

# The National program for welfare technology

Reykjavik 19.9.2019

Kristin Standal - KS



# Who am I?

- Project manager in National welfare technology program
  - Registered nurse, neonatal intensive care unit
  - Project manager digitalisation/EHR
  - Master of informatics
  - ...
  - Head of department Health informatics, Bærum municipality





## Who am I?

Advisor in the city of Trondheim  
Coordinator of a regional project for welfare  
technology (municipal size: 600-196 000)

Occupational therapist  
Master in health informatics – user centered design





# The National program for welfare technology 2013-2020



# Program objective

**Welfare technology will be an integrated part of how we deliver health and care services within 2020**





Welfare technology is not about  
technology,  
it is about people  
..and innovate in how we deliver  
care



# Positive effects for both patients and the health care service



Feel safe

Better self-  
management

Improved  
quality in health  
care service



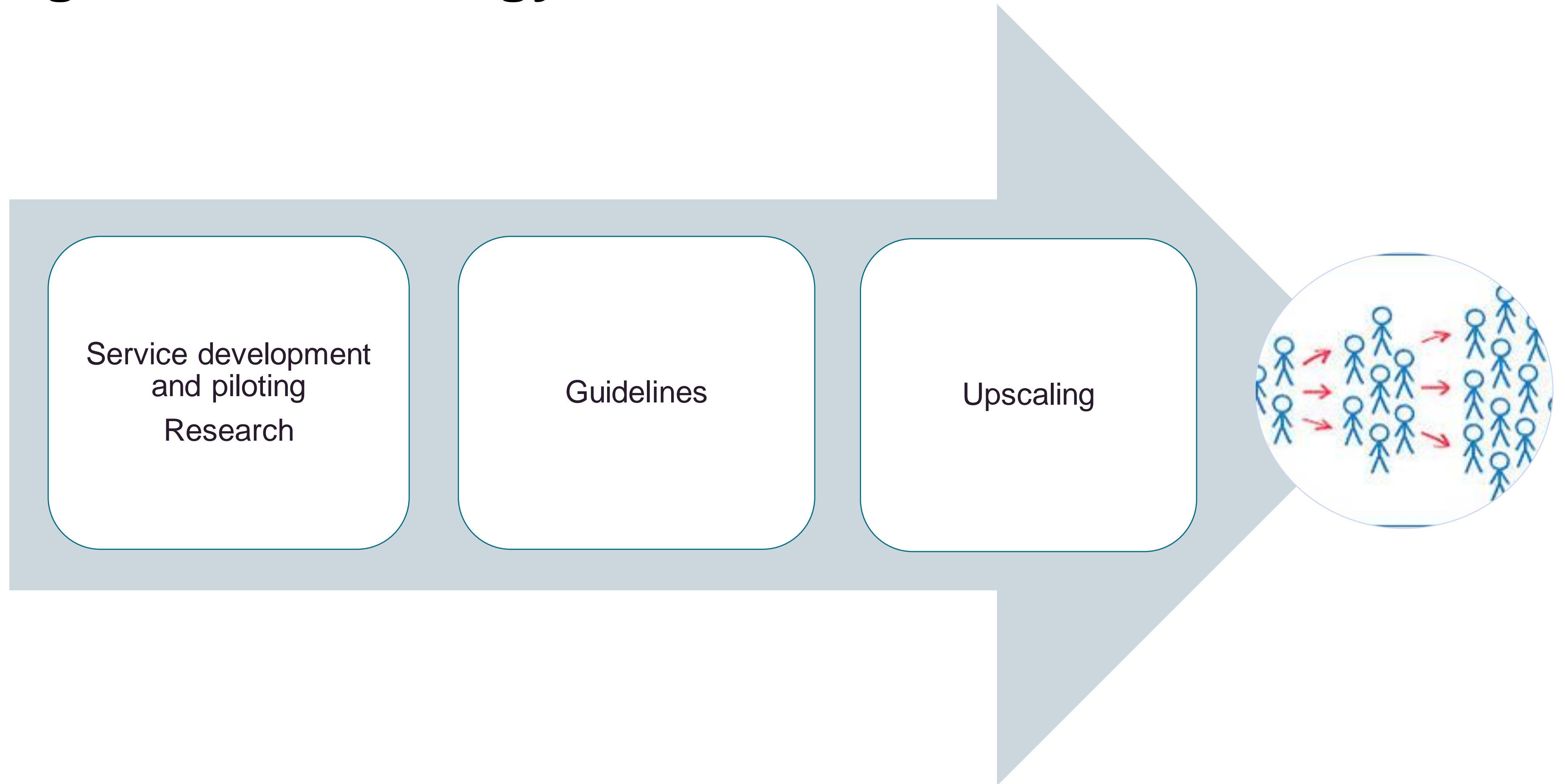


*«I feel secure in ways I never would imagine before. Insecurity is a challenge for many patients»*

Trygve, 92 yrs



# Program methodology







How do we support the municipalities to reach the goal of nationwide dispersal by 2020?

- ✓ Grants
- ✓ Process-support in the municipalities
  - ✓ Service innovation and implementation
  - ✓ Leadership
- ✓ Increase the knowledge of health workers (ABC learning-packages and tools)
- ✓ Create national spaces for networking and sharing experiences
- ✓ Close follow-up



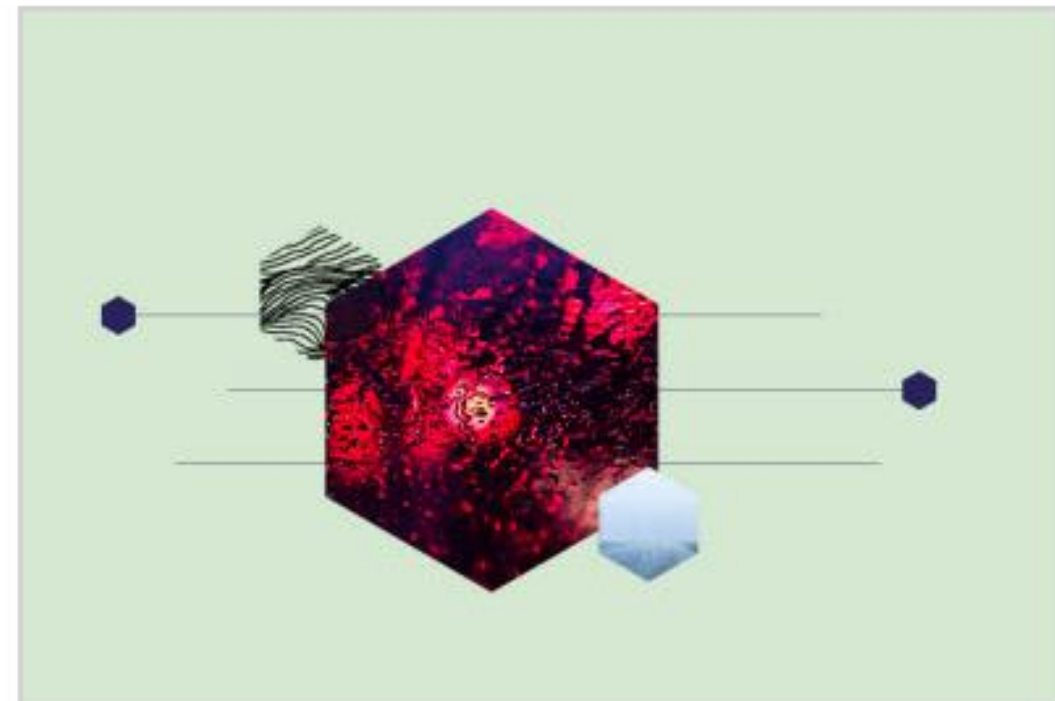
# Educating material for staff

## Velferdsteknologiens ABC



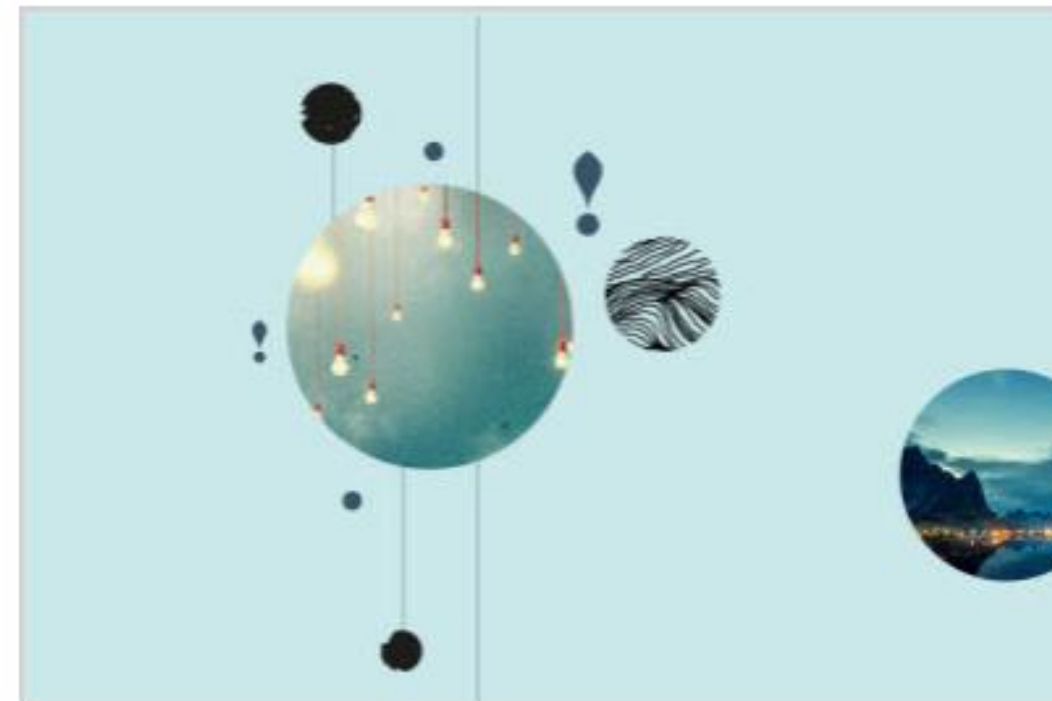


# Roadmap for service innovation



## Fase 1 - Forankring

Hensikten med fasen er å definere kommunens utfordringsbilde og sikre at organisasjonen har en felles forståelse for både problem og mål. Vellykket arbeid med tjenesteinnovasjon kjennetegnes av grundig forarbeid, god planlegging og bred forankring.



## Fase 2 - Innsikt

Gode tjenester skapes på bakgrunn av god innsikt i faktiske behov. Gjør grundig arbeid med å avdekke reelle behov og årsaker til problemer før dere velger løsning. Dette reduserer faren for at dere lager feil løsninger.



## Fase 3 - Tjenesteutvikling

I denne fasen omsettes innsikten til ideer, som igjen videreutvikles til tjenestetilbud klar for pilotering. Det er viktig å involvere både brukere og ansatte underveis for å sikre forankring og treffsikre løsninger.



