

DESDE-LTC

**DESCRIPTION AND EVALUATION OF SERVICES AND
DIRECTORIES IN EUROPE FOR LONG TERM CARE**

FORMS AND TEMPLATES

January 2009 Beta 1 version

Executive Agency for Health and Consumers (EAHC)

Project Ref. 2007/116



DESDE-LTC 'Templates' compiles forms and sheets used for collecting information applied on DESDE-LTC Instrument. These are an adaptation of the templates of the 'European Service Mapping Schedule' (ESMS-I) (Johnson et al, 2000) and ESMS-II and the coding system of the 'Description and Evaluation of Services for Disabilities in Europe' (DESDE) (Salvador-Carulla et al, 2006) and related instruments (DESDAE and DESDE). These instruments have been developed by the EPCAT Group (European Psychiatric Care Assessment Team); coordinated by Centro Studi e Ricerche in Psichiatria, Torino, Italy; and the PSICOST Association in Spain

*Johnson S, Kuhlmann R, EPCAT Group. European Psychiatric Assessment Team.
The European Service Mapping Schedule (ESMS): development of an
instrument for the description and classification of mental health services.
Acta Psychiatr Scand Suppl. 2000;405:14-23.*

*Salvador-Carulla L, Poole M, González-Caballero JL, Romero C, Salinas JA, Lagares-Franco CM for RIRAG/PSICOST Group and DESDE Expert Panel.
Usefulness of an instrument for the standard description and comparison of services for disabilities based on a mental healthcare assessment model (DESDE).
Acta Psychiatr Scand 2006; 111(Suppl. 432): 19-28*

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DESDE-LTC has been developed by an European consortium including the following partners: SPAIN: PSICOST (Luis Salvador-Carulla, Cristina Romero & Miriam Poole) and Fundació Caixa Catalunya (Josep Solans); UNITED KINGDOM: London School of Economics (LSE) (Martin Knapp & David McDaid); AUSTRIA: University of Vienna (UWIEN, Austria) (Germain Weber), SINTEF (Norway) (Britt Venner); BULGARIA: PHA (Hristo Dimitrov); SLOVENIA: Scientific Research Center- Slovenian Academy of Sciences&Arts (SRC SASA (ZRC SAZU) (Lilijana Sprah) and IRIO (Mojca Dernovsek).

Non institutional Collaborating partners were: UNITED KINGDOM: Dept of Mental Health Sciences Royal Free and University College Medical Schools (Sonia Johnson); ITALY: Centro Studi e Ricerche in Psichiatria (CSRP) (Giuseppe Tibaldi); SPAIN: ETEA (Carlos García). Institutional collaborating partners were: OECD – Health División (Francesca Colombo), BULGARIA: Ministry of Health. National Center for Public Health Protection (Zahari Zarkov), SPAIN: Departament de Salut, Direcció General d'Avaluació i Planificació, Generalitat de Catalunya (Josep Fusté); Department of Equity and Health, Jerez (Margarida Ledó).

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- Template 2. Mapping of Main Types of Care in the Area (MTC Mapping)

FORM 1. DESCRIPTION OF GENERAL CHARACTERISTICS OF THE AREA

1.	Name and location of the catchment area	
2.	Definition of the catchment area	
	On the basis of catchment areas used to organise mental health service provision	<input type="checkbox"/>
	On the basis of local authority areas	<input type="checkbox"/>
	On the basis of geographical boundaries	<input type="checkbox"/>
	Other, please describe:.....	<input type="checkbox"/>
3.	Sociodemographic characteristics about catchment area	
3.1	Gross domestic product at purchasing power parity per capita ¹	
3.2	Size (km ²)	
3.3	Life expectancy (years)	
3.4	Population	
3.5	Population per km ²	
3.6	Population aged 65 years or over	
3.7	Population younger than 18 years (%)	
3.8	People born outside the country and live in the area	
3.9	Dependency index ²	
3.10	Aging index	
3.11	Unemployment	
3.12	Employment	
3.13	Illiteracy	
3.14	Single, divorced or widowed	
3.15	Single-person household	
3.16	Single parent	
4.	Mental Health Atlas indicators	
	Psychiatric beds (per 10.000 inhab)	

4.1	Psychiatric beds	
4.2	Beds in mental hospitals	
4.3	Beds in general hospitals	
4.4	Beds in other settings	
	Professionals (per 100.000 inhab)	
4.5	Psychiatrists	
4.6	Psychologists	
4.7	Psychiatric nurses	

