SUNDHEDSSTYRELSEN

A dignified, coherent and sustainable elderly care: The Danish approach

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Danish Health Authority

Agenda

1. **A Danish context**

2. **Healthy Ageing in Denmark**
   - Home care
   - Rehabilitation
   - Nursing homes
   - Welfare technologies and assisted living

3. **New trends and reforms in eldercare in Denmark**

In Denmark we work towards ensuring:

1. **Dignity**
   - That all elderly people have a dignified eldercare

2. **Coherence**
   - That all elderly people experience coherence in the services provided within the Danish Elderly and Healthcare Systems

3. **Sustainability**
   - That the Danish Healthcare System can cope with challenges we face: demography, workforce, expectations etc.:tough political decisions at national and local levels

Key principles of the Danish Welfare System

1. Universal access

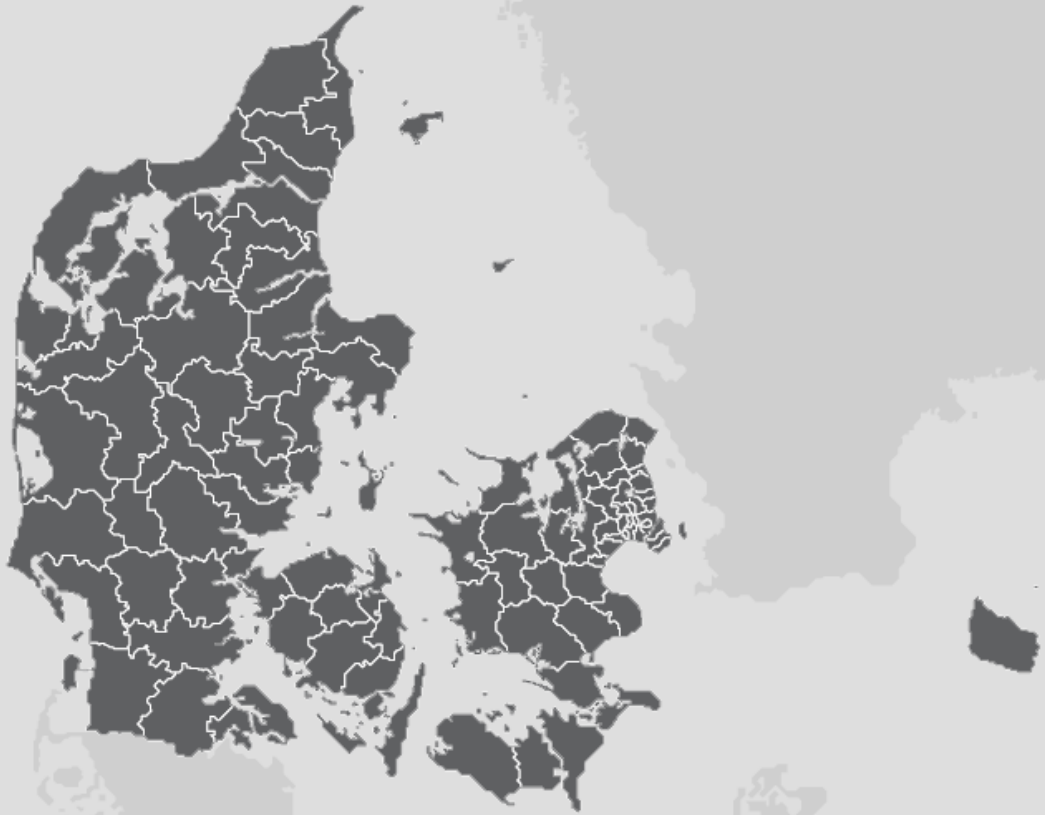
- Equal access to services including healthcare and long term care,
- Tax-financed (not insurance-based)

2. Decentralisation

- 5 regions (health and hospital services).
- 98 municipalities
  - Provide local services e.g. long term care
  - Implement framework legislation
  - Direct local elections every 4 years (fixed)

Facts about Denmark

- Small country in the northern part of Europe
- Approx. 5,8 mio. inhabitants
- Pension age from 65-69 years
- Among the most digital countries in the world



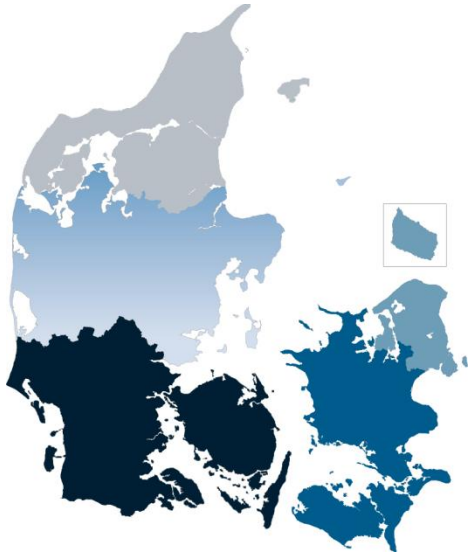
Overall structure of the Danish Healthcare System

National level

Ministry level and Danish Health Authority

- National health policies
- Legislation and general planning
- Setting overall economic framework
- Developing guidelines