## Fase 4 - Pilotering



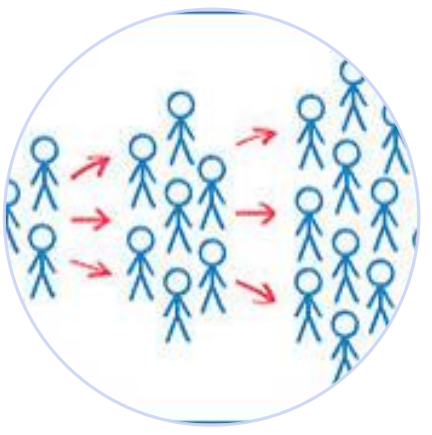
## Fase 5 - Overgang til drift



## Fase 6 - Ny praksis

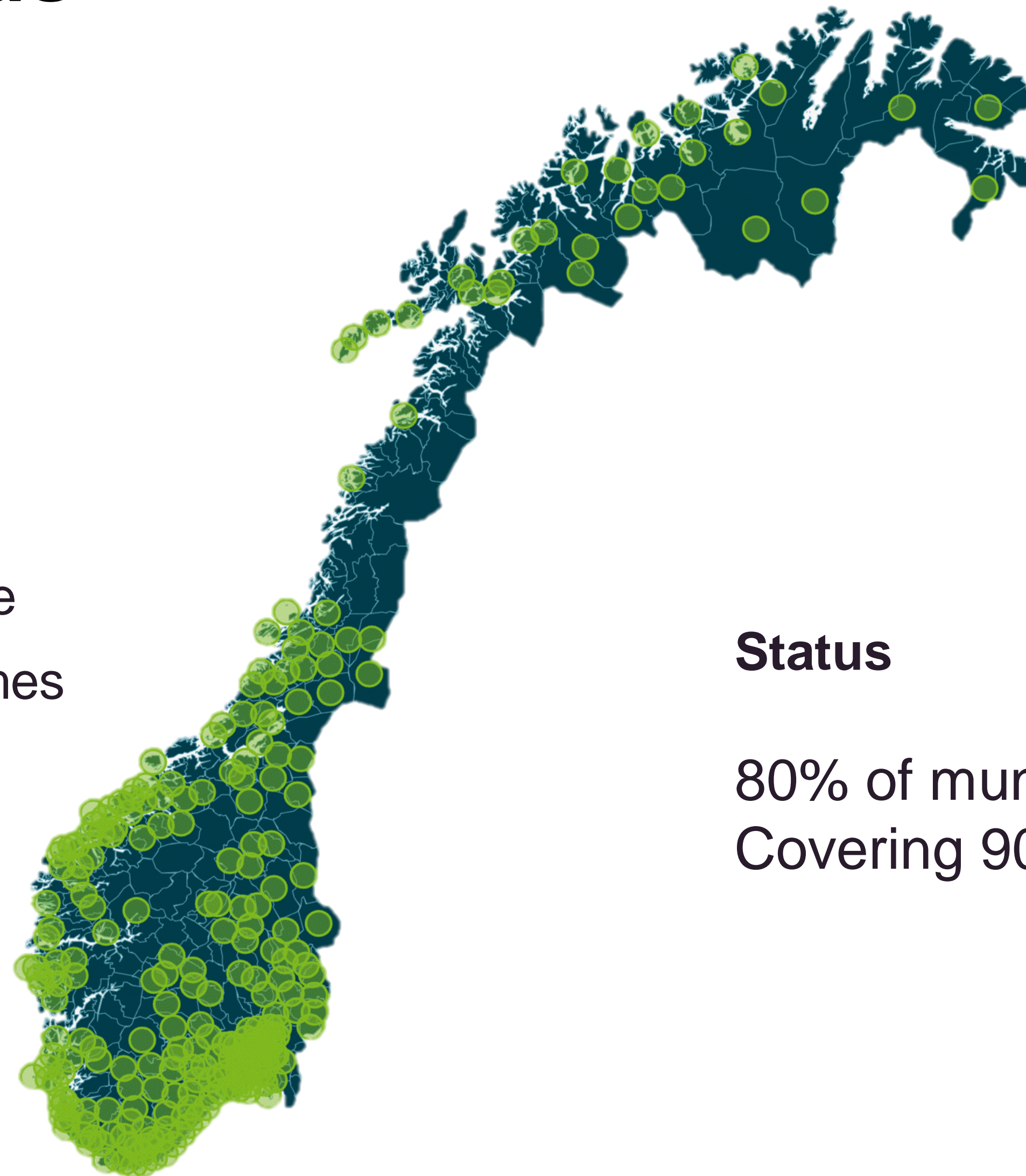


# Implementation status



## Safety technology areas:

- Social care alarms
- Location trackers (dementia)
- Automated medication
- Electronic door locks
- Sensor based technology at home
- Updated call-systems in care homes
- Optimised vehicle routing in the Home care service



## Status

80% of municipalities have started  
Covering 90% of Norway's citizens



# Health care service on distance

Patients with chronic diseases

The patients measure and report own metrics digitally

Healthcare professionals follow up based on a personal tailored plan



**Second phase  
2018-2021**

- 6 pilots
- 600 patients
- 100 GPs



# Health care service on distance

*«I haven't been hospitalized at all the past year. The hospital used to be my second home»*

(Karl, 72)



*«My heart has not always been my best companion. It is great to get recommendations on how to manage on my own»*

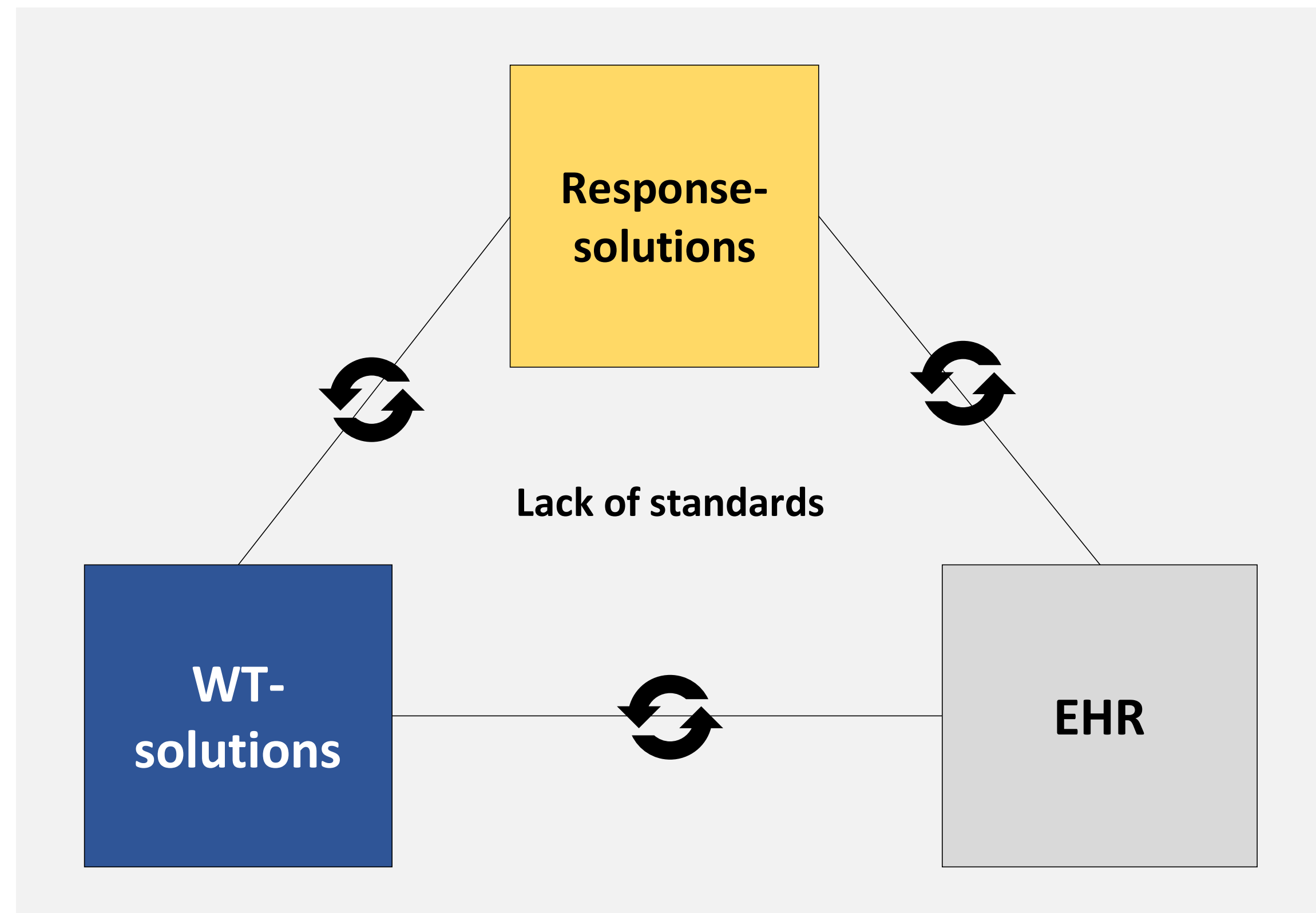
(Barbro, 78)





# Lack of standards prevents efficient implementations

- The program has initiated efforts to compensate
- Trial on a national platform (VKP) for data format translation between systems since May 2018
- FHIR profiles on the WT solution side and supplier specific API's on the EHR side
- Recommendation for further activity ready October 2019

