



Model of rehabilitation for SCI persons in Finland

ESCIF 2017

The Finnish Association of Spinal Cord Injured
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Centralisation

- This model started 2011
- 3 university hospital
 - Oulu with SCI centre
 - Tampere with SCI centre
 - Helsinki, SCI out-patient clinic
- Private rehabilitation centre in Helsinki (Validia rehabilitation)
 - Can be used if hospitals are fully booked or there is a need for a special treatment or rehabilitation (breathing paralysis)
 - Helsinki SCI clinic is in the same building
- It took 2-3 years before work really started in hospitals





● 5 University Hospital

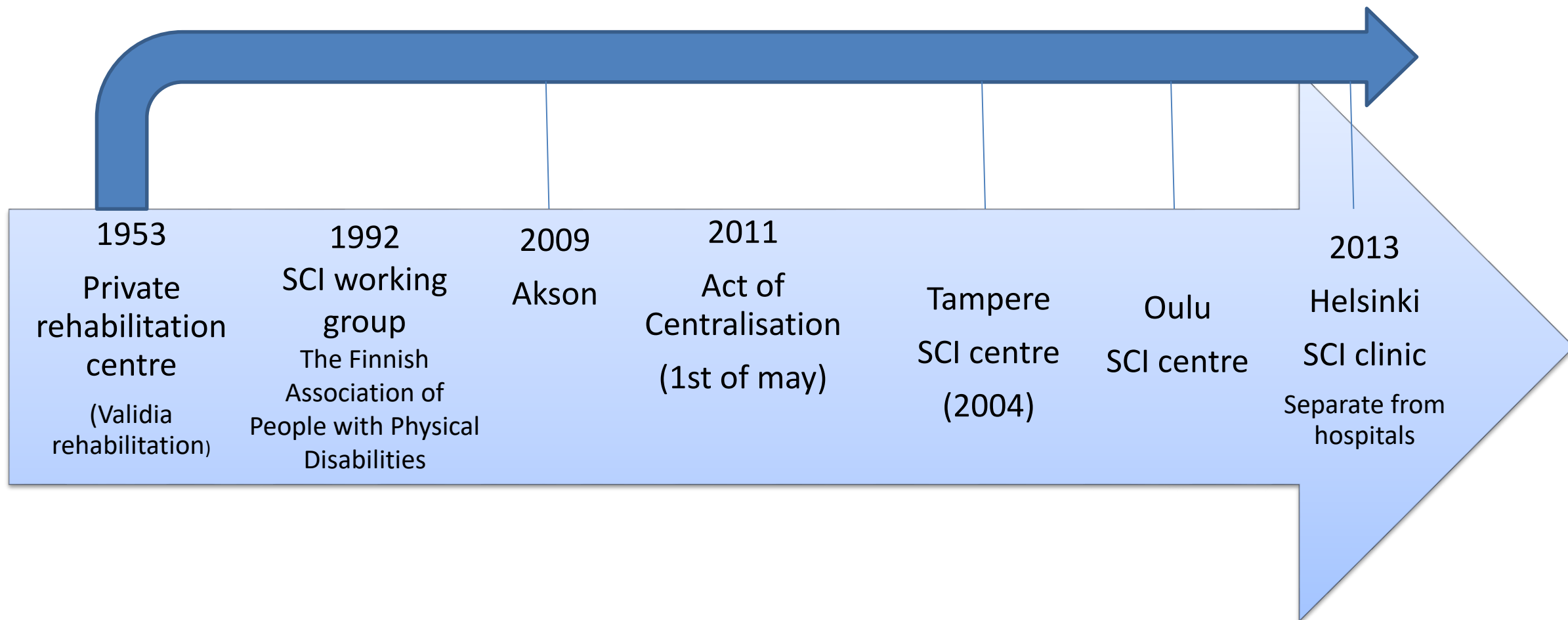
★ SCI center

● 15 Central hospital

- One hospital covers area of about 1.5 million people (all finns 5.5 million)
- That amount gives experience to staff and hospital about SCI and centralisation is reasonable



