**Tools for mapping user needs - welfare technology**

 A mapping tool to form the basis for assessing the choice of welfare technology and services for people who may benefit from welfare technology solutions.

This tool is intended to map the needs of people who may benefit from using welfare technology for security, location, notification, medication, social contact and communication, accommodation in housing, etc.

|  |  |
| --- | --- |
|  The form is filled in by - Name / position: |   |
| Informant (s) / Who contributes information / participates in the conversation: |  User  \_ Relatives (spouse / children / others) / friends / guardians Staff, state position:  |
|  Date of completion: |   |

**Personal information about the user (may be obtained from the patient record)**

|  |  |
| --- | --- |
| Name  |   |
| Adress:  |   |
| Phonenumber/ email:  |   |
| Date of birth/ age:  |   |
| Housing situation:  |  Lives with spouse/partner  Lives in generation housing   Care home/ Housing with service  Shared housing  Institution/nursing home  Have family nearby (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Consent**

|  |  |
| --- | --- |
|   Does the user have consent competence in relation to any use of welfare technology? |   Yes  No  Dont know If no, when is consent competence assessed and is it documented?If no, does he oppose the measure?  Yes  No  |
| Has information been provided and invited to dialogue with relatives? |  Yes  No  Dont know |

**Experience with the use of technology**

|  |  |
| --- | --- |
|   Does the user have a security alarm?  Manages user to operate security alarm? |   Yes  No  Dont know Comment:  Yes  No  Dont know Comment:  |
|  Have cell phone?  Manage to answer the phone?  Manage to call ?  |   Yes  No  Dont know Comment:  Yes  No  Dont know Comment:  Yes  No  Dont know Comment |
|  Have other technikal solutions Manage to use the technikal solutions?   |   Yes  No Describe:   Yes  No Comment: |

Decision point for choosing the type of welfare technology

Check for relevant measures / solutions that should be considered and possibly mapped further.

(The list is based on the municipality's available technology at the moment and is updated as needed).

|  |  |
| --- | --- |
|  Security alarm (Security alarm for indoor use) |   Yes  No  Do not know Comment:  |
|  Lokalisation (GPS or mobil security alarm) What features are desired:-Alarm button - Easy location- Continuous  traking - Geofence- Possibility two-way  communicationDoes the user need assistance with charging? |   Yes  No  Do not know Comment:  Yes  No  Do not know Comment Yes  No  Do not know Comment Yes  No  Do not know Comment Yes  No  Do not know Comment Yes  No  Do not know Comment Yes  No  Do not know Comment |
| "Door" notification (Solutions that register and notify when the user leaves / enters the home)  |   Yes  No  Do not know Comment |
|  Notification of cases(Solutions that can detect and notify that user has fallen) |   Yes  No  Do not know Comment: |
|  Notification of movement (Solutions that register and possibly warn movement in housing) |   Yes  No  Do not know Comment  |
|  Security at night (Solutions for security and supervision at night) |   Yes  No  Do not know Comment: |

Detailed mapping in relation to notification, monitoring and location technology

Purpose of the measure

|  |  |
| --- | --- |
| Purpose for user? |  Safety  Freedom  Physical activity  Independence  increased quality of life  Stay longer at home  Meaningfull everyday life.Comment:  |
| Intention for relatives (what do relatives want to achieve by using notification, monitoring and location technology?) |  Safety  Redusert belastning  continue working  help the user to stay longer at home  increased quality of lifeComment:  |
| Purpose for the nursing and care service (what does the municipality want to achieve by using notification, monitoring and location technology?) |  Security for the service  Freedom / absence of coercion  Increased quality of service  Postpone the need for a nursing home place Please need for other services Reduce accidents  Preventive measures  Reduce costs Comment:  |

Description of walking patterns, habits and routines

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| --- | --- |
| Describe hiking / hiking pattern:Where does the user go? How often and when in the day? Does the user use fixed routes?Does the user walk at night?  |  Beskriv:    Yes  No  Do not know Possibly Where: Yes  No  Do not know |
| Does the user take public communication? |  Yes  No  Do not know, if yes, describe  |
| Have there been episodes where you have searched for user / ev. search operation? |  Yes  No  Do not know If yes, describe:  |
| Clothes use adequately inin relation to season / time? |  Yes  No  Do not knowIf no, describe:  |
| Orientation - Is the user worried about not finding it again? - Can the user find their way back? |   Yes  No  Do not knoe  Yes  No  Do not knowIf no, describe:  |
|  Has userfalling tendency? |  Yes  No  Do not knowComment:  |
| Are there other conditions that can affect the user's sleep pattern such as incontinence, medications and the like |  Yes  No   Do not knowComment: |

Possible further mapping for the home care service:

Relatives and their role in relation to the use of notification, monitoring and location technology

|  |  |
| --- | --- |
| Are relatives or others in the user's network who can contribute in relation to the use of technology  | Describe:   |
|  Does the user need assistance to switch on / off the technology, possibly charging?Can any relatives assist? |   Yes  No  Do not knowComment:  |
| Can relatives help the user bring the technology? |  Yes  No  Do not knowComment:  |