

STAY RELEVANT

CASE COMPETITION

COMPANY:

NAME AND ADDRESS OF COMPANY	
	<i>Syddjurs Municipality</i>
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COMPANY DESCRIPTION	
	<p>The nursing care unit in the municipality of Syddjurs offers municipal nursing care to all citizens in the municipality of Syddjurs. The care is provided by social and healthcare assistants and nurses. The nursing care unit in Syddjurs offers nursing care to all citizens, irrespective of their age and type of accommodation, in the event of acute or chronic illness that requires nursing. Nursing is provided as a temporary assistance and can be carried out in one of the municipality's nursing clinics or the citizen's own home.</p> <p>Receiving municipal nursing is free of charge, and nursing aids are made available when necessary.</p>

THE CHALLENGE	
Introduction	<p>The demographic development of an increased number of elderly people in combination with a shortage of healthcare professionals constitutes a critical development in the municipal healthcare system. As one of several responses to this development, municipalities are implementing both well-known and new welfare technologies.</p>

However, ensuring that the new technologies work in the various contexts and maintaining new and improved welfare technology routines pose a challenge to the implementation of welfare technologies in the municipalities.

Introducing technological welfare solutions for medicine administration in one municipal home nursing unit proved difficult in terms of getting citizens on board with using the technology. In order to reap the full potential of welfare technologies, new knowledge is needed on ways to implement these technologies.

The contextual framework of the field of practice

Medicine administration is one of the most resource-consuming tasks in municipal home nursing. In Syddjurs Municipality, data show that 57% of all healthcare services (one-off visits with citizens referred to home nursing residing in their own home) concern medicine administration, i.e. medicine dispensing and distribution. Dispensing refers to professionals counting or preparing the prescribed medication, e.g. putting tablets/pills in dosing boxes. Medicine distribution refers to professionals distributing the medicine, helping patients with ingestion and observing the patient.

Medicine administration is conducted in a collaboration with medical doctors. Doctors prescribe the medicine and can delegate the task to a healthcare assistant. Citizens have the right to self-determination, i.e. medical treatment (e.g. medicine distribution) must not be initiated or continued without the patient's informed consent. The purpose of municipal nursing care is to prevent illness, promote health, provide nursing and treatment, rehabilitation and palliation free of charge following a medical doctor's referral.

Medicine administration comes with a patient risk in case the task is not performed correctly. Consequently, ministerial orders have been drawn up by the Danish Patient Safety Authority for the preparation of local guidelines and public-sector supervision to ensure uniform and high levels of patient safety in prescription and medicine administration.

Citizens in need of support and help with the administration of their medication are elderly persons who, due to multiple medical conditions, take a wide array of medication. Keeping track of which medication to take when, on a daily basis or on specific days of the week, can be a complicated task. For example, a cognitively weak citizen with no or a varying level of insight into their own medical condition may struggle to remember to take their medication on time. Likewise, a physically weak citizen with a reduced physical functioning, for example due to hand arthritis or impaired vision, may struggle to take their medication. Additionally, helping citizens with abuse problems may require that the medication is only available at a designated time. Finally, citizens with mental disorders may experience ambivalence about taking the medication and therefore require support to take it.

THE CHALLENGE

Since 2018, the home nursing unit in Syddjurs municipality has formed part a project-oriented collaboration with three other municipalities on the implementation of a digital medicine reminder (DMP). This technological device reminds the citizen through sound and light to take their medication. The citizen responds to the alarm by pressing a button, and the medication is then dispensed. In case the citizen does not push the button, they are contacted by a call centre managed by the FSC (Fælles Service Center, Shared Service Centre), who will remind them to take their medication. In case the FSC cannot reach the citizen, or the citizen has questions about their medication, the FSC contacts the home nursing unit who will respond to the situation.

The aim is to reduce the number of in-person visits through differentiated technological solutions for medicine administration on the basis of individual needs, as well as to enable healthcare professionals to focus their resources towards those who need them the most. Currently, three different DMPs are in play. With the aim to outsource a number of tasks, the FSC is our partner in terms of storage, logistics,

support and technological service. This allows the healthcare professionals to focus on their core tasks. (Fælles Service Center, 2019).

From the outset, the project has been challenged by the fact that recruiting citizens to test the DMP is difficult. Further, it is difficult for the nurses to have sufficient knowledge of the DMP to assess whether a citizen is capable of operating the DMP. Consequently, a screening tool has been developed in the form of an electronic question guide which, through an algorithm, directs the nurse through the screening process to establish the best initiative. Data from the screening show that 166 citizens were screened, which is far fewer than the objective, and 31 citizens were recommended for testing a DMP. However, after a manual review of the 31 citizens, they were all deselected. Consequently, a qualitative study was conducted on nurses' motives for selecting or deselecting the DMP technology.

The study showed that the nurses' motives are based on their professional ethics concerning the categorical, imperative and universally valid obligations they have towards citizens. Above all, a citizen must not suffer, and their human right of personal autonomy must be observed. Further, nurses' motives revolve around their core service, *care*, which includes the basic value of safeguarding the citizen's best interest. Consequently, in the context of citizens' right to self-determination and observed safety standards, it makes sense for nurses to only select citizens who have their own wish to test the DMP, or who have a potential for being trained in the use of a DMP.

Generally, the target citizen group is not comfortable with technology, rarely wishes to use technology and is reluctant towards change.

How do we spike the interest in the new technologies?

How do we solve the future challenge of an increased share of older individuals and fewer resources to help those who need it? What will happen if the nurse is forced to put his ethical standards aside in order to get more citizens to use the technology? Nursing is an ethical profession, and ethics constitute a necessary part of the activity itself (Dige, 2018). The above will result in nurses feeling unprofessional based on their understanding of their own profession, and it will threaten the authorisation and authenticity.

The study also showed that nurses do recognise that the demographic development and the lack of healthcare professionals in the future constitute a major challenge, and consequently that it will be necessary to use the DMP. However, nurses find it difficult to discipline themselves to include the DMP in their work routines, on the basis of the power structures they are part of. They also find it difficult to discipline themselves to introduce citizens to the DMP and discuss the option with them.

The BUM model ("Bestiller, Udfører, Modtager", i.e. "Orders, Performs, Receives", a tool for managing public sector services) does not set the nurses' professionalism free, rather, nurses are maintained in familiar, mechanical work routines with a rigid service language and strict time control.

Additionally, nurses lack a suitable terminology to be able to communicate with citizens on the matter and to convince citizens, who have the ability to use the DMP, to do so as an alternative to in-person visits in their home.

How do we move forward from here and reach our goal of more elderly people using the DMP technologies?



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