Workshop:

From Care to Rehabilitation

- A Change of Focus requiring new Skills and Technology

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A Case presented by the Municipality of Aalborg
(Geriatric Healthcare Sector Employment Partner, DK Regional Cluster)

- Facilitated by the DK Project team, based on dialogue with Mr. Bent Sørensen, Special Consultant, the Quality and Innovation Unit, Senior & care Dept., Municipality of Aalborg

- Focus on the present practise and future research of healthcare practise in the Danish public sector social context

- Main theme: the shift in focus from services providing care to services promoting rehabilitation

Program

- The Danish definition of 'rehabilitation'

- Rehabilitation competencies and the competencies included in the Social and Healthcare Assistant education

- Presentation of Chresten

- Rehabilitation efforts for Chresten

- Requirements for Social- and Healthcare Assistant competences – now and in the future??

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Rehabilitation in Denmark

New definition of the rehabilitation term in Denmark, April 2022.

Need for strengthening the rehabilitation field, based on the changes that have happened since the term was last described and defined in 2004, including:

- The Municipalities have taken over most of the rehabilitation services

- Significant increase in the number of senior citizens

- More citizens with psychological disorders

- More citizens live longer with chronic, long-term, incurable diseases

The term 'Rehabilitation' is defined as follows:

Rehabilitation is aimed at persons, who experience, or risk experiencing, limitations to their physical, psychological, cognitive and/or social functional abilities, and consequently to their everyday life

The aim of rehabilitation is to enable a meaningful life including the best possible activity and participation, mastery and life quality.

Rehabilitation is a cooperative process involving a person, his/her relatives, professionals, and other relevant parties.

Rehabilitation efforts are targeted, coherent, and knowledge-based, and take their departure from the indivdual's perspectives and holistic life situation.

ICF- International Classification of Functioning, Disability and Health
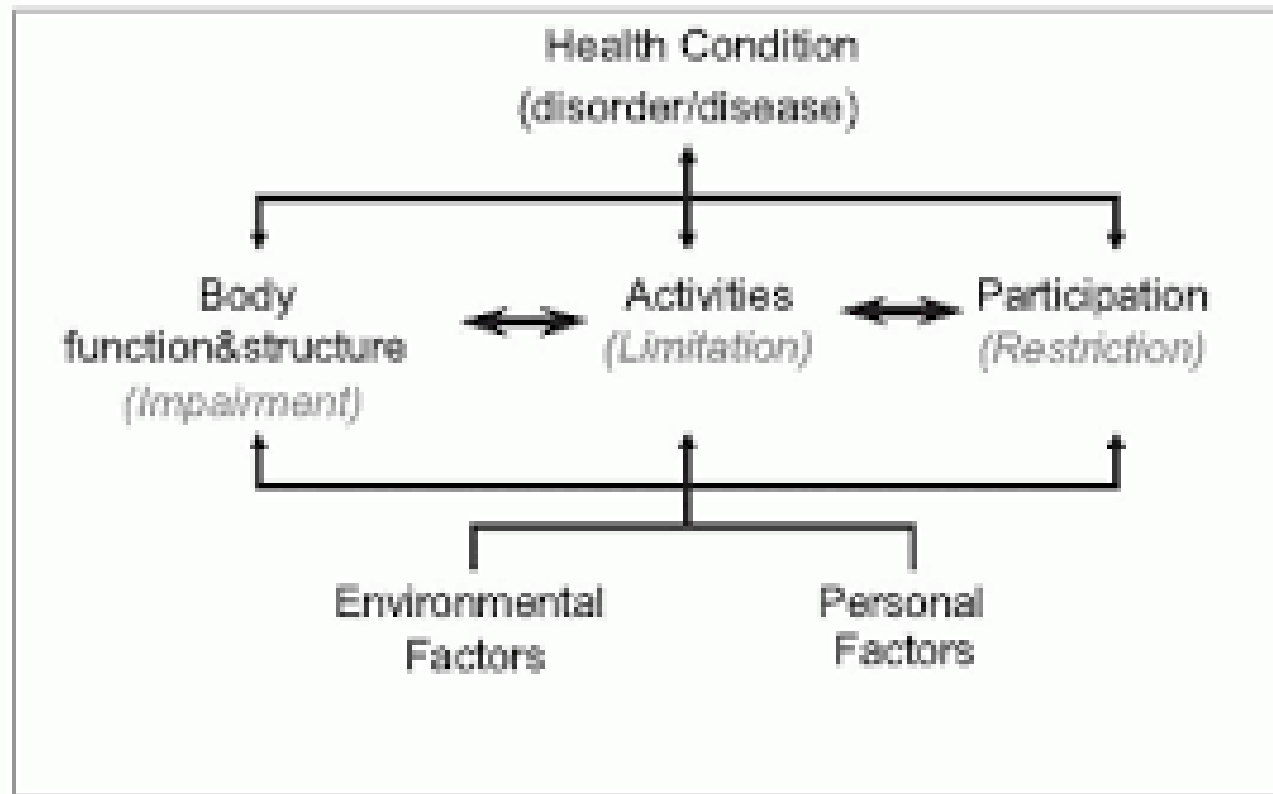
Selected central elements within rehabilitation (for dialogue):