Regional level



Five (4) regions

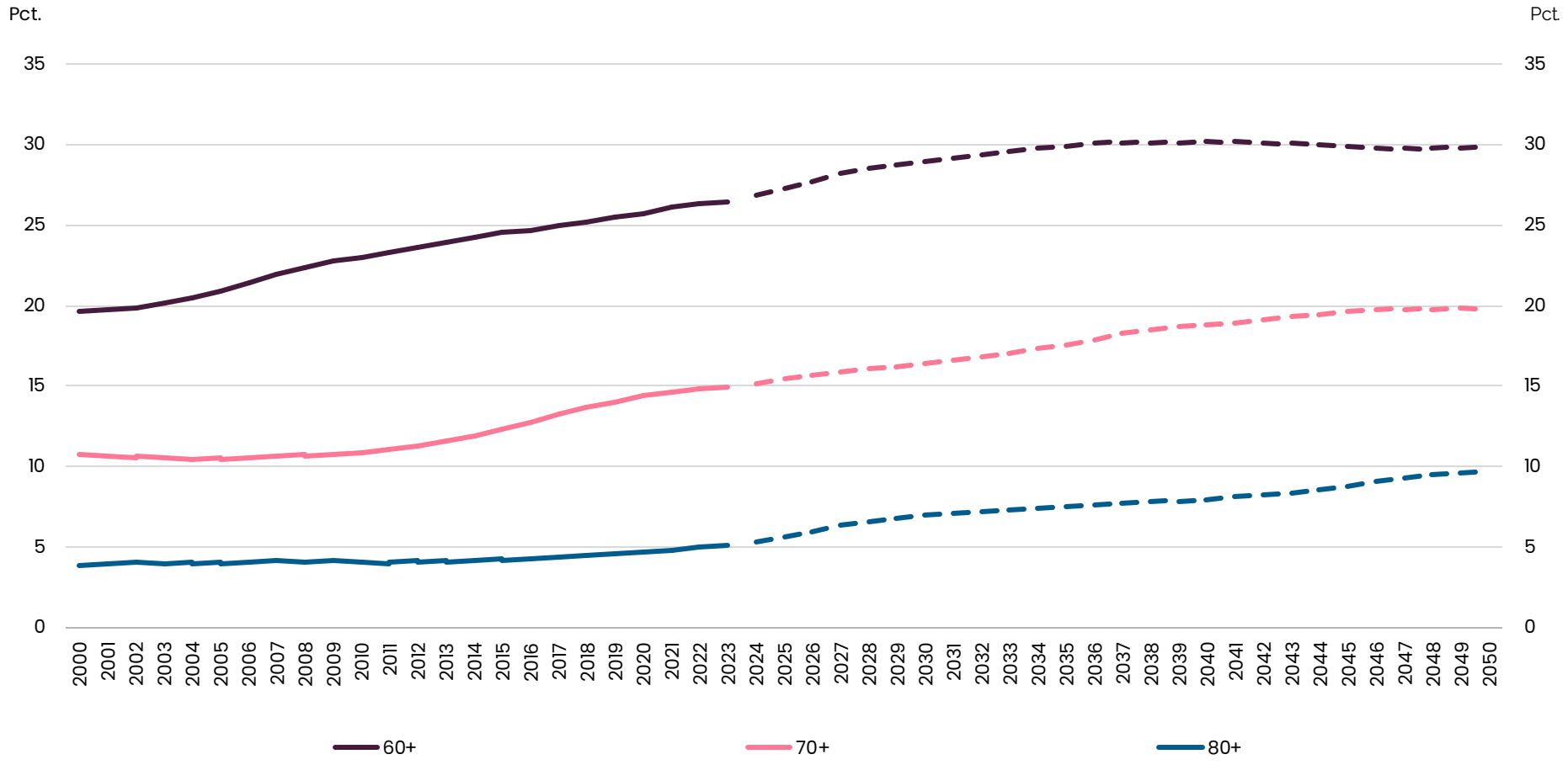
- Hospital and psychiatric care
- General Practitioners
- Private practicing specialist doctors
- Adults dental services

