

**Pursuing one's life in an EHPAD (\*) is a painful decision that requires prior information and human support**

**Press release from the French National Academy of Medicine (\*\*)**

**May 20, 2022**

Over the last twenty years, thanks to the progress in home care, the majority of elderly people with loss of autonomy have been able to stay at home. It is a great disappointment when, despite home support, this is no longer possible. For the person concerned, the prospect of living in an institution is often traumatic; for the family circle, this prospect triggers feelings of guilt or failure: thus, very often, admission to the institution is organized too late, in a hurry, after a hospitalization, without a prior visit to the EHPAD, without any time for reflection, and sometimes in a distant institution leading to a complete break of the links with one's previous life.

Moreover, at the time of the decision, the informed choice is often hampered by missing information. For example, who knows:

- whether the facility is adapted to the collective life of elderly people with severe disabilities due to architectural or interior design problems?
- that not all EHPADs have developed cooperation within the healthcare network to avoid disruptions of the care pathway and improve the quality of this care (hospitalization at home; mobile team; autonomous residence; hospital acute geriatric department, etc.)?
- or that not all EHPADs benefit of: a protected living unit (UVP) for residents suffering from disorientation with risk of running away; a center for adapted activities and care (PASA) to enhance the remaining capacities; temporary accommodation for a spouse; a high dependency unit; a continuity of care service with night state-qualified nurses (IDE); a coordinating doctor; a quality unit; a hygiene unit; and a meal committee (for the opening to families or residents of the neighborhood...)?
- finally, that a high price is not obligatorily linked to more nursing staff at the resident's bed and to an increased level of care, and that accommodation prices are not comparable between the private commercial sector and the non-profit sector (associative or public)?

The preliminary visit of the facility by the future resident and the family referent allows to discover an unknown environment subject to a lot of prejudice. It is an essential time for discussion with a member of the management team, in order to make him explain the management of the establishment as well as the financial terms of accommodation.

The resident expects to be welcomed in a modern/modernized, comfortable and ecologically/technologically responsible facility, ensuring safety and quality support/care by teams of qualified professionals. He/she expects a clean, pleasant-smelling, warm environment that does not look like a hospital. He/she appreciates that the EHPAD is integrated into its territory and is a "retirement home" open to the life of the neighborhood or village.

Once the decision is made, the human support is based on precise facts: an entry scheduled at a comfortable time for a good reception of the resident; an employee who takes the time to show him/her around the establishment to help him/her find his/her way around; a reserved seat in the restaurant, whose relevance is assessed from the very first days; a collection, also early on, of the resident's life habits, by the psychologist and the animator, with a view to the support work; a point made, after a few weeks, between the resident (if his/her health condition allows it), his/her family referent, the coordinating nurse and the administrative manager to give answers to the requests not satisfied by the contents of the residence contract, to designate a trustworthy person in view of the writing of the advance directives, and to propose to take part in the life of the place (social life committee, voluntary work... ).

The stability of the staff, accompanying the resident, is essential, as it favors respect for lifestyle habits, creates a family atmosphere and allows information concerning the resident to circulate easily among all the professionals who surround him/her.

**The National Academy of Medicine insists on the following precautions:**

- To anticipate, as far as possible, the decision to enter in order to be able to reinforce the information of the resident and his/her family on the modalities of care and the costs of the proposed services, in order that the choice of a local EHPAD is made calmly, early enough through pre-registration, and according to entry criteria that will suit and reduce tensions within the family. Before the decision to enter, the future resident seeks to allow him to project himself into his future living environment and to reassure him or her on the quality of life.
- To ensure that by continuing their life in an EHPAD, polypathological and dependent residents will be offered technical care, but above all, human, stable and warm support by their closest staff, who will have been trained and kept around as long as possible;
- To promote the diversity and sufficient capacity of care facilities to meet the different needs of each space, as a single normative and security model is unsuitable for social aspirations (free choice, security, freedom of moving around, maintenance of social links);
- To ensure that the prior information, which is essential for an informed decision to enter an EHPAD, is as widely available as possible, including the sites of the ministerial or regional regulatory authorities.

(\*) Residential facility for dependent elderly people.

(\*\*) Press release issued by the Academy's Rapid Communication Platform”, “validated by the members of the Board of Directors on May 20, 2022.