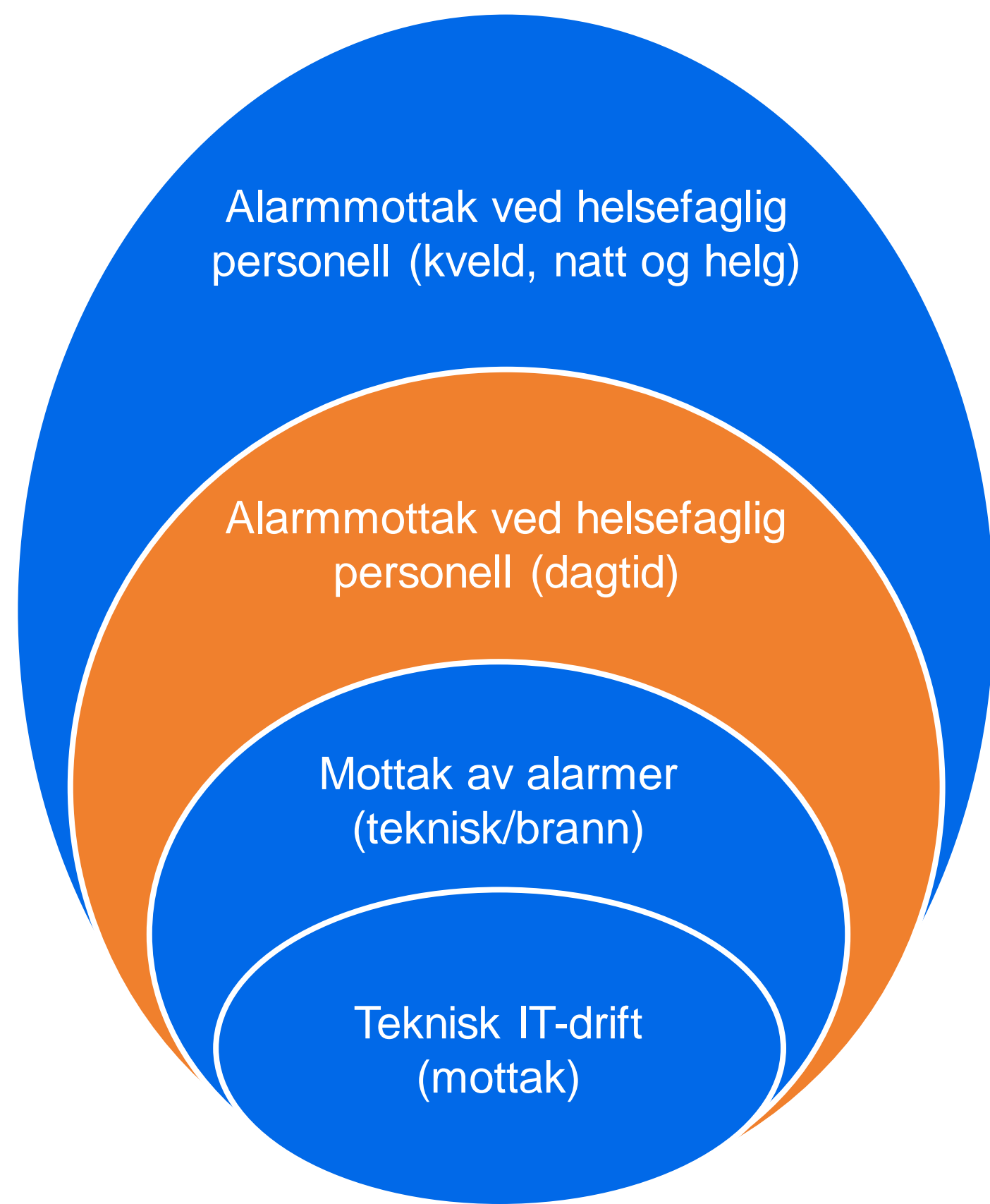




# Lokalt responscenter med eksternt responscenter kveld, natt og helg

## Organisering av responstjenester i Lindås kommune

### Basisoppgaver for responstjeneste



### Oppgaver som må løses og kan tillegges responstjeneste



### Tilleggsoppgaver som kan løses av responstjeneste





# Other projects

Social online, digital senior 2015-



Children and youth  
with disabilities 2015-





Break





## **KVIKK-GUIDE TIL VELFERDSTEKNOLOGI**

Nasjonalt velferdsteknologiprogram



# Quick-guide Welfare technology

Reykjavik 19.9.2019

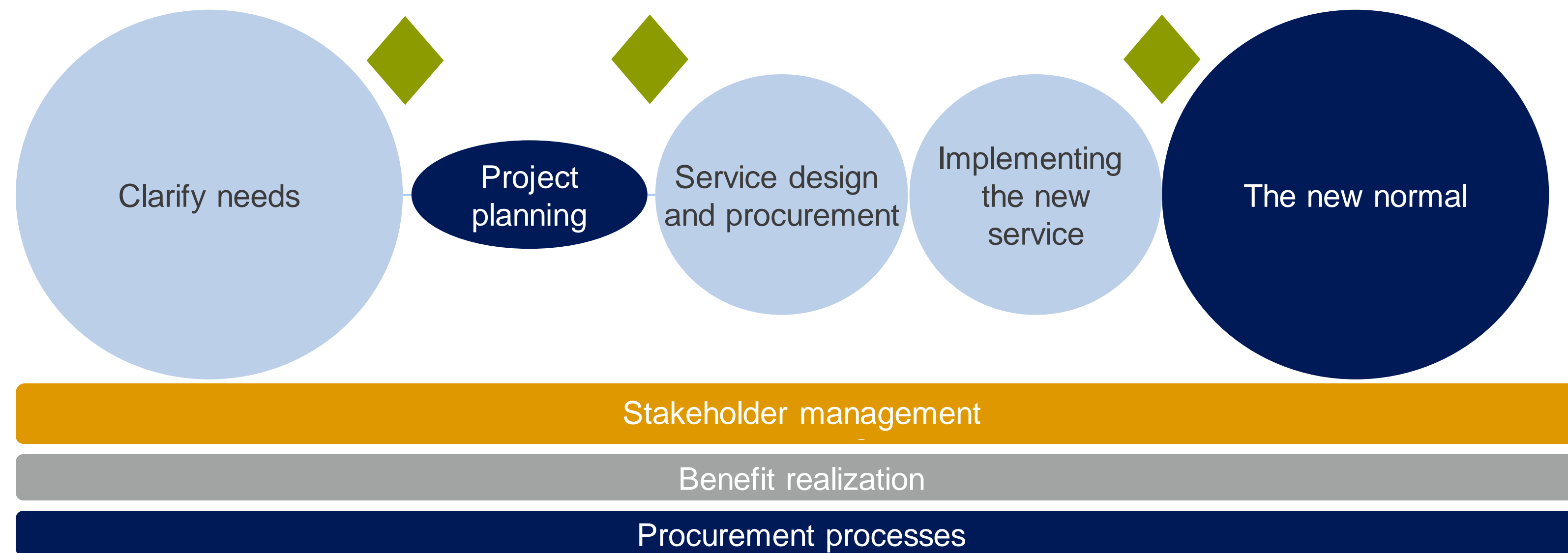
Kristin Standal – KS

Kirsti Fosslund Brørs – Trondheim kommune



# Introduction

- Put together by national frameworks; road map for service innovation by KS and the project framework by Difi
- The guide is based on experiences from Norwegian municipalities
- The guide presents activities for the municipalities through 5 phases
- Stakeholder management, realization of benefits and procurements are continuous processes





# Planning and structure – stakeholder management

## Activities

- Team set up, availability, motivation and mix of professions
- Involvement of the service providers – the professionals
- Obtain financing
- Learn from others!

## Result

- Mandate and a plan for assessment of needs
- Stakeholder map and plan for stakeholder engagement



“Har du folk som skal jobbe med dette? Har politikerne satt av penger? Vet dere behovene deres? Hvis en av de tre svikter, så feiler du”



# Stakeholders -

## Definition

Stakeholders could be individuals, groups and organizations who may affect, be affected by og perceive itself to be affected by a decision, activity or outcome of a project.

## Group task

Identify stakeholders in your organization – if you were to implement welfare technology.

Stakeholder	How is he/she affected?	Influence	Attitude	Strategy for involvement, dialogue and training
		High	Negative	
		Medium	Neutral	
		Low	Positive	



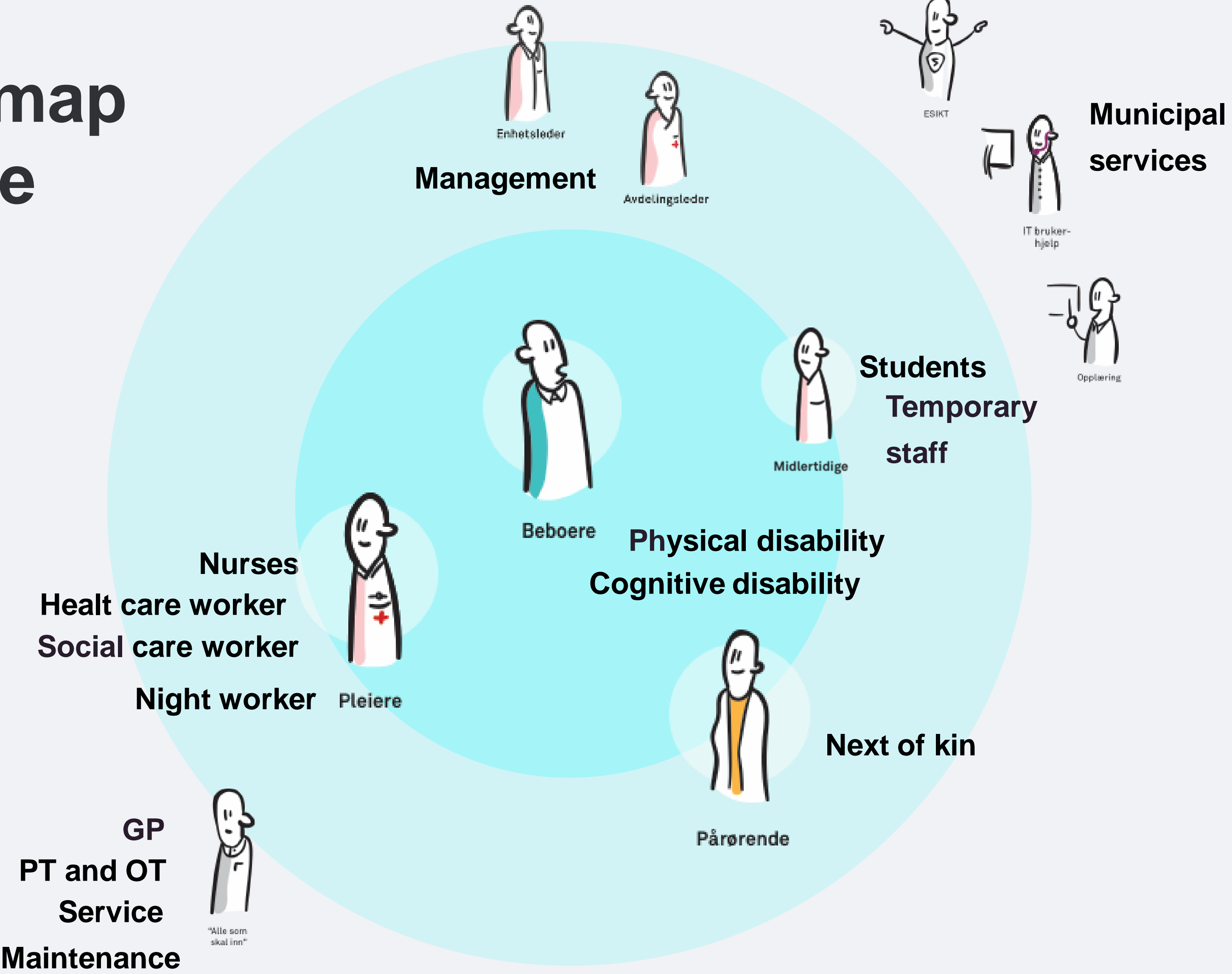




# User types

## Stakeholder map

### Nursing home





# Assessment of needs - insight

## Activities

- Statistics and numbers
- Interviewing users, next of kin and employees
- Service mapping – today's service
- Mapping of potential benefits and cost-benefit anal
- Learn from others!

## Result

- Summary of needs assessment
- Cost-benefit analysis
- Basis for decision – fact based and with a focus area for the following work





# How to assume a beginner's mindset:

## **Don't judge.**

Observe and engage users without the influence of value judgments on their actions, circumstances, decisions, or "issues."

## **Question everything.**

Even (and especially) the things you think you already understand. Ask questions to learn about the world from the user's perspective.