Local level

98 municipalities

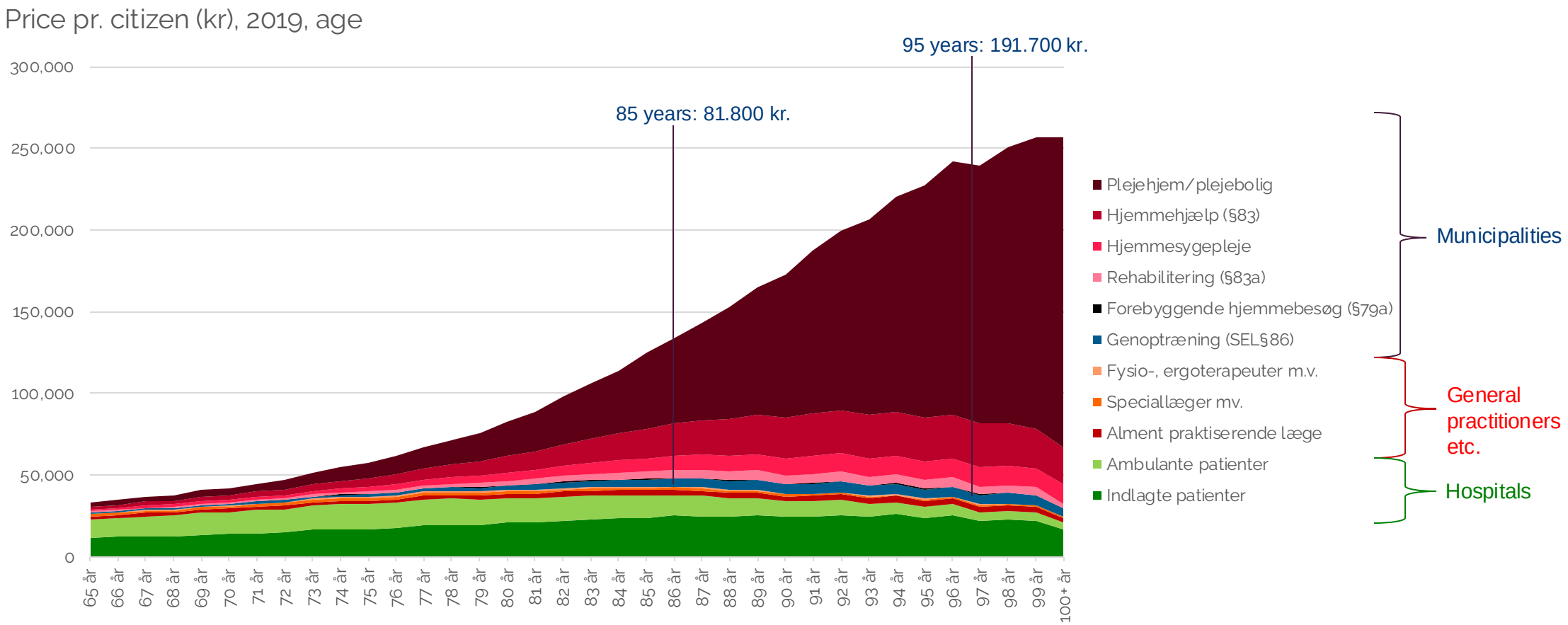
- Senior and elderly care
- Preventive care and health promotion
- Rehabilitation outside hospital
- Treatment of alcohol and drug abuse

Development in older age groups, 2000-2050



Note: The dashed lines indicate Statistics Denmark's population projection. Stated in the main report as figure 1. Source: Statistics Denmark, StatBank Denmark, tables BEFOLK1 and FRDK123.

