

Expression of Interest HealthChain Leading SME

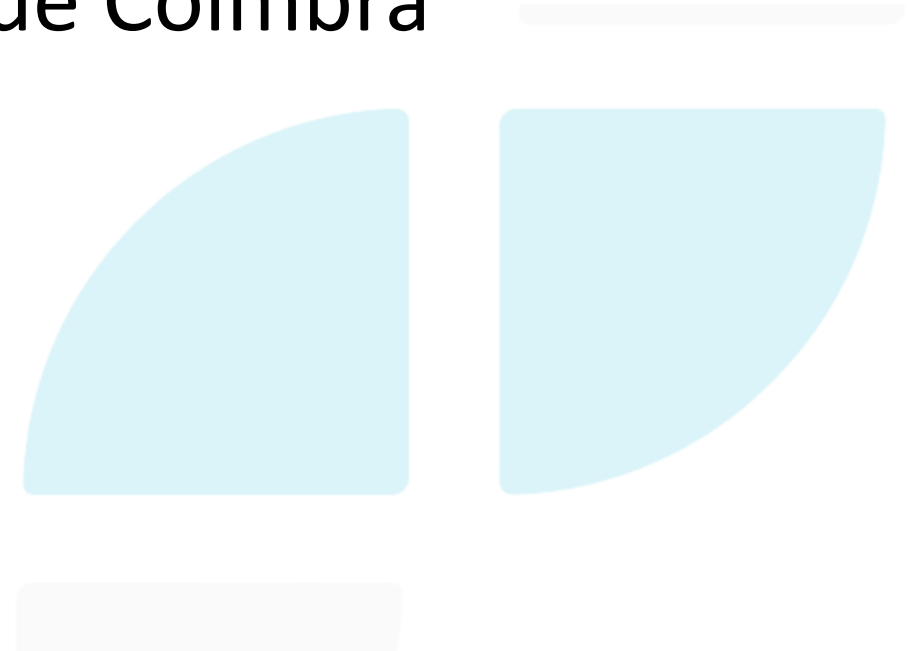
Centro (Portugal)

Patrícia Couceiro & Cármen Nogueira
ULS de Coimbra (CHUC)



Content

- 01 Unidade Local de Saúde de Coimbra
- 02 The Challenges
- 03 Next steps

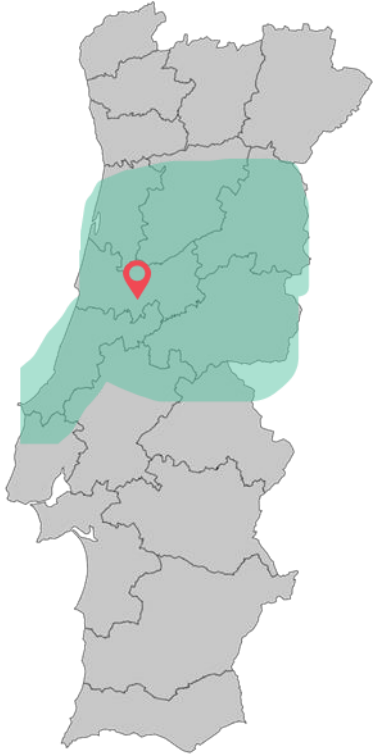


Unidade Local de Saúde de Coimbra (CHUC)

01



About us



>11 000
Workforce

>3000
Acute Beds

>3.500
Patients

THE CHALLENGES

02



Challenges at a glance

Reabilitar@mente

Effectiveness of cognitive rehabilitation programs for hospitalized elderly people

- Implement cognitive rehabilitation programs to improve orientation, memory, and functional independence concomitant with a complementing rehabilitation nursing interventions in the area of functionality.

RecoMed

Reconciliation of medication in digital format from the list of usual medications for patients admitted (to the Plastic Surgery and Burns department).

- Improve the accessibility and update of the medication list of patients, avoiding communication errors and negative consequences in terms of patient safety.
- Ensure accurate and complete knowledge of a patient's medication information in order to prevent medication-related incidents at all transition points in healthcare interfaces.

