



Pohjois-Pohjanmaan sairaanhoitopiiri

ASSISTIVE TECHNOLOGY DELIVERY SYSTEMS IN REHABILITATION - effectivity of delivery

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Pohjois-Pohjanmaan s

New devices





Controlling environment





Independent life



Kuvassa Carony siirtojärjestelmä



Kuvassa Elektroninen kaasukehä ja mekaaninen jarru





POHJOIS-POHJANMAAN SAIRAANHOITOPUOLUSTO

CASE NORTHERN FINLAND: Oulu University Hospital Northern Ostrobothnia District



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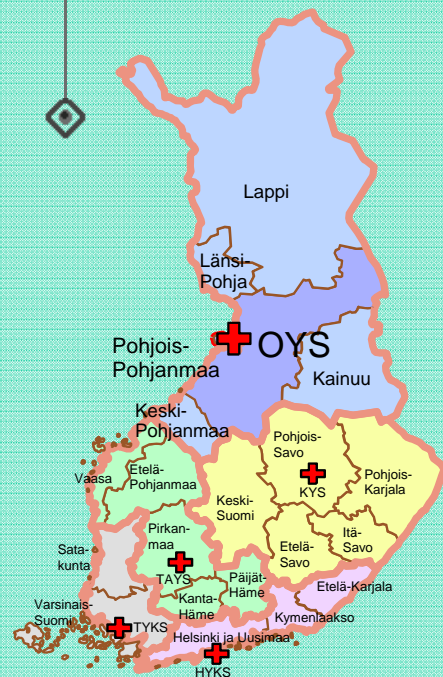
OULU UNIVERSITY HOSPITAL DISTRICT

Finland is divided in five University Hospital districts for special level treatments according to the agreements and state rules

OUID district has geographically largest area, 51,14% of Finland

733 343 inhabitants 31.12.2009, 14% of the total population in Finland

OUIH AND FOUR LOCAL HOSPITALS



Hospital District	Population	Percentage%
1. Lappi	118 371	16,1
2. Länsi-Pohja	65 377	8,9
3. P-Pohjanmaa	395 510	53,9
4. Kainuu	79 234	10,8
5. K-Pohjanmaa	74 851	10,2
All together	733 343	100,0





Challenges

Large 51,3% area, but only 13% of population

- Quite small population, sparsely inhabited
- In northern Finland distances are very long
- Logistic problems
- In winter time with a lot of snow
- And sometimes very cold
- ...but we are used to it...





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Areal Rehabilitation AT Centre





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Oulu University Hospital



Population 230 000 inhabitants

Total OUH 370 000 inh

Hailuoto

Haukipudas

Kempele

Kiiminki

Muhos

Oulu

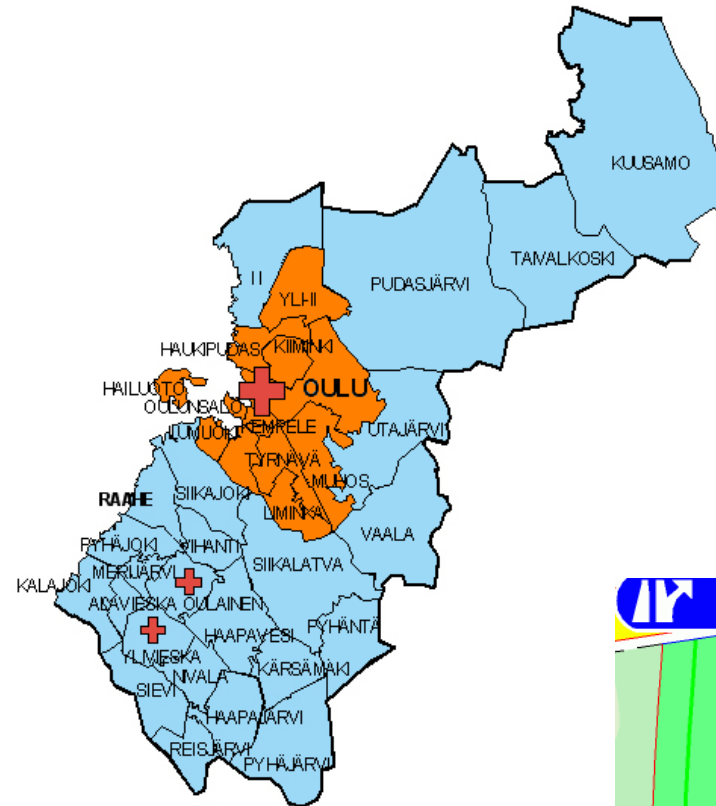
Oulunsalo

Liminka

Lumijoki

Tyrnävä

Yli-Ii



Who is responsible of the costs and delivery of assistive technology?

