on all the formal options of development strategies (new or existing product or market). Its elements include market penetration, market development, product development, diversification.

strategies is recommended[16]. To achieve growth, it is recommended to adhere to the product and service development strategy, which is more market oriented. Ideas for product and service development takes place with the involvement of users. They focus on the development of such products/services that are closely associated with the basic capacities and experience of the institution. They have to become able to implement the requirements connected to the new product and service without creating contradiction with the requirements of the already existing products and services. Development is carried out by multidisciplinary and inter-organizational groups and it also considers the needs of service providers and cooperating bodies outside the institution.

- **Humaneness** or establishing the conditions for a bilateral empathic behavior and organizational culture. Besides their knowledge, the tools of those providing social services rely on skills, competences, and their personality.[17]. The staff of the institution receive support for the continuous development of their skills and competences. The head of the institution assesses and analyzes the emerging needs for services, the characteristics of the expertise of the available staff, the career options of the colleagues on the long-term, training options, and in line with these prepares a training plan for them. The ability to maintain humaneness, is an institutional-level task, the management has to guarantee the adequate conditions for the mental health of the staff at the workplace. The beneficiaries of the institution also accept humane behavior as a value to be followed, as much as it is allowed by their condition and individual opportunities. Within its own framework, the institution supports them in this regard, providing mental care and informative, psychoeducational lectures.

4.2.1. Responsibility for Implementing the Goals

The implementation of the institutional strategy is in the interest of both the organization as such and the elderly. The supportive behavior of the maintaining body, the innovative approach of the managers, and the cooperative community of the residents represent the keys to the feasibility of the joint interests.

The realization of the quality and the operation of services is the direct responsibility of the head of the institution. The maintaining body shall be responsible for the value-creating processes of financing and growth. In terms of humaneness as a goal, the responsibility lies with the manager responsible for the staff and from the part of the elderly, the mental health specialist.

[16] http://www.tankonyvtar.hu/hu/tartalom/tamop412A/2010-0019_Tervezesi_modellek/ch06s02.html. Date of access: 21 December 2016. 2:45 PM.

[17] file:///C:/Users/Eszter/Downloads/teruleti-szakertoi-csoport-bentlakasos-idosellatas-hosszu-valtozat%20internetr%C5%91l%20(3).pdf
Date of access: 21 December 2016. 2:45 PM.

It is recommended to establish a *Council for the Elderly* at the institution which provides a organized framework for the discussion of feedback on the quality of services and current issues and problems, and where decision-making meetings can also take place. Meetings can be organized weekly or every two weeks. The minutes of the meetings should be kept and verified. The minutes have to be displayed at a visible place within the institution. The Council chooses a chair at all occasions. The Council is responsible for the discussion of questions and recommendations related to the institution and their announcement, as part of the support system of the head of the institution for decision making it has an advisory role.

In order to ensure continuous professional care and services, there have to be regular meetings to facilitate communication maybe even within supervision. There should be one representative for all areas of care, and the Institutional Council should be established. The *Institutional Council* is such a professional team that supports the management and the maintaining body in decision making, while it also provides direct feedback on the processes and the feasibility of strategic plans.

It is especially important in the development of organizational systems to have adequate communication between the organizational levels.

4.2.2. Specification of Time Frames for 2017-2027 and the Action Plan

The strategic directions of the Autumn Light Nursing Home and the related points of intervention are grouped into short, medium, and long-term periods by the strategic plan. The years between 2017 and 2019 are set as the short-term period. The planned directions and points of intervention are included in Table 1.

Strategic direction 2017-2019 (short term)	**Points of intervention**
Strategic developments	Updating the internal quality management system Development, introduction of performance assessment system
Human resource management	Recruiting volunteers Participation in trainings against burnout Organizing teambuilding programs
Infrastructural development	Looking for investors (for apartments) Developing a marketing strategy

Services related to active aging	Children's corner Involvement of the youth, introducing elderly age to youngsters (e.g.: selfie with granny, selfie competition for example with great-grandchildren), drawings of grandpa at school, kindergarten (to create a living relationship between the young and the old. To get present at the nursing home, not to be afraid, to have positive experience). Movement for moving (for staff, beneficiaries) concept (conditions, content, prevention, exploring screening system) – exploring catering (types of meals, possibilities for financing) (recipe book) trainings against burnout, prevention for employees (health plan)
Development of a service system in operational processes	Cooperation between nursing homes of the Southern Transdanubia region, creating a database of experts, educators, writing methodological materials Research in gerontology, Preparing brochures (who we are, what do we do) Cooperation with universities, involving university students, Networking, Organizing open days Development of a service development concept

Table 1: Plans with short-term direction

The medium-term directions specified for the period between 2017 and 2022 are included in Table 2.

Strategic direction (medium term)	**Points of intervention**
Strategic development	Digital development, providing the necessary background

Human resource management	Increasing number of beds, authorization, furbishing rooms
Infrastructural development	Increasing no. of staff Participation in professional trainings Establishing and using middle management position
Services related to active aging	Continuous involvement of the elderly, ensuring sustainability of the program
Development of a service system in operational processes	Preventive screenings, starting more complex operation
	Starting and operating education services

Table 2: Plans for medium-term directions

The plan specifies long-term objectives and strategic directions for the period between 2017 and 2027. Table 3 introduces the strategic plan in detail.

Strategic direction (long term)	**Points of intervention**
Strategic Development	Complete involvement of digital tools, screenings, contact through these
Human resource management	Operation of apartments Increase in area
Infrastructural development	Increasing the no. of staff depending on the no. of apartments
Services needed for quality aging	Continuous involvement of the elderly, ensuring sustainability of the program
Development of a service system in operational processes	Operation of service center

Table 3: Long-term strategic directions

The detailed institutional development strategy and the action plan are included and introduced in detail in chapters 4 and 5 of the institutional development strategic document and it also features a detailed financial plan. Scheduling is presented in Table 9 of the above-mentioned document.

4.3. SWOT Analysis

The SWOT analysis is one of the steps in strategy development. When SWOT analysis is made for the evaluation of the strategy, the emphasis is not on listing all kinds of strengths, weaknesses, opportunities, and threats but on identifying those that are related to the strategy. This is still not enough because some strengths or weaknesses can be more important than others when building strategy or from the perspective of the market, and the same applies to opportunities and threats also. Thus it is important to evaluate the SWOT list in the sense of its consequences regarding the strategy and those areas that still need to be explored in strategy development. Table 4 includes the SWOT analysis in the areas specified by the strategy.

The SWOT analyses related to the development of the institution and its services can be found in the Institutional Development Strategy and the document on the development of the institution's services.

