



**Northern Periphery and  
Arctic Programme**  
2014-2020



**EUROPEAN UNION**

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European Regional Development Fund

# Digital Palliative Care Teams



**RemoAge**

REMOTE SUPPORT OF AGED PEOPLE

# Digital Palliative Care Teams

## T1.3 Remote multi-professional support

### Summary

The Palliative counseling teams (PRT) has tested palliative consultation via video together with home healthcare and nursing home staffs. The target group is patients with palliative disease connected to palliative activities, their close associates and staff in four inland municipalities in Norrbotten. The service enables that the nurse in home healthcare can provide video meetings with the PRT team's doctor and nurse for consultation, counseling and follow-up from the patient's home. The new service also resulted in the PRT team being able to participate in a coordinated individual planning with the patient, and to have regular team meetings between PRT and healthcare staff, home healthcare, short-term housing and home healthcare.

### Typology of Impacts

#### *Tangible impacts*

Please indicate what type of impact(s) this service can create by ticking the boxes. You can choose more than one answer.

- 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

## Contact

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### Pilot leaders

Home healthcare in Övertorneå, Haparanda, Arvidsjaur and Arjeplog Municipalities  
Nurses in Palliative counseling team Region Norrbotten  
[Palliative counseling team Norrbotten](#)

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## Digital Palliative Care Teams

### T1.3 Remote multi professional support

#### Service end users

Patients with palliative disease connected to palliative activities, their close associates and staff in four inland municipalities in Norrbotten.

#### Challenge

Palliative counseling team in Norrbotten is located in the hospital and provides services to patients who live in other municipalities, a long distance from hospitals. The purpose with the services is to enable persons in need of palliative care in rural areas to have visual contact with physicians and nurses in the Palliative Advisory Team (PRT).

#### Service provider roles and Collaboration

In Region Norrbotten have we five palliative counseling team. Two of the counseling team Kalix and Piteå in collaboration with the nurses in home health care in Övertorneå, Haparanda, Arvidsjaur and Arjeplog municipalities have been a part of RemoAge project. They have developed a new working method for giving palliative advisory by video to patients and staff in their home.

#### Service availability

The service is available in Arvidsjaur, Arjeplog, Övertorneå and Haparanda municipalities in Norrbotten, Sweden.

#### Service Delivery, process and organization

The basis for palliative care in Norrbotten, general palliative care, rests on primary care district physicians, municipal healthcare care and nursing home. It is supported by specialized palliative care consisting of palliative counseling team (PRT) and palliative end-care units at each hospital in the county.

In the specialized palliative care works nurses and physician and their roles is advisory and supporting to the basis palliative care. PRT gives support to staff in basis palliative care and to patient enrolled in palliative care. In the basis palliative care works nurses in home healthcare and physicians in primary health care, they have the first line responsibilities for the healthcare of the palliative patients in their home.

#### *Consulting for patient in home*

When the nurses in home healthcare want to have specialized support, they contact palliative counseling team and agree on a time. Nurse in PRT booking a meeting in video service and send nurse in home healthcare a video link by email. The day the meeting is, nurse in home healthcare going home to patients and relatives and have technics devices with them. Nurse in home healthcare help patient connect to the video chat with PRT and

the meeting takes place. The meeting can be between patients/relatives and nurse or physician in PRT.

#### *Coordinated planning for new patient who need palliative care in home*

Nurse in PRT call nurse in home healthcare and physician in PTR to a coordinated plan with patients and relatives. On meeting day, the nurse in home healthcare and nurse in PRT going home the patient with technics devices and connect by the video chat to physician in PRT who stays in the hospital.

#### *Palliative round in nursing home*

One time in month there is palliative round in nursing home. The routine is that nurse in PRT send a video link to nurse in nursing home. When the meeting day is, the nurse in PRT and nurse in nursing home going in to the link and connect each other for meeting.

### **Consulting for staff**

The video service also use for team meeting between nurse in home healthcare, physician in primary healthcare and nurse or physician in PRT. The staff can have meeting together for planning of patient enrolled in palliative care.

### **Technology and tools**

In Norrbotten we use skype for business for video service between country council and municipality.

#### *Technology for nurse in home healthcare*

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

#### *Technology for nurse in nursing home*

Computer, microphone speakers, video services, email

#### *Technology for nurse or physician in PRT and 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 a collaboration between staff in IT units and staff in care activities. 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. Before they have implemented the new working methods have the staff training technology by intersecting each other.

### **Implementation process**

The implementation process started with a workshop. Participants in workshop were managers from Region Norrbotten, managers from the participant's municipalities, nurse from PRT and nurse from home healthcare. The purposes of this workshop were to get a plan for implementation and when the test going to start. They also plan for which activates

they want to do before they start. After that meeting the nurse in PRT and nurse in home healthcare develop common routines for work with video consulting. Then they testing the new working methods, the test follows-up, local evaluation by focus group with staff and questionnaires with patients and relatives has been implemented. After the evaluation, the managers have made a decision to introduce the service in regular operations

### **Skills, knowledge and competences**

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

Provide an overview of which new skills and competences that service provider has needed to be developed? How have you worked to help staff and service users to develop the skills, knowledge and competences required to use and/or deliver the services

### **Risks and Solutions found**

- Fear of using new technology. The solution is to learn local project leaders so they can training and support the staff. They have training technology by call each other before they use the technology in sharp operation
- The lack of internet coverage in certain parts of the county. The solution is to use technology in part of county were it works.

