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Investing in your future
European Regional Development Fund

Remote Doctors Consultations for home healthcare



RemoAge
REMOTE SUPPORT OF AGED PEOPLE

Remote Doctors Consultations for home healthcare

T1.3 Remote multi-professional support

Summary

Remote doctors consultations for home healthcare is a service where physicians are using video technology to do consultations to a home environment. The service is designed for patients who are sick and need a medical assessment from a doctor from home. A nurse in home healthcare who have continuous contact with the patient books a video consultation with the doctor via a nurse at the health center in cases where a doctor is needed. This services save cost and time for both patient and doctor. Video meetings create better coordinated care for patients when doctors and nurses meet the patient together and the patient get better and safer assessment. It has created improvements for staff, patients and relatives.

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 Doctors for home care

T1.3 Remote multi professional support

Service end users

The service is meant for patient in home healthcare.

Challenge

Patient in home healthcare are very sick and have continuous help from nurse in home healthcare and sometimes they also need help from physicians.

In Norrbotten we have lack of medical resources and physicians in primary healthcare are responsibility for a lot of patients in the sparsely populated area. This combination, lot of patients, lack of resources and long distance to the patient means that physicians have limited opportunities to make home visits to patients in home care.

Service provider roles and Collaboration

This service involved nurse from home healthcare and physicians from primary health care. In Norrbotten are this professionals organized in two different organizations. Physicians belonging to Region Norrbotten and nurse in municipalities organization.

Service availability

The service is available in Sweden, Haparanda municipality.

Service Delivery, process and organization

The nurses in home healthcare take care of the patients in their home. If the nurse does assessment that the patients need an assessment for physicians the nurse takes contact with primary health care and booking a video meeting to doctor with nurse on primary healthcare. The meeting day nurse from home healthcare going home to the patients with the equipment and connect doctor in primary health care. The patients can talk with doctor by video.

Technology and tools

During the test they have use video service Polycom between primary health care and municipality.

Nurse in home healthcare

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 staffs in IT units have 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 physician consulting by video. The test has been done from one doctor in primary health care and all nurses in home healthcare. They have verbal agreement between doctor and nurse over the routine. After that they start 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 has increased their technology knowledge over how they can use technology in treatment with patients. They have tested the new working methods in their operation.

Risks and Solutions found

From begin of the test it have been problem with the sound at patients home, after they have change speakers the problem with the sound is solved. Staff fear to use new technology is the barriers that have been faced.

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, Vitalis in Gothenborg and international conference ALEC in Luleå.

Service longevity

They have not normalized the test in the operation only one physicians and few of the nurses work after the new methods. The working method is not in ascribing with all staff in Region and municipality. To get this service implement in the operation managers from both organizations must take a common decision to work after the new way of working and develop a common routine of the new working method.

Output metrics

7 end users have received the service and 7 healthcare professionals have received training and are working with providing the services.

Tangible impacts

Improved access to services

- Doctor can do better and safer assessment of the patient.
- Increase safety for staff, patients and relatives by using video for assessment
- meeting by video have get better coordinated care for patients because the doctor and nurse meet the patient together

Cost savings

Reduced travel for doctor. For 2 patients we have reduced travelling with 20 Swedish miles, it has reduced cost with 300 kr.

Time savings

The patients and relatives save time because they don't what to travel to primary health care. The doctor reduced travelling and can use their working hours better. For two a patients, the doctor is saving about 3 hours' worth of travel time

Other tangible impacts (specify)

Primary health care have learn how they can use technology for assessment and treatment of the patients. It`s have given they idée for using of technology in other part of the operation. For example physician consulting by video to nurse in nursing home and physician consulting by video to nurse in ambulance.

Video

https://youtu.be/ZuJ_-jKspE4

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