## **Be truly curious.**

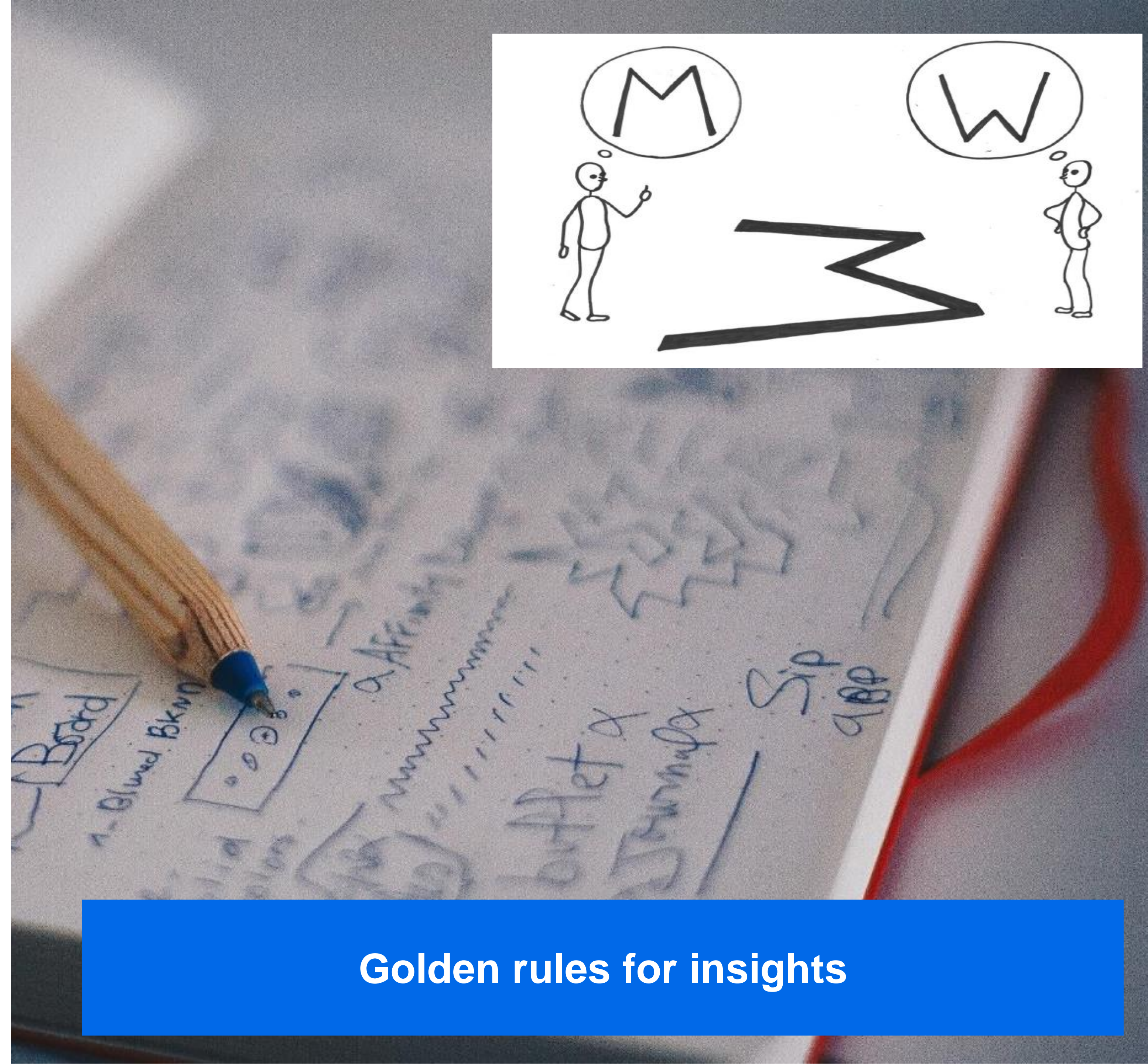
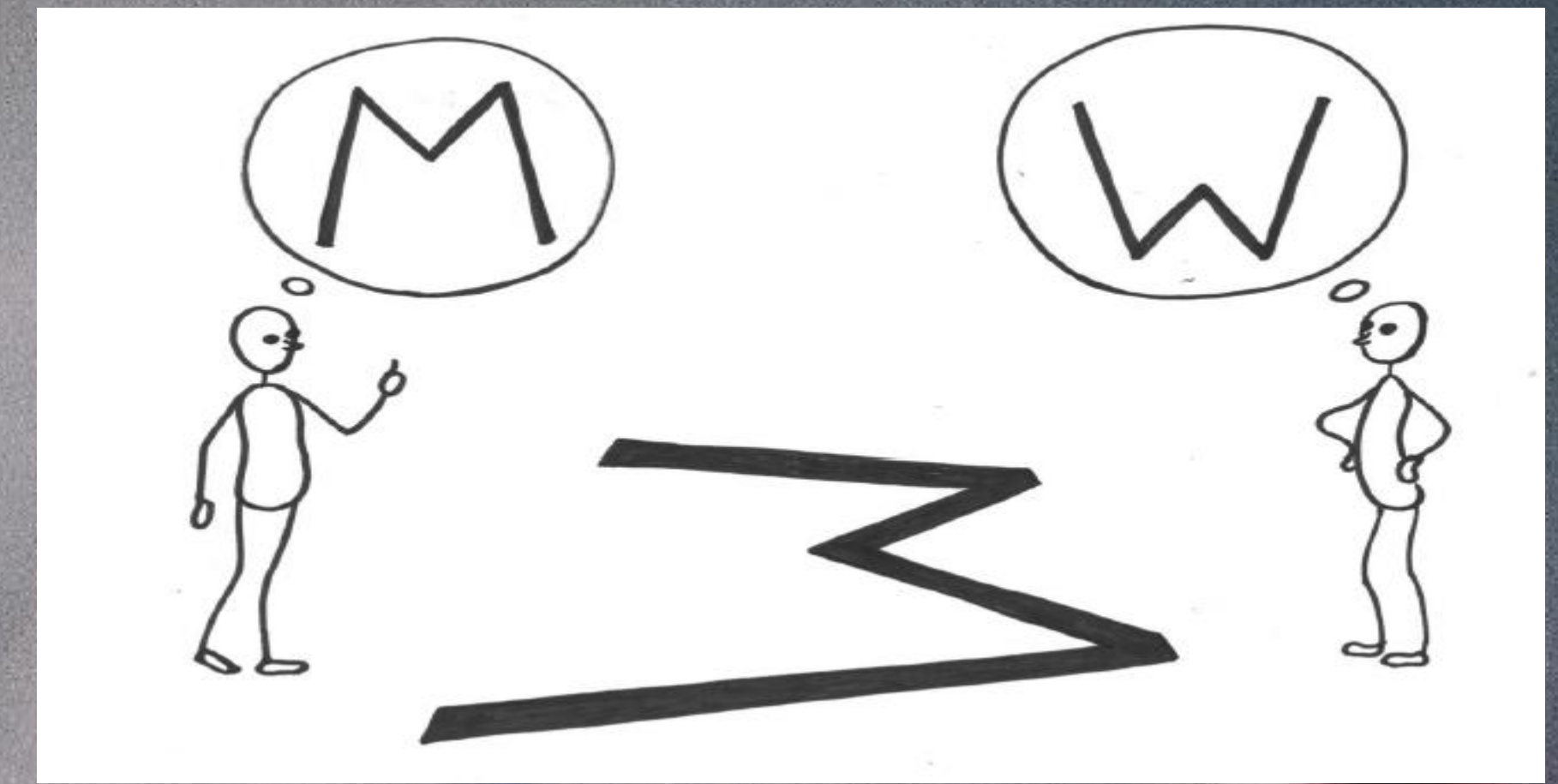
Strive to assume a posture of wonder and curiosity, both in circumstances that seem either familiar or uncomfortable.

## **Find patterns.**

Look for interesting threads and themes that emerge across user interactions.

## **Listen. Really.**

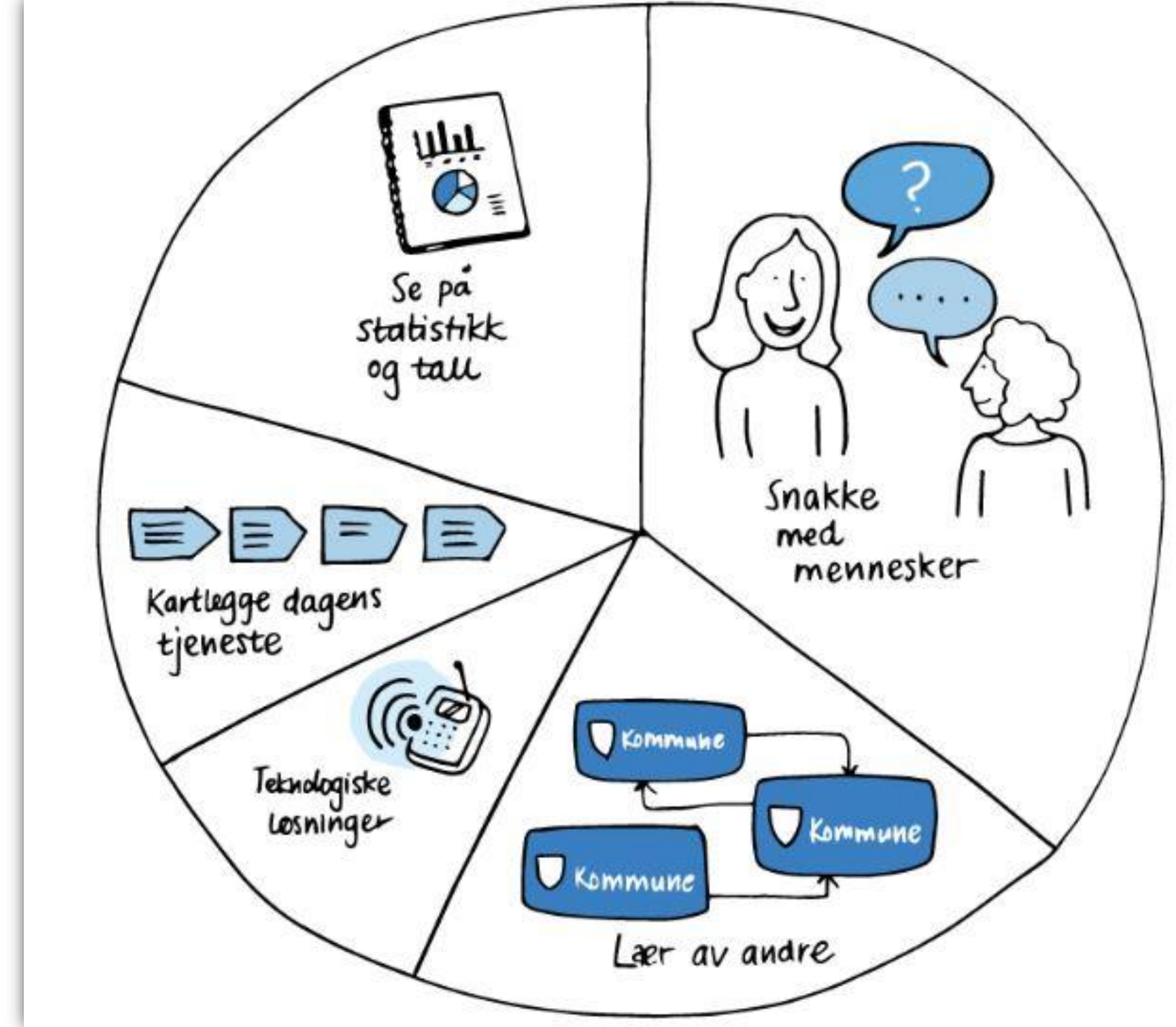
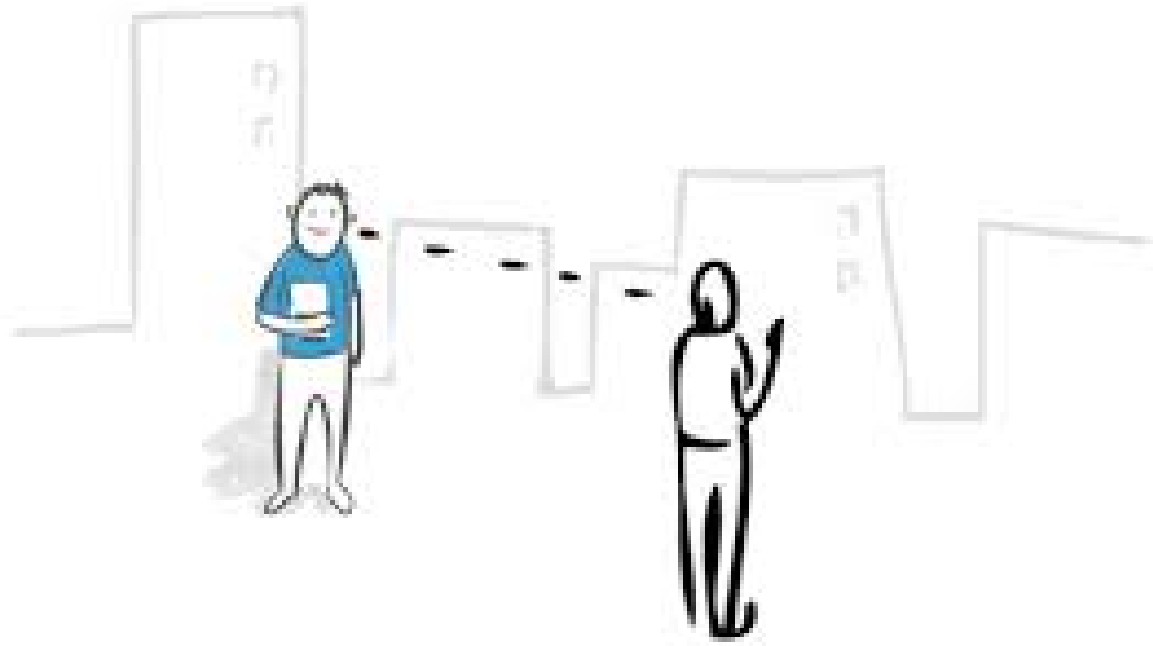
Ditch any agendas and let the scene soak into your psyche. Absorb what users say to you, and how they say it, without thinking about how you're going to respond.