- financing of AT consists of too many channels



HEALTH CARE

Health care centres

- Moving and ADL basic AT

Special Hospitals

- expensive and demanding AT
- hearing, vision and communication, demanding AT
- breath, demanding AT

Schools

- AT at school for learning

Social office in cities

- According to the law for handicapped people AT changes at home

Social Insurance Company

- AT for severely handicapped in studying and working aged

Insurance Companies

- Traffic and other accidents
- Also taken care in public hospitals

State office

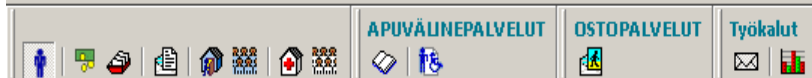
- accidents at war and accidents and diseases at working places
- for example war invalid AT

Occupational health systems

- AT for handicapped at work



**How to control the costs and
manage the effectiveness?**



Potilas

Henkilötunnus: Potilaan nimi:

Hae

Tyhjennä

☐ Hae myös ulkokuntaiset

Potilaat

Hetu	Potilaan nimi	Lähiosoite	Postinro	Kotikunta	Puhelinno	Myönnetyt palvelut	Potilasryhmät

Tulosta

Käsittellyt potilastiedot

EFFECTOR

OSTOPALVELUT

Potilastiedot Potilashistoria Apuvälineet Päätökset Kuntoutukset Laskurivit Suositukset Muut apuvälinetapahtumat

☐ Näytä ainoastaan voimassa olevat kuntoutukset

Päätöksen numero	Palveluntuottaja (päätös)	Tyyppi	Tarkenne	Myönnetyt määrät	Toteutuneet määrät	Ensim. päivä	Viim. päivä	Selitys	Päätöksen tila

Aava

Uusi...

Tulosta

☐ Hakuohdot

☒

☐ Kaikki raportit

Suosikki	Raportin nro	Raportin ots	Käyttäjä	Tallennettu	Raportin näk

Toiminnot ▼

Sulje



The main principles of our task

- Our task is to produce rehabilitation and equipment delivery for the special health care and health care of the local cities, on-line registry and to teach and make scientific studies for developing AT delivery systems.
- Quality, effectivity and cost effectiveness of the delivery we follow to maintain and increase the patients functioning and activities of daily living.
- We coordinate in the Oulu University Hospital district the rehabilitation AT delivery and participate national and international workshops

