Patient-centred neurorehabilitation, a case report
Interdisciplinary examination and cross-sector cooperation

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The Danish Welfare System:

In Denmark, all patients have the right to receive neurorehabilitation paid by the public welfare system.

We differentiate between:

- Hospital-based neurorehabilitation paid by one of the five regions in Denmark.
- Neurorehabilitation after discharge paid by the municipality where the patient live.

The doctor at the hospital can prescribe neurorehabilitation after discharge.

Often there is a need of cooperation between the different sectors. The cooperation ensures that the patient gets a coherent neurorehabilitation even though there are different operators.

Overview North Region, Denmark:

Municipalities: 11

Population: 584.918.

Young people 15-30 years: 116.325

Objectives/background:

To study how to ensure a coherent neurorehabilitation and cooperation between sectors there has been a special initiative towards young people (age 15-30) with acquired brain injury.

As a result there are established five outpatient clinics, one in each of the five regions in Denmark.

Patient-centred neurorehabilitation - procedure:

- A Outpatient clinic with an interdisciplinary team consisting of doctor, neuropsychologist, physiotherapist, occupational therapist, medical social worker and secretary.
- One interdisciplinary team for each patient in the outpatient clinic.
- Early contact and cooperation with the municipality.
- Interdisciplinary interview for medical history.
- Active involvement of the patient and relatives focusing on the patient's goals and motivation - using the COPM as standard examination.
- Monodisciplinary examination focusing on medical, physical, cognitive and social strength and weaknesses.
- One interdisciplinary description of the needs for rehabilitation.
- Meeting with patient, relatives and municipality describing the results and plan.
- When needed, meeting with the municipality without the patient's presence.
- 6 month follow-up by phone.
- 12 month follow-up in the clinic.

The patient evaluation:

At 1 year follow up - the patient states:

- I live at a 24-hour day care center. I am happy to be there. I do many activities on my own.
- I work at a farm, and I am doing okay. I am told what to do, and when to do it. I don't make big mistakes anymore. I might extend my working hours.
- I would like to start at the agricultural school again. My family and the professionals think I have to wait.
- I got back my driver license, and I am very happy.
- I still do training and also some hobbies.
- I don't feel so lonely anymore. I mostly spend time with the professionals where I live.
- I communicate with young people on Facebook.

The mother states:

- We are grateful for the participation at the outpatient clinic. It has got him to where he is today.
- He has improved in many ways. We would not have achieved this on our own.
- At first I had difficulties accepting my son's needs, but now I can see the point.

Case:

20 year-old man, with a TBI after a car accident. The young man is characterised by inappropriate behaviour and lack of insight. The patient had lost contact with most of his friends.

The patient had undergone hospital-based neurorehabilitation and after discharge underwent further training in the municipality.

The therapist in the municipality experienced barriers in the training in relation to the patient's behaviour in training sessions and lack of motivation. This has resulted in stagnation.

The patient came to the outpatient clinic three months after discharge.