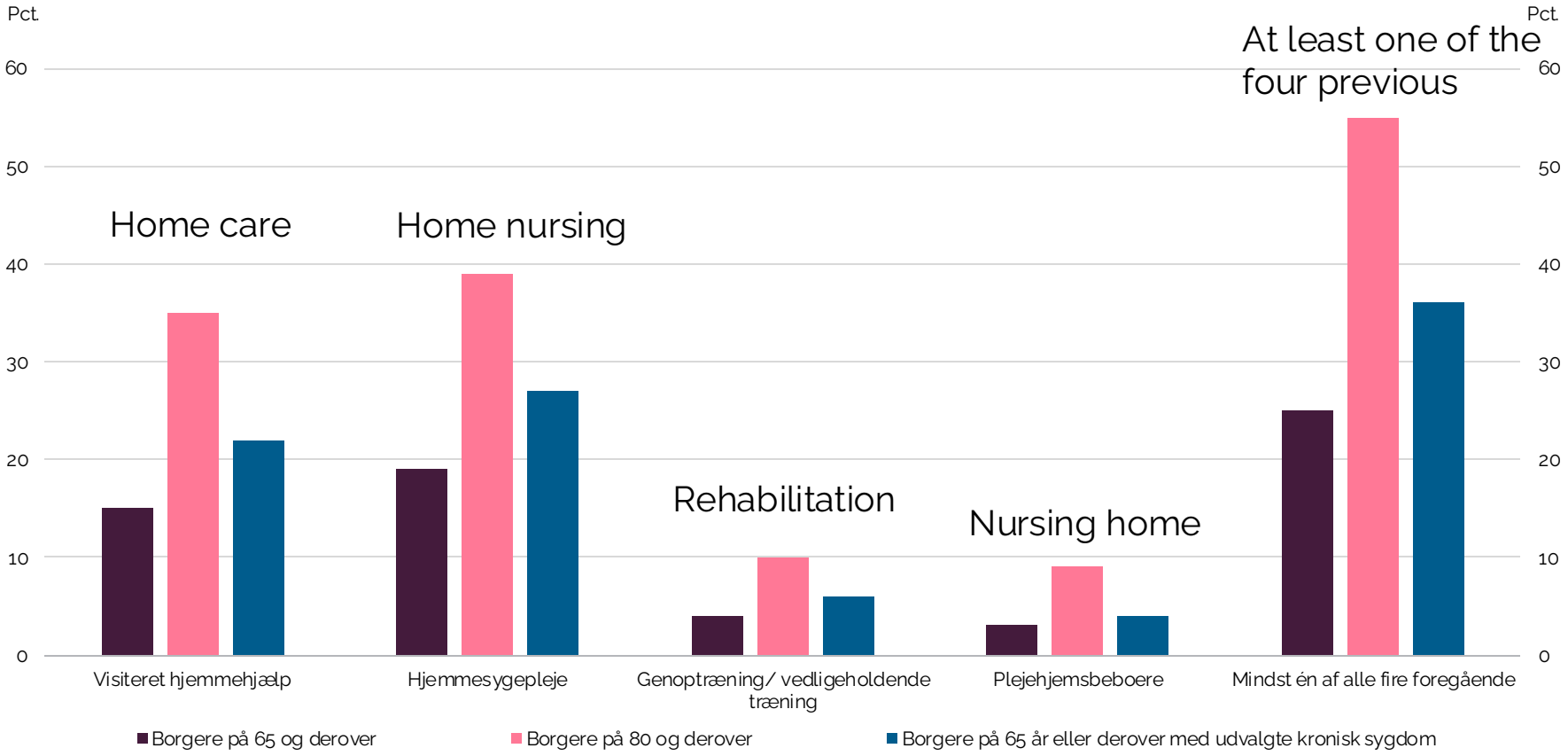
Cost for health and care related to age



Kilde: KL og Befolkningsregisteret, LPR (DRG-grupperet), Sygesikringsregisteret, de kommunale omsorgsregistre, de kommunale regnskaber m.m..

Elderly care: What we do in Denmark...

Recipients of municipal health and care, 2022



Kilde: Kommunernes elektroniske omsorgsjournaler (EOJ) 2021, Sundhedsdatastyrelsen.

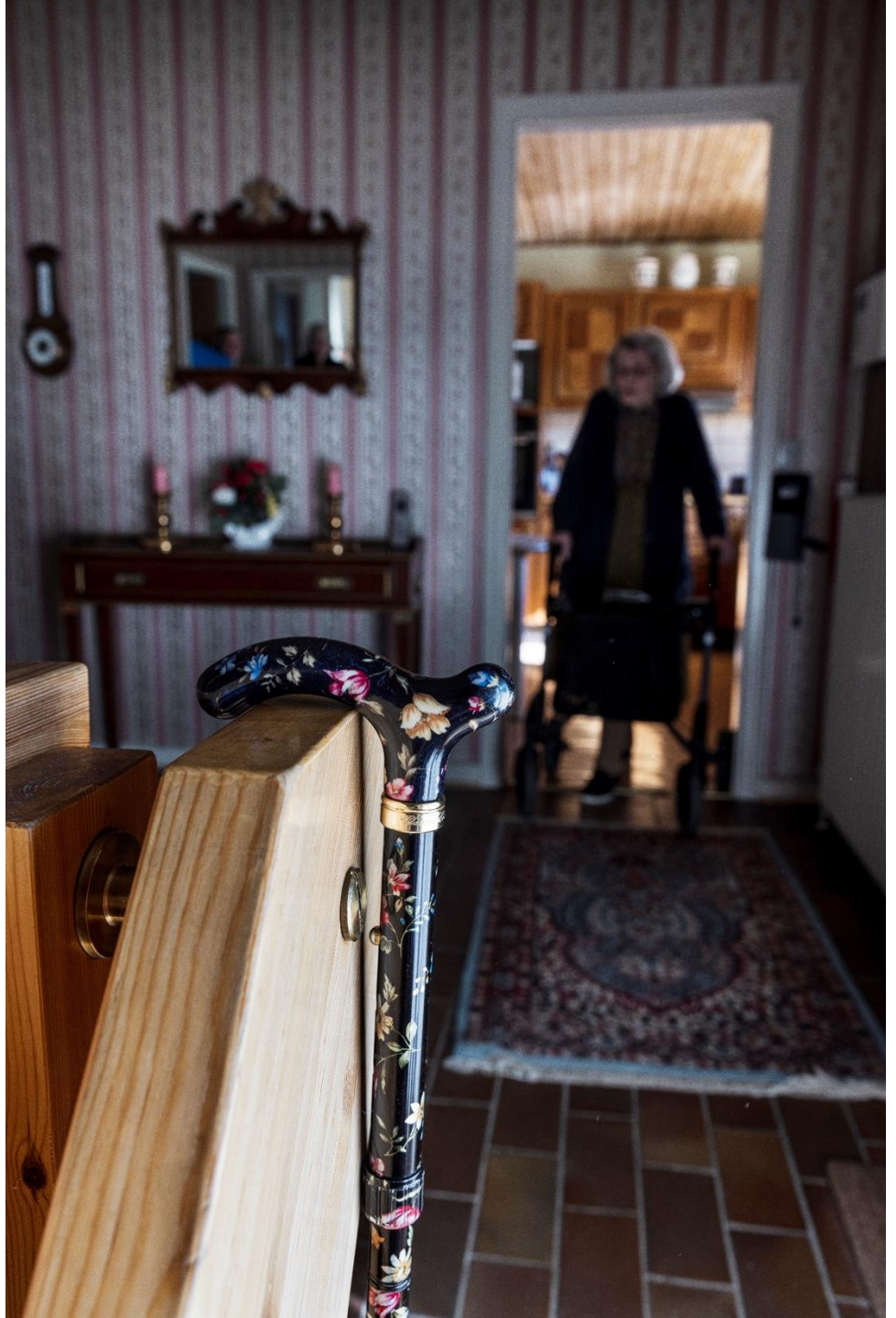
Home care services

Target group

- Senior citizens who live at home and are unable to manage everyday life

Tree categories of home care

- Practical help (e.g. cleaning, doing laundry)
- Personal care (e.g. bathing, shaving)
- Food service (meal delivery, help cooking food, help with grocery shopping)