- Everyday Life, Meaningful Life, Activity, and Participation

- Mastery and Quality of Life

- Cooperation process

- Relatives

- Rehabilitation Efforts

Dilemmas and challenges in rehabilitation

- There is a lack of common understanding of what rehabilitation is (between the various sectors). This poses a challenge to the creation of cohesive and well-coordinated processes.

- Most programmes for processes have a bio-medical perspective and do not have their focus on the individual, the psycho-social.

- A need for more research and knowledge. But also, a need for specific rehabilitation competences.

Seven rehabilitation competencies

Based on the WHO's common competency model for professionals:

"The Rehabilitation Competency Framework", 2020:

The professional must be able to:

1. Use the bio-psycho-social model as foundation for process design
2. Work as a full and equal member of any multidisciplinary team
3. Work across organizational and geographic boundaries in cooperation with other professionals and teams

Seven rehabilitation competencies (continued)

4.   Recognise, accept, and address insecurity and complexity with the person undergoing rehabilitation and offer long-time contact with the person if required.

5. Apply knowledge-based generic rehabilitation interventions.

6. Apply profession-specific expertise to assist the person and support team processes.

7. Use as basis the processes, which are included in rehabilitation: assess the person's needs, define objectives, develope (togehter with others) a rehabilitation plan with the person and evaluate the intervention. All processes take place in cooperation with the person and any involved relatives.

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Competency targets for the Social- and Healthcare Assistant Education

2). The student can reason and independently organize, perform, and evaluate nursing care, aimed at citizens' and patients' fundamental needs, based on a methodical and rehabilitative approach.

5) The student can work independently with citizen- and patient-oriented preventive care, health promotion activities and rehabilitation in relation to the most common physical and psychological diseases and functional ability reductions.

7) The student can, independently and in a multidisciplinary cooperation, organize, perform, and evaluate social cultural, physical, and creative activities for individuals as well as groups – with a rehabilitation perspective.

8) The student can independently enter into a multidisciplinary and cross-sectoral effort to coordinate and ensure a coherent patient and citizen rehabilitation process.

12) The student can independently apply relevant assistive technologies and take initiative to implementation of new knowledge and technology.

The subject: Health Promotion, Preventive Care, and Rehabilitation

Themes included in the subject:

- Health Promotion
- Preventive Care
- Rehabilitation
- Life Quality
- Motivation
- Mastery
- Activities
- Welfare and Assistive Technologies

Meet Chresten

- **Age:** 78
- **Civil status**: Widower. Married to Ellen through 45 years.
- **Housing**: Terraced house (senior citizen housing)
- **Former occupation**: Warehouse keeper
- **Network and interests**:
  - Reads several newspapers daily
  - Loves to play chess (used to compete)
- **Health condition**:
  - BMI 29
  - Diabetes
  - Difficulties walking

- **Mental health:** Cognitively relevant
- **Outlook on life**:
  - Is generally optimistic
  - Does not develop himself socially
  - Has sometimes a feeling loneliness
  - The Family lives far away and is often busy
- **Meeting challenges**:
  - Having difficulties taking initiatives without his wife

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Do you recognize Chresten?

- Chresten is an example of a typical citizen in Aalborg/Denmark

- Which similarities and differences do you notice, compared to the citizens you meet?

- Walk and talk: Find a partner from another partner country in our group and discuss the above question