Strengths	**Opportunities**
The institution has a license for specialized nursing and thus it is already reacting to increased need for nursing and specialized nursing.	Reducing the overload of the current staff. Opportunities for planning on new supply of staff. Providing an intern for the mental health specialist for the sessions. Organizing volunteers.
The need for professionals is covered in 100%.	Guaranteeing continuous professional development (e.g. one specialized training a year), training of geriatric specialists
Full professional coverage, well-working systems recommended under the name of good practices	Social care center, operation, maintenance of a network, education and training for the elderly and specialists in elderly care
The building meets the requirements of modern care. By 2017 a larger and more modern accessible building and courtyard will be available for the staff and residents.	In the case of amortization, purchase of equipment and use of environmentally conscious technologies. Environmentally conscious building development, shift to self-sufficiency (own garden, vegetable garden), serving both as a possibility for programs and

	jobs.
Making use of tender opportunities as a result of which technical equipment can be improved from year to year, and thus better quality services can be provided	Strengthening financing and further development of service quality
Innovative professional community	Additional tenders in social affairs and infrastructure (micro-region, etc.)
Establishing good partnerships in the region.	Establishing additional, even business-level relationships, possibly the addition of business capital for the support of the institution.
Maintaining contact between the generations. Joint programs with schools, kindergartens, organizing excursions. A children's corner will be completed by 2017 where children of relatives can play while the parents and grandparents talk to each other.	Possibility for establishing a nursery, kindergarten at the nursing home.
	Building apartment houses, house care on an institutional level. At home but still in professional safety.
Organizing regular teambuilding events.	Dedicated employees, good community
Weaknesses	**Threats**
Continuously changing legal background	Lack of stability, sense of security, the continuously changing legal background results in uncertainty and pushes creativity into the background.
There is no coordinating professional organization	It may be detrimental to professionalism if there is no stable, common ground that would provide guidance and establish uniform quality and standards

Negative effects of demographic changes and economic cycles. Aging index keeps increasing.	There are more and more elderly people but the social layer is very heterogeneous, financing is not guaranteed.
The nursing and specialized nursing activity is becoming more central, there is a shift towards healthcare services.	The headcount and (professional) qualifications specified for the social care system have difficulty reacting to the changed needs.
The human resources specified for social care tasks does not cover the human resource needs of the nursing tasks.	The nursing and caring activities mean a disproportionately large burden for the employees physically, which might result in overload and thus it can result in increasing fluctuation. Not providing services appropriate for the individual.
There is no adequate prestige for those working in the social field. Their salary is also lagging behind those in healthcare.	Lack of specialist, difficulty with having professionals in the future, right when the tasks include nursing duties more and more.
Due to the scale and number of the lack in capacities for self-care there are significant differences in the need for care and the current client-based normative cannot cater for this difference.	The normative based on the number of clients does not cover the real need for care which may result in problems with financing in the long term. At the same time, the number of specialists cannot be determined based on the accommodation capacity. Instead of this it should be determined based on the service packages associated with the need for care to provide the necessary number of specialists.
Few volunteers and interns are currently involved in operation due to poor accessibility (village accessible on one road only – difficulties	Overloading of employees, the possible internship framework is not utilized. Opportunities for transportation development

with public transportation)	(public transportation) so that the young people could make it to the settlement/internship venue in time.
On the level of employees planned and regular supervision is absent.	The overloading and burnout of the employees can first result in the deterioration of the quality of work, then also in losing the employee.
The head of the institution is (temporarily) managing daycare, residential care in one person and according to the plans this person will also be responsible for home care from 2017. An intermediate department management layer is absent that could help in the supervision of the departments. This would take a lot of burden of the shoulder of the head of the institution.	Fragmentation and the need to be present everywhere may cause the weakening of the planning, organizational, and controlling tasks of the manager. On the long-term this can result in losing motivation and burnout.

Table 4: SWOT analysis

(Source: strategic documents on institutional and service development)

4.4. Goal-Tool Matrix

In the course of setting objectives, the goal-tool matrix collects the tools necessary for the specification of goals and assigns them to these goals. Table 5 includes the introduction of this matrix.

Goals	**Tools: how to achieve the goal**
	Identifying topics with questionnaires surveying the needs
	Sending the questionnaires to the target person (GP, patient transport, relatives, Facebook pages, partner organizations)
	Evaluation, summary of questionnaires.
	Finding the appropriate instructor based on the evaluated questionnaires.
	Specification of target and control groups to make the effectiveness of education measureable, in a period of 1-2 years.

Ensuring educational features on the institutional level	Contacting universities and partner organizations to find the appropriate instructor.
	Identifying rooms, event halls based on their capacity
	Organizing specialized trainings annually
	Preparing publications in the identified topics, published regularly. Preventive, diagnostic, therapeutic or rehabilitation process descriptions written by the acknowledged experts of the relevant field(s).
	Providing information on diet, exercise, the negative effects of various substances on health, medication, and dietary supplements.
	Organizing open days quarterly for relatives and other institutions.
	Creating an IT interface for storing and expanding professional materials and publications.
External communication of the institution	Writings, articles, photos, events, achievements related to the life of the nursing home should be published in the settlement or regional papers, brochures. Creating our own institutional website or Facebook page for the purposes of recommending its programs or present good practices.
Development of an interactive digital system	Besides internal training, providing traineeship, practice computers/laptops for the beneficiaries.
	IT improvements.
	Continuous Internet connection, maintaining interest in the topic, page, expanding the scope of people knowing about it. Organizing and managing Facebook campaigns.
Continuous trend analysis	Innovation workshop with university students, external specialists, social workers, nurses, and the target group, organized quarterly.
Introduction of preventive services	Besides the basic eye, hearing, and orthopedic screenings, providing extra screening opportunities to be able to recognize diseases at an early stage and to be able to react quickly. These screenings, from the optional screenings over 65, are targeted at the early detection of hypertension, atherosclerosis, diabetes and

	the identification of possible complications. The examination of the preceding lesions of tumors of the oral cavity is recommended. In the case of targeted, public health screenings, it is recommended to participate in breast and cervix screening, and as a pilot program, both for men and women between 50 and 70, in colorectal screening every second year based on the lab testing of blood in stool (colon cancer), and also prostate screening. Breast soft tissue radiography, mammography. Mammography is recommended especially for women after menopause, i.e. between 50 and 64. Recording complex tests at placement: health and mental condition, sense of autonomy, relations, role of intimacy, tolerance should all be examined. Self-evaluation is an important element, but the opinion of the relatives and later that of those providing care have to be added to it, and which shall be indicated in the individual care plan.
Primary prevention	Administering appropriate vaccinations, advising on healthy lifestyle, diet, activity, and the avoidance of behavior having a negative effect on health. Providing secondary screenings: for the purposes of identifying comorbidities, consequences of diseases and the risk factors of other conditions.
Secondary prevention	The physician of the institution is responsible for the regular checking of the health condition of those receiving care, medical advising, prevention, screenings specified by healthcare legislation, regular medicine ordering, and if needed access to specialized healthcare. The user of the service receives support in choosing the appropriate lifestyle for the preservation or regaining of their skills, abilities and health condition. For preventive purposes, they get information and support in terms of diet, exercise, stimulants, medication and dietary supplements. Nutritional status assessment quarterly to prevent malnutrition and obesity. Moreover, as a result of regular assessment, the risk factors connected to eating are known and addresses in a customized way.

Tertiary prevention	Providing social, occupational, mental health, and healthcare services to maintain the functional skills of the person or to delay deterioration. Contacting businesses, financing opportunity for asset insurance, contacts with patrons.
Providing healthy eating options in the settlement	Special diabetes meals, advising at the restaurant by a qualified chef specialized in diabetes. Advising for relatives on different diets and healthy meals for various diseases. Possibly the publication of a special recipe book, uploading it on the Internet and expanding it continuously.
	Opportunity for a program called "from our own garden to our own kitchen".
Healthy attitude, 'Movement to Move'	Integrating the importance of exercise into daily life, use of the gym and the playground for the elderly. Besides these, starting competitions involving exercise regularly between nursing homes, initiating "walk granny" campaigns, where outstanding achievements are awarded with a prize. Every second month organizing a lecture on the importance of physical exercise by authentic speakers. Conditioning exercises, introducing special forms of movement for the elderly by extending the range of options available for spending free time usefully.
Prevention for staff	Appropriate performance measurement, feedback, reinforcement, and incentive system. The workplace as a supportive group, providing shared experience. Improving working conditions, reducing overload, decreasing crisis situations by making processes more transparent and with adequate administrative support. Guaranteeing professional development, participation in trainings. Workplace team and discussion of cases, consultations with colleagues.

