

The A-Z of using 'DigiRehab' in rehabilitation processes

and made the following reflections and conclusions on how to make this topic as relevant as possible to all partner countries of the partnership:

Is this topic NEW/INNOVATIVE to the partner countries?

1. Facts from the feedback

This service is already offered and considered normal practise in our healthcare system	This service is known in our healthcare system, but still only rarely offered	This service is not yet provided by our healthcare system, but is under consideration as a future option	This service is not yet provided or considered in our healthcare system, but we believe it would be relevant for the near future (up to 5 years)	This service is not provided or considered in our healthcare system, and we do not believe it will become relevant within the next 5 years.
	EUS	NL	SF, EE	

2. Our conclusions from the feedback

Partners indicate that no single, nationally accepted equivalent to DigiRehab exists in any of the systems (i.e. a digital training platform for citizens not eligible for physiotherapy treatment). In SF and EUS, several digital systems seems to be in use — but for more formal therapy, involving physiotherapists for at least part of the training. NL indicates the training does not take place in the home — but that this would be a positive addition to the current system, and EE reports that training support at home is not offered in the system. EUS tells us that digital systems are used in the private — but not public — health sector.

We conclude that the Digirehab approach seems to be new/innovative in all countries – NOT as a replacement to physiotherapy – but as a service provided as part of the home care at an earlier stage of care or rehab, where the aim is to support retaining the functional abilities of the citizen at the current level to avoid or delay that the citizen will need actual physiotherapy support.

3. Our ideas how to improve the Topic's value as NEW and INNOVATIVE to all partner countries

Based on the feedback, we believe that we should underline in the training the role of DigiRehab as a tool for maintaining functional ability for senior citizens — to avoid or delay the need for physiotherapy, i.e. as a preventive rehabilitation tool for inclusion into the daily routine of the citizen and supported by the visiting healthcare professional.

Also, it seems that it would be good to train professionals for the general development and monitoring of such training programmes, so the training could also benefit the use of other digital systems, and the ability of the healthcare professional to support such training provision, regardless of which digital platform is used.





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Is this topic realistically APPLICABLE to the healthcare systems of the partner countries?

In NL, home-based training would be designed and evaluated by a physiotherapist and planned/prepared, and implemented by the nurse responsible for the home care route of the citizen. NL feedback suggests that it is not certain that the nurse would be allowed to design training programmes. We are not sure if this also applies to daily training for citizens not assigned to physiotherapy.

In SF, a doctor would provide remittance to physical therapy, to be provided by public or private actors. The therapist would design and evaluate the programme, but may involve also practical nurses performing home visits in implementation

IN EE, training provision would be decided by a physiotherapist or occupational therapist, and it would most likely be the physiotherapists who plans and prepares training. Actual training may be provided by the home care or social care worker visiting the citizen at home, and the deciding therapist would evaluate the training.

In EUS, a doctor would decide and plan training, which would be carried out by a physiotherapist. No role is stated as played by vocational healthcare staff.

2. Our conclusions from the feedback

It seems to us that most systems automatically think of training as a therapy action – which must naturally be medically decided and planned by doctors referring to therapists for training programme design. The role of the vocational healthcare staff is therefore most often to handle the actual training provisions in the citizen's home and support to the citizen in connection with the training.

We therefore conclude that the most immediately relevant part of the topic for all is the digital skills for using the Digirehab platform and the ability to support and motivate the citizen for this training. The applicability of the other parts of the topic: planning and evaluation of training programmes (with the use of the automatic functions of DigiRehab) for vocational healthcare staff depends on the ability to establish a different mindset in the systems, to see the DigiRehab training as preventive care instead of a substitute to physiotherapy.

3. Our ideas how to improve the Topic's value as APPLICABLE to all partner countries' healthcare systems It might be an idea to have a basic training module for vocational healthcare staff focusing on the use of the Digirehab platform as a purely operational tool (i.e. programme selection and use of the digital interface and functions), since this is the level of involvement that is guaranteed across all systems for this staff group. Motivational skills could be added to this, or left out where partners already feel they have this well covered. Training planning and evaluation skills may then be placed in a separate module made available to those vocational healthcare staff profiles (or systems) where it is accepted that DigiRehab may be used for daily Training at home for citizens not considered as requiring physiotherapy. It will probably only be in this case that vocational healthcare staff will be allowed to design and follow-up on citizens' training – as it will be a less "serious" training situation (i.e. not therapy). This is also the case in DK, but here it is already accepted that DigiRehab has this role to play – and is not a substitute for physiotherapy.