- Anette, questions to the case
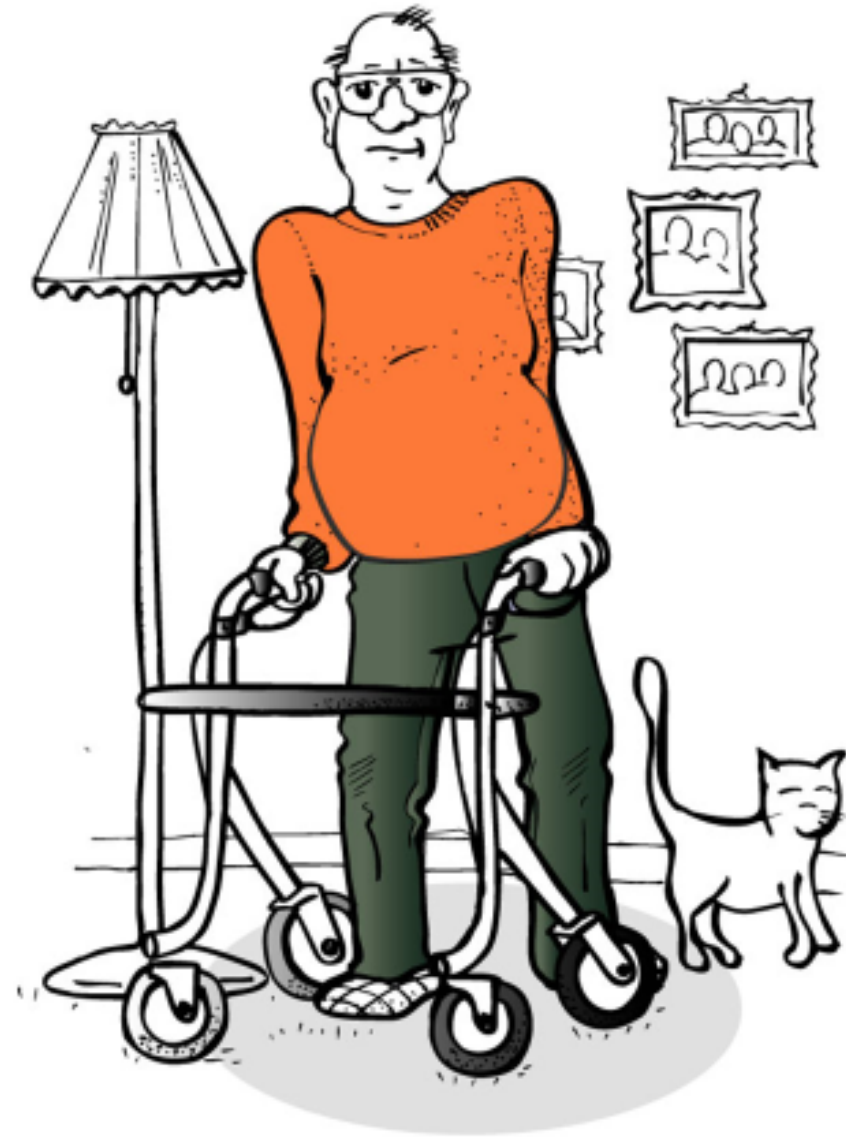
Chresten's needs for rehabilitation

- Which rehabilitation needs do Chresten have
  - Physically
  - Psychologically
  - Cognitively
  - Socially
- How would the rehabilitation effort look in your regions?

Chresten

Services from Senior & Care

- Receives home care every day
- Every second week the nursing care will dispense his medication
- Every second week he will receive cleaning services in his home
- Uses a walker
- A special team in the municipality department working to prevent loneliness has been contacted
- Uses the local community center twice a week to stimulate his need for social contact
- Is granted transportation to the community center
- Is granted training after a process of rehabilitation in order to keep abilities and skills
- A preventive and rehabilitating transverse effort: A focus on observering risks concerning falling, changes in health condition, loneliness, training etc.

Our proposal for rehabilitation services to be offered to Chresten

- Daly life rehabilitation
- Digirehab
- On-screen visits
- Services for citizens with chronic diseases – Diabetes 2
  - Mastery of chronic disease
  - Municipal service and activity offers for diabetes patients
  - The Diabetes Association
  - LIVA app
- Group process – prevention of loneliness