Reabilitar@mente

- **70%** of medical admissions and **73%** of medical hospital days belong to patients over 65;
- Progressive functional and cognitive decline;
- Cognitive changes cause disabilities and limitations, such as reduced mobility, decision-making, memory loss, difficulty in managing daily routines, among others;
- Cognitive health is a fundamental premise for preventing cognitive impairment and delaying the onset of dementia, dependency, and the person's (in)ability to take care of themselves.

Challenge description & Main objectives

Cognitive rehabilitation is considered to be a **therapeutic process** that aims to systematically recover, compensate, and promote neurocognitive skills, based on the assumption of the brain's plastic capacity.

The reciprocal relationship between the person and the environment is established, and therefore the possibility of the application of a Cognitive Rehabilitation Program having an impact on brain plasticity;

Some studies have shown that cognitive stimulation combined with new technologies causes positive changes in the memory of the elderly, as well as instructing them in useful technological skills to facilitate daily activities and can even bring social benefits.

Cognitive Rehabilitation Program - exercises in the areas of cognitive rehabilitation, on topics related to each person's personal tastes, as well as some occupational activities from their current and past life.

Solution functional requirements

Application of cognitive rehabilitation should consider:

- A low degree of difficulty in interpretation;
- A low level of ICT/digital literacy;
- Visual impairment ;
- Difficulties to hear;
- Mobility limitations.

The solution shall:

- Provide engaging content for cognitive rehabilitation;
- Provide feedback on patients' performance;
- Include an accessible and friendly UX/UI adapted to the characteristics of the targeted population
- Shall be adapted to patients' held devices

Pilot scope

- Developed in a total period of 12 months and test the solution for 6 months;
- Healthcare professional's teams - nurses (leading by rehabilitation nurses);
- Population - elderly people admitted to internal medicine wards with altered functional independence, orientation, and memory;
- Sample - voluntary participation.

Set-up conditions

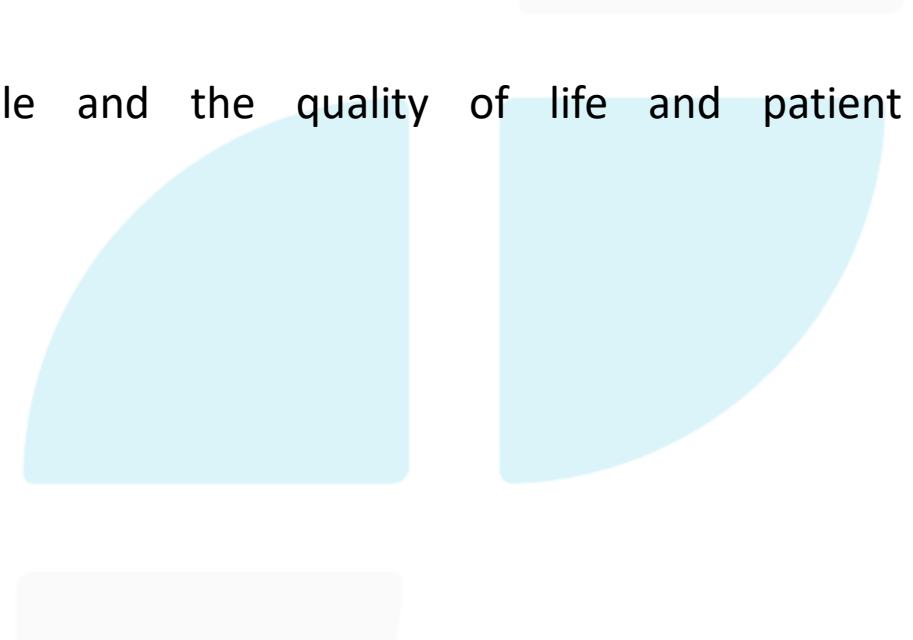
- Improve the performance of activities of daily living, providing autonomy and independence;
- Incorporate specific exercises to develop the basic areas of mental function;
- Exercises should be applied through any medium capable of representing everyday situations;
- Ethical, legal, or regulatory – CHUC Privacy and Data Protection Policy, Code of Ethical Conduct and Ethics Committee;
- Technological - tablet or smartTV.

Expected impact & KPIs

- Reduce the cognitive decline of the elderly during hospitalisation using innovative technologies in cognitive stimulation;
- Improve the functionality of hospitalised elderly people and the quality of life and patient experience/satisfaction for the over-65s.