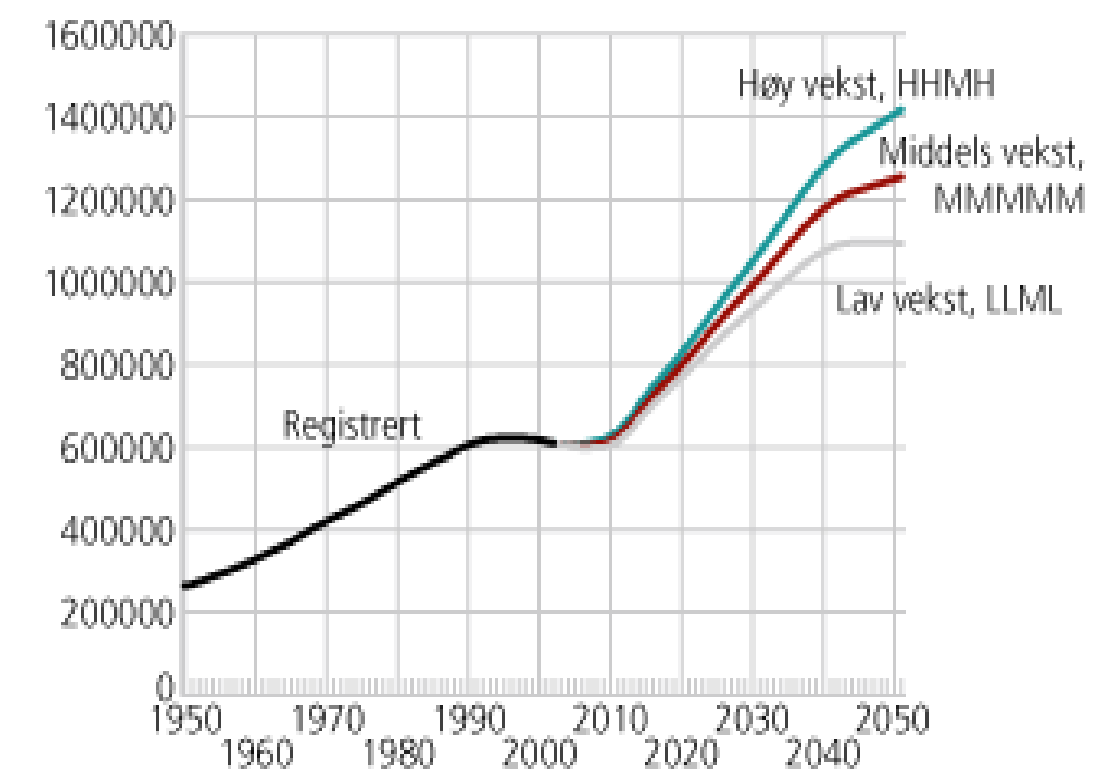
**Golden rules for insights**



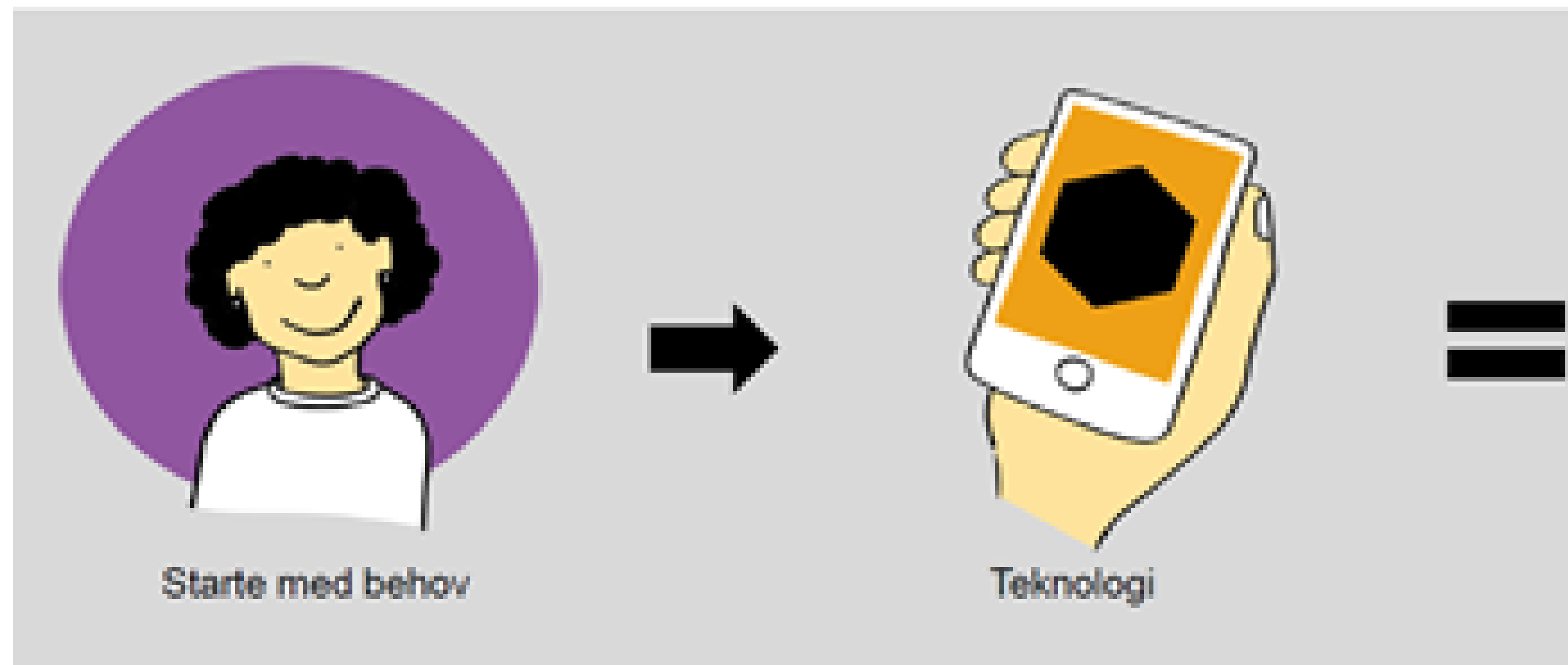
# Methods



Antall personer 67 år og over. Registrert 1950-2002 og framskrevet 2003-2050

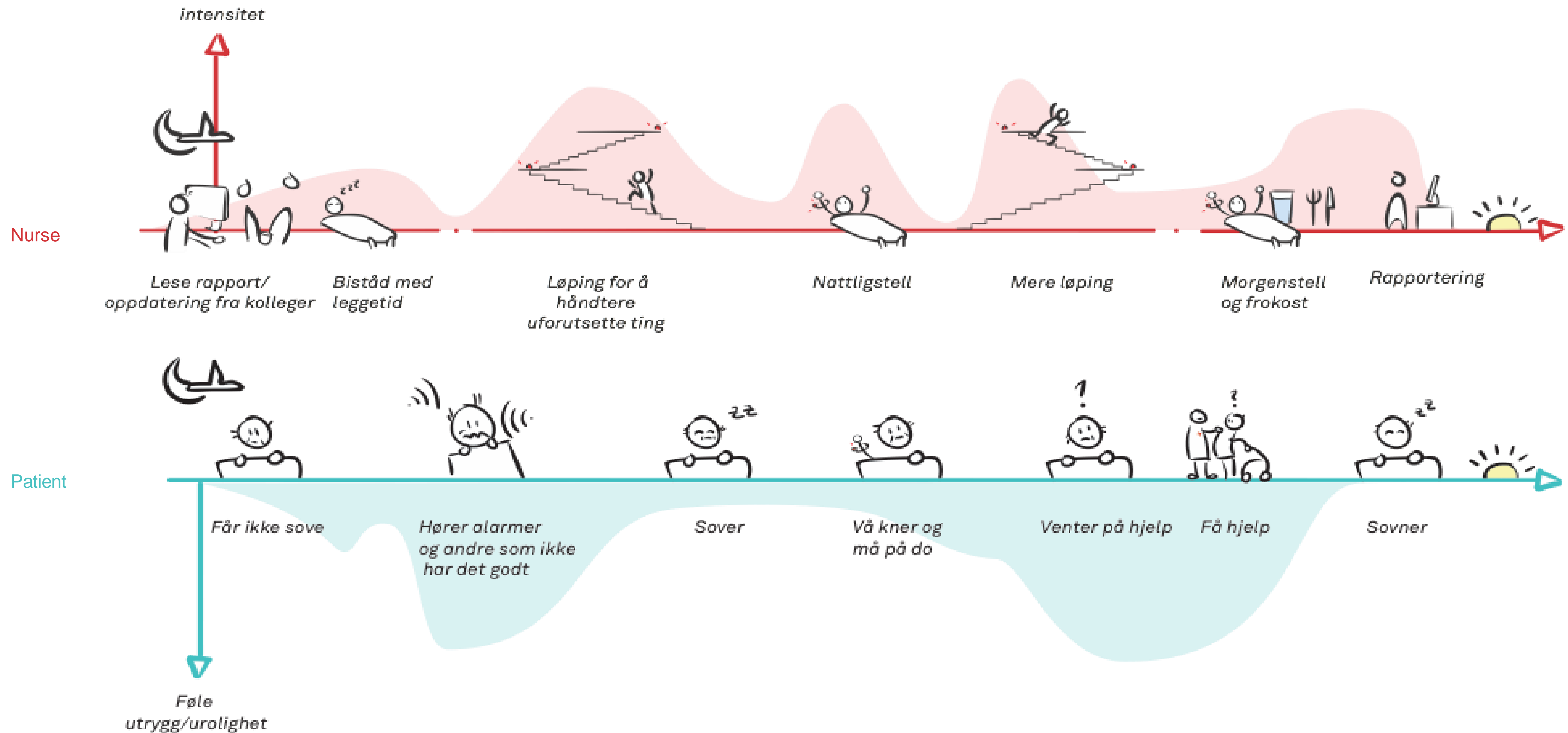


# Best practice?





# Insights shows patterns and helps us understand



# Insights create change

Area	Score	Comments
1. Knowledge	4	
2. Attitudes	3	
3. Skills	2	
4. Motivation	3	
5. Self-efficacy	3	
6. Social support	2	
7. Health status	3	
8. Access to services	2	
9. Health literacy	3	
10. Health equity	2	
11. Health system	3	
12. Health equity	2	
13. Health system	3	
14. Health equity	2	
15. Health system	3	
16. Health equity	2	
17. Health system	3	
18. Health equity	2	
19. Health system	3	
20. Health equity	2	

## Self assessment – COPD

From project MyHealth





**How  
could  
this be  
avoided?**



# Project planning

## Activities

- Get in place project owner, steering group, project manager
- Put together a multidisciplinary project group with time and motivation
- Prepare project mandate and overall project plan
- Plan the procurement
- Make the benefit plan and do the baseline assessment
- Get the IT-department involved

## Result

- Project mandate
- Project plan and presentation