Rehabilitation

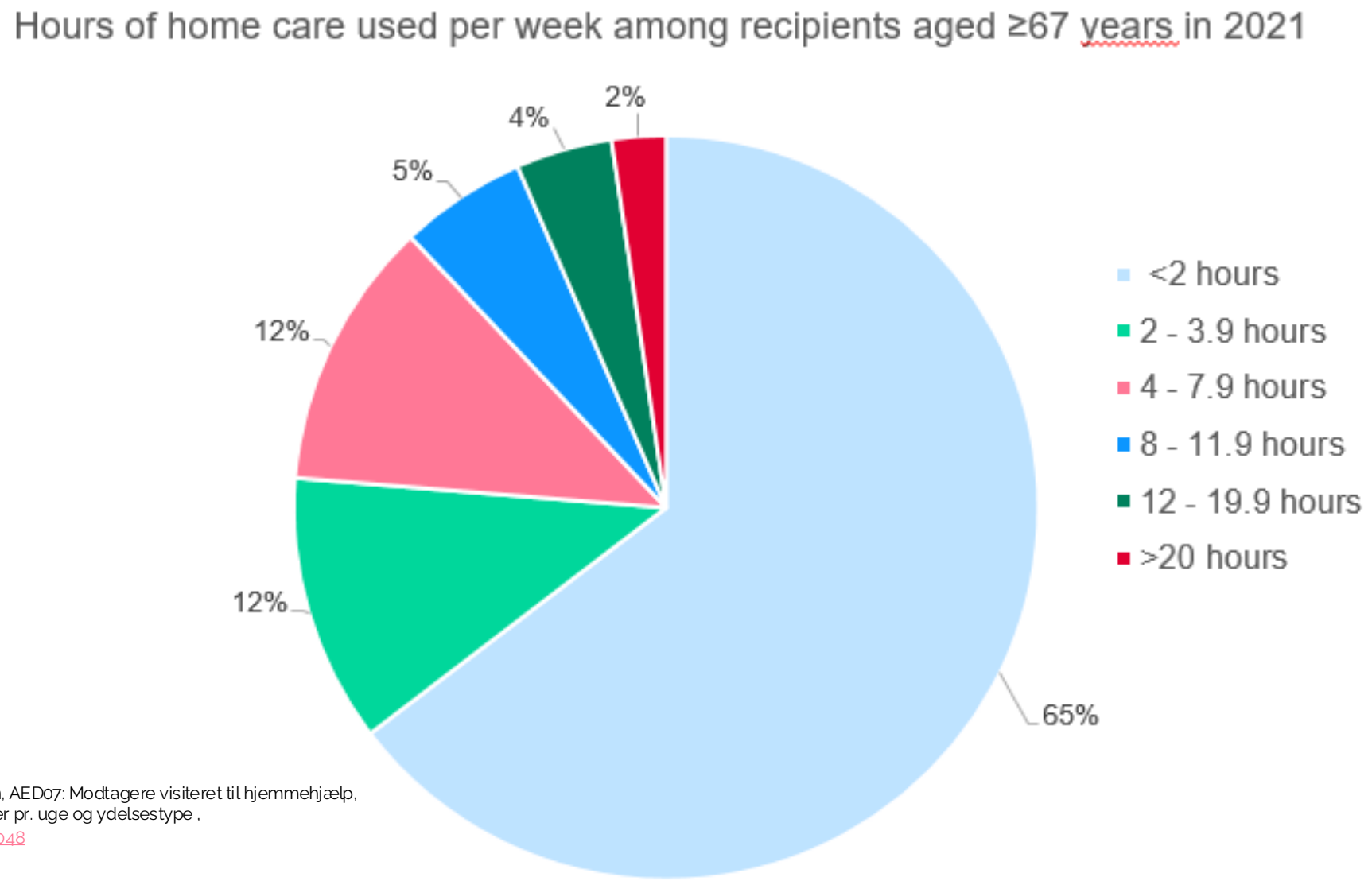
Change of paradigm:

- From compensation to rehabilitation
- From late to early intervention
- From care to prevention
- From senior burden to senior strength

Since 2015, municipalities have been required by law to offer rehabilitation services:

- Limited in time
- Adjusted to the individual needs and capabilities
- Help to self-help (handling everyday tasks yourself)
- Intensive help in the beginning
- Care as ”training” – staff monitors and support
- Care trainers, with therapists and nurses as back-up

Hours of home care used per week in Denmark



Source: Danmarks statistik, Statistikbanken, AED07: Modtagere visiteret til hjemmehjælp, frit valg, efter køn, alder, område, tid, timer pr. uge og ydelsestype ,
Link: https://www.statistikbanken.dk/20048

Nursing homes

- Senior citizens with loss of physical and/or mental function and need of extensive care.
- Nursing home facilities are staffed 24 hours a day by healthcare professionals.
- Relatively few senior citizens live in nursing homes (as most prefer to stay in their homes)

Focus on dignity through:

- Person-centered care
- Preserve individuality and sense of home
- Both wellbeing and health related care
- Activities and connection to local community

Collaborations primary and secondary care

1. **The nursing homes collaborate closely with a PG**
   - The close collaboration between GP and nursing homes makes sure that it is the same doctor who knows the individual patient and take dialoque with local care staff – to avoid hospitalization.