To measure the results:

- Maintain or increase the FIM 1 score.
- Maintain or increase the MoCA 2 score.
- Maintain or increase the Quality of Life 3 score.
- Levels of satisfaction with care >5 (1-10).



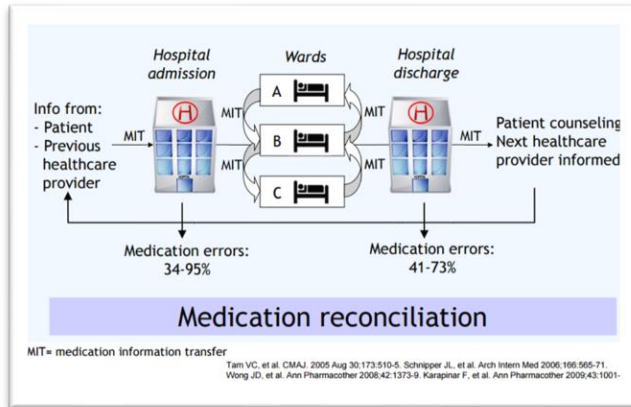
Adoption plan

- ✓ The solution developed as part of the pilot could be replicated in the other internal medicine departments (a total of 6 more).
- ✓ Usefull to implement it in other contexts, particularly in other medical speciality services.
- ✓ Applicability in other contexts, given that the rate of elderly people admitted to the institution is quite substantial.
- ✓ If the pilot is successful, CHUC intends to adopt the solution, by shared ownership the solution co-created and procure its maintenance.

- RecoMed



Reconciliação da Medicação (RecoMed): Segurança do Doente



- Informação incorreta, indisponível, inacessível
- Cuidados de saúde fragmentados
- Falha na **comunicação**

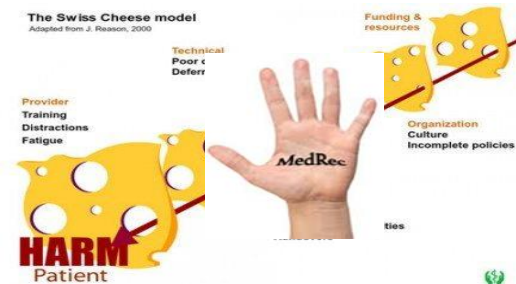


RecoMed:

- Assegurar que os medicamentos **prescritos correspondem aos que o doente tomava**

-Exceto se **alterações deliberadas**, devido à situação clínica atual

- Nesse caso, as **alterações e omissões** aos medicamentos habituais devem estar **claramente documentadas**