	In severe cases providing the opportunity for changing a job or activities. Flexible (planned) leave. Providing regular supervision. Organizing teambuilding events. Organizing sports days.
Shaping an integrative approach	Organizing programs to end prejudice: Involving the local media to present achievements and problems related to the elderly. Starting regular programs in the local TV and newspaper for the elderly could be useful.
Establishing a living relationship with young people	Contacting schools and kindergartens so that even more young people could get in touch with the nursing home. Celebrations, holidays, and other events. Senior citizens go to arts and crafts afternoons to schools, they sing folk songs, e.g.: to preserve traditions or to transfer knowledge between generations. Establishing a playroom for those children who come to the institution with the relatives, so that they can also have a great time and it is also a pleasure for the residents to see children playing. Cooperation with university students in research and their involvement in mental health programs. Organizing joint programs with young people, for example, Selfie with Granny, Adopt the "Granny", joint programs with youngsters, excursions, active free time activities.
Planned recreational opportunities	Aroma, music, and light therapy used in daily activities both for staff and beneficiaries. Use of gym, massage, and rehabilitation

Table 5: Matrix presenting the goals and tools

(Source: strategic documents on institutional and service development)

4.5. Good Practice from the Netherlands: Hogeweyk, the Dementia Village

Hogeweyk was a pioneering initiative in the area of elderly care. Hogeweyk is a village in the Netherlands built in a way to provide adequate condition for patients suffering from dementia not only within the institution but in the entire village. The technique of daily memories has a positive effect on dementia. The same things happen in the village every day, the living conditions are isolated and artificial. There is no proper money in the stores, the fee paid for elderly care includes all the services used. The therapy of daily memories is an effective way for improving the conditions of people with dementia and the therapy is also characterized by reduced drug consumption.[18] Currently, the village has 152 residents and there is 24-hour service provided. Hogeweyk is a complex[19] that looks exactly like a village. There is a church, a main square, supermarket, hairdresser, café, bakery, and a theatre. Overall, there are 23 residential buildings available with 7 types of furnishing. The furnishing is chosen based on the social background of the resident, whether s/he was religious or not. There are six or seven people living in one house, in separate rooms.

The goal of caregivers and nurses is to create the most adequate conditions possible for an independent life, they were no clinical clothing but work in casual clothes not to confuse the residents. The staff of 250 people cannot correct the residents if they are recalling their memories. The staff receives a special training to facilitate communication with people suffering from dementia.

The story of the village is that the mother of one of the owners had worse conditions due to hospital treatment or conditions but when she was accommodated in a traditional nursing home for the elderly, her condition improved among people with the same background. By now it has been confirmed by experience that people with the same background or origins live longer together.

The village was designed by architects Molenaar and Bol and VanDillen and was opened in 2009 on an area of close to 4 hectares. The infrastructure of the facility required EUR 19,300,000 investment with the Dutch government providing a subsidy of EUR 17,800,000 for the project. The café and the restaurant, as well as some shops, are open to the public. The income from letting these properties contributes to operating costs. The costs are similar to the costs of the traditional nursing homes for the elderly, meaning an amount of EUR 5,000.

[18] The village and the method resemble the artificial environment created in the American movie The Truman Show. http://www.imdb.com/title/tt0120382/
Date of Access: 21 December 2016. 9:15 AM.

[19] The official website of the dementia village: http://www.dementiavillage.com/
Date of Access: 21 December 2016. 9:20 AM.

5. Implementation and Monitoring

5.1. Controlling and Measurement of Institutional Processes, Order of Processes, Human Resources

The client-centered standards prepared within the TAMOP (SROP) 5.4.1 program specify those values and criteria that should be met during standardization in the area of healthcare[20]:

- self-realization: it is the goal of the nursing home to make it possible for residents to fully explore their potential emotional, social, intellectual and physical abilities.

- dignity: for those who need to rely on the help of others self-esteem also depends on the circumstances that are provided for them.

- independence: in the context of living together with other people this means that the residents have to be aware of the needs of the others as well. They also have to respect these.

- individuality: the staff of the nursing home have to be open to the needs of the individual and have to ensure the opportunity to practice and observe religious, ethnic, and cultural traditions and requirements (let it be in terms of food or rituals).

- respect and appreciation: familiarity with and respect of the life story of the individual provides an independent personality both for the resident and the staff member. The abilities, experience, and talent of the residents have to be respected and appreciated.

- freedom of emotions: the residents can freely choose their friends. They can freely establish intimate and personal contacts both within and outside the nursing home.

- the opportunity for making choices and taking risks is an important part of life, taking risks should be seen as natural. The residents should not be hindered in their activities just because there is a natural risk. The usual activities have to be supported as much as possible and autonomy should not be controlled.

- keeping records that are needed to maintain certain registers including personal data. The designated healthcare professional has to have access to information about the health condition of the patient. The information and records are strictly confidential and they have to be treated as such.

The basis of the vision of society in the National Strategy for the Elderly is that all age groups have to have the adequate chances to live a full, active and dignified life. Everyone has the right to the conditions for these in all stages of life, including the last one as well. We have the right to be borne into humane conditions and also to pass away under humane conditions.

[20] www.ncsszi.hu/download.php?file_id=1720
Date of access: 22 December 2016.

The Autumn Light Nursing Home strives to ensure this basic goal both for the residents and staff. Its objective is to provide the opportunity for conscious preparation for active and quality aging for all (including beneficiaries, residents of Alsómocsolád, staff, relatives, foreigners). This is achieved with the development of a service system that addresses the challenges of the age with continuous development and that prepares people for active aging. It also offers those services that are needed for quality life in the given age and condition. Maintained continuously.

5.1.1. Process Control at the Institution

In order to ensure that the institution provides adequate quality services the processes have been regulated, internal controls have been established so that the different performances can be compared and all the beneficiaries get the same quality of care from all the staff members. The regulation of processes is beneficial for the employees as well as it offers a sense of professional security and guarantees stability and clear expectations. Besides the obligatory regulations, controls have been established at the institution also based on their own special quality needs. The following sets of rules are used at the institution:

I. Regulations regarding the life of the institution:

1. Document management regulations
2. Regulations for the functioning of the advocacy forum
3. Medication regulations
4. Protective and work clothing regulations

II. Financial regulations

1. Accounting policy
2. Cash management rules
3. Materials management, inventory and scrapping rules
4. Property protection rules

III. Technical supply regulations

1. Work health and safety policy
2. Fire Safety Regulations
3. Use of motor vehicles

Besides these rules and regulations, guidelines have also been written, and these have been made accessible to all employees, training has been provided, as verified by their personal receipt.

TAMOP 5.4.1 recommended metrics for the indicators used for residential nursing homes. If these indicators are measured and recorded periodically, a trend becomes visible.

The chart providing a summary of these can be found in Appendix 3.