- Benefit plan

**“Man må informere politikerne om at implementering er et vanskelig bilde. En ny kommune som begynner med velferdsteknologi må sette seg litt inn i dette – det kan fort være en brems, ting koster i begynnelsen”**

Lokal prosjektleder i Nasjonalt velferdsteknologiprogram



# A project managers daily life



# Project experience?

## Background

In Norway, health and care workers don't have the appropriate skills to manage projects. One of the main objects with the training, process counselling and the road map is to enable the municipalities to do this work. How is this in Iceland?

## Group task

How mature is your municipality regarding service innovation and project management?

Write down the three most positive and the three most challenging things in your country.

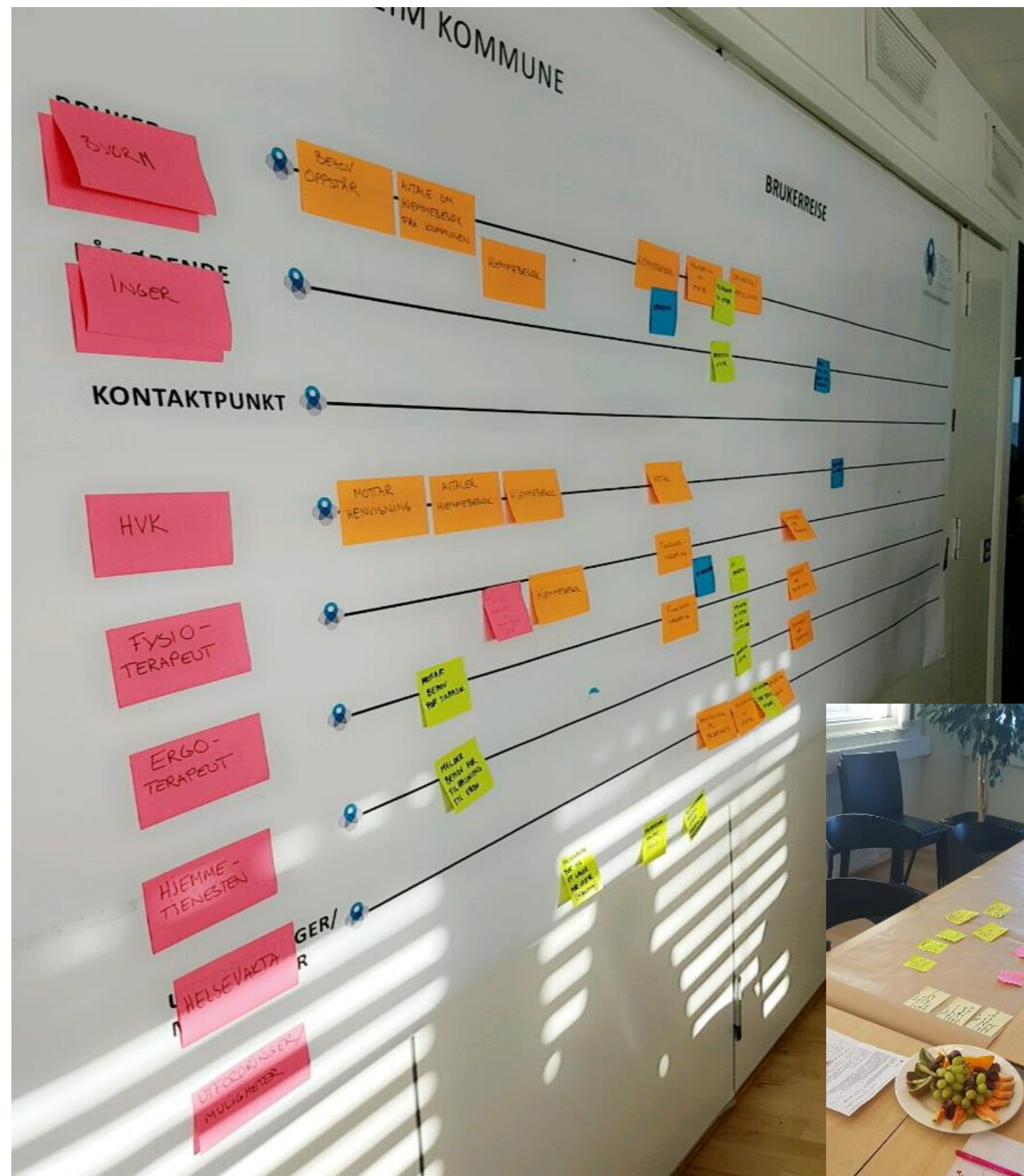


# Designing the new service



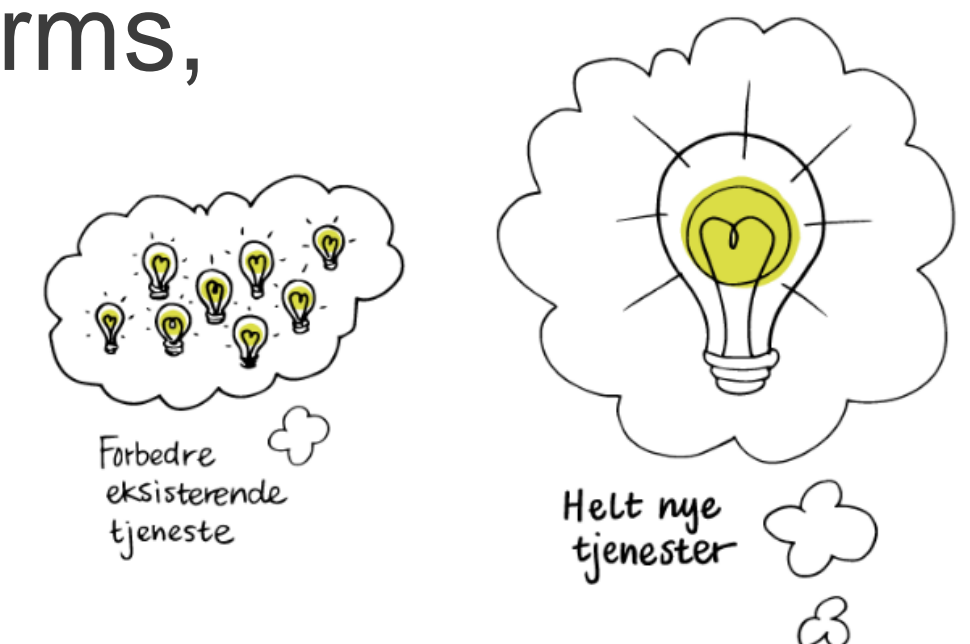
## Activities

- Prepare the user journey
- Create new user journeys based on the insights
- Distribute roles and responsibilities
- Make forms, procedures and routines
- Prepare risk analysis
- Prototype the new user journey



## Result

- New user journeys with responsibilities, forms, roles and procedures
- Ready to test of the new service