¹ International \$

² Population younger than 15 years or older than 64 per population between 15 and 64 years

³ Inhabitants older than 64 per 100 inhabitants younger than 15

FORM 2. GENERAL CHARACTERISTICS OF THE STUDY

1.	Who has completed the schedule?	
	Name	
	Profession	
	E-mail	
	Completion date	
2.	What is the reference date/time interval for completing the schedule?	
		From <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		to <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Prospective census in one day	In/..../....
	Prospective census in one week	From <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		to <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Prospective census in one month	From <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		to <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	What sources of information have been used to complete the schedule?	
4.	Target population ¹: Describe.	
4.1	Age interval of the target group for inclusion in service counts (years)	From <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		to <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.2	Diagnostic groups to be included in the application of the instrument (tick those you will include in your counts)	
	Severe Physical disability (registered)	<input type="checkbox"/>
	Intellectual disability (ICD-10)	<input type="checkbox"/>
	Severe Mental disorder (ICD-10)	<input type="checkbox"/>
	Elderly with disabilities (registered)	<input type="checkbox"/>
	Other diagnostic category (specify).....	<input type="checkbox"/>

¹The default population to which the DESDE-LTC should normally be applied is the catchment area population of users with long term care needs over 18 years defined in page 4 (persons with severe physical disability, intellectual disability, severe mental disorders and elderly people with disabilities).

FORM 3. SECTION D FORM

SERVICE INVENTORY

1.	NAME OF THE SERVICE <i>Complete name of the service.</i>
2.	CODES DESDE-LTC CODE <input data-bbox="577 587 721 641" type="text"/> <i>Provide the codes for the service BTC according to Section B classification trees.</i> ICF CODE <input data-bbox="577 737 721 791" type="text"/> <i>Provide the service code according ICF classification system.</i> -ICHA CODE <input data-bbox="577 874 721 928" type="text"/> <i>Provide the service code according ICHA classification system.</i> -ICHI CODE <input data-bbox="577 1018 721 1072" type="text"/> <i>Provide the service code according ICHI classification system.</i>

3.

SETTING

Region:

Province:

Municipality:

Post code

Address

Telephone:

Fax:

E-mail

WEB

Official register number:

OFFICIAL STARTING DATE OF THE SERVICE

LOCATION

Is the service freestanding or located within a larger institution (meso-organisation).

4.

LOCAL DEFINITION OF THE SERVICE

For example: day center, sheltered workshop, mental health center, nursing home, psychiatric hospital, etc.

5.	<p>SECTOR</p> <p> <input type="checkbox"/> Social <input type="checkbox"/> Health <input type="checkbox"/> Other <input type="checkbox"/> Education <input type="checkbox"/> Justice </p>										
6.	<p>PROPERTY, MANAGEMENT AND FUNDING SOURCE</p> <p>- Property: <input type="text"/></p> <p>- Management agency <input type="text"/></p> <p>Management:</p> <p> <input type="checkbox"/> Public: <input type="checkbox"/> State <input type="checkbox"/> Region <input type="checkbox"/> Province <input type="checkbox"/> Local: </p> <p> <input type="checkbox"/> Private: <input type="checkbox"/> Working under contract with public care <input type="checkbox"/> Non Contracted with public care </p> <p>- Main funding source: <input type="checkbox"/> Public <input type="checkbox"/> Other <input type="checkbox"/> Private </p> <p>- Legal system: <input type="checkbox"/> Foundation <input type="checkbox"/> Association <input type="checkbox"/> Cooperative <input type="checkbox"/> Pub Corporation. <input type="checkbox"/> Company <input type="checkbox"/> Others </p>										
7.	<p>AVAILABILITY:</p> <p><i>Phone assistance service:</i></p> <table border="1" data-bbox="600 1110 1223 1310"> <tr> <td colspan="2">N° service terminals:</td> </tr> <tr> <td>N° total occupied Term.:</td> <td>N° total availab Term.:</td> </tr> <tr> <td>% Public or under contract with public care</td> <td></td> </tr> <tr> <td>% Private</td> <td></td> </tr> <tr> <td>If private % places under contract with public care</td> <td></td> </tr> </table>	N° service terminals:		N° total occupied Term.:	N° total availab Term.:	% Public or under contract with public care		% Private		If private % places under contract with public care	
N° service terminals:											
N° total occupied Term.:	N° total availab Term.:										
% Public or under contract with public care											
% Private											
If private % places under contract with public care											

- Private price/place:
- 0-600 € /month
 - 601-1.000 € /month
 - 1.001-1.500 € /month
 - 1.501-2.000 € /month
 - 2.001-2.500 € /month
 - 2.501-3.000 € /month
 - more 3.000 € /month

9. SPECIFIC ACTIVITIES

Specify if the service offers specific and permanent activities for users with long term care needs, provide the name of the activity, whether it is individual or for group, number of hours and days per week. Whether this activity has a specific budget and setting (different from the service) and if it is authorized by the corresponding administration.