5.1.2. The Internal Audit Process

The internal audit is an internal control process. Controls represent an important management task as these can reveal professional deficiencies and problems. The internal audit is an internal quality control, an internal ambition for compliance. The audit can be completed based on a set of criteria or with physical control. Thus its methodology may be based on scores, indicators, or simply visual inspection or discussions.

The control process at the Autumn Light Nursing Home extends to all areas of social care, including practice, administration, and legal and professional stipulations. Control is performed every 6 months. The control of financial aspects takes place quarterly[21]. For the reports and registers forming the basis of the normative, control is built into the process. The tasks of those responsible for controlling:

- the head of the institution controls the head of catering, the head of daycare, the senior nurse, the observation of professional regulations, administration, records kept by the head of catering and the club, cash management accounts and records.
- the head of daycare services is responsible for the control of: the head of the institution in terms of service fees and cash management, the records needed for normative applications (people with/without dementia, registration of residents, registering those on leave and present, etc.) The realization of the professional tasks of the head of the institution (the compliance of the applications of beneficiaries, caring needs analysis, advance care, and record keeping with legal stipulations.)

Memos are made of the completed controls and experience. Controlling takes place based on the controlling guide valid at the institution.

Specifically, the controlling guide follows the points below:

- Is the number of employees and their qualifications in line with Government decree I/2000?
- Are professional trainings in line with the training policy?
- Has there been any submission of tender applications?
- Has there been any investment, renovation, extension of fixed assets?
- Has there been external professional control? Has it identified any deficiencies?
- Number of deceased people, statistical data?
- Control of mental hygiene activities

[21] I.e. decision on service fee, invoices, cash management, payment of service fees, reimbursement.

- Has there been a meeting for residents, staff as scheduled?
- Has there been any complaint regarding the institution?
- Have the reports on statistics been submitted in time (on paper/Internet)
- New residents have written agreement, referral decision.
- Are the necessary administration sheets kept up-to-date for all residents?
- Service fee
- Applications – waiting list
- People moving in
- Has the organizational regulations or the professional program been amended?
- Are the required documents available on the corridor (operating license, service fee, contact details of legal representative of beneficiaries)?
- Has the required fire and work protection training been organized?
- Planned changes based on feedback?

For the responsibilities and competences, the systematizing table of TÁMOP 5.4.1. on residential elderly care is included in appendix 4 of the present strategic document.

5.2. Monitoring

Monitoring is based on continuous data collection and on the basis of this the management can examine the progress of the activity in terms of the set goals.

According to the findings of the Regional Group of Experts on Residential Elderly Care, Institute for Social Policy and Labor TÁMOP 5.4.1. the measurement and monitoring of caring and nursing activities can be approached from multiple directions. One of them is represented by the satisfaction survey by the beneficiaries and the other by the satisfaction of relatives. Visible improvements in condition and the measurement of the ability for self-care provide objective results. By completing the activities aimed at the improvement of the physical and health condition and included in the caring plan within the given time, the suitable indicators are available on actual deterioration or improvement in the condition. The continuous documentation of completed caring and nursing activities serves as a kind of monitoring which provides another opportunity for continuing or modifying the given activities.

The objectives of the analysis of the monitoring program described in the strategic plan of the institution are as follows (Mészáros, 2012):

- collecting reliable information on the processes continuously,
- monitoring of the implementation of the action plan and its activities,

- monitoring the achievement of the goals of the action plan, feedback on the goals,
- collecting data and information for reports and closing documentation,
- collecting information for other communication-related tasks of the program,
- opportunity for intervention.

5.3. Guided Self-Assessment

The standards made in the TAMOP 5.4.1 program also apply to the social field, and these standards provide a general quality expectation within the profession. However, it is also a crucial factor of performance how the person/employee/beneficiary sees these standards, indicators, how much they can identify with it, to what degree they agree with their application and usefulness. If we talk about quality and quality management, we should not leave out performance assessment either. Performance evaluation monitors the quality work of the institution as a whole. As part of this, we examine the situation of the institution and set the tasks for the future. The goal of performance evaluation is to gradually improve the performance of the staff and management of the institution – especially in terms of the skills, competences, knowledge and experience needed for performing their tasks – and thus to facilitate the implementation of the objectives of the institution.

For this purpose, as part of performance evaluation the following are needed:

- assessment of the need for trainings,
- support for intentions for development,
- self assessment of employees,
- setting of the development targets,
- searching for, extending, and improving the assets and resources needed for development,
- overview of the activities of the employees based on the task assignment plan, records of working time, and job descriptions.

The function of performance evaluation is to play the role of such a tool in the operation of the institution that helps the institution achieve its quality targets by:

- specifying performance expectations for the managers and other staff members,
- coordinating the targets and specifying a uniform system of performance evaluation,
- ensuring the development of employees.

The findings of the performance evaluation can be used successfully in those cases when

- the performance has to be considered for the salary,
- it has to be identified why the performances do not reach the required level,
- the competence of the employee and the question of further employment can be decided.

The number of those applying for different social benefits is increasing continuously and hand in hand with this, the people using the services are more and more informed, they look for services more extensively and they try to choose the best service provider for their money. This creates strong competition and makes development a must, resulting in quality improvement on the long run.

5.4. Review System

Continuous and improving performance can be guaranteed only if feedback is available based on criteria set at regular intervals. The operation of the system has to be supervised and examined continuously. The goal of these reviews is to identify the deficiencies and weaknesses in the regulations and the operation of the system in time, to end these, introduce measures to avoid their reoccurrence, and to monitor the results of such measures.

The Autumn Light Nursing Home plays special attention to the review system exactly because this is the only way to ensure adequate quality. To ensure that the nursing home provides the same quality of service for everyone, several control systems have been introduced after being prepared by the head of the institution based on professional materials.

These internal process description controls include the writing, introduction, and operation of the internal quality management system, the infection control manual, and professional program for specialized care. Performance evaluation is made at the end of the year as part of the bonus system, thus performance directly effects the salary. The basis for performance evaluations in the case of employees is provided by the job descriptions, process descriptions, and regulations together with the analysis of experience gained during work. Performance evaluation is made annually by the head of the institution in consultation with the mental health specialist and the senior nurse.

6. Communication Channels of the Strategy for Elderly Care 2017-2027

6.1. Effective Conditions for Communication

It is a crucial part of the strategy and the action plans set by it to ensure continuous and effective information flow between the participants, the project management, and the management of the organization implementing the project. Moreover, in case external resources are also used for the project, in this case the support of the Norway Grants, it is of crucial importance to have mutual exchange of information between the sponsor, the organization, and the project management. In the case of projects supported by the Norway Grants providing transparency is an obligatory feature. The supplement for the execution of basic projects includes the detailed regulations on providing information and publicity.

It is important that people should learn about the results of the projects and programs as widely as possible. Therefore the communication strategy of the Strategy for Elderly Care, the process of its implementation, and the annual report on its implementation is based on continuous and extensive information.

The target groups of external communication are those institutions, organizations, and groups that are not part of the project organization but participate in the implementation of the project or are stakeholders in the project in some way. This category also includes the beneficiaries and supporters of the project, as well as the general public and the media The objective of external communication is, for example, to inform the general public about the goals, content, and results of the project, notifying the supporters on the progress of the project, the problems and changes encountered during implementation, informing the target group, the beneficiaries, and users about the project, its results, means and conditions of participation in the project, and the use of services and products created by the project[22].