2. **72 hours processing responsibility**
   - The hospital assumes medical responsibility for discharged patients for the first three days – to avoid rehopitalization.

3. **Shared medication record and patient records**
   - All health care professionals share access to information on medicines, resumé on patient records, contact information

Dementia Learning Programme - Outgoing task force

Purpose:

- Build competence, leadership and an organisational culture to support person centred care in practice

Two programmes:

- *Person-centred care in practice*. Introduces tools and practices to work proactively and person centred with behaviours to increase residents' quality of life and simultaneously improve employees' working environment.

- Reducing the use of antipsychotic treatment of citizens with dementia (2020-2025).

Example: A reflection tool for person-centered care – focus on dignity and self-determination

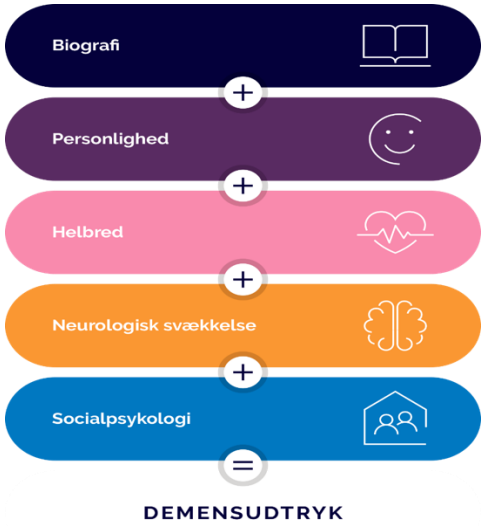
Questions to ask:

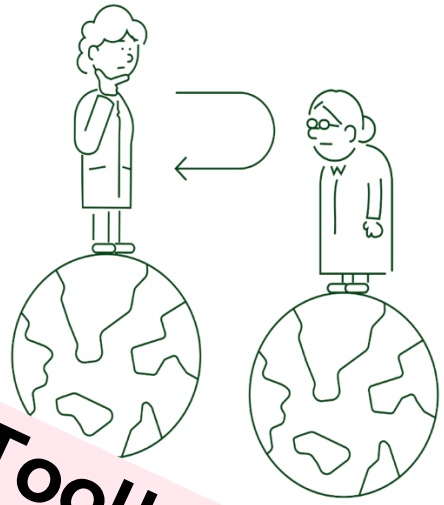
- What needs are being met by the citizen?
- What needs are not being met?
- What unmet psychological needs might be the reason for the citizen's behaviour?

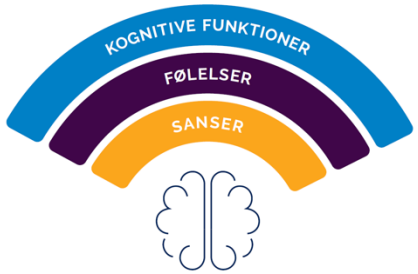
Is the citizen basically met with a "loving" approach? A sense of being an important person?

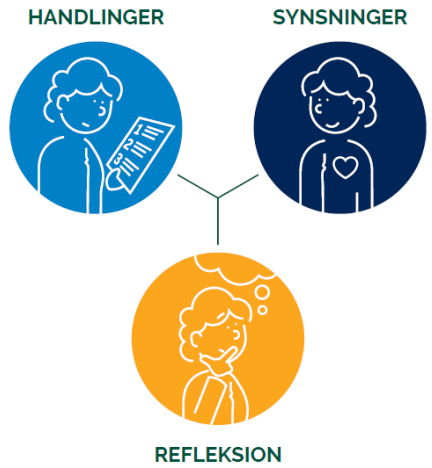
Figure 1. Basic psychological needs

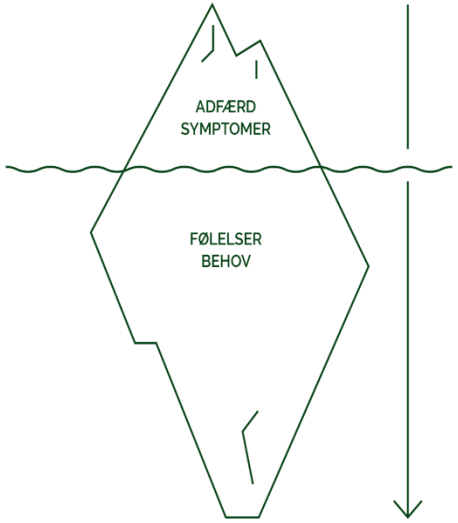
Toolbox to work with personcentred-care in practice