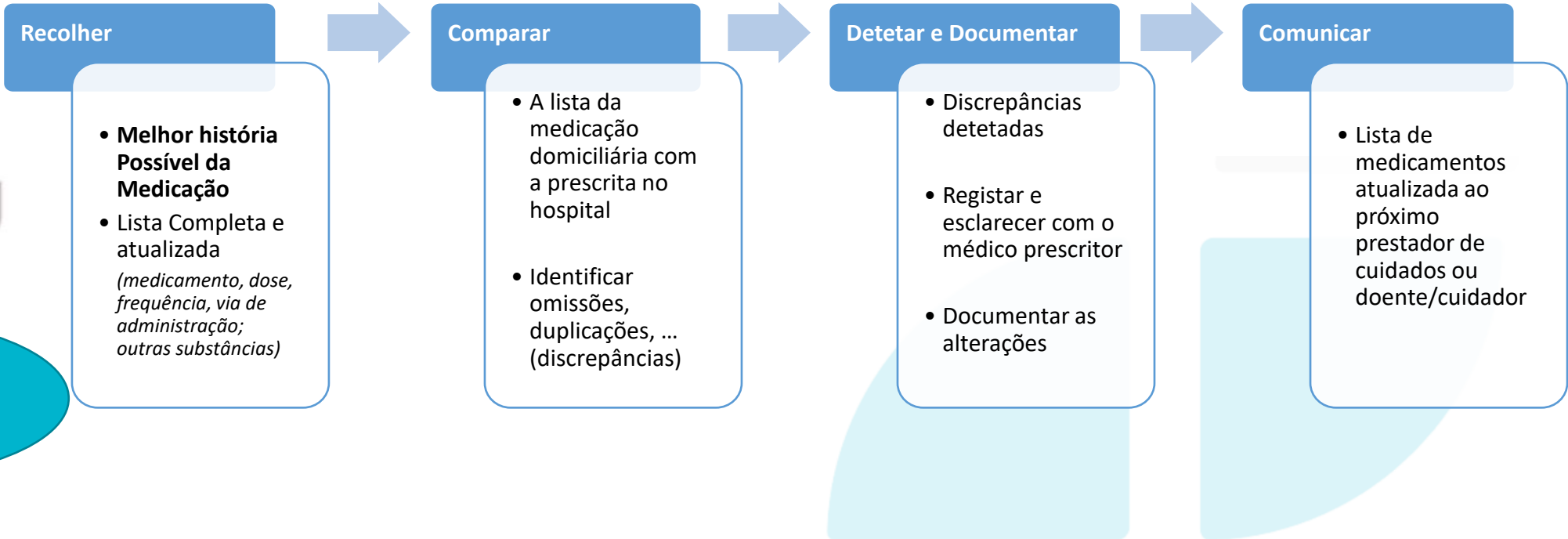


Minimizar erros de medicação em pontos de transição de cuidados

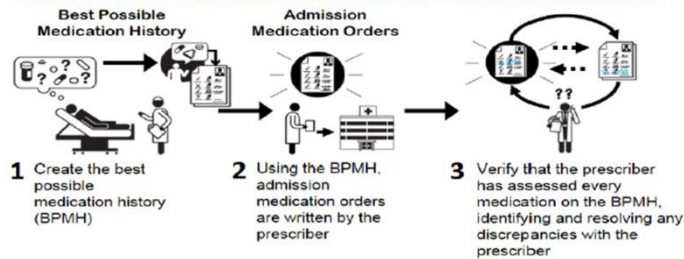
RecoMed: Etapas



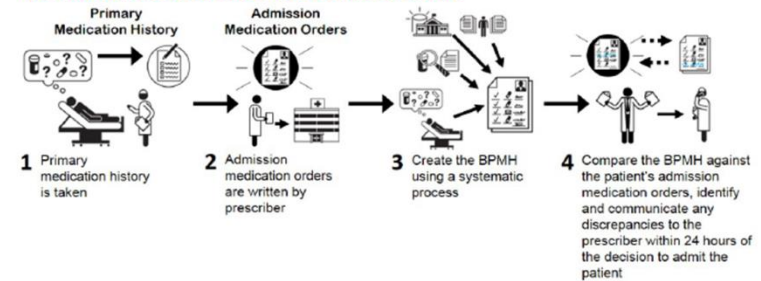
Processo formal e padronizado



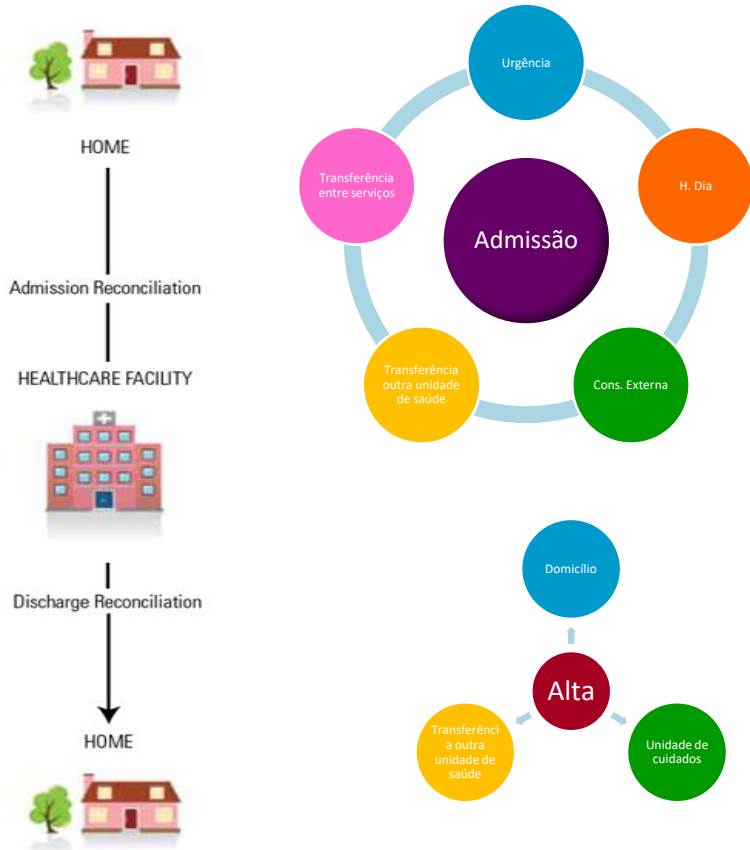
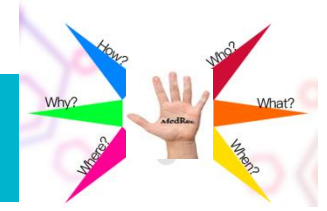
PROACTIVE medication reconciliation model at admission



