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EUROPEAN UNION
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European Regional Development Fund

Virtual Coordinated Care Planning

RemoAge
REMOTE SUPPORT OF AGED PEOPLE

Virtual Coordinated Care Planning

T1.3 Remote multi-professional support

Summary

Coordinated plan by video is a service for patients need action from both health and social care. The service is meant to coordinate professionals to a common meeting for the patients. The working method is that one professional going home to the patient with the equipment and other professionals connect to the meeting by video. Together they do a common plan with the patient, this plan helping patients to know who are responsibility for what in their care. The outcome of this test is that more professional can be participant of the meeting, image communication provides a more participant and safer patient and because they can see all professionals and the patients feel they can take more responsibility for their own health. Coordinated plan by video can also be use between the hospital and the municipality. The purpose with this planning is to solve the help the patient needs before printing from the hospital.

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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T1.3 Remote multi-professional support

Service end users

The service is meant to coordinate care and healthcare professionals to a joint meeting for patients who need action from both health and social services.

Challenges the service is designed to address

The patients need action from both health and social services it means that a lot of professionals are involved in the patients care. In Sweden we have a law which states; if patients need action from the both organization they have right to a coordinated plan. The purpose with the coordinated plan is to do a common planning with all patients professionals present. This meeting shall get patient a clear view over who is responsible for what. Norrbotten is a sparsely populated area and health and social care have long distance to visit patients home. Before we start coordinated plan by video we have meeting with the patient and all professional don´t were represented. Another challenge we have is the lack of staff in both primary healthcare and municipality. Here in Norrbotten we have 5 hospitals that's serve 14 municipality so its long distance for staff in the municipalities to go to the hospitals for coordinated planning with the patients. Before the test starts they do coordinated planning over the phone, and it was problem for the patients to be a part of this planning.

Service provider roles and Collaboration

In Norrbotten we have test this service in four areas, Gällivare, Haparanda, Boden and Jokkmokk. It is a collaboration test between municipality and country council. Participant in this meeting is staff from home healthcare, primary healthcare, home care and assistance handler. We have also tested coordinated care planning between Piteå hospital and Älvsbyn municipality.

Service availability

The service is available in Sweden, Norrbotten, Gällivare, Haparanda, Boden, Jokkmokk. Piteå , Älvsbyn municipality.

Service Delivery, process and organization

Coordinated plan meeting is a meeting in patients home. Participants in this meeting is patients, relatives, physicians from primary healthcare, assistance handler from social care, nurse, occupational therapist, physiotherapist from home healthcare, assistance nurse and managers from home care. According to Swedish law, the profession who finds that the patient needs coordinated efforts is required to call other professionals for a coordinated individual planning. The call is via an IT system called lifecare, where you describe where, when the meeting will take place. The staff who is called answers who arrives at the meeting, then send a skype link or polycom number to the person. On the day of the meeting, any

profession from the municipality goes home to the patient and has video equipment with them. Other professions attend the meeting via video from their expeditions.

If patients are in the hospitals and need help from healthcare and social care they have a coordinated plan for planning patient's efforts before returning home. Nurse in hospital call the municipality by Meddix system. The meeting day the hospital connects to the the municipality via video. Nurse in the hospital, patients and sometimes also relatives participate from the hospital and the staff from municipality (nurse, occupational therapist, physiotherapist, care managers) participant from their working place. At times relatives have also participated from their home or workplace

Technology and tools

In this test we have used two video service, skype for business and polycom, for communication between municipality and country council.

Technology for municipality
Laptop or tablet with camera, microphone speakers, video services, email

Technology for primary healthcare and hospital
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 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 the staff has training technology by call each other. The local project leader has also support and training their colleagues in technology and the new working method.

Implementation process

The implementation process started with a workshop. Participants in workshop were local project leaders and managers from county council and affected municipality and staff who want to be involved in the test. The purposes of this workshop were to develop 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 local project leaders develop common routines for work with coordinated plan. 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. Continuously, local managers followed up the tests support and take necessary decision. In one of the test area the managers take a common decision that only the patients can say no to the new working methods. It was a very successfully decision because all staff have been forced to work out for the new method. The new working method has been normalized in the operation. During the whole test period the local project leaders has been a resource, support and training the staff in technology and the new working method.

Skills, knowledge and competences

The staff has increased their technology knowledge over how they can use technology in treatment with patients. They have also training in the new working methods. The staff have develop their knowledge by training “learning by doing” and if they have problem they have get help from local project leaders or IT staff to solve it. They have also get knowledge over how they lead a meeting by video.

Risks and Solutions found

- Staff fear to use new technology. Solution is that the local project leaders have 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. Solution is to use technology in part of county were it works.
- Discussion between the organization over which organization, municipality or country counsil, are going home to the patient with the equipment. Where this happens they have not solve the problem.

Provide an overview of risks and barriers that you have faced, for example ethical, financial, technological, lack of competences etc. If possible also describe the solutions you have developed to overcome those challenges.

Communication and dissemination

The working methods have 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. An investigator at the social department and politicians from Sweden's government has been visiting Gällivare to see how to implement coordinated plans in Norrbotten.

Service longevity

After 6 month where the test has ended have the regional project leaders follow- up the test. In two areas Jokkmokk and Gällivare is the service normalized in the regular operation. In this area they have common routines between the organizations as they work after. Gällivare have spread this working method so even the privacy primary healthcare work after the new method. In Jokkmokk and Gällivare it a cooperation between managers form the both organizations and they have support the work and have taken common decisions for the patients best care. In Haparanda they don’t have normalized the test. The new working methods has been stopped because they municipality have change videoservice and now they must write on the routine and training all staff to use the new videoservice. The managers want to going on with this method.
In Boden they don’t have implement the test because they don’t have solve the problem that are going home to the patients with the technology. They have written a common routine but they are not confirmed where the meeting will be.

The test with coordinated plan between hospitals and municipality get normalized in the operation very quickly. In January 2018 we get a new law in Sweden who says that coordinated planning for patient do not go to the hospital without everything at home. After the law's entry into force they have ended to do planning from hospitals. Now they have used their knowledge from the test to develop routine for coordinated plan between the

municipality and primary health care and if they what to have a plan from hospital they already have routine and knowledge to do that.

Output metrics

- 85 end users have received the service. 33 patients have tested coordinated planning between primary healthcare and municipality and 52 patients have tested coordinated care planning between hospital and municipality.
- About 200- 300 professionals have received training and are working with providing the services
- Relatives for patient are stakeholders for this test.

Tangible impacts

Improved access to services

- Enables more professions to participate in the meeting
- Image communication provides a more participant and safer patient because they can see all professionals and sometime they recognize that they have seen this person before.
- Patients feel they can take more responsibility for their own health

Cost savings

Reducing travelling for both patient, relatives and the most of the staff saving time and reducing cost for the organization and patient. Coordinated plan by video saving 9,5 Swedish mile per patient. During the test it have save fuel for about 12 200 kr for all the patients.

Time savings

It have been timesaving for the staff who not travelling to the patients. The staff saving 3,5 hours per patient by using video.

Reduced environmental impact

Reduced travelling gives environmental impact.

Other tangible impacts (specify)

The increased knowledge to use technology for help patient gives staff new ideas on how they can use technology in other working moments.

Video

Movie coordinated care plan by video: https://youtu.be/wtss7LzAqtk
Interview Norrbotten RemoAge project managers: https://youtu.be/DMGczU0w1NI
Presentation Norrbotten remoage project: https://youtu.be/uX7XtVmVs-A

For More Information
Please Visit **Remoage.eu**

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