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Is this topic RELEVANT to the featured education programmes of the partners?

1. Facts from the feedback

Extremely relevant – almost essential for the future of our featured education programme.	Very relevant and a good addition to our featured education programme	Quite relevant and worth considering as a possible addition to our featured education programme	Only slightly relevant for our featured education programme, and not worth investing much in developing	Not at all relevant for our featured education programme
	EE, SF, NL, EUS			

In our MATRIX, the 15 individual competences in 3 categories scored quite evenly, but with a small bias towards higher importance of competence area 1: assessing the need for a day-to-day functional ability training programme. Matrix competence scores are included on page 4

2. Our conclusions from the feedback

Feedback to the Survey and Matrix seems to us to indicate that the most relevant topics are seen as the competence of vocational healthcare staff to coordinate (during planning of training programmes for citizens) with other professionals to ensure that the planned training is safe, suitable and beneficial —and conforms to legislation, citizen's rights and GDPR. In supporting training itself, the most important competence seems to be the ability of the staff to use the DigiRehab platform and instruct the citizen to use it. Finally overall evaluation of citizens' training performance seem to be more relevant to partners than motivational training for citizen support (already covered by several partners' existing training)

We note that EUS reports that its students focus more on the psychological side of care/rehab — and it might be an idea to boost this angle of DigiRehab — as a tool for mental well-being through routine exercise. Also, it seems that there is a need for training to introduce the idea of non-prescription (non-therapy) training as a tool for home care staff to interact and stimulate citizens — as well as obviously the digital skills required.

3. Our ideas how to improve the Topic's value as RELEVAT to all partners' education programmes

We think we should narrow the topic a bit to focus on the practical use of DigiRehab (see page 2 ideas) and training in understanding the rationale for non-therapy regular home-based training programmes for citizens – to retain functional ability – and with positive mental side-effects, too (i.e. Positive Health!!!). Less focus on citizen motivation and more focus on achieving acceptance for the training by good coordination with other professionals – and securing a solid safety and legal platform for introducing it.

We still believe after feedback that the topic is feasible and could ideally be implemented in direct collaboration with the DigiRehab company (as a potential cluster partner in DK).





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Competence area 1: Assessing the need for a day-to-day functional ability training programme

Competence	Not at all Relevant	Slightly Relevant	Quite Relevant	Very Relevant	Extremely Relevant
Evaluate the functional ability rehabilitation needs of individual citizens, in order to assess whether a homebased daily training programme is feasible and suitable					
Coordinate with other healthcare professionals (e.g. therapists) whether use of a daily training programme is considered safe, suitable and beneficial to a citizen case					
Plan and coordinate with the citizen, his/her relatives, and other healthcare professionals the division of roles and responsibilities in training programme support					
Assess whether use of a digital training platform is feasible and suitable for a citizen home-based training programme with the above support roles agreed					
Ensure that the training programme and support roles agreed conform to national legislation and ensures citizen's rights and GDPR regulations					

Competence area 2: Designing and implementing training programmes in the DigiRehab system *)

Competence	Not at all Relevant	Slightly Relevant	Quite Relevant	Very Relevant	Extremely Relevant
Know and understand DigiRehab – as an example of a digital platform for home-based day-to-day functional ability training programme design and follow-up					
Be able to use the DigiRehab user interface to design and set up training programmes for individual citizens, and input data on training performance					
Be able to introduce, show and explain DigiRehab to citizens, to facilitate citizens' choice for/against using DigiRehab - and train citizens to input own training data					
Assist citizens in their first implementations of DigiRehab training programmes, to support correct training exercise performance					
Assess and provide the correct required level of support for citizens in their ongoing DigiRehab training exercise performance					

Competence area 3: Motivating and assessing citizen performance in a day-to-day functional ability training programme

Competence	Not at all Relevant	Slightly Relevant	Quite Relevant	Very Relevant	Extremely Relevant
Monitor the citizen's completion of functional ability training exercises and guide the citizen to correct and optimal exercise performance for max. training benefit					
Track and analyse objective data about the citizen's performance in the training programme in order to evaluate and adjust training programme level/difficulty					
Monitor and observe how the citizen looks and expresses him/herself while performing the training programme, to evaluate training motivation and abilities					
Motivate and encourage the citizen to perform the training programme to his/her best abilities by using verbal and touch-based encouragement					
Perform overall evaluation of the citizen's performance in / and benefit from the functional ability training programme as a whole					