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Danish contribution about cross- sectoral development of skills and qualifications – BRO project.

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Agenda

Introduction

Challenges of the future from the perspective of The Capital Region of Denmark

- Public health challenges
- Workforce
- Call for new competences

Needs of assessment in relation to adult education

The BRIDGE model

- Results and methods
- Using I Pads in neuro-rehabilitation – a film
- What next?



Challenges of the future from the perspective of The Capital Region of Denmark

- Seamless patient pathways – shared care.
- Higher demands for user involvement – patient empowerment.
- Scarce resources both in time and economics
- Use of new technology: Blended learning, e-learning, simulation
- The implementation of a “Health Platform” – one shared e-journal – a cultural change
- Increased specialization - increased complexity of treatment and care - the technological development – this will impact the demands of the educational level of the staff.

Challenges of the future

- Work force challenges
 - some professions will be less needed
 - some are in high demand
 - a change in job functions but
 - a need for healthy staff as they will have to stay active for a longer period of years
 - in 10 years there will be 66.000 more elderly citizens than now.
 - 8 % of the youth in the region are currently neither having an education or are in work.

Competences that are needed in the future in health care for clinicians

- Interdisciplinary and interprofessional competences.
- Knowledge and competences within co-morbidity.
- Competences in relation to patient and family involvement.
- Technical competences – how to use tele-medicine and electronic health care journal.
- Competences in relation to create learning environments, that are characterized by feed-back and supervision.
- Communicative competences.
- Competences in creating seamless care across primary and secondary settings.

Development of skills through training and learning

- Bedside – in-house training
- Blended learning – e-learning
- Short courses
- Longer courses
- Courses with accreditation – courses without formal accreditation
- Uni-professional courses and inter-professional courses
- Evaluation and documentation – how can we “measure” the effect in practice?

How are we assessing needs?

How do we involve key stakeholders?

- Needs assessment through dialogue with leadership and departments of development at the hospitals
- Competence development is aligned with institutional/hospital mission and strategy
- There is a wish for competence development to be more data-driven
- A regional board with representatives from unions and employer boards qualify and decide actions
- 5 cross-sectoral boards representing the hospitals, general practitioners and municipalities

The BRIDGE Model

Background

- Patients are faced with challenges in relation to obtaining seamless care. The health care professionals have been educated in and often work in silos and the organizational structures are not designed to overcome these challenges.

Objectives

- Enhanced patient/user involvement, relational coordination and leadership engagement.
- Improved quality of care and creating seamless patient pathways for the elderly patients.

The Bridge Model

– working together, learning together

- used within the somatic elderly patient pathways and other vulnerable citizen.
- the results indicate that it can be transferred into other pathways characterized by complexity, a need for seamless care and multiple health care professionals.



Challenges when patients shift between primary healthcare to secondary healthcare