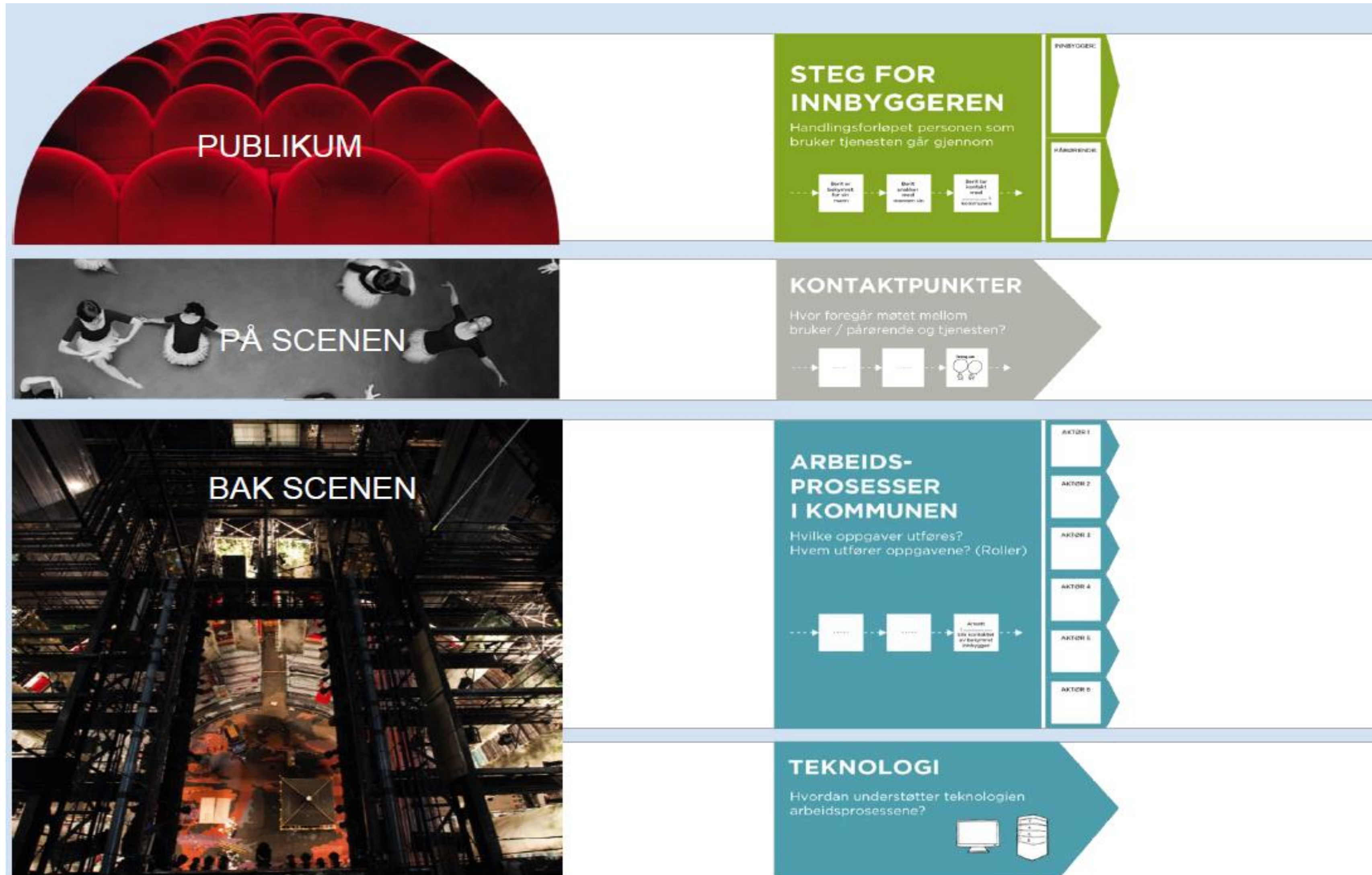






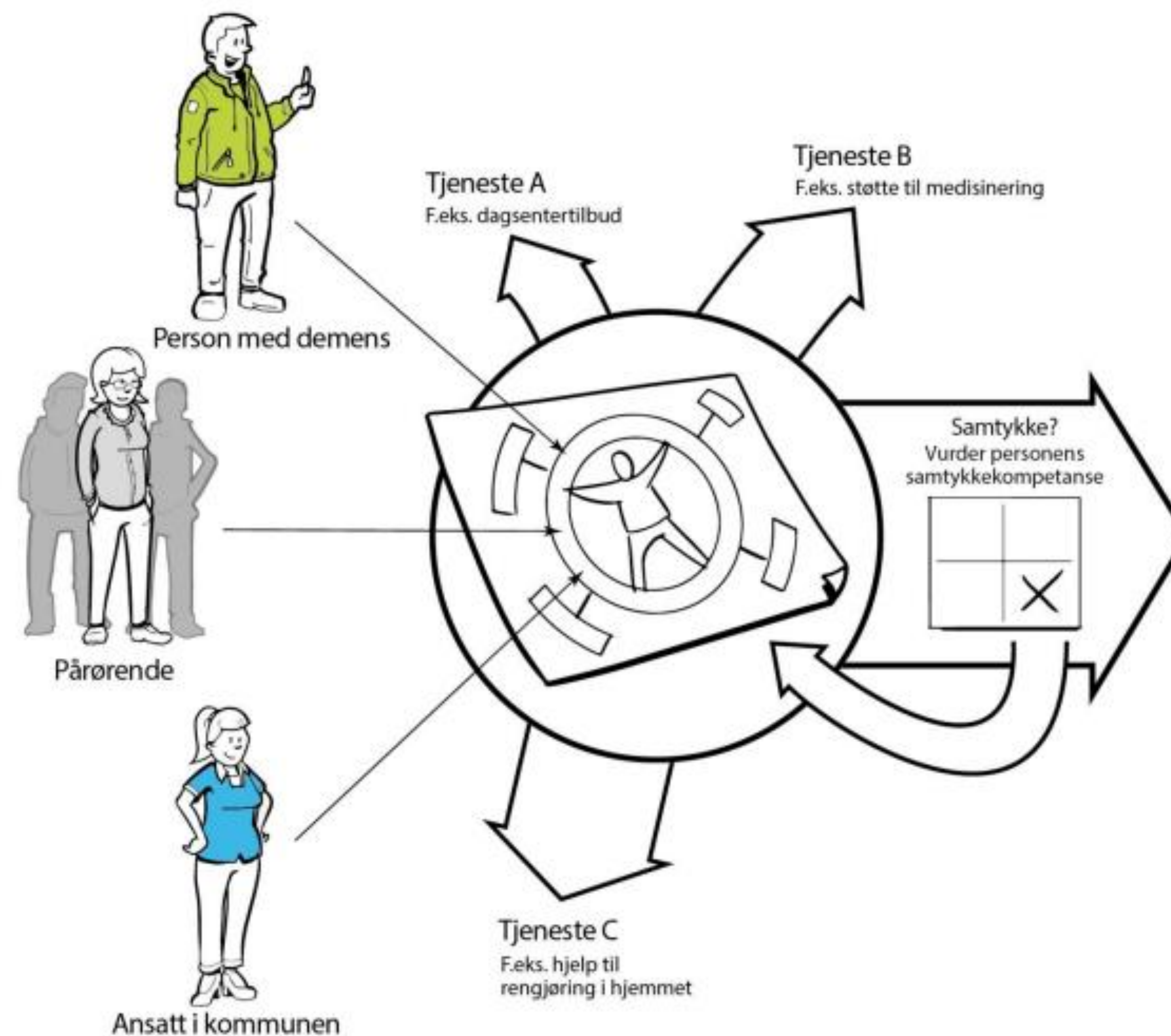


# User journey – the concept





# The localization service (GPS): Reference and general assessment





# Detailed assessment and customization

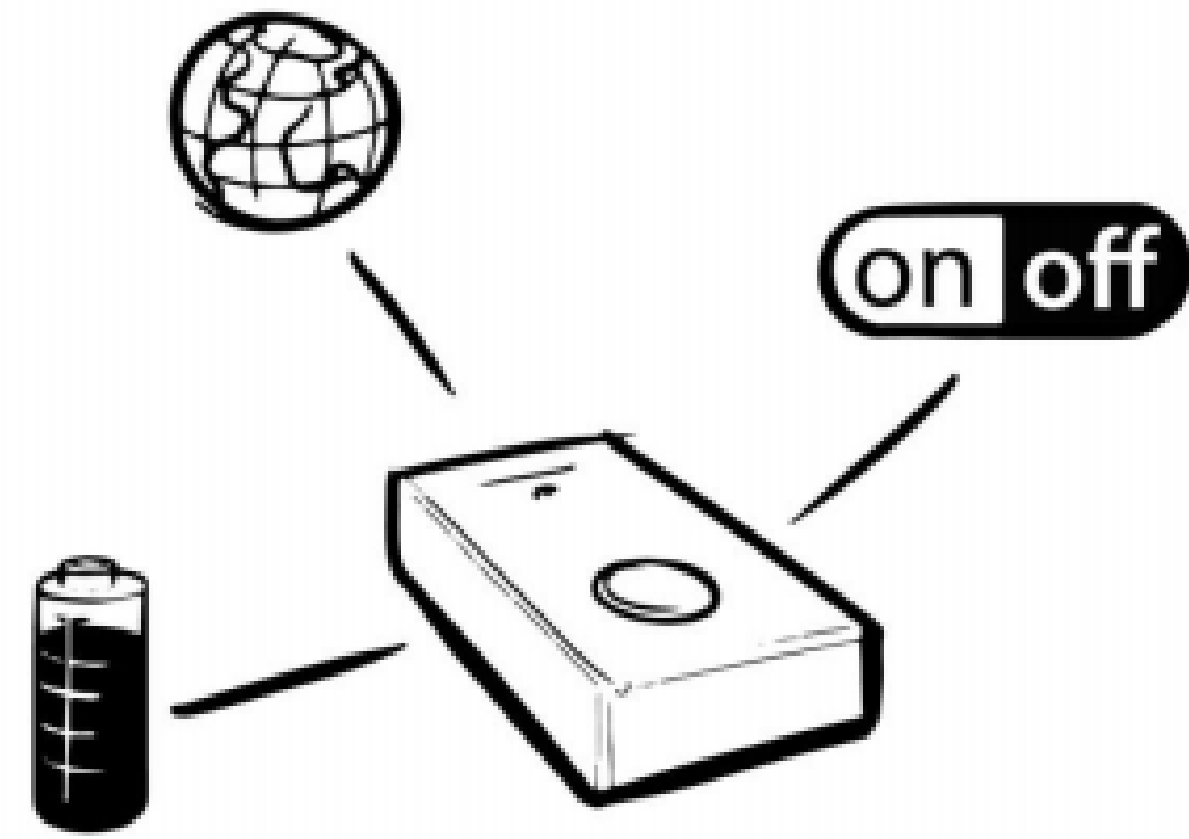


# Training – and a period of trying ang failing

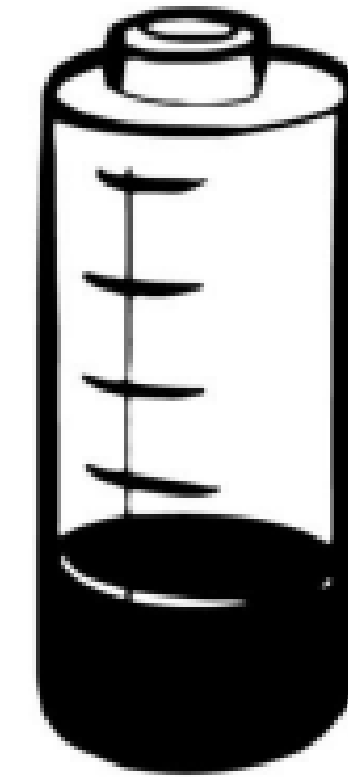




# Daily follow-up in health and care services



TEST AV SYSTEMET



LADING



# Evaluate

## Goal: Continue or terminate







## LOKALISERINGSTJENESTE I TRONDHEIM KOMMUNE

## ▼ TJENESTEFORLØP

## KRITERIER

## VURDERING AV SAMTYKKEKOMPETANSE

## ▼ VERKTØY

## INFOSKRIV

## KARTLEGGING AV BRUKERBEHOV

## RUTINEKORT

## SJEKKLISTE FOR EVALUERING AV TILTAK

## SJEKKLISTE FOR IMPLEMENTERING AV LOKALISERINGSTEKNO...

## SJEKKLISTE FOR VURDERING AV SAMTYKKEKOMPETANSE

## SJEKKLISTE FOR VURDERING AV TRAFIKKSIKKERHET

## ▼ HISTORIKK

## ANSKAFFELSE AV LOKALISERINGSTEKNO...

## HVORDAN TA I BRUK GPS FOR PERSONER MED DEMENS?

## IMPLEMENTERING AV LOKALISERINGSTJENES... I TRONDHEIM KOMMUNE

## TJENESTEMODELL

## NETTVÅRT

## Lokaliseringstjeneste i Trondheim kommune

Trondheim kommune har utviklet en tjeneste med bruk av lokaliseringsteknologi personer med orienteringsvansker som bor i eget hjem. Dette kan være personer med demenssykdom eller kognitiv svikt etter andre sykdommer. Lokaliseringsteknologi er mulig å fastslå hvor en person befinner seg, ved å beregne aktuell posisjon på en GPS. Dette gjøres når personen selv trykker på alarmknappen eller etter avtale gjort med personens pårørende.