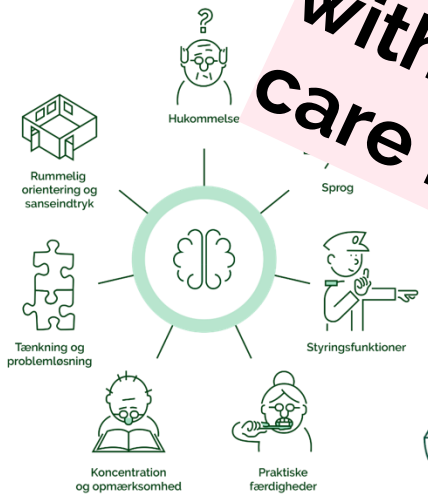


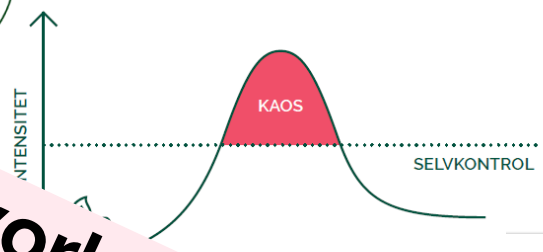


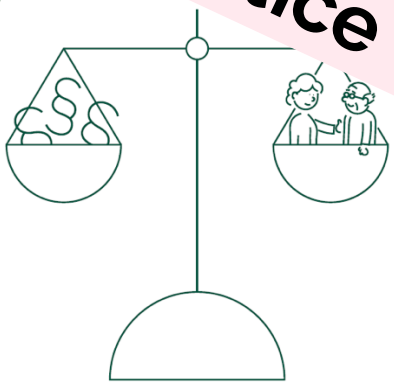


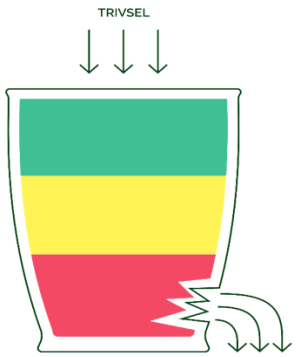


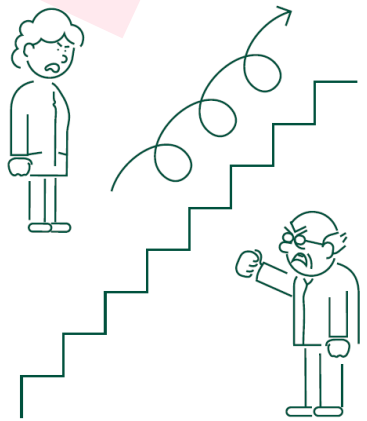












Structured data regarding conditions and service delivered

Borgerne

Alle kommuner

EOJ leverandører

Data slettes efter 7 dage

Fælleskommunal Gateway

FLIS

Sundhedsdata-styrelsen

Vælg kommune

Assens Kommune

Vælg benchmark

Flere markeringer

Tilstande

Filtre

Alder

Flere markeringer

Måneder

marts

År

2024

Funktionsevnetilstande

Helbredstilstande

Problemer med synssans

Problemer med traumesår

Problemer med tryksår

Problemer med undervægt

Problemer med urininkont...

Problemer med vandladni...

Problemer med venøst sår

Problemer med væskeind...

Psykosociale forhold

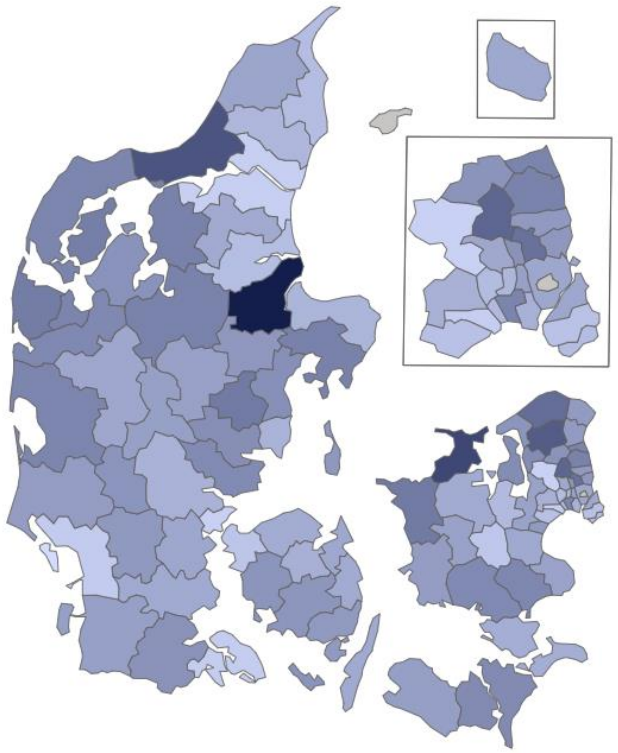
Borgere pr. 1.000 indbygger
marts 2024

90,8

Udvikling i borgere med en tilstand
Fra sidste år

-23,4 %

Kommune	Borgere pr. 1.000 indbygger
Mariagerfjord	55,7
Greve	52,5
Tårnby	51,6
Middelfart	49,6
Ringsted	47,2
Esbjerg	44,1
Sønderborg	42,2
Ishøj	41,5
Aalborg	40,5
Fredericia	39,5
Egedal	39,1
Fanø	29,6



How to improve and to measure the quality of dignity and self-determination in the eldercare?