We primarily need to focus on those channels of communication that can reach those target groups that can make the most use of the information and results provided. In this case this means the staff of the nursing home, their direct and indirect relations, the residents and their relatives. As the project is a pilot program, communication towards nursing homes operated in smaller settlements is also important to enable the transfer of good practices and thus improve their efficiency also.

The platforms of continuous and extensive communication include

- the Internet,
- the employees and residents of the nursing home,

[22] Based on the Strategic Document on Institutional Development

- the organizations associated with the nursing home,
- the local, regional, and national media (press releases, newspaper articles, radio and TV presence, paid advertisements)
- advertising surfaces of the Norway Grants program (website, functions, blogs available on the website, news, forum, event calendar)

The text of the Strategy for Elderly Care or the information on the results achieved during implementation as well as the annual reports on the implementation have to be made available on the website of the settlement, at a place where the employees and residents of the nursing home, as well as the relatives of the latter and other interested parties can access it.

External communication surfaces may include: newsletters, social media sites, the website or other, video sharing sites.

6.2. Other Media Platforms

It might be important information that as part of a support program practically the cost of all kind of communication activities and tools can be planned in the project budget under information and publicity costs, including, for example, TV and radio commercials and paid advertisements, of course, in harmony with the size and significance of the project and in a rational proportion to the overall size of the budget.

The most frequent form of communication with the media is the *press release*. Its advantage is that it can prepared easily and in a short time and with an appropriate press list it can reach the target quickly. To ascertain the newsworthiness of a press release, certain requirements and expectations have to be observed. It is a basic requirement, for example, that the press release should include current information that is truly of public interest. In terms of its length, the document should not exceed one page if possible or if this is not possible, then it should be no longer than two pages and should include subheadings.

Besides official press releases and paid advertising, *newspaper articles* related to the project also represent an important channel. These are usually written based on information provided at press conferences or during personal meetings. The significance of having a personal relationship with the press is most prevalent in this case, especially if a press conference is also followed by an interview, continuous attention and presence in the press.

Having a good relationship with the media is also very important in the case of *radio and TV appearances* because it is harder to find a place for project events free of conflicts, scandals and sensational news. Still, in terms of the publicity of the project, interviews, short reports, and news in

thematic programs are truly beneficial. In the case of projects with a special public service and benefit this form of presence is almost mandatory.

7. Summary

The Autumn Light Nursing Home is dedicated to client-centered services in elderly care. Its holistic approach to care, nursing, and healthcare services serves as a value-creating model in elderly care.

On the long run, quality services, a high standard of professional work, and a friendly atmosphere are important not only for those receiving care and their relatives, but the employees can also cope better with the burden of this special field of work at a supportive workplace.

The work of those in social care and healthcare is not recognized enough. The value of work is decreasing continuously, while there are increasing professional expectations; thus adequate motivation is a key. The involvement of the employees and the integration of their opinion and ideas was an important consideration during strategy planning.

The future success of the Autumn Light Nursing Home in Alsómocsolád is based on the implementation of strategic documents. The documents summarize the objectives and goals, and also consider the assets and open ideas.

Today, the precise outline of the methodological center is not yet visible, but there is a clear need for the complex. The need strengthens motivation and motivated action unifies goal-oriented attitudes within the institution.

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Appendix

Appendix 1

Chart presenting the condition of the residents of the Autumn Light Nursing Home between 2009 and 2016

Autumn Light Nursing Home data:	2009	2010	2011	2012	2013	2014	2015	2016
Those applying for out-of-turn placement:	12	6	18	19	14	34	30	43
Regular waiting lists:	26	24	11	11	18	8	11	3
Total:	38	30	29	30	32	42	41	46
According to level of dementia	2009	2010	2011	2012	2013	2014	2015	2016
severe dementia	34	31	29	27	27	27	26	27
moderate dementia	4	6	6	6	6	5	6	4
mild dementia	1	2	4	4	4	0	0	0
not suffering from dementia			3	5	5	10	10	15
Nursing-caring needs:	2009	2010	2011	2012	2013	2014	2015	2016
Cardiovascular disease	32	39	39	35	35	33	39	40
Locomotor disorders	26	26	33	31	31	21	26	23
Diabetes		10	11	13	13	10	10	11
Diabetes				13	12			
Cancer		2	3	3	3		3	3
Hearing impaired		1	2				2	2
Incontinence	13	21	17				21	18
Pulmonary (lung diseases)		4	4	3	3		4	4
Psychiatric disorders				3	3			
Mobility:	2009	2010	2011	2012	2013	2014	2015	2016
Inpatient (requires full care)	4	1	3	NA	NA	NA	2	3
Using wheelchair:	3	6	7	NA	NA	NA	3	6
Using walking frame or rotator:	8	7	7	NA	NA	NA	8	7
Using walking stick	11	11	16	NA	NA	NA	10	7
Nursing-caring need:	2009	2010	2011	2012	2013	2014	2015	2016
Capable of self-care:	17	17	13	14	14	10	17	14
Partly capable of self-care:	15	15	20	17	17	26	19	21

Requires full care:	8	8	9	11	11	6	7	7
Deceased	9	7	13	5	3	15	6	8
New resident	12	9	18	7	4	18	10	9
Moved out	1	2	3	3	2	3	4	1
In daycare	2009	2010	2011	2012	2013	2014	2015	2016
Mild dementia	14	15	16	15	NA	14	15	15
No dementia	1	0	0	0	NA	0	0	0
According to need for specialized care	2009	2010	2011	2012	2013	2014	2015	2016
Oxygen therapy	NA	NA	NA	1	NA	NA	NA	NA
Taking blood and body fluids for lab tests	NA	NA	NA	8	8	8	8	
Permanent catheter	NA	NA	NA	4	1	1	1	2
Care for decubitus ulcers	NA	NA	NA	2				
Mobilization activities	NA	NA	NA	10	10	10	10	15

Appendix 2

Attached is the systematic presentation of workflow following the regulations for recommended implementation laid down by the Institute of Social Policy and Labor in TÁMOP 5.4.1.

Step 1: Admission process

Task	**Description**	**Administered by**	**Documentation**
Submitting application to the nursing home or the institution providing the referral.	• Submitting application • Filing • Notification about the filing of the application and the date of the first nursing assessment. • To be registered retroactively (cf. Act on Accounting 20/a (1))	Applicant or their legal representative	Statement of payment Copies of personal documents Forms Application
Receipt and filing of application		Nursing home manager	Application, Registry, Notification about the filing of the application and the date of the first nursing assessment.
Nursing assessment, Obtaining confirmation of eligibility and income certificate	The nursing home manager is delegated the tasks of assessing the patient's eligibility and issuing a confirmation of the assessment.		
Nursing assessment	Nursing assessment: • Within 20 days of receipt of application • Assessing the applicant's social		Nursing Assessment Form Application

	circumstances and state of health • Providing information – agreeing on details of the plan, the expected sum of care-related expenses, the single contribution and any additional fees • Providing applicant with documents including house rules and proposed admission agreement • Assessment of eligibility		
Procedure of assessing eligibility	The assessment of eligibility and nursing assessment take place simultaneously	Manager	Copies of personal documents Nursing Assessment Form I Application Assessment of Eligibility Form
Issuing confirmation			Confirmation of Eligibility Assessment Results
Assessment of urgency to determine position on the admission list	In case of vacancy, the applicant or their legal representative must be notified about • The earliest date of admission • Admission-related duties This applies exclusively to public and church-owned homes. In case of the latter, the home has entered into a	Emergency Admission Board	Letter of Notification Vacancy Notification