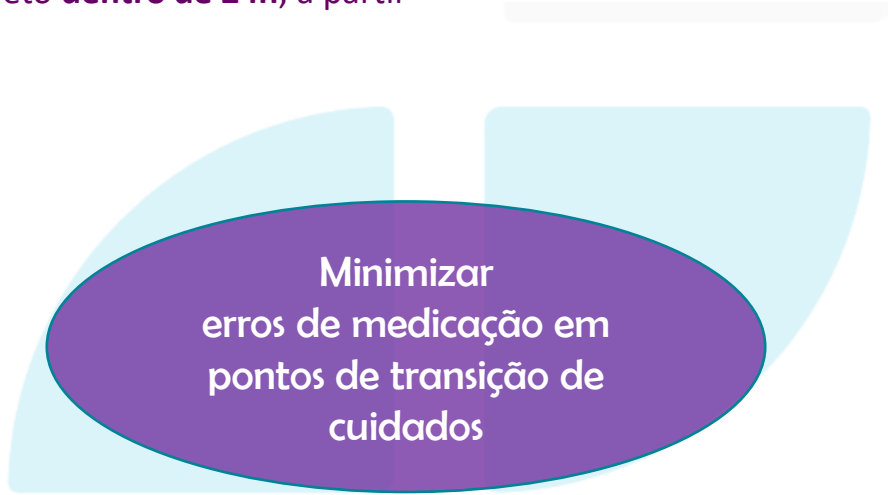
RETROACTIVE medication reconciliation model



• RecoMed: Onde e Quando?



Idealmente, o processo deve estar completo **dentro de 24h**, a partir da admissão do doente.



A alta de um serviços clínico é a admissão noutro!

Olavo Fernandes and Kaven G. Snobjana. Medication Reconciliation in the Hospital: What, Why, Where, When, Who and How? Healthcare Quarterly, 15(Special Issue) 2012: 42-49

• RecoMed: Indicadores (ex.)

Medidas de Processo – Índice de cobertura

$$\text{\% Admissões* com reconciliação (RT)} = \frac{\text{Nº total doentes com evidência de RT}}{\text{Nº total admissões}}$$

*Admissão, Transferência, ou Alta

Qualidade da prescrição

$$\text{\% doentes com erros de RT} = \frac{\text{Nº doentes com } \geq 1 \text{ erro de reconciliação}}{\text{Nº total de doentes com reconciliação}}$$

$$\text{\% medicamentos com erros de RT} = \frac{\text{Nº de erros de reconciliação}}{\text{Nº total de medicamentos com reconciliação}}$$

$$\text{Erros de RT por doente} = \frac{\text{Nº de erros de reconciliação}}{\text{Nº doentes com } \geq 1 \text{ erro de reconciliação}}$$

Qualidade do processo de RT

$$\text{Erros de RT detetados} = \frac{\text{Nº de erros de reconciliação}}{\text{Nº discrepâncias que requerem esclarecimento}}$$

Medidas de Resultado – Indicadores de qualidade

NEXT STEPS

03





Thank you!

Visit HealthChain I3 on:



www.healthchain-i3.eu



Co-funded by
the European Union

