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1: Name of practice : ”Zerovision”

2: Area concerned: Participation/Education/ Care

3: Type of practice: Policy/ Training programme

4: Level of Implementation: National

5: a) *Its purpose;* The purpose with the “Zerovision” is to diminish the use of restraints in the care of persons with dementia.

 b) *When and how it was adopted;* The work to complete the “Zerovision” package, from The Swedish dementia Centre (SDC), started in 2013 in cooperation with the National Board of Health and Welfare, [the Health and Social Care Inspectorate​](http://www.ivo.se/om-ivo/other-languages/english/) and the Swedish Agency for Participation. The start was an initiative from the Ministry of Health and Social Affairs, who gave the four organizations 2013 a common mission to work together toward a dignified care and care for persons with impaired decision-making capacity.

 c) *How long has it been used/implemented;* the four organizations produced each a report in the beginning of 2015. The Swedish Dementia Centre introduced the “Zerovison” information/education package in April. The material, first the free of charge handbook “how to avoid the use of restraints in the care of persons with dementia”, was quickly spread by the well- visited homepage of SDC. The toolbox was downloaded several times as well as the information brochure for relatives.

d) *Its geographic scope:* The Swedish Dementia Centre (SDC) is a national competence centre and all work is spread on a national level.

6: *Which actors are involved in the development and implementation of such practice?*

1. **The initiative** came from the Ministry of Health and Social Affairs.
2. **Forming a common position** the three state authorities; the National Board of Health and Welfare, [the Health and Social Care Inspectorate​](http://www.ivo.se/om-ivo/other-languages/english/) and the Swedish Agency for Participation met several times and worked together with SDC.
3. **Production:** The “Zerovision” package was created by SDC in cooperation with the three state authorities, who each produced their own report from their subject area.
4. The content in the handbook and the web-education was discussed with the national network of SDC, meaning persons working in health- and social care from different parts of the country. The information brochure for relatives was discussed with elderly persons being relatives to a person with dementia.

The “App” - the form and content for professionals was discussed with the network of professionals.

The “App” – for relatives was discussed, concerning the content and the linguistic denomination, with elderly persons being relatives to a person with dementia.

1. **Implementation:** From the **homepage of SDC** (well visited) a trailer concerning restraints was presented together with free of charge; handbook on the web, information brochure for relatives, web-education, Pod-cast about dignity and restraints, a movie for leaders as well as a toolbox with easy to print documents.

The 20th of November 2 200 persons have done the web-education and printed a diploma. More than 1500 persons have listened to the topic on pod radio. More than 1400 have downloaded the application for relatives.

1. In September the **national network of nurses** specialized in dementia care met and was introduced to the material.
2. In November 32 “Zerovison Ambassadors” from different parts of Sweden, were educated.

**The 12th of December 165 nurses, assistant nurses, occupational therapists, from different parts of the country have been educated to become “Zerovision Ambassadors”.** They have all received their “Zerovision” education kit and a brooch. There is in December a line of persons wanting to become a “Zerovison Ambassador”. Additional free of charge education days will be held in 2016.

1. The interest of the material has been over expectance. When the national quality registry SveDem is used, a decrease of restraints can be shown, after the introduction and implementation of “Zerovision”, in elderly care units.

7) *Which rights of older persons does the practice promote and protect?*

International obligations relating to autonomy and care, for example in relevant parts in ICCPR, CESCR and CRPD.

 “Zerovison” **promotes care of persons with dementia, without restraints.** The majority of persons with dementia is over the age of 80 year. And the person with dementia needs support and care to manage the daily life, and is dependent of caregiving.

 Restraints is not seldom used in the elderly care in different situations, for example by locked doors, forced bathing, the use of psychotropic etc. It is not permitted by the law and the use of restraints may harm the person in different ways both physically and mentally.

8) *How does the practice promote or protect such rights?*

 “Zerovision” aims at **protecting the persons dignity and right to decide without being restrained,** by information and education about how to avoid situations when restraints could be seen an option.

 This includes both professionals and relatives. This includes different information ways and tools;

 - A handbook for professionals about the use of person-centred care, with tools to evaluate different behaviour to find strategies to care for the person without restraints and to cooperate with the family for information about the life-story of the person with dementia - available on the web and as a book.

 - An information brochure for relatives, also on the web.

 - A web-education for professionals.

 - Pod cast with a narrative and an example of restraining a person and the consequences.

 - A movie for leaders in elderly care.

 - An app for professionals.

 - An app for relatives.

 - Zerovision Ambassadors, educated and equipped with material for teaching.

9) *What group of older persons?*

 Persons with cognitive disorder, dementia.

10) *How has the practice been assessed and monitored?*

a) The downloading of pod-cast and the applications is counted every month.

b) The number of persons attending the web-education is counted and registered; category of profession, community and county. On the homepage a map of Sweden will show the amount of performed educations and approved tests for each community (number 290) and each county (number 20). The same way SDC report about performed web-education program Dementia ABC (with more then 73 000 users) and Dementia ABC plus – for different levels in care. In total more than 128 000 users, November 2015. All web-educations are free of charge.

c) The “Zerovision Ambassadors” ( 165 persons) have agreed to and are expected to report each six month about how many they have educated and the feedback they have received.

d) The “Zerovision” has started to be implemented 2015. With cooperation and use of the national quality dementia registry SveDem, local, regional and national results may be followed. Already positive results have been seen in the quality registry autumn 2015 when nursing home in the spring of 2015 implemented “Zerovision, compared to their results in 2014.

11) *What lesson could be learnt from this practice? How could it be improved?*

The huge interest for the material from the professionals was unexpected. Already the first year of implementation professionals have, from their employers, paid travels to attend education to become “Zerovison Ambassadors”. And the implementation is ongoing around the country. Until now we have not received negative criticism. It is obviously good timing, but other work on the national level have most probably preceded the interest and will to work towards a more person- centred care without the use of restraints. For example is the National Guidelines for dementia care from the National Board of Health and Welfare, 2010. Two quality registries and the well-used, free of charge web-educations from SDC. [www.demenscentrum.se](http://www.demenscentrum.se)

Another reason for the interest is probably due to that the discussion about restraints have been ongoing for several years in our country, highlighted the last years.

How to improve is another issue. We could have reached out even faster and broader. We are also expecting suggestions to improve the material, both from professionals and from relatives, which is the normal way for SDC to work. Another part to improve is the follow up. Not all units have connected to and use the quality registries.

12) *How could this practice be a model for other countries?*

The use of restraints in care of elderly persons with dementia is a topic for all countries today. It is the same diseases, the same issues with psychological and behavioural problems and often the lack of knowledge about strategies and methods to avoid restraints.

This model using modern technology in different ways, including both professionals and relatives could be translated to other countries.