

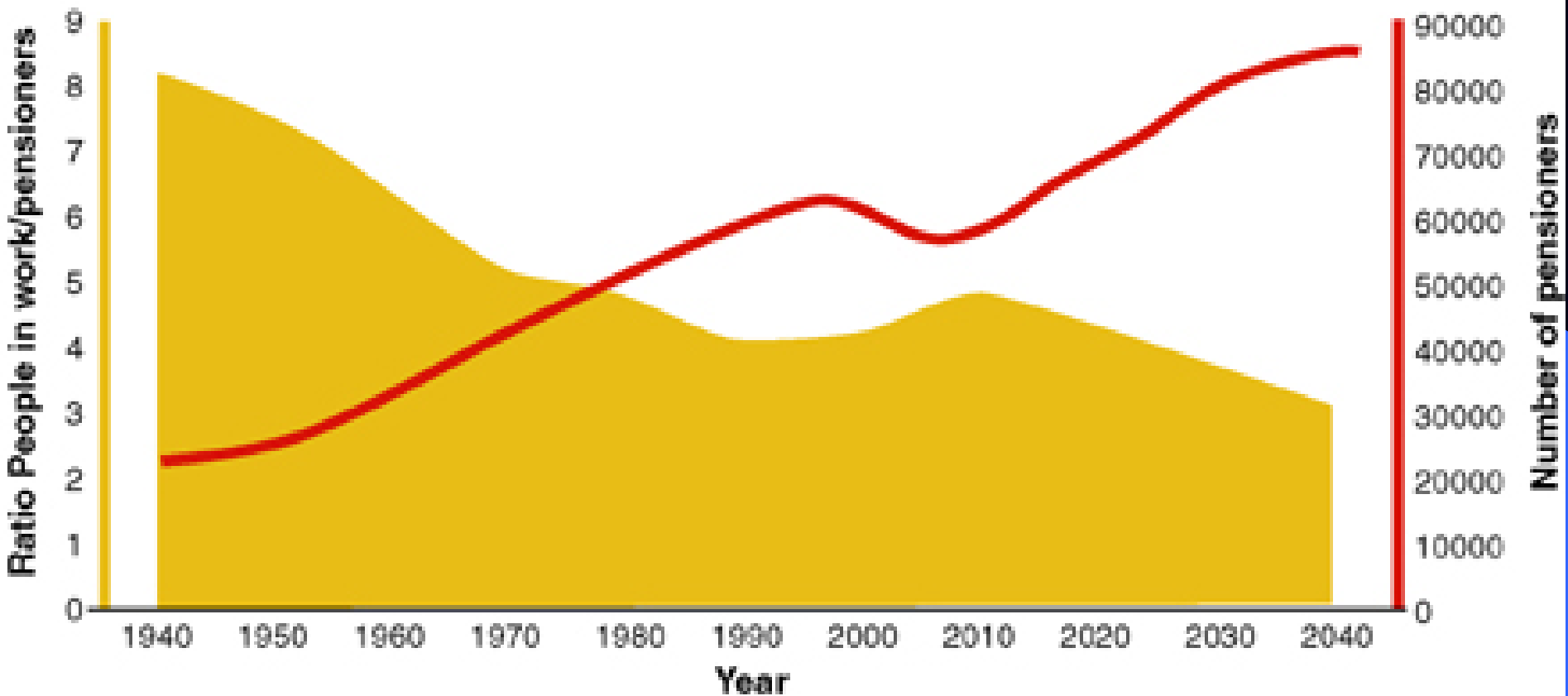
Almas House Polska Summary Conference 19.03.2016