- **A national indicator** for the quality of good person-centred care in practice is the consumption of **antipsychotic medication among people with dementia.**

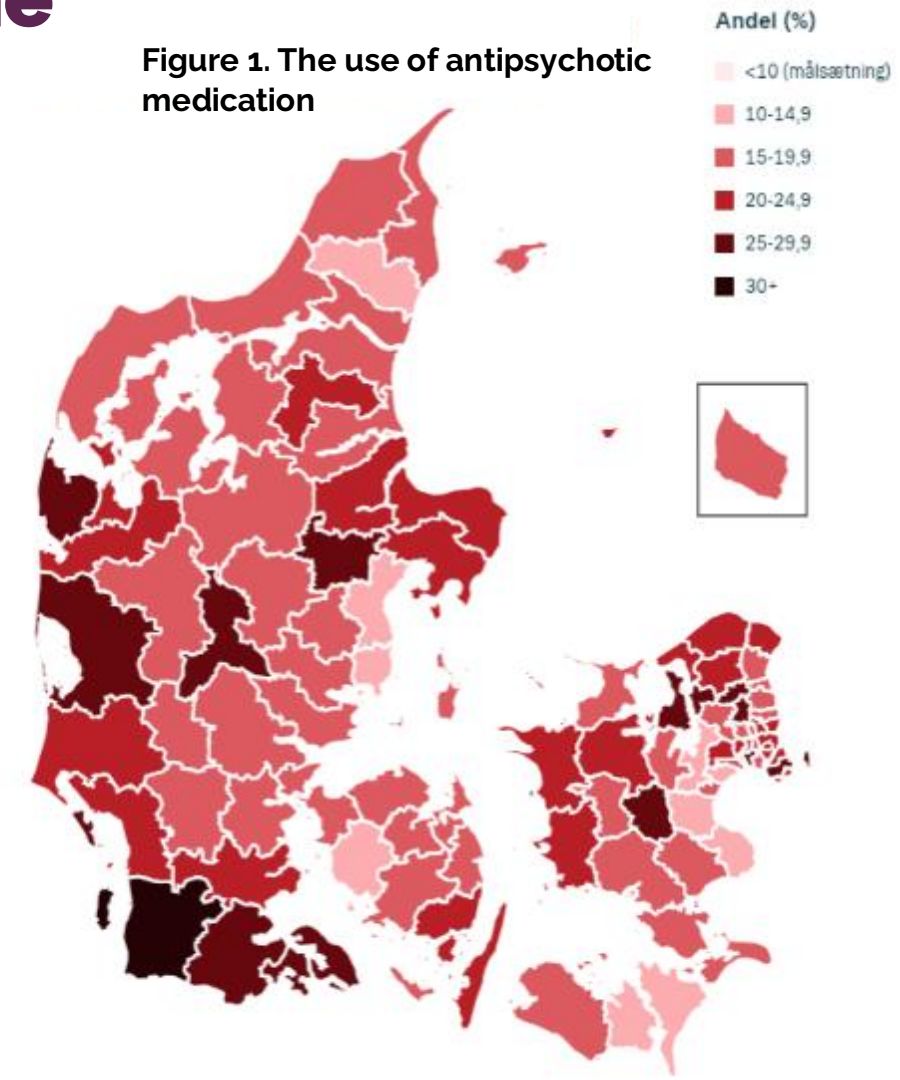
- It is much more than a pill, it is about professional skills, and if **we work systematically with good care**, we will not have the need to use antipsychotic medication.

- **70-80 pct. of the residents in nursing homes are cognitive challenged.**

- It requires a high level of **professional skills and competences** to be able to provide good care to people with disabilities who cannot express their own wishes and needs.

- Systematic mobilization, commitment**, implementation**

Figure 1. The use of antipsychotic medication



Dissemination of digital and welfare technology

Sustainable implementation and dissemination enhanced by triple bottom line:

- **Citizens:** Enhance the experience of quality of care. The technology is used in a way that respects the autonomy, needs and dignity of the individual
- **Employees:** Improve the working environment, e.g. by getting more time for the professional work, supporting professional collaboration and reducing heavy lifting or physically demanding working positions
- **The municipality:** Free up time e.g. through automatization of processes, secure efficient use of competences and realize financial gains

New Danish Elderly Care Reform

- You're never too old to have a good life

Initiatives in the elderly care reform

Theme 1: Self-determination for the elderly
Theme 2: Trust in employees and management
Theme 3: Close interaction with relatives, local communities and civil society

Elements in reform:

- Small self-managing teams for the delivery of home care
- Focus on continuity and flexible close-to-citizen visitation
- Closer interaction with civil society and relatives
- Increased focus at welfare technology in the elderly care
- A closer collaboration across public and private sectors



Sundhed for alle