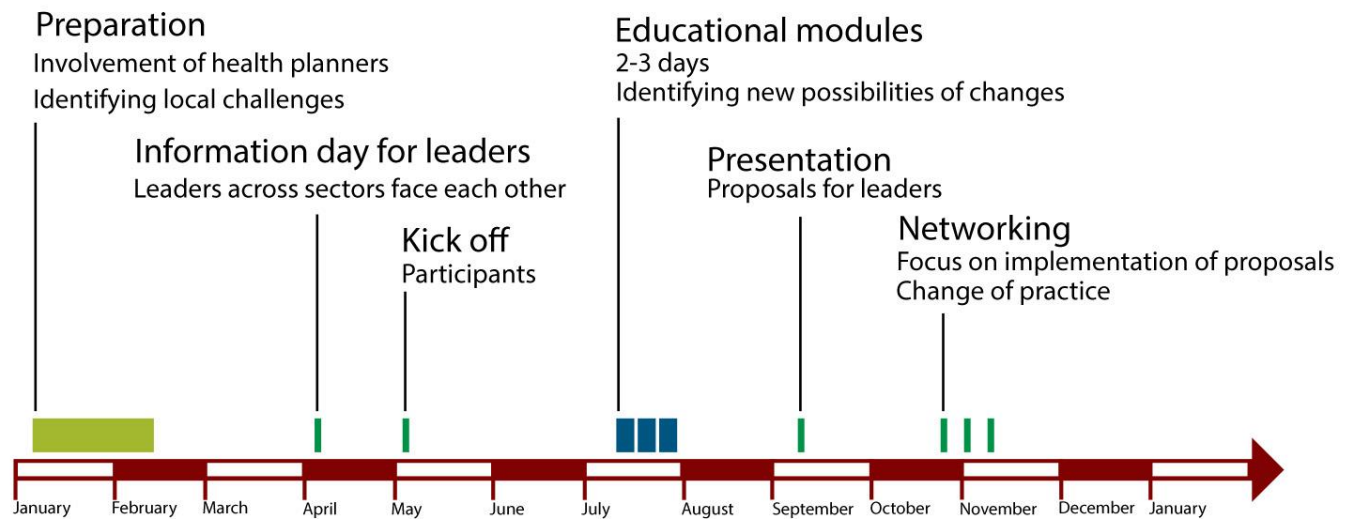


Target group

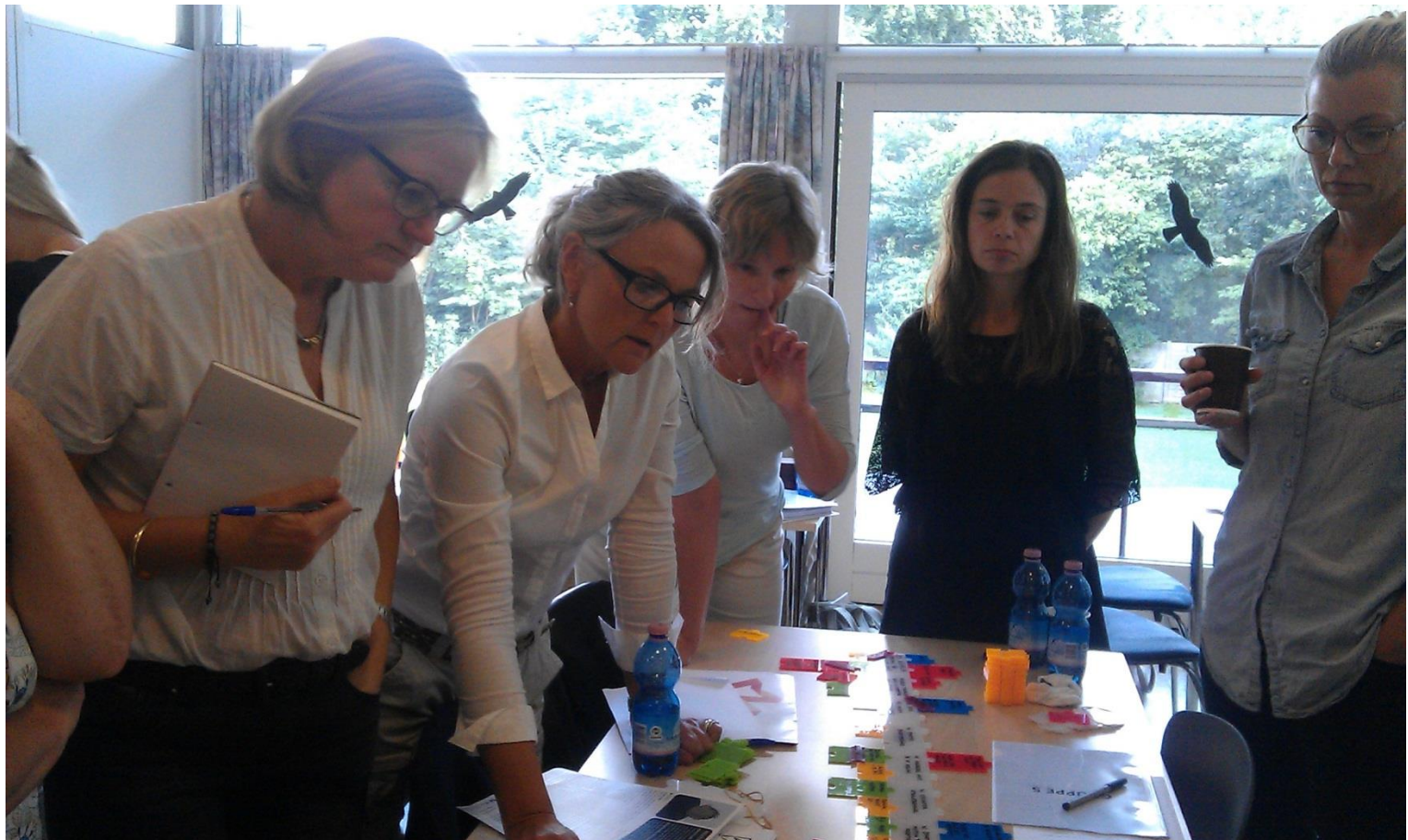
- The target groups are health care professionals across primary and secondary settings.
- The BRIDGE model is a joint venture between a hospital and the communities of the catchment area.
- During 2013-2016 six “courses” have been established with the participation of 6 hospitals, 15 municipalities, over 200 health care professionals, over 100 leaders and more than 50 users of the health service.