Daily Life Rehabilitation

Daily Life Rehabilitation in Chresten's home

Digirehab

https://digirehab.dk/en/
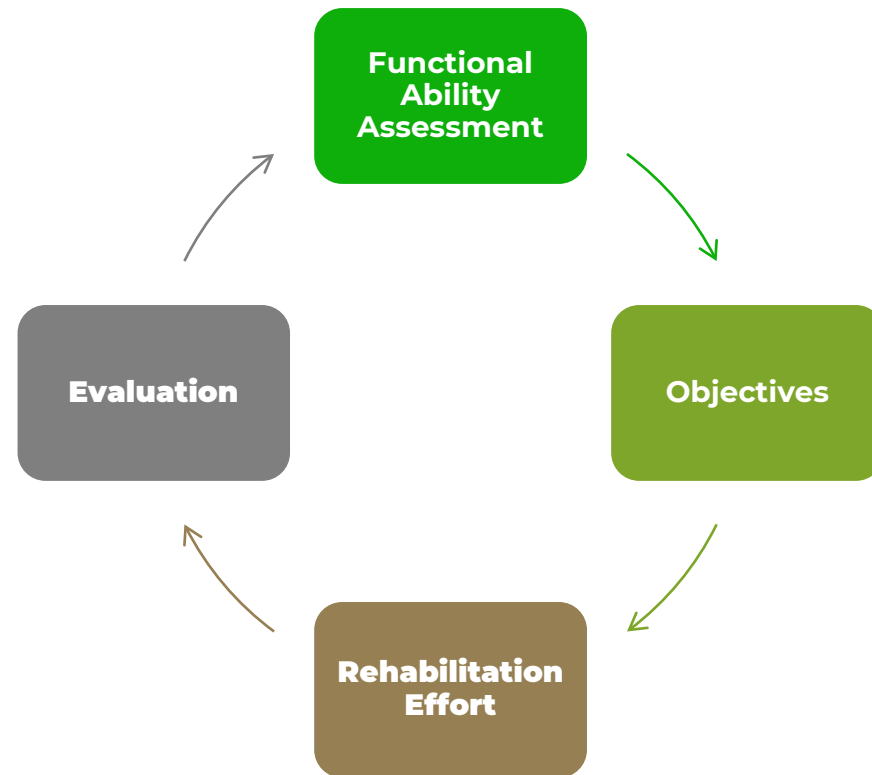
We introduce Digirehab in our education and experience very big enthusiasm from the students, who have worked with this tool in practice.

On-screen Visits

Used in most of the country's municipal home care service units.

They are used a/o for guiding the citizen to use a digital medicine dispenser.

Services for citizens with Diabetes in the Municipality of Aalborg

- The patient is summoned for a clarification dialogue, where an individual process plan is drawn up based on resources, needs, and the daily life of the citizen.

- The process may include the following:
  - Mastery of disease
  - training and/or exercise instruction
  - Nutritional guidance
  - Guidance for quitting smoking
  - Alcohol guidance

- The patient also has the option to receive digital health guidance on his/her smartphone, tablet or computer through the digital solution called LIVA.

Learn to handle chronic disease

Join a course consisting of 6 modules – and get inspiration for how to live a good life with a chronic disease. The aim of this course is to give you inspiration on how you may handle the challenges and problems that are often associated with chronic disease.

During the course, we will cover these topics:

- To recognize symptoms

- Muscle relaxation

- Physical activity

- Negative emotions

- Communication

- Medicine consumption

- Setting goals and making action plans

- Good nutrition habits

- Mastering fatigue

- Problem solving

- Choice of treatment methods

- Fantasy journeys

The course alternates between lectures, group work, and individual assignments.
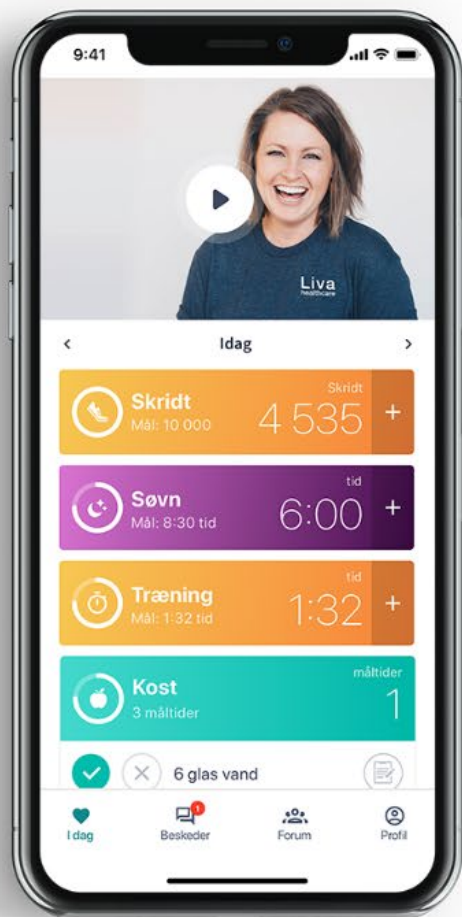
LIVA-APP'EN

Hvad får jeg?

- Tildelt en sundhedsvejleder

- Du og din sundhedsvejleder sætter mål, der passer til dig

- Løbende vejledning via video og tekst over din smartphone

- Mulighed for at følge med i din udvikling frem mod dit mål

- Inspirerende sundhedsmateriale

- Adgang til forum, hvor du kan dele erfaringer med andre brugere

Preventive measures angainst loneliness

The Social and Healthcare Assistant must recognize indicators and signs of loneliness, detection

Dialogue with Chresten about experiencing loneliness

Know the available municipal, cultural or voluntary activities and services on offer

Support Chresten's motivation and mastery in actively taking measure to alleviate the problem

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Chresten's rehabilitation process – in 15 years...