### **Communication and dissemination**

The nurses in PRT have get information to colleagues in other PRT in Norrbotten and Region in Sweden. They have also get information of their working methods to the political and all managers in Region Norrbotten. The working methods have also been dissemination in a local dissemination conference in Norrbotten to managers and staff in municipalities and Region Norrbotten and for staff in Sweden by a national conference (MTV mässan) in Stockholm and a international conference ALEC in Luleå.

### **Service longevity**

The video consulting in palliative care is normalized in ordinary work in PRT and home healthcare that have been part of RemoAge. During the project period we have start to implement the new working methods between participants PRT and two other municipalities in Norrbotten.

After the project period is the plan to start implementation between participants PRT and another two municipalities in Norrbotten.

In Norrbotten we have get a mission from the management in Region Norrbotten to develop a plan for broad-based services that gave positive results.

Describe how will your output continue exist after the end of the project, be specific about the organizations involved and measures taken to ensure outputs’ viability.

### **Output metrics**

- 22 patients have use the service and in a short time a lot of staff have get palliative consulting and at 6 times they have palliative round between nurse in home healthcare and staff from primary healthcare
- About 30 professionals have received training and are working with providing the services
- Relatives to patient in palliative care and physicians in other specialized are stakeholders who get impacted by the new service

## *Tangible impacts*

### **Improved access to services**

Palliative consultation by video allows patients to get more frequent and continuous consultation of nurses and doctors from the palliative team. Palliative advisory team can give equal care throughout the county.

Using Technology allows the specialized palliative care to get continuous consultation to staff in nursing home and home health care give. The outcomes are increased knowledge in palliative care and better cooperation between specialized palliative care and basic palliative care.

### **Cost savings**

Cost saving by reduced travel for palliative advisory team. They have saving 3,5 Swedish miles per patients. For all 22 patients it's a saving about 1530 kr for the fuel.

### **Time savings**

Palliative advisory team saving time due to reduced travel. They have save 4½hours per patient by having consulting per video.

### **Reduced environmental impact**

Reducing travelling gives environmental impacts.

### **Other tangible impacts (specify)**

The service has been used to other medical specialists for patient in palliative care.

## Part 3: Visualization of Output



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RemoAge is an EU-project that will find new ways of working with support to allow vulnerable older people to live longer in their homes in sparsely populated areas of northern Europe.

To support older people, family carers and healthcare staff, digital solutions and service packages will be tested and evaluated within the project.



Foto privat

## Videoconsultations in palliative care

### What is it about?

Develop a working model with distance-bridging technology that enables video consultations from the patient's home to doctor in palliative care and counseling teams in palliative care elsewhere.

### Who is it for?

The target group is patients in palliative care in four rural municipalities in northern Sweden.

### How does it work

Palliative counseling team's nurses or district nurse have equipment and can connect via a video link to doctor in palliative care at another location for appointment instead of the patient having to go to hospital.

### Results

- Persons with palliative care at home can access specialized consultations by doctors and nurses without having to travel.
- Increased security for the sick and for the staff who care for the patient at home.



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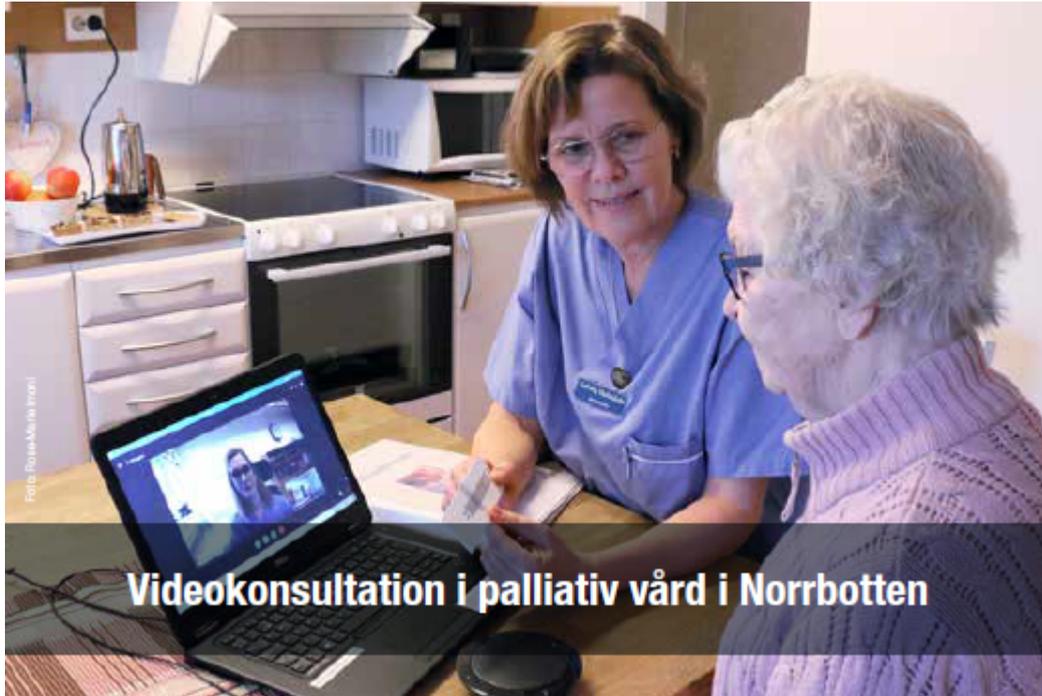
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Promotion for video consultations in palliative care

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

