Patient Care Hotels around the Globe
An exploratory survey

1. Introduction
In July 2013, ILC The Netherlands, at the request of the voluntary care association Willen is Kunnen (WIK), sent an email to all other member states of ILC with some questions concerning patient care hotels. ILC The Netherlands and WIK wanted to find out if similar models exist in other countries.

Willen is Kunnen (WIK) can, rather freely, be translated in: If you wish for something, you can do it. WIK has approximately 6,000 members that pay a yearly membership fee and owns the care hotel De Kim (The Horizon) in Noordwijk aan Zee, a popular holiday resort at the Dutch coast.

After a brief introduction, the member states were asked to answer some seven questions. The ILC’s worldwide responded very quick. This report gives a description of the results, contains a comprehensive analysis and some conclusions, At the end challenges that lie ahead for the development of patient care hotels are described.

2. WIK and De KIM
WIK is a more than one hundred years old voluntary association in The Netherlands which members pay a yearly fee. WIK has been founded by local public functionaries of the city of Amsterdam and provides health, recovery and vitality services. It owns the patient care hotel De Kim, which has 40 rooms, a restaurant, a fitness area and a recreation room.

De Kim is best equipped for short-term stay and in particular recovery after orthopedic surgery. In normal conditions a few days after orthopedic surgery the hospital stay comes to an end. The next step is that patients go to nursing homes, patient care hotels, or go back home for rehabilitation. Based on a triage patients that recover too slowly or are too fragile get (temporary) access to a nursing home or rehabilitation clinic for rehabilitation. The common procedure in The Netherlands is rehabilitation with the help of a physiotherapist at home. People can also choose to go to a patient care hotel. This is often the case when they have no relatives who can help them at home or when they feel that the patient care hotel is a better and safer environment to recover.

The majority of the guests of the KIM are 65 years and over. The guests usually stay for a short period of time from one to three weeks. De Kim is not a hospital and not an elderly or nursing home. It is also not a rehabilitation clinic or rehabilitation care facility. It is a patient care hotel, which can arrange additional services that help guests to recover appropriately and to alleviate the pain of not being able to recover at home. De Kim is situated at the seaside, where the guests can relax from the stress of their medical treatment.

The service of the patient care hotel is financed privately. Members of the WIK-association get a huge discount when they stay at De Kim. The basic health care insurance package does not cover the stay in patient care hotels. People who have an additional health care insurance package can receive partial remuneration. The basic health care insurance can – pending the indication for rehabilitation – i.e. pay for physiotherapy or support from a nurse assistant (in/out of bed, washing).
3. The Questionnaire
WIK and ILC The Netherlands were very interested whether this concept of patient hotels and the services delivered, occur in other countries and wanted to find out development and knowledge regarding this type of hotels and services elsewhere in the world. For this purpose they forwarded a questionnaire to the ILC network. The following questions were asked:
1. Do care hotels as described above exist in your country?
2. If so, how are these hotels usually described?
3. Which services provide these hotels?
4. Are these services paid privately or paid by health care insurance or by additional packages or membership fees?
5. Who owns these types of hotels?
6. Do you know whether these hotels have ever been the subject of any (scientific) study or are still part of ongoing research? And if so, can you give examples of these studies and references for organizations we can connect / contact with?
7. Are there in your country voluntary care associations such as WIK that own and control patient hotels? And if so, can you give examples of these associations?

4. The response per ILC member

Brazil
In Brazil there are no patient care hotels such as described?

Dominican Republic
In the Dominican Republic there are no patient care hotels or such institutions as WIK. If a patient needs rehabilitation, this will be delivered at home and will be covered by the patient or their relatives, if they can afford it. Otherwise they will go as often as needed to the Rehab Center, an NGO that provides these services at a very low cost.

France
This kind of totally private hotel for elderly care does not exist in France. France has the same type of organizations that are recorded from the Czech Republic.

India
India does not have any such facilities. It is a novel concept, but it’s estimated that there is a segment of the geriatric population that could afford to stay in such a hotel after surgery, and there is a definite need for such a facility in India.
ILC India made a point to note: “The idea that ‘you are recovering in a hotel like atmosphere/ambience, would in fact, help step up the recovery process of a geriatric patient’. So this is a brilliant concept.”