Why Use Welfare Technology-

**Recommendations from Norwegian Ministry of Health,
experiences 2014-2015**

Sidsel Bjørneby, Almas hus Oslo

Demographic changes



Challenge

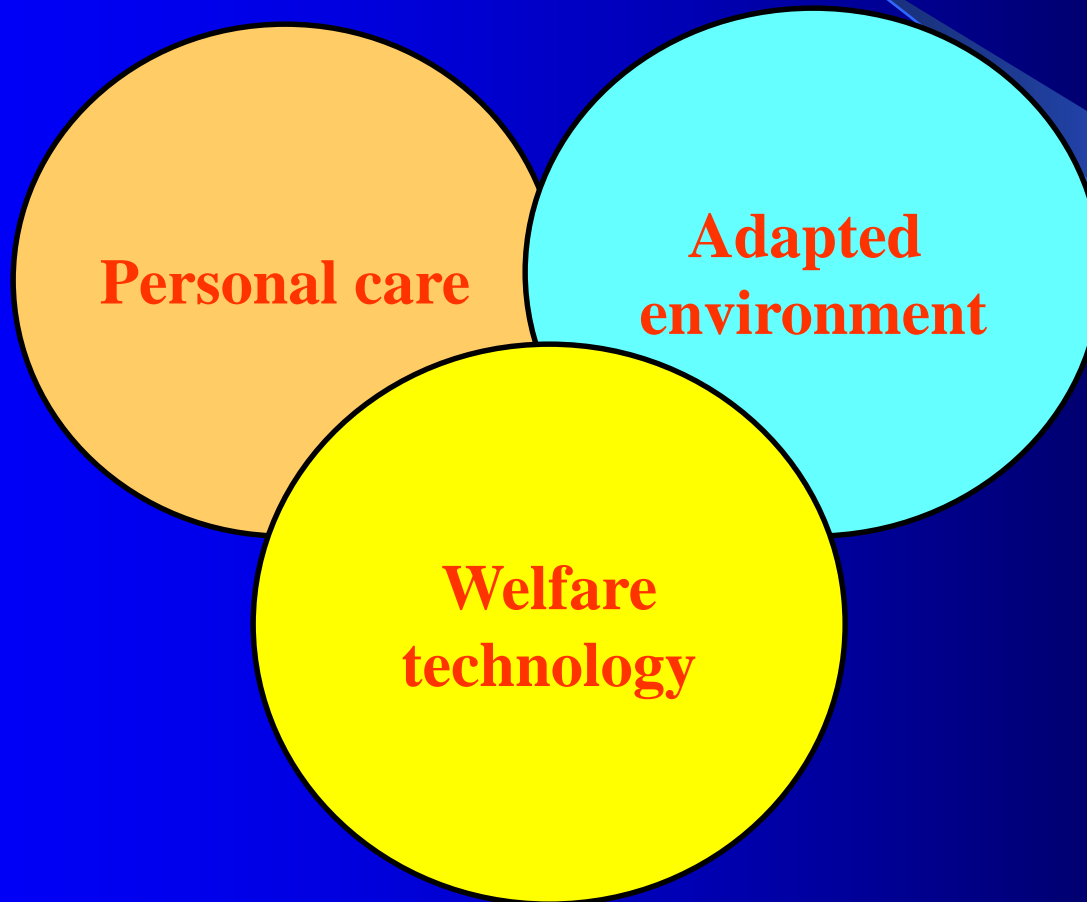
- It is impossible to meet all the needs of the elderly population with human hands alone
- Fortunately all retired persons do not need care!
- But not many enough young persons choose to work in elderly care



This is why Norway has started

The Norwegian National Programme
for Personal Connected Health and
Care

Combined efforts necessary



Background for this programme:

Our 428 local authorities are responsible for primary health care and nursing homes

20 counties are responsible for special health and hospitals

In October 2014 the Directorate recommended that local authorities should integrate welfare technology into regular health- and welfare service.

The programme will run 2014-2016

Funding available

Aim:

Persons with need for help shall be able to live longer at home, safely, securely, independently and with quality of life

Through 2016, 31 of 428 local authorities have received funds for trials to develop

- Knowledge and competence
- Tools
- Experience

with different models of service, technical architecture and infrastructure for using welfare technology

Persons with chronic disease

Parliament decided (Innst.11, 2014-2015)
to establish a national project for the treatment and
care at home of persons with chronic diseases
through the use of welfare technology.