	provider agreement with the state.		
Is there a vacancy?		Manager	
Vacancy notification	In case of vacancy, the applicant or their legal representative must be notified about • The earliest date of admission • Admission-related duties	Manager	Letter of Notification Vacancy Notification
Has the applicant or any other person declared their intention to pay the costs of nursing care?			
Initiating income test	If the applicant or any other person has not declared their intention to pay the costs of nursing care for the duration of 3 years, the test must be initiated simultaneously with the eligibility assessment. Section C of the application form shall be filled out.		Application Income Certificates
Accept / reject application?	According to a confirmation from the manager or the Act on Accounting (68§), the applicant cannot be admitted. The sums represented in the		Application Forms Confirmation of Eligibility Assessment Results

	income certificate have no bearing on the assessment of the application.	Manager	
Submitting a referral	After receiving referral, the institution takes all further steps. Referrals shall be submitted only if called for by local regulations. If need be, an income certificate might be requested.		Referral Nursing Assessment Form Income Certificate Confirmation of Eligibility Assessment Results
Rejection of application with reasons provided, Notifying the applicant	According to a confirmation from the manager or the Act on Accounting (68§), the applicant cannot be admitted.		
Does the applicant or their legal representative acknowledge the confirmation and notification of rejection?		Applicant or their legal representative	
Opportunity to appeal		Applicant or their legal representative	
Acknowledgement of confirmation / decision		Applicant or their legal representative	
Sending out vacancy	In case of vacancy, the applicant of their legal representative must		Letter of Notification

notifications	be notified about • The earliest date of admission • Their admission-related duties	Manager	
Review of applications submitted more than a year prior to the review process	All registered applications must be reviewed yearly. Applications registered with a referral must be reviewed by the institution that issued the referral.		Review Notes Application
Consultation	Prior to admission, the manager is advised to hold a consultation to inform the applicant about the staff and equipment at the institution's disposal.		Nursing Assessment Form

Step 2: Board and Care

Task	**Description**	**Administered by**	**Documentation**
Moving in, Signing the admission agreement	In the course of moving in, the applicant or their legal representative enters into an agreement with the manager and the funder of the institution.		Application Forms Copies of personal documents Admission Agreement
Notification about the cost of medication and medical aid	When entering into agreement with the applicant, the manager, the funder of the institution or a person delegated by thereof		Register of Basic Medicine Stock Request to Purchase Medicine / Medical

taken on by the institution.	inform the applicant about the cost of medication and medical aid taken on by the institution.	Manager	aid
Notification about care-related costs	Notification about care-related or advance payment costs. When entering into agreement with the applicant, the manager, the funder of the institution or a person delegated by thereof inform the applicant about the sum of single contribution and the care-related or advance payment costs (Government Act. 29/1993. (II. 17.) 5. §.)		Application Forms Written notification about care-related or advance payment costs Care-Related Cost Registry Income certificates
Admission – Taking stock of valuables	At admission, valuables, personal effects and other personal property must be taken into stock.		Take-Over Record (in case of deposition of valuables) List of Belongings Deposited Local Regulations for Stock and Asset Management Inventory Forms

First medical examination conducted by the on-site physician	After moving in, the on-site physician conducts a medical examination on the resident (Act of Ministry of Family and Social Policy 9/1999. (XI. 24.), 14. §. (3))	Physician	Application Forms Examination Notes

Step 3: Health and Personal Care – Basic Care

Task	**Description**	**Administered by**	**Documentation**
Assessing need for health and personal care	1 Assessing demand and need In the spirit of individualized treatment, preparing and implementing a health and personal care plan involving the resident or their legal representative. 1. Registering medical history 2. Physical examination 3. Checking lab results 4. Classifying data 5. Documenting data	Group responsible for drawing up the health and personal care plan	Health and Personal Care History Personal Care Activity Log Personal Care Plan
Is dementia treatment necessary?		Group responsible for drawing up the personal care plan	
Is a Health Care Plan necessary?		Physician	

Preparing a Personal Care Plan		Group responsible for drawing up the personal care plan	Health and Personal Care History Personal Care Plan
Preparing a Health Care Plan	Description of health care activity – support activities – anticipated time of providing care – result of health care If, due to the resident's state of health, health care must be administered, a Health Care Plan must be drawn up as part of the Personal Care Plan.	Health care personnel	Personal Care History Decursus
Providing tools for physical treatment Providing necessary health care Providing mental care	1. Current state 2. Improvement – to sustain improved state, scheduling of recommended action 3. Support activities 4. Evaluation of results	Group responsible for drawing up the Personal Care Plan	Personal Care Plan Personal Care History
Implementation of directions regarding health care.	Needs of resident: Sufficient rest Sufficient movement Sufficient hygiene Sufficient diet Sufficient hydration Sufficient excretion		Directions regarding health care

	Ensuring hygienic environment	Specialized personnel	
Logging tasks	1. Personal Care Form 2. Personal Care Activity Log (compulsory for health-related care and recommended in any other cases)		Personal Care Activity Log Personal Care Plan Personal Health Care Form - recommended
Assessing the implementation of tasks and the efficacy of thereof		Physician	Documenting assessment as part of the workflow
Assessing the implementation of tasks and the efficacy of thereof	Assessing the implementation of tasks	Head of Care-Providing Unit	Personal Care Log Personal Care Plan Documentation of assessment as part of the workflow
Has the resident's state of health changed?	In case of sudden deterioration or improvement	Personnel responsible for drawing up the Personal Care Plan	
Is applying more intensive care necessary?		Physician	

Concluding administration of health care		Health-care personnel	
Annual evaluation, feedback	Annual review of Personal Care Plan	Personnel responsible for drawing up the Personal Care Plan	Personal Care Plan Evaluation of Delegated Personnel

Step 4: Providing Health-Care

Task	**Description**	**Administered by**	**Documentation**
Identifying facilitating and hindering factors	Full-time physician- licensed in multiple fields – well-equipped examination room – Nearby hospital and clinic – transportation of residents – Emergency care – Physician on a weekly schedule Failing to provide life-saving care – lack of cooperation from the resident or their relatives – resident – relative distance from hospital or clinic - care-providers' lack of sense of security	Manager	Warden's Report Internal Regulations

Notifying the physician about need for health care		Head of Care-Providing Unit	
Providing health care	Evaluating the resident's state of health, medical history and current state of health	Physician	Medical history
Providing basic care	Personal hygiene, medication, assistance in eating, hydration, movement, excretion.	Manager Nurse	Discharge Papers Events log Personal Care Plan
Providing dementia patients with health care	Ensuring sufficient human contact is a priority	Physician	Events Log Medical Records Medical History
Providing health care in teams	Teams are instructed by physicians		Personal Care Plan Health Care Plan Medical documents Personal Care Log
Continuous communication with residents and their relatives	Either by the physician or the Head of the Care-Providing Unit, depending on the matter at hand.	Head of Care-Providing Unit Physician	Events Log
Providing basic health care		Physician	Medical Documents