Israel
After orthopedic surgery and about a week in the orthopedic department, elderly patients are moved to geriatric wards, which are also rehabilitation departments located in general hospitals. They stay there for about 3-4 weeks, or as long as necessary. In some medical centers, there are special rehabilitation and complex nursing wards for older people to which they are sent for rehabilitation after surgery. This prolonged stay, mainly for rehabilitation, is covered under the Health Care Law and by the Health Maintenance Organizations in which the patients are insured.
Japan
The patient care hotel doesn’t exist in Japan, although it is perceived as very interesting. It is guessed similar in function to two facilities and hospitals in Japan:
1. Sanatorium type medical care facilities for the elderly requiring care. The term “Sanatorium Medical Facility for the Elderly Requiring Long-Term Care” means a facility such as a hospital or clinic that maintains a sanatorium ward. These are specified to provide appropriate nursing services according to the mental and physical characteristics of a Person Requiring Long-Term Care. It means medical care management, nursing, long-term care under medical management, and other care, functional training, and other necessary medical care based on a Facility Service Plan. Sanatorium type medical care facilities are under the Long-term Care Insurance System in Japan. Sanatorium type medical care facilities for the elderly requiring care are run by Medical Corporation or Social Welfare Corporation.
2. Recovery period rehabilitation hospitals. The Rehabilitation Hospital focuses on recovery period rehabilitation and combines the functions of fall prevention and sports rehabilitation, day care rehabilitation for home support, and home rehabilitation. General rehabilitation facilities and programs are available for cerebrovascular disease, motor organs, respiratory organs, cardiovascular disease, malignancy, psychiatric occupational therapy, and psychiatric day care. The department provides physical, occupational, and speech therapy for patients with cerebrovascular diseases, physical therapy before and after orthopedic surgery, physical and occupational therapy for patients with neurodegenerative disease, physical therapy for patients with peripheral arterial disease and after limb amputation, occupational therapy for patients with rheumatoid arthritis, orthotic therapy for various diseases, exercise therapy after myocardial infarction, physical therapy for patients with respiratory failure, occupational therapy for patients with psychiatric disorder, acupuncture and moxibustion treatment for pain relief and various disorders, prescription for and adjustment of prostheses, orthoses, and wheelchairs and conservative treatment for lymphedema. Recovery period rehabilitation hospitals are under the Medical Insurance System in Japan. Recovery period rehabilitation hospitals are run by Medical Corporation.

Singapore
In Singapore the exact patient care hotel model does not exist. A similar model is the community hospital. Community hospital is a facility within the health care system of Singapore. It is subsidized rehabilitative and sub-acute care for patients with uncomplicated medical conditions, some of whom may be in the sub-acute phase of their illness requiring a period of inpatient treatment. Patients tend to stay in a community hospital for 2 – 4 weeks and are still defined as a patients and not a “hotel guest”. Services provided to the patient are physiotherapy, nursing and meals. Patients tend to use their individual medical savings accounts, Medisave to pay for these services. The national Singapore health system is known for the 3Ms – Medisave, Medishield and Medifund. Singapore is the only country in the world with medical savings accounts where individuals take personal responsibility for how much medical care they consume). Health care insurance is underdeveloped in healthcare financing in Singapore.

South Africa
South Africa does not have such facilities as private patient care hotels. After acute treatment patients are referred to rehabilitation hospitals and on discharge from these facilities, their rehabilitation is continued on an outpatient basis from various health
centers.
In South Africa the use of a patient care hotel would depend on one’s socio-economic status and whether one uses public or private health care facilities. If public, one would not have health insurance and would be discharged, while the family would have to take responsibility for convalescence/rehabilitation. There would be no home visiting, etc. On the other hand, within the public health system, very few elective orthopedic procedures would be carried out anyway.
If private, and one has the means (as health insurance won’t pay for care after discharge), one would have the option of going to a step-down facility to convalesce and for rehabilitation. Most private retirement residential complexes that run a frail care facility would take in discharged surgery patients who need to convalesce – and offer a full range of rehabilitative services. This would be for private payment. In a way, these facilities would provide a hotel-like setting and service – outside of frail care, of course. But, the scale – numbers of such patients – would probably be fairly low.

Czech Republic
There are no patient care hotels in the Czech Republic. In post-acute care they have rehabilitation units in hospitals and departments. They also have “aftercare” which is medical care that includes rehabilitation and care for patients (after surgery, stroke etc.), and they have home nursing care. In the social care system there are residential homes and care homes, some of them have their physiotherapists as well.

UK
In 2012 an expert group, convened by MP Sally Greengross, produced a paper on the subject of patient hotels, and very recently a progress meeting was held to attempt to seek out ways of taking the issues outlined in the paper forward in the UK to establish the appetite at the Department of Health (DH) for evaluating the worth of introducing the Patient Hotel concept, separating the accommodation element of a hospital stay from the clinical content and its associated costs, so as to provide safely better patient outcomes, experience and better value for money. Four main strands have emerged for consideration to be taken forward:
1. An evaluation of the context of Patient Hotels with value based Health care approaches, designed to deliver good patient outcomes and experience, safely and for good value, with potentially significant cost reduction potential for the NHS.
2. Appropriate model identification and financial modelling/monitoring of same.
3. Identification of potential Foundation Trust (FT) partners for pilots etc – facilitating role of other stakeholders including NHS Alliance & Confederation.
4. In context with the Commissioning changes contained in the Health and Social care Bill, the creation of a round table or similar to inform standards for NHS outcomes framework in the commissioning and contract delivery for provision of hotel services – role and setting of Care Tariffs, e.g. for example 4 days acute care followed by 6-8 days non-acute?.