As a beginning, 500-700 persons are trying this
Mainly with COLS and diabetes

In addition, a programme for Persons who need more social contact

Parliament decided in 2015 to develop technological tools to mobilise elderly, family carers and young people in order to prevent loneliness and keep up social contact amongst elderly people.

Welfare technology

Definition

” Welfare technology means technological assistance that contributes to increased security, safety, social participation, mobility and physical and cultural activity, and strengthens a person’s ability to manage life independently, despite illness and social, mental or physical dysfunction.

Welfare technology can also function as technological support for families and contribute to improve the service quality and service resource. In many cases it can prevent the need for services or admittance to an institution.”

English terms often used about welfare technology

- Telecare
- Telehealth
- M-health
- M-care
- Telemedicine
- Personal connected health

The Ministry of Health recommends using the term

Personal Connected Health and Care

The Ministry divides the technology into:

Technology for security shall make it possible for a person to feel secure and have the possibility to live longer at home. This includes solutions for social participation and preventing loneliness.

Technology for independence shall make it possible for a person to manage own health and illness. Included technology for persons with chronic disease/illness, persons with mental health challenges, persons with need for rehabilitation and maintenance of mobility, etc.

Continued

Technology for medical clarification or treatment that makes this possible at home. – Hospital@home.

Technology for wellbeing that contributes to awareness of own health and helps in everyday activities.

Potentials for support through the use of technology

- Support memory and orientation for time
- Encourage activity, independence and wellbeing
- Support communication and social contact
- Create security and safety
- Stimulation in daily life
- Support family and professional carers



Remote day planner
Through Google calendar

One of the biggest challenges is that the number of people with dementia will double before 2030



Another challenge is the price of a nursing home bed

Two examples of problems that can be met with welfare technology

Example 1.



Mrs Hansen gets up at night to go to the toilet, she has poor balance

She sometimes stumbles and falls, and is not able to get up alone

Possible solutions

Movement detector turns the light on, dimmed, helps to see her way

A weight detector in bed detects that she is not back in bed after 15 minutes, and sends a message to the night nurse or daughter

The night nurse or daughter telephones her to hear is everything is all right. If there is no answer, or a problem, she makes a visit.

Example 2.

Ole Olsen has dementia. He lives at home with his wife, and has always been active outdoors . He uses a simple mobile phone.

Lately he has often gone out and got lost, one time he was not found by the police until next morning, very cold and confused.

Possible technology

A mobile phone with a security button and GPS. With this he can call for help, and his family or an alarm centre can trace him and go out to find him.

This solution is being tried by many persons in Oslo now.





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Encourage activity and communication



Safety and security

- Active, independent alarm message
 - Telephone pendant alarm, string alarm

But many persons with dementia do not understand how
- Automatic alarms of dangers or accidents with detectors sending a message to somebody
 - Smoke detector
 - Fall detector
 - Overheating of cooker
 - Door alarm
 - Water alarm



Preliminary results of trials in 31 local municipalities by January 2016

- 9 out of 10 old users of mobile security-alarm feel safer
- Family carers can remain longer in their jobs
- Home care nurses report reduced time used for
 - Delivering medicine
 - Less conflicts with users
 - Easier handling of door locks
 - More efficient writing of reports
 - Easier planning of the day
 - Less driving for visits

Some benefits and cost benefits

- In some cases the use of GPS has made it unnecessary to employ extra staff.
- In Drammen it is estimated a saving of more than € 500 000, because 9 users have taken GPS in use.
- Some local authorities report several months delay in users' need for nursing home due to GPS.
- Digital night watch is estimated to reduce cost.
- 18% reduction in home visits due to electronic medicine support.

These results are preliminary!