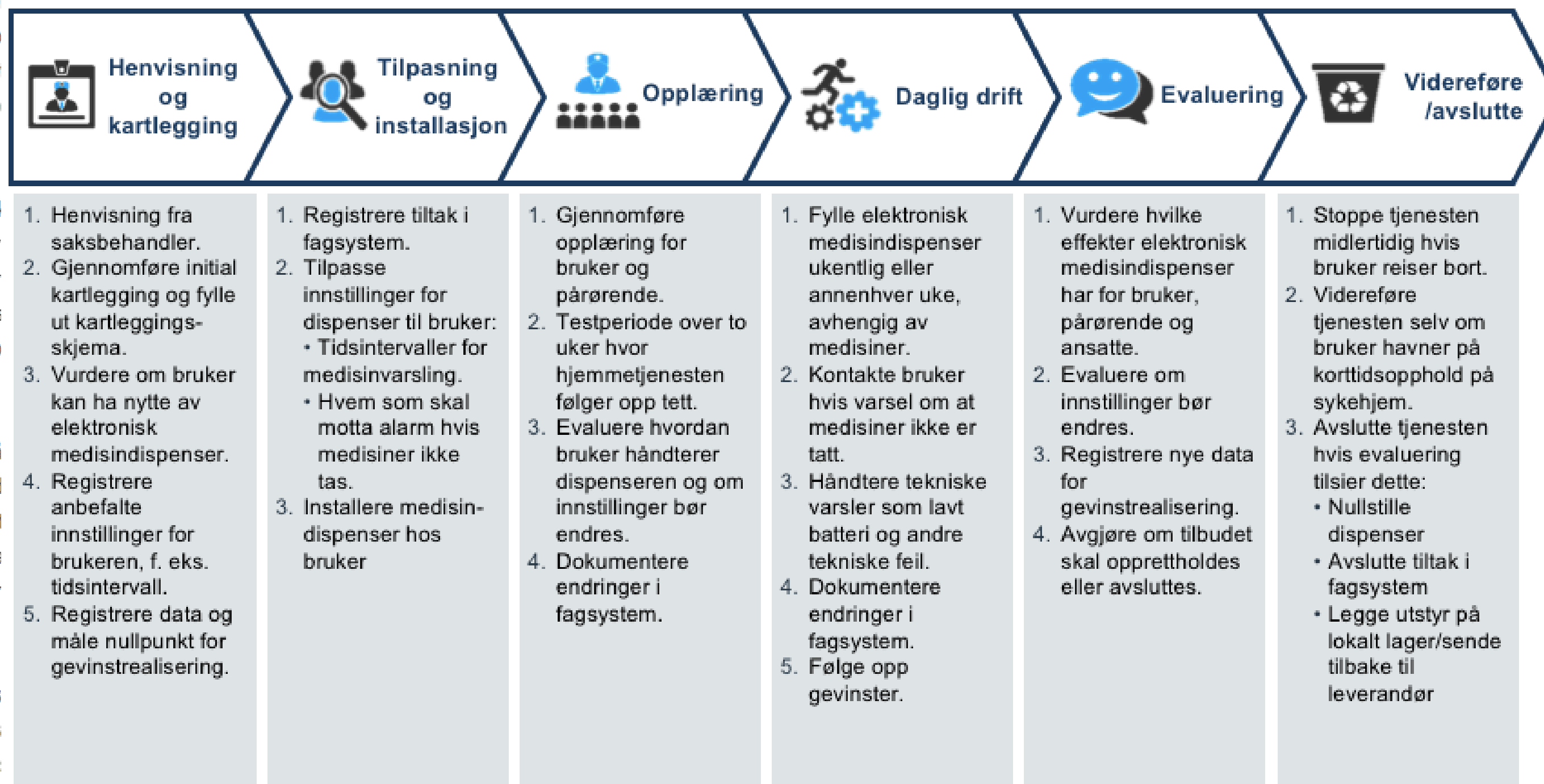
Før en person kan ta i bruk teknologien som en tjeneste, kreves det en grundig vurdering av personens funksjonsnivå. Dette utføres i et samarbeid mellom saksbehandler og velferdskontoret, ergoterapeut og personal fra Helsevakta. Helsevakta er Trondheims kommunes alarmmottak. De har ansvar for å motta alle alarmer fra lokaliseringstjenesten samt lokalisere personer ved behov. De kan også bistå med å transportere personer hjem.

På denne siden vil du få en innføring i hvordan Trondheim kommune har valgt å innføre tjenesten og hvilke rutiner som er utviklet for tjenesten. Det er også en egen side med informasjon om verktøyene som benyttes i de enkelte fasene av tjenesten, samt en side med informasjon om tjenesteforløpet og rutinene er utviklet i et samarbeid mellom blant annet ansatte som jobber i de involverte enhetene, ansatte med kompetanse på brukergruppen der som jobber med fagverktøyene vi benytter og kommunens jurist.

Ved utvikling av en ny kommunal helsetjeneste må også pasientjournalen tilpasses. Dette er blitt opprettet en egen sakstype i pasientjournalen Gerica. Dette gjør det mulig å dokumentere hendelser, samt registrere tidsbruk direkte knyttet til tjenesten. Informasjonen kan tas ut og benyttes i arbeidet med gevinstrealisering.

Trondheim kommune har valgt å fatte enkeltvedtak og lov hjemle tjenesten i helse- og omsorgstjenesteloven § 3-2 første ledd nr.6 bokstav a; "helsetjenester i hjemmet". Kommunen vurderer at lokaliseringstjeneste kan være en erstatning for helsetjeneste

## TJENESTEFORLØP: ELEKTRONISK MEDISINDISPENSER



## OPPLÆRING AV ALLE ANSATTE

<https://www.ks.no/link/1e2e5b2e41e64bf49975295fce3e7168.aspx>  
<https://sites.google.com/site/lokaliseringstjeneste/>

# And then – how to implement?

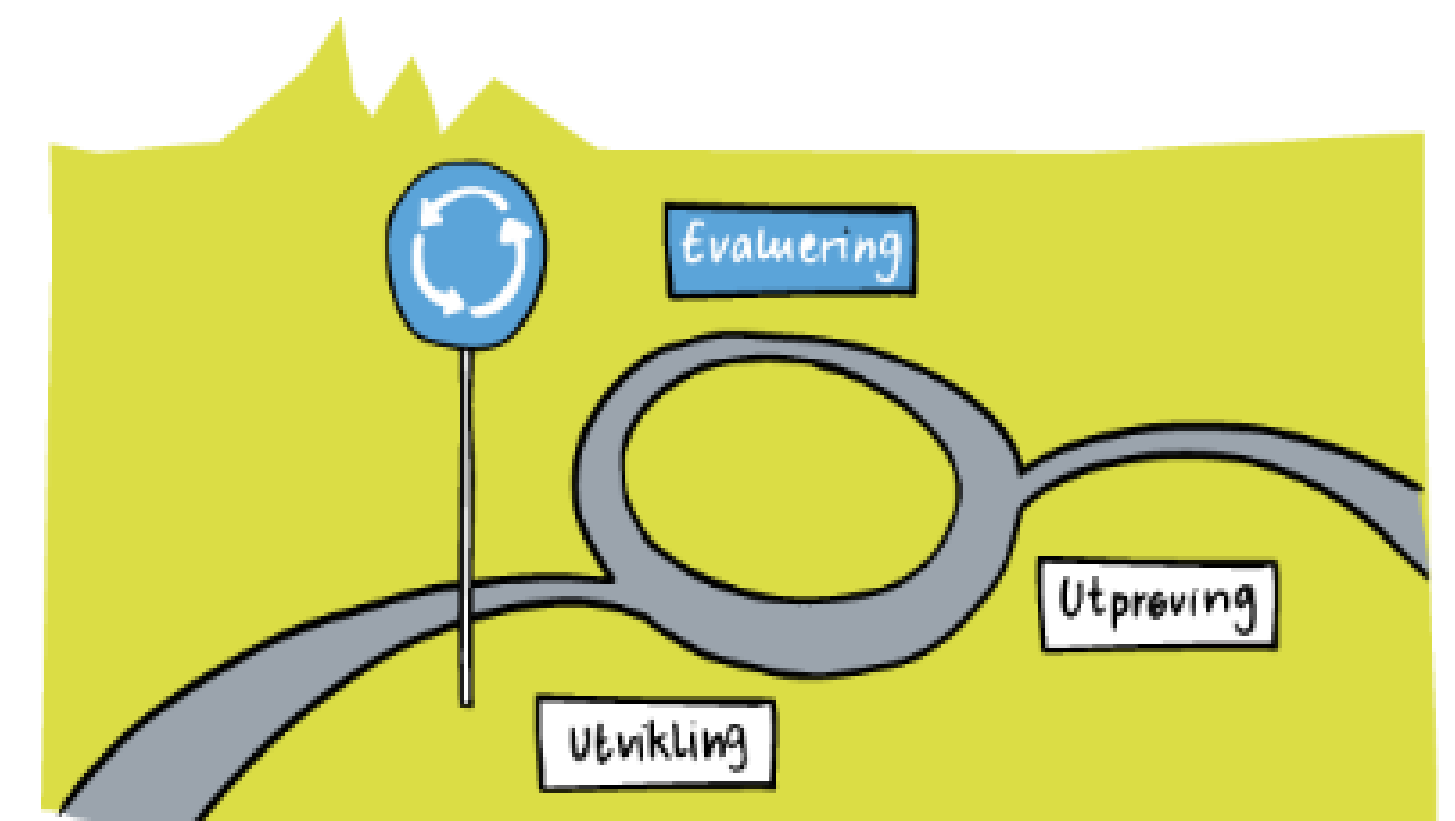


## Activities

- Create a plan for implementation and training
- Do the implementation of new user journeys, routines, procedures and technology in cooperation with the vendors
- Tell stories!
- Do improvements based on feedback
- Never forget stakeholder management

## Result

- Plan for implementation
- Training plan
- Benefits report
- Final report





# Establishing “The new normal”

## Activities

- Make sure the health care workers do the daily work
- Follow up – be sure that welfare technology always is a part of the user assessment
- Do improvements of the user journeys – and make sure to document them
- Keep measuring the benefits
- Consider new technologies

## Result

- Revised user journeys
- Up to date benefit plan

**“Det handler om å gjøre tjenestene på en annen måte. Det er jo det dette handler om. Det er ikke dingsene”**

Lokal prosjektleder i Nasjonalt velferdsteknologiprogram

# Thank you!