History



SCI centres

- Treatment after SCI
- Acute rehabilitation
- Urology guidance
- Occupational therapy (aid of kitchen, computer, supporter)
- Physiotherapy (wheelchairs, supporter, adapted cars)
- Social worker (Vocational and study guidance, Financial support /pension etc.)
- Nutrition guidance/therapy
- Sexual guidance/therapy
- Helsinki has out-patient clinic without rehabilitation



Teamwork

- All the professionals should work as a team to result a perfect treatment
- Occupational-, physiotherapist and social worker all work together within adaptation of home with SCI person
- Peer support – individual and group training and conversation
 - Covers all subject of life and SCI
 - Peer supporter could be part of /with physiotherapy
- Part of physiotherapy is adapted car and aid
 - Example: Tampere sent patients to one month rehabilitation to Validia Helsinki where person completed driving school with adapted car
- Doctor and physiotherapist recommend rehabilitation at home (amount and what kind of therapy is needed)
- Decision makers do the last part: how much money they give



Acute rehabilitation

- Start soon as possible
- If it is a "full house" then resources are limited and patient has to wait
- Fastest case has been 2 weeks from bed to wheelchair
- Depends of patient condition
- How long it takes? About . . .
 - Tetraplegic – 4 months
 - Paraplegic – 3 months
 - Walker/noncomplete – 1 months
 - Between 1-5 months
 - Akson is concern about people who are sent home too early and they have unfit personal aids



Acute rehabilitation

- All the changes of SCI person's life starts at centre
- Things are continued at home in a cooperation with SCI centre's professionals
- Sometimes adaptation at home is not ready when rehabilitation has finished. A bad example is when a young SCI person is sent to elderly home to wait their home to be ready...
- Peer supporters' role is huge: sometimes their attitude affect on the patient and the way the person returns to the society



After acute rehabilitation

- Person apply for rehabilitation
- How much you will get it, depends who will pay it
 - Accidents, if person has insurance – Insurance offices
 - Accidents, if person hasnt got insurance - Kela, the Social Insurance Institution of Finland

Generally....

- Depends level of SCI – home rehabilitation 1-2 times /week
- Rehabilitation centre 2-3 weeks/year
- Nowadays it is really hard to get rehabilitation if you dont have really good arguments – even if we have laws and regulations



Follow-up

- All the SCI patients should be in follow-up "list" after 2011, if they were in centre
- If injured has happened before 2011, then person has to get admission note to SCI centre
- Follow up should be every 3-5 years in SCI centres or sooner if person situation needs that
- Akson doesn't know that is this working in real life. . .



Role of Akson

- Take care of peer supporters training courses and they work in university hospitals (3)
- Coordinate a personal peer support
- Organize days for family members
- Organize seminars, local days, camps, publish SCI magazine
- Try to get new SCI persons to fill membership-paper – get information!
- Following and monitoring the centralisation Act and how it is developing
- Spread awarnesses about SCI centrals
- Gathering feedback from SCI persons – users experience



Before centralisation



Why finnish cars get a good treatment every second year, but that kind of system cannot be implemented on people???

Big thanks to

- ESCIF policy, recarding of Centralisation, had a big infulece to the finnish Act
- Scandinavian countries and recommendation letters





- Also, this belongs to the history . . . Part of the process . . .
- During hospital time, our member lobbied the centralisation of SCI to the Minister of social and health care. The Minister understood how much this kind of pressure ulcer needs special treatment. The minister put a lot power into this to achieve our wish.
- Take care of your sitting muscles!



After centralisation

- SCI treatment has been getting better and patients are getting better care. Especially those patients benefit centralization that normally would be treated in neurology units etc. (non-traumatic).
- Clear division of work between basic healthcare and SCI-centres isn't working seamlessly yet.
- Problems between SCI-centres, because they all have their own guidelines and ways to operate
- Challenge is to spread the awareness about patients right to get treated in SCI-centres
- The Finnish Government is going to change social and health care system completely in next few years and future is unknown





Ulcer is much better now too – after a surgery!



Akson has a lot to do –

Thank you!