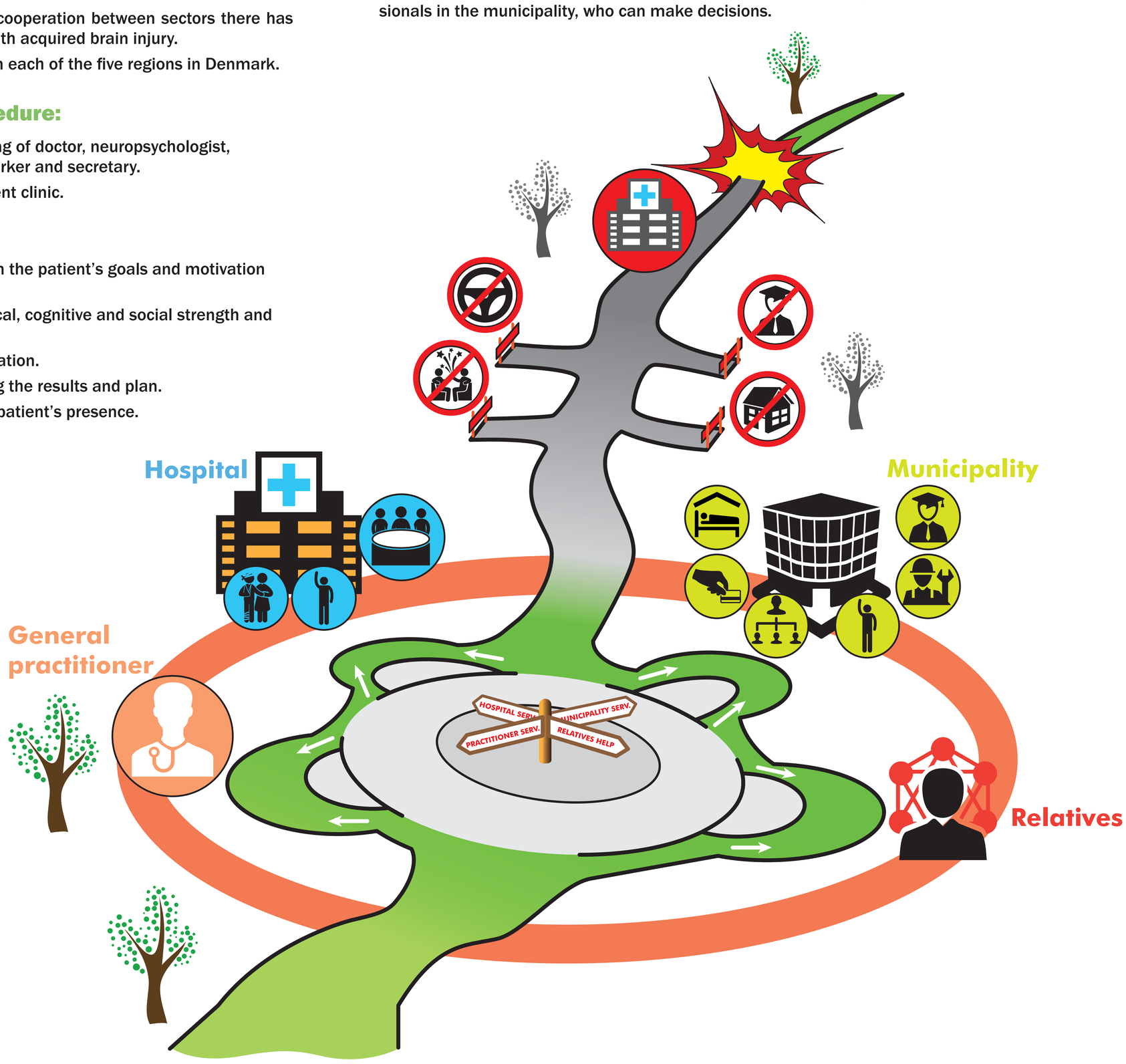
The outpatient clinic:

Identified the patient's goals: Education, driver's license, independent living and participation in social activities.

Identified how the patient's behaviour and lake of insight affected his life, social interactions and the possibility to reach his goals.

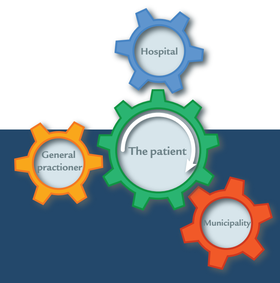
Identified how the patient could reach his goals e.g. 24 hour day care centre and work ability testning.

Ensured that the right people got the right information – meetings with patient, relatives and professionals in the municipality, who can make decisions.



Our experiences from the case and overall in the project:

- It is important to have a method that ensure a common and client-centred approach across sectors.
- Early cooperation and dialogue across sectors have a positive influence on the rehabilitation process.
- One professional has the responsibility to coordinate the process.
- Using the patient's goals can ensure cooperation and motivation of the patient.
- Make the patient understand the process before reaching the goals.
- Make the patient understand his responsibility for the progress in the training.
- Creating a consistent direction for the rehabilitation, where everybody involved are working towards the same goals.



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