Special Health Care AT Services

- 6000 new referrals/year to areal AT Centre

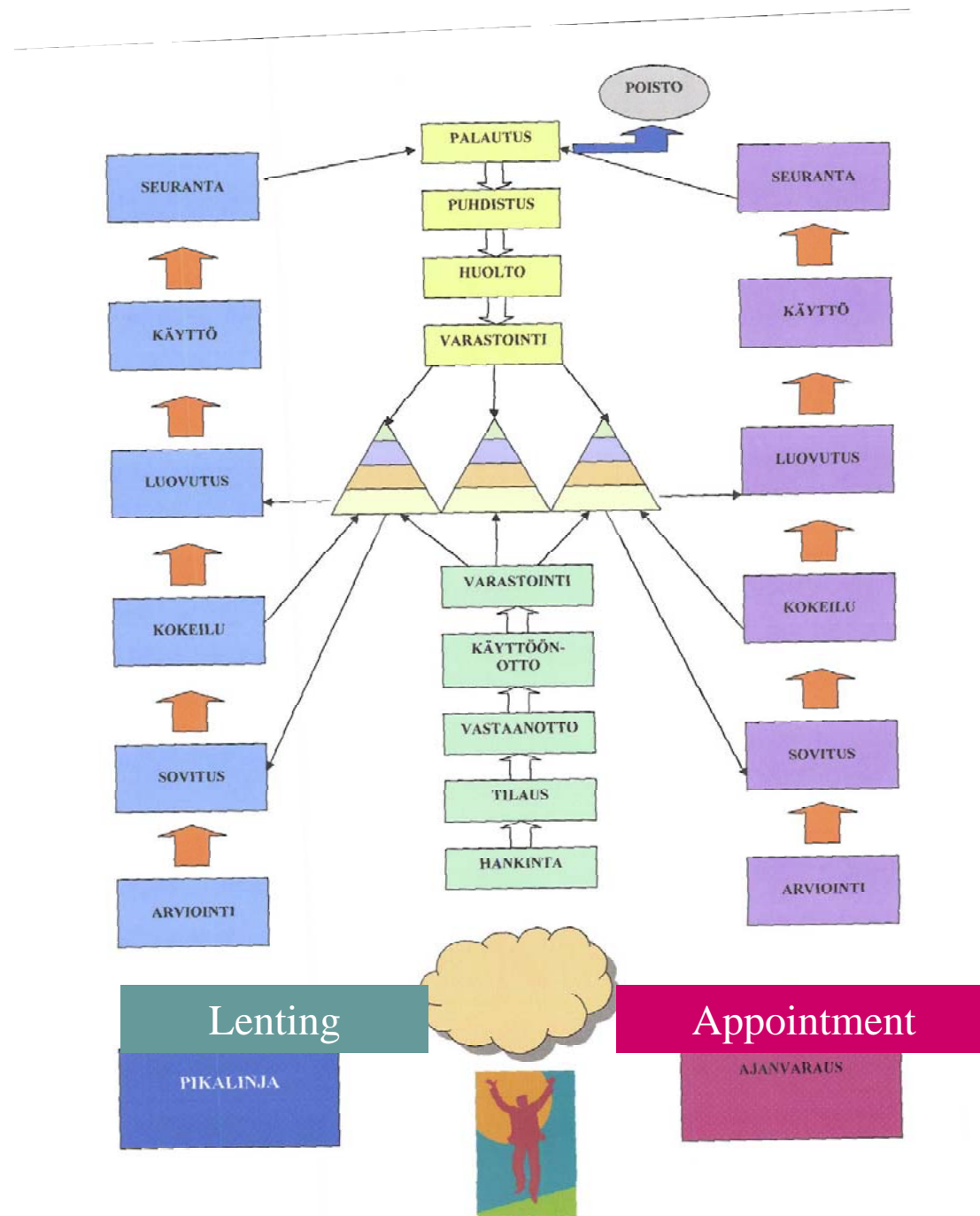


- Electrical movement equipments: eWheelchair, moped – AT Centre
- Environmental control - AT Centre
- demanding equipment for visual handicapped – /Visual AT Centre
- Demanding equipment for breath – AT Centre
- Electrical movement equipment for children and ADL – AT Centre
- Evaluation of the first and special prosthesis for amputated person – PRM, Childrens Hospital and AT Centre
- Testing and first use of new equipments: communicating national authorities and other AT Centres
- AT immediately combined with treatment and operation – PRM AT Centre and special clinics
- Communication Centre – Audiology AT Centre



Health Care Centres AT

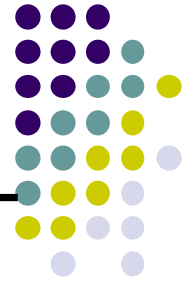
- Movement and ADL basic equipment
Walking sticks , canes, rollators
 - Manual wheelchairs, bikes
 - Beds and mattresses
 - Toiletseats and elevations
 - ADL AT
 - Orthosis
 - Small changes at home
 - Basic AT for poor eyesight





**Evaluation, fitting, testing,
release, use, follow-up, service**

Evaluation of the need and selection of AT



Multidisciplinary evaluation

- patient and relatives,
- rehabilitation and nursing specialists
- AT and technical specialists
- Environmental changes
- 30 workers
 - 18 therapists
 - Part-time PRM specialist
 - 6 service workers
 - 5 others



The Health Care Law and Statute of AT Delivery in Finland



1§ principles for the delivery

- Medically diagnosed/recognised disease, trauma, handicap, which debilitates functioning and aggravates independent life.
- To support, maintain or improve functioning in ADL

2§ evaluation of the needs

- Evaluation based on individual needs, user-specific, just-on-time
- To recognize the function, life situation and environment

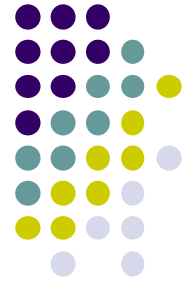
Decisions with agreement of the patient

3§ started 1.1.2012



Rehabilitation principles for AT

- AT is only one part of the rehabilitation process and care
- Rehabilitation-, care- or health plan listed
- Total responsibility for care is in health care system: Health centres, hospitals, others
 - Not in AT centre



Evaluation of the AT needs

- Personal functioning and extra help
- Motivation of the person
- Knowledge of the daily life and functioning
- Knowledge of the surroundings
- Knowledge of the AT:s, their possibilities and use



Recommendations must include

- Functioning of the patient
 - Moving, vision, hearing, cognition
 - Musculoskeletal abnormalities
 - ADL and extra help
 - AT aids used previously
- ADL and surroundings
 - Family and living
 - Work/pension/a.s.o.
 - AT needs of surroundings: Possibilities and security



Recommendations must include

- Patients and surroundings
 - Motivation for use of AT
 - AT independent use or extra help
 - Alcohol/drug abuse, if exists



Recommendations for the evaluation

- The guidelines criteria must be full
- Evaluation is done in Areal AT Centre before the delivery by PT:s and/or PRM specialist
- Usually only one same piece is delivered
- Two pieces need separate decision

Decision of rehabilitation AT aids in AT Aids Centre



- PRM-doctors are responsible of the decisions
 - AT-decision is medical decision for the patient
 - Areal agreements and guidelines are in internet
- Individual AT delivery for the patients
 - Physiotherapists can decide under 3000€
AT:s according to the guidelines



Rehabilitation AT Aids Guidelines

- Hospitals and cities have an agreement of the work and responsibility
- The guidelines have been used since 2005 in Northern Ostrobothnia District
- Updated in 2009 ja 2011 and can be seen in Internet
- Common criteria for evaluation of the AT delivery are one part of the public guidelines of health care



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AT Delivery Principles in Oulu University Hospital District in Northern Finland

- www.ppsHP.fi
- Medical Rehabilitation unit
- AT Delivery Services Centre
- AT Delivery Principles





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THANK YOU!