- The Ministry of Health, Division of Primary Health and Care, emphasize that new recommendations and concrete effects will be published towards the end of 2016 or early 2017
- However, already today the Directorate recommends that all Norwegian local authorities take into use welfare technology now, because the preliminary results are so positive

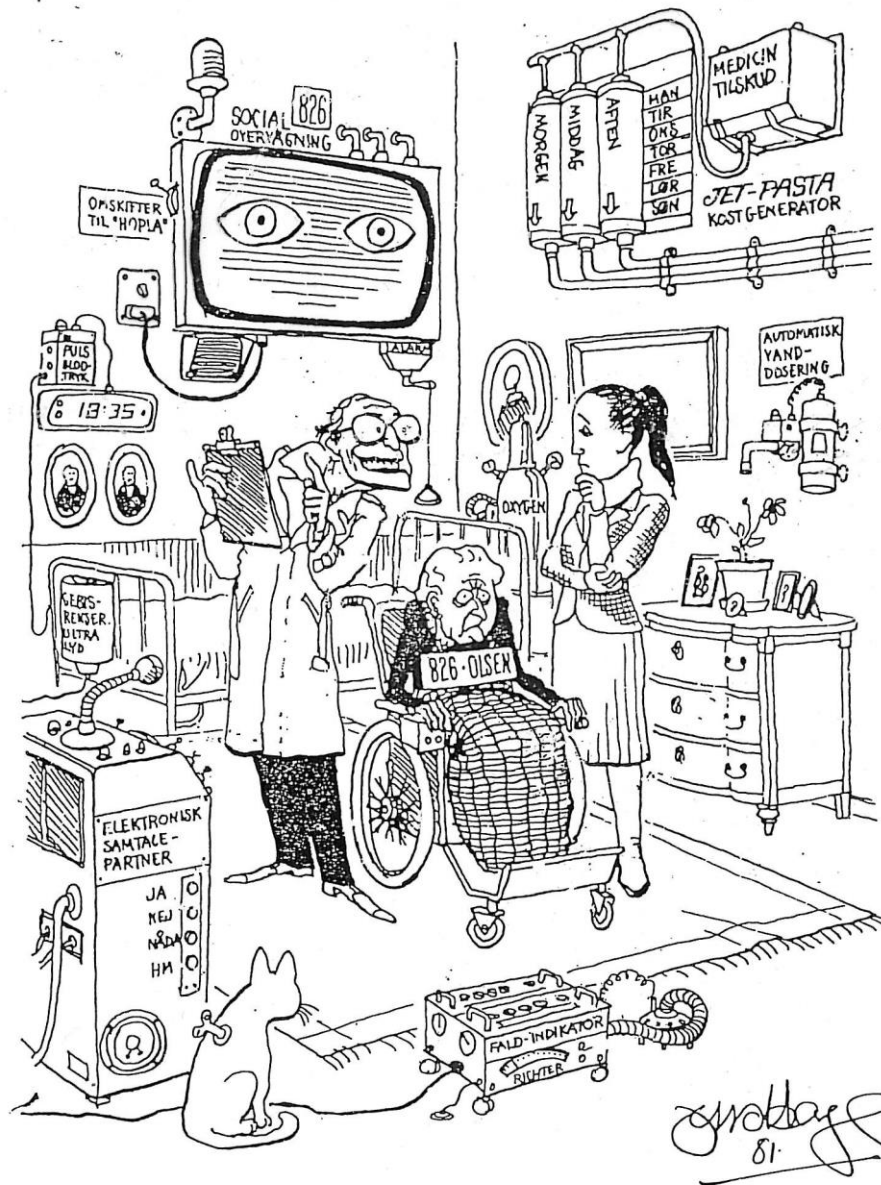
Success criteria

There must always be a thorough evaluation and definition of each individual user's *needs, wishes and function*.

In Oslo this is performed by Alma supervisors (local occupational therapists or dementia co-ordinators)

There must always be a followup of usage and benefits or problems

Funding is an issue, does the state pay, the local authority or the user ?



- Og takket være den elektroniske overvågning behøver vi kun hjemmehjælper hvert halve år for at justere generatoren. -

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Good luck with Almas House Polska!