Activity	Group/ Individual	Nº hours/wee k	Nº days/we ek	Budget (yes/no)*	Location (different from service)	Authorized (yes/no)**
p.e. social skills workshop	G	4	5	No	<i>C/ Madrid, s/n</i>	<i>Yi</i>

INTERVENTION PROGRAMMES OFFERED BY THE SERVICE. *Specify if the service offers specific programmes for users with long term care needs, the timetable when they are available (hours and days per week) length and whether these programmes are authorized by the corresponding administration or not.*

Program	Nº hours/week	Nº days/week	Length	Authorized (yes/no)*
p.e. Psychoeducational workshop	8	2	3 months	No

	<p>OTHER SPECIFIC ACTIVITIES</p> <p>Records if there is a specific activity offered by the service for users in a dependency situation excluding transport and meals.</p> <p> <input type="checkbox"/> Dining room <input type="checkbox"/> Transport <input type="checkbox"/> Others <input type="text" value="Specify Others:"/> </p>
<p>10.</p>	<p>STAFF</p> <p>Provide International Standard Classification of Occupations (ISCO-08) Code http://www.ilo.org/public/english/bureau/stat/isco/index.htm</p> <p>Specify the actual occupation of the staff, not the academic formation.</p>
<p>11.</p>	<p>CATCHMENT AREA OF SERVICE USERS</p> <p> <input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Province <input type="checkbox"/> Region <input type="checkbox"/> National <input type="checkbox"/> Others <input type="text" value="Specify Others:"/> </p>

12. ADMISSION REQUIREMENT
Specify the admission criteria of every service.

- Gender: Male Female

- Age: I (IChild0-5) Juvenile (6-15)
 A (Adults 16-64) M (Elderly, more 65)
 Others:

TYPE OF DESDE-LTC USER:

Early Attention Sensory Disability
 Dependence Intellectual Disability
 Psychogeriatric Mental Health
 Physical disability Others

13. USER PROFILE
The main target groups for whom the service is intended. Specify:

- Type of Long-Term care. In the case that the person fulfils the criteria for more than one disorder (i.e. over 65 years and mental disorder) detail them.
- Age range
- Number of users/contacts for every type of health condition

Type of Long Term Care	Activity	Age	Nº users	Nº contacts
<i>p.e. Elderly with mental health</i>	<i>Cognitive rehabilitation</i>	<i>65-75</i>		<i>40</i>

14.	<p>OPENING HOURS Specify the hours and days of the service availability</p> <table border="1" data-bbox="577 331 1724 539"> <thead> <tr> <th data-bbox="577 331 958 363">Service</th> <th data-bbox="958 331 1339 363">Timetable</th> <th data-bbox="1339 331 1724 363">Days</th> </tr> </thead> <tbody> <tr> <td data-bbox="577 363 958 435"><i>f.e. Day Center</i></td> <td data-bbox="958 363 1339 435">10:00 to 14:00 hours</td> <td data-bbox="1339 363 1724 435">Monday to Friday</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Service	Timetable	Days	<i>f.e. Day Center</i>	10:00 to 14:00 hours	Monday to Friday									
Service	Timetable	Days														
<i>f.e. Day Center</i>	10:00 to 14:00 hours	Monday to Friday														
15.	<p>MAXIMUM FREQUENCY OF ATTENDANCE/CONTACT (maximum performance): Specify the maximum frequency a user can be actually assisted by the service if need in ordinary care conditions. The assistance can be Daily (specify 1, 2 or 3 times/day), weekly (specify more or less than 3 times/week), fortnightly or monthly</p> <table border="1" data-bbox="577 676 1211 858"> <thead> <tr> <th data-bbox="577 676 965 708">Activity</th> <th data-bbox="965 676 1211 708">Frequency</th> </tr> </thead> <tbody> <tr> <td data-bbox="577 708 965 740"><i>f.e. Cognitive rehabilitation</i></td> <td data-bbox="965 708 1211 740">Fortnightly</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Activity	Frequency	<i>f.e. Cognitive rehabilitation</i>	Fortnightly											
Activity	Frequency															
<i>f.e. Cognitive rehabilitation</i>	Fortnightly															
16.	<p>DATE WHEN INFORMATION HAS BEEN REGISTERED</p> <div data-bbox="577 932 810 986" style="border: 1px solid black; height: 34px; width: 104px;"></div>															
17.	<p>LINKS WITH OTHER SERVICES</p> <table border="1" data-bbox="577 1050 1211 1155"> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>															
18.	<p>NAME OF THE EVALUATOR</p>															