Providing access to emergency and on-call care.	To prevent acute life-threatening scenarios and permanent damage.	Charge nurse	Events Log Medical Record
Providing access to non-referral specialist care	Providing specialist care. Making appointments. Transportation to medical facilities. Availability of transportation by company cars.	Manager Nurse	Personal Care Plan Events Log Personal Medication Record
Providing access to specialist care requiring referral	Providing specialist care. Making appointments. Transportation to medical facilities. Availability of transportation with cars of the institution.	Physician	Specialist's Recommendations Events log Personal Care Plan Referral Personal Medication Record
Providing access to hospital care.	Organizing hospitalization. Organizing access to hospital care in acute cases and by appointment.		Discharge Papers Events Log Personal Medication Record Personal Care Plan Referral
Providing residents with	Providing residents with necessary medication, medical		Physician's Recommendations

medication and medical aids.	preparations, health care-related aids and medical aids (movement rehabilitation, incontinence)		Personal Medication Tracking Record Events Log Specialist's Recommendations Personal Medication Record
Providing information on maintaining good health	Providing access to lectures on healthy life choices and personal consultation.	Health-care unit	Events Log Brochures
Organizing medical checkups	Prevention of illnesses.		Copies of personal documents Examination Results
Providing vaccination	Isolation On-site care Prevention of contagious diseases Transportation to hospital If need be, registration and deregistration at the National Public Health and Medical Officer Service	Physician	Order of Business
Medical checkups	Valid Personal Care Plan Day-to-day updates to the		

	Events Log Health and personal care Health and personal care documentation Personal and environmental hygiene Catering		

Step 5: Health and Personal Care

Task	**Description**	**Administered by**	**Documentation**
Determining the need for specialist care		Physician	
Ensuring appropriate personal and infrastructural conditions		Manager	Health Care Plan Health Care Instructions Decursus Personal Medication Record Events Log
Prescribing specialist care		Physician	Decursus Health Care Plan Health Care Instructions Personal Medical

			Record Events Log
Administering specialist care	According to the Health Care Protocol and restricted by competence. Services: Hydration. Gavage (nasogastrialis). Gavage (jejunostoma, gastrostoma, PEG). Cleaning of tracheal cannula and the replacement of the inner cannula. Replacement of permanent catheter, inserting catheter, bladder washout. Enema. Treating decubitus and ulcer. Oxygen therapy. Breathing therapy. ECG and TENS machine. Specimen collection (blood draw, urine collection). Physiotherapy. Prolonged analgesia. Specialist care of dying patients.	Manager Nurse	

Documentation of specialist care		Personnel applying specialist care	Events Log Personal Medical Record Health Care Plan Health Care Instructions Decursus
Reviewing specialist care and its documentation		Physician Manager Nurse	
Documenting and authenticating review process		Manager Nurse	
Evaluating and concluding specialist care		Physician	

Step 6: Mental Hygiene Care

Task	**Description**	**Administered by**	**Documentation**
Contacting and keeping in touch with applicant	During nursing assessment	Mental hygiene expert	
Facilitating acclimatization	Informing cohabitants and staff in advance – getting new resident acquainted with their new environment – making arrangements / handling social matters – involving relatives	Mental hygiene expert Head of Personal-Care Unit	Medical Documentation Personal Care History Medical Health Care Form – recommended

	and requesting their assistance		Personal Care Plan
Support for daily living	Practice of religion (constitutional right) - Conversation (Spontaneous communication. A form of human interaction with respect towards one's dignity and unique personality.) Crisis and conflict management (identifying the problem, verbalizing emotions, clarifying needs, seeking solution) Support for maintaining familial and other personal ties. (Social ties and their maintenance is a basic human need with a supporting function. It does not presuppose familial ties. A relative is a person identified by the resident, any other factor is irrelevant). Anxiety relief, improving quality of life and daily living. Involvement of volunteers (acting for the benefit of a person or a group of people without compensation)	Mental hygiene expert	Personal Care Log Personal Care Plan House Rules Personal Care History Events Log Personal Health Care Form - recommended
Attending to the dying Supporting the family	Supporting the dying Involvement of relative / spiritual guide Sympathetic communication Respecting emotions	Head of Personal-Care Unit	Personal Care Log Events Log

	Respecting needs Special care Organizing and attending funeral		
Support from cohabitants	Fostering tolerance and patience Identifying and relieving anxiety and fear Grief counselling	Head of Personal-Care Unit	Events Log Personal Care Log
Support from staff		Head of Personal-Care Unit	
Paying last respects (attending funeral)		Manager	

Step 7: Activities

Task	**Description**	**Administered by**	**Documentation**
Determining basic principles	Expediency, Volunteerism, Consistency, Regularity, Moderation, Variety, Evaluation, Praise	Manager	Personalized Offers Program Brochures
Determining the procedure of activities based on basic principles	Needs assessment – opportunities offered by the nursing home: 1. Physical 2. Intellectual – cultural 3. Entertainment 4. Developmental or therapeutic (dementia treatment, movement development)	Mental hygiene expert	Annual, Monthly, Daily Program Plans Application Documents

Identifying facilitating and hindering factors	Facilitating factors: personal factor, equipment, financial resources, innovative staff and residents Hindering factors: reserved resident, change in state of health, lack of equipment and/or personal conditions, lack of credibility, lack of financial resources	Mental hygiene expert	
Ensuring cost-effectiveness	Planning Making use of financial resources	Financial Officer	Subsidy Request Form Financial Documentation Approved Budget
Providing physical activities	Organizing on-site socio-therapeutic activities: 1. Household chores 2. Light manual labor – charity work, outwork. 3. Rules regarding protecting and working clothes.	Mental hygiene expert	Register Payment Policy Receipts Monthly/Annual Financial Statements
Providing developmental or therapeutic activities	Treating dementia Developmental and movement therapies – Training for alcohol addicts – Psychotherapy in large groups (if trained professional is available) – Assessment of mental state and state of health – Personalizing care plans – Process monitoring - Evaluation	Mental hygiene expert	

Providing entertainment	Individual – group-based – public. Ensuring variety and providing residents the opportunity to perform		
Providing intellectual and cultural activities	Individual –smaller groups – larger groups – public. Setting short- and long-term goals with regard to programs Evaluation	Mental hygiene expert	Programs around national and religious holidays. Approved cost-effective programs
Writing report, evaluation	Annual reports based on 3 quarterly reviews. Evaluation of activities in set time periods. Assessment of satisfaction		

Appendix 3

Evaluation of Service Quality

Indicator	Numerator	Denominator	Possible conclusions
Utilization	Number of residents	Full capacity	Popularity of the institution, sign of quality
Average time of providing care	Costs for residents	Number of residents	If very low: residents might move in and out frequently, which might suggest poor state of health or migration If very high: it might suggest sustained state of health for a prolonged time period, balanced service
Mortality	Number of deaths per year	Number of residents	It might suggest high demand of care
Incontinence	Becoming incontinent on-site		Care-related tasks increase
Number of dementia patients	Dementia diagnosed on-site.		A high number of residents suffering from dementia results in a higher number of special care-related tasks.
Cognitive rehabilitation	Number of residents taking part in cognitive rehabilitation		An increase suggests the success of and active interest in the rehabilitation program.
Resident satisfaction			Based on annual surveys
General satisfaction %	Number of generally satisfied residents	Number of residents	Professional recognition. If number is high, the level of satisfaction is high as well.
Mental environment	Number of residents satisfied with mental environment		
Staff	Number of residents		

	satisfied with staff	Number of residents	
Communication of staff	Number of residents satisfied with communication of staff		
Physical environment	Number of residents satisfied with physical environment		
Health care service	Number of residents satisfied with health care service		
Catering	Number of residents satisfied with catering		
Programs	Number of residents satisfied with programs		Professional recognition. If number is high, the level of satisfaction is high as well.
Indicators with Regard to Staff			
Specialized staff	Number of specialized staff	Prescribed number of specialized staff	meeting qualification requirements
Fluctuation of specialized staff	Specialized staff leaving the institution	Number of staff	Workplace-related issues, burnout syndrome or financial reasons might be behind the phenomenon.
Qualifications	Staff with prescribed qualifications		Determined by law
Development training	Staff taking part in development training		High demand for development, suggests expectation for quality development.
Supervision	Staff under supervision		Active mental hygienic support for staff
Programs for staff	Relaxing and recreational programs		Employees' morale, working environment + mental hygiene