- The technology-based solutions are more integrated into rehabilitation and everyday life, and more technologies will be available

- The wish to choose your own path and solutions will be more widespread.

- Higher quality expectations re. Interventions are to be expected

- How do we expect that this will chance the job of the Social and Healthcare Assistant – and the competencies that he/she will need to succeed?

We can only guess.... It's the future!

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How can we educate our Social and Healthcare Assistant students for the future needs?

- Communication and cooperation
  - A challenge that we have many students with a different cultural background ad ethnicity.
- Rehabilitation competencies must be expanded
- Technological Awareness/formative-reflective approach to welfare and assstive technologies
- Digitech
- Rikke/Birthe

How can we educate our Social and Healthcare Assistant students for the future needs?

- Communication and cooperation
  - Be able to support the mastery abilities of the citizen and his/her rights to self-determination
  - Be aware of potential linguistic challenges due to many students possessing a different ethnic and cultural background.

- Task complexity will increase (earlier discharges from hospital, many citizens with multiple diseases/complex and care-requiring needs in their own homes and at senior citizen care homes.

- Technology awareness/ formative-reflective approach to welfare and assistive technologies must enable students to follow and apply the (technological) development
  - The Digitech education, a technology-focused (experimental) variant of the Social and Healthcare Assistant Education Programme

  (input from Peter)
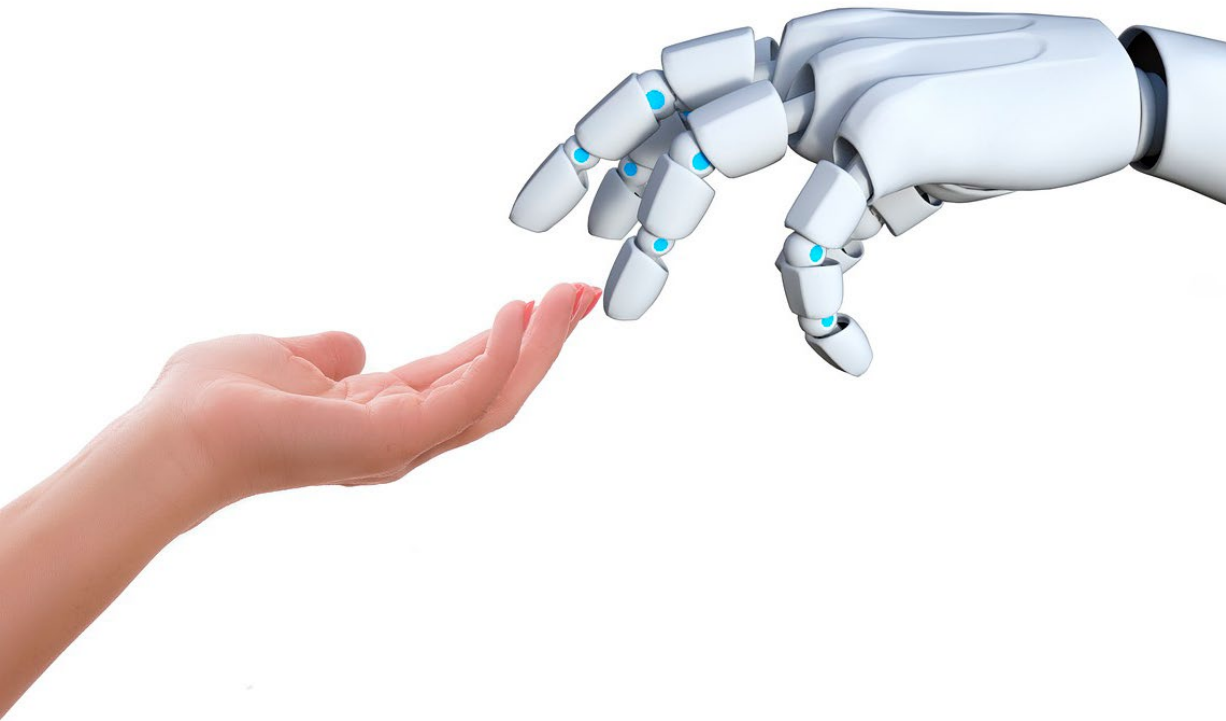
Elective subject: Technology Awareness

The development within welfare and assistive technologies requires more than just switch-on/switch-off competencies:

- A new mindset

- Critical reflection

- Formative-reflective approach to assistive technologies

- Enabling digital authority (of students)