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**EUROPEAN UNION**

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# Digital Medical Rounds



**RemoAge**

REMOTE SUPPORT OF AGED PEOPLE

# Digital medical rounds

## T1.3 Remote multi-professional support

### Summary

Medical rounds via video is a complement to in-person rounds. Physicians in primary healthcare have responsibility to all patients in their area and the nursing home is long distance from the primary healthcare and medical resources in sparsely populated area missing. By using video for medical round save physicians time and the decision making-process get faster and safer. By using this method physicians also can be a support to other areas that lack of medical resources.

### Typology of Impacts

#### *Tangible impacts*

- Improved access to services
- Cost savings
- Time savings
- Reduced energy consumption
- Reduced environmental impact
- Business development
- Job creation
- Improved competitiveness
- Other tangible impacts (specify)

#### *Intangible impacts*

- Building institutional capacity
- Raising awareness
- Changing attitudes and behavior
- Influencing policies
- Improving social cohesion
- Leveraging synergies
- Other intangible impacts

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## Digital medical rounds

### Service end users

The user of the service is Patients in nursing home.

### Challenge

Physicians in primary healthcare are responsibility for patient in ordinary home and nursing home. Nursing home is spread within the municipality, which means the physicians have long distance to the nursing home. Another problem we have in Norrbotten is that we lack medical resources in sparsely populated areas.

### Service provider roles and Collaboration

In Övertorneå municipality they have test medical round by video between physicians in primary health care and nurse in nursing home. The purpose of this test is to use the physicians working time better in the area.

### Service availability

The service is available in Sweden, Övertorneå municipality.

### Service Delivery, process and organization

The service is between physicians in primary healthcare and nurse in nursing home. Every month they have round by physician in nursing home. Round by video is a complement to current routine. In the test they have a routine were they have change a physical round to video round. Every other month they do round by video. If they need to do assessments on a patient, the nurses can go to the patients with a computer and the physicians can do assessments by video.

### Technology and tools

During the test we have use video service polycom between municipality and country council.

#### *Nursing home*

Installed WIFI in all nursing home in the municipality.

Laptop or tablet with camera, microphone speakers, video services, email

#### *Technology for physician in primary healthcare*

Computer/laptop, microphone speakers, video services, email, and two computer monitors.

### Service support

To get a successful implementation it must be collaboration between staff in IT units and staff in the operation. The staff in IT units has installed the technical equipment, educate in the use of technology and support the care activities if they has problem.

## **Implementation process**

The staffs in the different organization have a meeting with their managers and take a decision to test medical round by video. They get verbal agreement to test medical round by video each other month. After that they are testing the new working methods. The test has been follows-up in a local evaluation by focus group with staff and questionnaires with patients and relatives.

## **Skills, knowledge and competences**

The staff needs knowledge in how to use a video service and how they conduct a video meeting. The staff has learned to use the video service by “learning by doing”. They have trained to connect each other before the use the service in patient’s home or planning meeting.

## **Risks and Solutions found**

It has been problem to anchor the working methods to the staff in municipality. The nurse in nursing home want to have visit from doctor and the doctor live nearby the nursing home so he planning round at nursing home when he go to or from the workplace. During the test period they don’t have training the new working methods so it have been a normal way to work in their operation.

## **Communication and dissemination**

During the project period the new working methods have been disseminated on local dissemination conference in Norrbotten to managers and staff in municipalities and Region Norrbotten and for staff in Sweden in national conferences (MTV mässan) in Stockholm and Vitals Conference in Gothenburg and the international conference ALEC in Luleå. Also have dissemination been done by a video who creates of the service.

## **Service longevity**

Medical round by video have only been a test in this municipality. The physicians in primary healthcare have used the service to other municipality as a support to areas who lacks of physicians.

## **Output metrics**

In two times have the services been used. A few nursing have training to use it. It has not been other stakeholders impacted in the service.

*Tangible impacts*

**Improved access to services**

The decision making- process has been faster and safer. It also Increases the access to expertise

**Cost savings**

Cost saving by reduced travel was 10 Swedish miles per medical round. The saving cost for fuel is about 300 kr.

**Time savings**

Physicians save their working hours because the trips disappear. The physicians save 1½ hours per medical round.

*Intangible impacts*

**Leveraging synergies**

This service has been use to other municipality which lacks of medical resources.

**Video**

<https://www.youtube.com/watch?v=kbmqu6FBCSA>

**For More Information  
Please Visit [Remoage.eu](http://Remoage.eu)**