19. OBSERVATIONS

This final section is aimed to give additional details or characteristics of the evaluated service that where no reflected in any of the previous items and the assessor found important to reflect them.

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**TEMPLATE 2. MAPPING OF MAIN TYPES OF CARE IN THE AREA
(MTC MAPPING)
(AVAILABILITY AND USE)**

					DESDE-LTC CODES	AVAILABILITY (places)	USE (places/users/contacts)
ACCESIBILITY TO CARE					A		
Communication					A.1		
Mobility					A.2		
Other accesib to care					A.3		
INFORMATION ON CARE					I		
Guidance and assessment					I.1		
Information	Interactive	Face to face			I.2.1.1		
		Other interac			I.2.1.2.		
	Non-interact				I.2.2		
DAY CARE					D		
Acute					D.1		
Non acute	Work	High intensity	Ordinary employm		D.2.1		
			Other work		D.2.2		
		Low intensity	Ordinary employm		D.6.1		
			Other work		D.6.2		
	Work rel care	High intensity	Time limited		D.3.1		
			Time indefinite		D.3.2		
		Low intensity	Time limited		D.7.1		
			Time indefinite		D.7.2		
	Non-w struct care	High intensity	Education rel care		D.4.1		
			Health related care		D.4.2		
			Soc and cult rel		D.4.3		

			care				
			Other struct care		D.4.4		
		Low intensity	Education rel care		D.8.1		
			Health related care		D.8.2		
			Soc and cult rel care		D.8.3		
			Other struct care		D.8.4		
					D.4 + D.8		
	Non struct care	High intensity			D.5		
		Low intensity			D.9		
					D.2 to D.9		
OUTPATIENT CARE					O		
Emergency care	Home&Mobile	24-h	Health related care		O.1.1		
			Other care		O.1.2		
		Limited hours	Health related care		O.2.1		
			Other care		O.2.2		
					O.1 + O.2		
	Non mobile	24-h	Health related care		O.3.1		
			Other care		O.3.2		
		Limited hours	Health related care		O.4.1		
			Other care		O.4.2		
					O.3 + O.4		
Continuing care	Home&Mobile	High intensity	Health related care	3/6 days/week	O.5.1.1		
				7 days/week	O.5.1.2		
				7 d/w includ night	O.5.1.3		
			Other care	3/6 days/week	O.5.2.1		
				7 days/week	O.5.2.2		
				7 d/w includ night	O.5.2.3		
		Medium inten	Health related care		O.6.1		
			Other care		O.6.2		
		Low intensity	Health related		O.7.1		

			care				
			Other care		O.7.2		
					O.5 to O.7		
	Non mobile	High intensity	Health related care		O.8.1		
			Other care		O.8.2		
		Medium intensity	Health related care		O.9.1		
			Other care		O.9.2		
		Low intensity	Health related care		O.10.1		
			Other care		O.10.2		
					O.8 to O.10		
RESIDENTIAL CARE					R		
Secure					R.1		
Acute	24-h med cover				R.2		
	Non 24-h med cove	Health rel care			R.3.1		
		Other care			R.3.2		
Non acute	24-h med cover	Time limited	24-h support		R.4		
			Daily care		R.5		
		Time indefinite	24-h support		R.6		
			Daily care		R.7		
					R.4 to R.7		
	Non 24-h med cove	Time limited	24-h support	Lower 1 month stay	R.8.1		
				More one month stay	R.8.2		
			Daily care	Lower 1 month stay	R.9.1		
				More one month stay	R.9.2		
			Lower support	Lower 1 month stay	R.10.1		
				More one month stay	R.10.2		
		Time indefinite	24-h support		R.11		

			Daily support		R.12		
			Lower support		R.13		
					<i>R.8 to R.13</i>		
SELF-HELP AND VOLUNTARY CARE							