USA
Older persons in the US receive post-orthopedic, neurosurgical etc. rehabilitation in one of three settings:
1. Acute Rehab Hospitals or units of large general hospitals. These have high staff ratios, excellent equipment, and are expensive. Generally covered by Medicare (government) and/or private insurance.
2. Rehab units in nursing homes. Staffing is between acute rehab units (above) and regular nursing home unit. Covered by Medicare for 90 days.
3. Outpatient or home based care. Generally covered by insurance. Least intensive.
Many patients move successively through all three levels. ILC USA does not, to their knowledge, have the WIK as described.

5. Questions raised
Several ILC members raised questions about the concept of the patient hotel that are answered here.

1. **Would such a facility also be useful for the recovery process of patients coming out from other kinds of surgery, such as cancer, prostate, etc. besides the orthopedic surgery that has been mentioned in your note? Why has it been restricted to orthopedic patients?**

The concept of the patient hotel *De Kim* is not at all restricted to *orthopedic patients*. Indeed, every type of patient that needs time to recover after surgery or any kind of treatment is welcome.

2. **The majority of the guests at such hotels are 65 and over. Does this mean that the other guests are younger and only orthopedic patients? And does this hotel cater to regular guests who are not patients?**

*De Kim* has guests of all (mature) ages. However, the majority is 65 years and older. The concept of *De Kim* is that of a comfortable three star hotel by the sea with professional 24/7 (low) care supply. *De Kim* welcomes anyone with low care needs who wishes to stay also for holiday purposes. *De Kim* welcomes also family and friends of their hotel guests who can make reservations for lunch or dinner and even stay to sleep overnight.

3. **In the voluntary care association, do volunteers manage the organization? And do they provide care services? Are there some managers and care professionals?**

The voluntary association WIK owns the hotel and has a board of trustees. The trustees are off course volunteers. The executive director of *De Kim* is also the executive director of WIK and is paid a salary. The services are provided by paid professionals and not by volunteers.

4. **I read a paper, which said the patient care hotel service in the Netherlands is covered by health insurance.**

Some health care insurance companies indeed cover the stay in a patient hotel when people have an additional coverage. Some insurance companies pay the full costs; others pay part of the costs. In the later, clients have to pay an additional fee themselves. This all depends on the coverage of the insurance.

6. Conclusions
From our survey several conclusions can be drawn:
- Care or patient care hotels are not a world wide common feature, but are considered as a welcome addition to existing health care provisions.
- In most countries rehabilitation provisions are restricted to health care institutions like hospitals or nursing homes, geriatric wards, or are given at home (with or without any formal care).
- Possibilities for rehabilitation care usually depends on the way health care provisions
are paid for (i.e. public versus private insurance).

- The study of the expert group of Sally Greengross (UK – MP) shows that the possibility to develop care or patient hotels highly depends on evidence that proves the financial incentives of such provisions. In addition the study shows that it’s important to differentiate the clientele in such provisions. It’s very much the question whether it’s wise to have homeless patients and frail elderly people, recovering from orthopedic surgery, share the same facility.
- Other incentives such as improved patient wellbeing and relieve of care for care giving relatives are not considered as an issue in the development of care or patient hotels. It is obvious that these are additional incentives.
- The possibilities for civilians to initiate and invest in care or patient hotels themselves, as in some cases in The Netherlands, is not considered an option in many of the other countries. Albeit the existence of (civilian) voluntary care associations is in general not very clear in other countries.

7. Future challenges
The future challenges for developing care or patient hotels are:
- To be able to re-channel or re-appropriate funds from existing high-cost care provisions to low-cost and, i.e. in terms of patient wellbeing, more effective provisions, appears to be the biggest challenge in the future development of care or patient hotels.
- Considerations regarding patients’ wellbeing or the wellbeing of care giving relatives must be fed more appropriately into the discussions about the future of health care systems.
- Civilians must be challenged and given the opportunity to take and share more responsibilities in the development and decision-making regarding health care and welfare provisions.
- The Netherlands has about 30-40 patient care hotel concepts. The Dutch Association of Care Hotels has eleven members. The response to this survey shows that there is need for further studies on the possibilities and development of patient hotels.

The authors would like to express their gratitude to the members of the International Global Alliance for their very useful replies on our questionnaire. Without them we could not have written this exploratory survey.

*Tom van Oosterhout, Marc Vieten and Marieke van der Waal, 29 November 2013 The Netherlands*