The bridge model

-Timing of activities



Preperation and planning of training: Identify challenges through innovative methods



How to increase competences of user involvement

- Involvement of patients in the planning process
- Patients participating during the educational activities both as teachers and participants
- Introducing acknowledged methods in user participation
- Qualifying the proposals of change of practice



Users voice

“It is the personal relations
that are important”

“It is the first time I
have participated in a
group that really tries
to improve the
pathways for the
citizens”

“We would like to
come back in a
years time and hear
about the advances
made in relation to
the BRIDGE
activities”

“It is great that the
different professionals
tries to collaborate
across the
“boundaries” for the
benefit of us citizens”

Key results from the participants

- Ideas in how to involve users have increased from 2.9 to 3.6 on a 5-point Likert scale
- Awareness on how users can be involved have increased from 3.0 to 5.0
- Shared knowledge have increased from 2.5 to 4.1
- Shared objectives have increased form 2.6 to 4.0
- Mutual respect have increased from 3.1 to 3.8

....and a couple more...

- 80 % of the participants have stated that the Bridge model has increased their awareness of their role and responsibilities
- 93 % are more motivated for working with seamless care and user participation



Key results from the leaders

- 92 % of the leaders experience that the participants work towards shared objectives
- 77 % of the leaders experience that the participants have increased mutual respect
- 91 % of the leaders experience that the participants have increased competences in coordination
- 83 % of the leaders experience the participants have gained new knowledge in relation to user involvement

An example of an out-come - Using I-Pads in neuro-rehabilitation - transfer techniques





Results and implications



- The BRIDGE model has been evaluated within the theoretical frame of Program Theory. The results show that participants have enhanced knowledge and actions regarding patient involvement, coordination and communication across primary and secondary sector. The relational coordination has increased and the participants have gained mutual respect, shared knowledge and shared objectives.
- The BRIDGE model has been used within the somatic elderly patient pathways and the psychiatric vulnerable citizen, but the results indicate that it can be transferred into other pathways characterized by complexity, a need for seamless care and multiple health care professionals.

The next steps.....Digital based learning

https://kursusportalen.plan2learn.dk/?pg=d57e3362-e43b-4bed-8790-e4b5d6314eed - Virker samarbejdet - Internet Explorer

INTRODEN MEDICINSKE PATIENTDEN KRONISKE PATIENTDEN PSYKISK SÅRBARE PATIENT


HVEM ER DEN KRONISKE PATIENT?

LIVET MED EN KRONISK SYGDOM

Livet med en kronisk sygdom påvirker ikke kun den syge. Kronisk sygdom kan også være en omvæltning og en udfordring for den nærmeste familie og nære venner.

Borgere med kronisk sygdom kan også være borgere med en psykisk sårbarhed og udsatte borgere, hvor tidlig opsporing af sygdomme og sociale udfordringer er vigtig for et vellykket behandlings- og rehabiliteringsforløb.








På portalen **Grib om livet** kan du finde en række film, hvor forskellige borgere deler ud af deres erfaringer og giver gode råd til at leve livet med en kronisk sygdom.



Filmene handler om borgere med Type 2-diabetes, KOL, hjertekarsygdom, demens, børn og kronisk sygdom, lænderyglidelser samt om etniske minoriteters særlige udfordringer.

Som sundhedsprofessionel er det væsentligt at have indsigt i og forståelse for, hvordan livet kan være for både patient og pårørende i forbindelse med en kronisk sygdom.

Se seks film fra portalen **Grib om livet** og få indsigt i nogle af de problemstillinger, der følger med det at have en kronisk sygdom. Til filmene hører debatoplæg.

-  Du finder portalen med alle filmene ved at klikke på linket.
-  Se filmen **Zia har type 2-diabetes** her.
-  Se filmen **Genoptræning med KOL** her.
-  Se filmen **Hayrettin fik blodprop som 37 årig** her.
-  Se filmen **På tur med Alzheimerforeningen** her.
-  Se filmen **Når lillebror er indlagt** her.
-  Se filmen **Rygsmærterne forsvandt, da kæreste rykkede ind** her.

TILBAGESide 3 / 12NÆSTE

Continuing Professional Development