Appendix 4

Determining Responsibilities and Competences

Position	**Primary responsibilities**	**Competence**	**Supervised by**
Manager			
	Professional activities of the institution (health and mental hygiene care), business operations	Represents the institution, which is a legal entity, is qualified to take up responsibilities, obtain and waive rights. Makes sure that invoices are issued based on real financial transactions.	
	Preparing accounting analyses and payroll	In accordance with legislation	Mayor
	Ensuring the institution's proper operation. Claims responsibility for meeting public health, security and fire safety requirements.	Has a right to modify appropriation, claim damages, has signatory rights and a power to act.	
	Responsible for work done in the institution and on its premises, creating proper working conditions, observing safety rules.	Has a right to instruct any public-sector employee as he exercises the Employer's rights.	
	The organization of a residents' meeting if necessary or at least once a year. Informing the residents or their relatives / legal	Obligation to provide information	Mayor

	representatives about any change taking place at the institution.		
Position	**Primary responsibilities**	**Competence**	**Supervised by**
Head of day-care	Head of unit managing specialized social tasks during the day	Serving as substitute on a case-by-case basis	Manager
	Directly coordinates the work of day-care providers and mental hygiene experts	Handles money (collects care and medication fees) based on rules laid down in the respective collection of regulations. He is liable to account for the money he receives.	
	As laid down in the Regulations on Organization and Operation, he is liable to undergo an annual inspection.		
Catering manager	Implementation of HACCP regulations	Serving as substitute on a case-by-case basis	
	Keeping and enforcing the health regulations set by the National Public Health and Medical Officer Service.		Manager
	Follows new legislation	Tasks as supervisor: storage room, traceability, hygiene, kitchen.	

	Responsibility for storage room		
	Ensuring uninterrupted catering, responsible for kitchen devices and appliances	Cooperates with dietician	
Head nurse specialized in personal care	Ensuring quality service in health and personal care.	handles money (medication fees)	On-site physician, manager
Specialized nurse	Ensuring high-quality specialized nursing		Manager
Task	**Primary responsibilities**	**Competence**	**Supervised by**
Mental hygiene expert	Establishing a pleasant environment to foster physical and spiritual development and providing an opportunity for the residents to live in good mental and physical health.	Handles money	Manager
Physician	Prevention, administering health care		On a temporary contract
Physiotherapist	Regular consultations with physician, works according to physician's instructions	Administers physiotherapy sessions for groups	On a temporary contract

Appendix 5

List of changes in the legislation related to the document and declared after the preparation of the document in Hungarian language

15 December 2016 – 31 December 2016

Legislative change	Date of entry into force
461/2016. (XII. 23.) Korm. rendelet az egyes egészségügyi dolgozók és egészségügyben dolgozók illetmény- vagy bérnövelésének, valamint az ahhoz kapcsolódó támogatás igénybevételének részletes szabályairól szóló 256/2013. (VII. 5.) Korm. rendelet módosításáról	24 12 2016, 01 01 2017, 01 11 2017., 01 11 2018, 01 11 2019
463/2016. (XII. 23.) Korm. rendelet a közfoglalkoztatási bér és a közfoglalkoztatási garantált bér megállapításáról szóló 170/2011. (VIII. 24.) Korm. rendelet módosításáról, valamint ezzel összefüggésben a pénzbeli és természetbeni szociális ellátások igénylésének és megállapításának, valamint folyósításának részletes szabályairól szóló 63/2006. (III. 27.) Korm. rendelet módosításáról	01 01 2017
465/2016. (XII. 23.) Korm. rendelet a méltányossági nyugdíjemelés szabályainak módosításáról	01 01 2017
466/2016. (XII. 23.) Korm. rendelet a társadalombiztosítás ellátásaira és a magánnyugdíjra jogosultakról, valamint e szolgáltatások fedezetéről szóló 1997. évi LXXX. törvény végrehajtásáról szóló 195/1997. (XI. 5.) Korm. rendelet módosításáról	01 01 2017
1818/2016. (XII. 22.) Korm. határozat egyes települési önkormányzatok feladatainak támogatása érdekében történő előirányzat-átcsoportosításokról	
40/2016. (XII. 21.) EMMI rendelet a személyes gondoskodást nyújtó szociális intézmények szakmai feladatairól és működésük feltételeiről szóló 1/2000. (I. 7.) SZCSM rendelet módosításáról	01 01 2017
2016. évi CLXXXV. törvény a Magyarország helyi önkormányzatairól szóló 2011. évi CLXXXIX. törvény módosításáról	28 12 2016, 01 01 2017
2016. évi CLXXX. törvény a Szociális Munka Napjának	01 01 2017

munkaszüneti nappá nyilvánításáról	
1812/2016. (XII. 20.) Korm. határozat az egyes civil és egyéb szervezetek támogatása forrásszükségletének biztosításáról	
2016. évi CLXVI. törvény egyes szociális és gyermekvédelmi tárgyú törvények módosításáról	22 12 2016, 01 01 2017, 01 04 2017, 01 01 2018, 01 01 2023
2016. évi CLXVII. törvény a társadalombiztosítási nyugellátásról szóló 1997. évi LXXXI. törvény és egyéb törvények módosításáról	20 12 2016, 31 12 2016, 01 01 2017, 01 03 2017, 01 07 2017
448/2016. (XII. 19.) Korm. rendelet egyes szociális és gyermekvédelmi tárgyú kormányrendeletek módosításáról	22 12 2016, 01 01 2017, 02 01 2017, 01 04 2017
449/2016. (XII. 19.) Korm. rendelet egyes társadalombiztosítási és családpolitikai tárgyú kormányrendeletek módosításáról	20 12 2016 01 01 2017
430/2016. (XII. 15.) Korm. rendelet a kötelező legkisebb munkabér (minimálbér) és a garantált bérminimum megállapításáról	01 01 2017
432/2016. (XII. 15.) Korm. rendelet a költségvetési szervek és az egyházi jogi személyek foglalkoztatottjainak 2017. évi kompenzációjáról	01 01 2017
1765/2016. (XII. 15.) Korm. határozat a költségvetési szervek és az egyházi jogi személyek foglalkoztatottjainak 2016. évi kompenzációjához nyújtott támogatással összefüggő előirányzat átcsoportosításról	
1766/2016. (XII. 15.) Korm. határozat az államháztartás központi alrendszerébe tartozó szervek és a helyi önkormányzatok közötti feladat- és intézmény átadás-átvételéről	

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