Perspectives on eHealth in the microsystem

Microsystemfestival 2017
Famna

• The Swedish association for non-profit health care and social service providers
• Famna aims at influencing political decisions at local, regional and national level in order to facilitate growth and development of the civil society and non-profit sector.
• Famnas Forum for values – leadership and quality improvement program

Bräcke Diakoni

• Independent foundation since 1923
• Provides non-profit health and social care
  - Health
  - Elderly
  - Disability
  - Education
Background

• In line with technological and demographic developments a demand for new competencies is needed for both employees and organizations.

• Many of the employees in the female-dominated health and social care sector do not have enough knowledge regarding the potential of new technologies.

• Simultaneously existing structures for competence development and resources are often lacking for employees and organizations in the non-profit sector.
eHealth

“By health, we mean physical, mental and social well-being. E-health is about using digital tools and sharing information digitally to achieve and maintain a good level of health.”
Purpose

The project aims to create sustainable work, high competence and attractive workplaces for future employees in the non-profit sector.
Procedures

• Strategic focus on internal eHealthcoaches in the participating organizations
• Identify and meet the employees specific needs of competence in digital work
• Creating/building organizational capacity in workplace learning (QI).
• Create permanent structures for continuing professional development for tomorrow's needs
• Support the organizations in the processes of gender equality, accessibility and non discrimination as an integrated part of the continuous development work
Results from the analyzes

• A third of all employees feel insecure to use existing digital systems

• Some single narratives describe that they do not use certain systems at all (due to insecurity)

  “I feel so foolish calling help desk, I guess I should know how to open my email and send an answer”

  “I don’t know how to put files in the x-map, I feel embarrassed”

• No gender inequality in education or access to computers however inequality between professional groups and age
3 phases

• Analysis phase
• Implementation phase
• Final phase
The first phase: how do we understand the needs of the microsystem?

Digital survey- via Google docs and the quotes were:

• I have enough knowledge about the electronic information- and communication systems that are in use at my workplace.
• I have enough knowledge about the IT- tools we use at my workplace (for example: computer, smartphone, tablet etc.)
• I feel that I can influence the way we use IT at my workplace
• I have a company e-mail address
• I know how to use the company e-mail
Workshops

The workshops consisted of a brief introduction about eHealth and how it’s used in today’s health and social care and then followed a few questions which the group answered individually on post-it notes:

- How do you use IT in your everyday life? Focus on the way you use it on your spare time (outside the workplace)
- How do you use IT in your daily work? Then we asked them to compare the difference between the use in and out of work.
- How would you like to use IT at your job? Focus on innovation, creativity and thinking outside of the box.
- What would it take to make that happen?
- Which kind of eHealth education do you think is needed at your workplace?
Workshops

Conclusion: the eHealth coach made a summary of the workshop and gave feedback to the group.

Analysis: All the post-it notes was later categorized and grouped in to identified areas.
What did they say?

Based on the answers in the survey and the analysis of the workshops post-it notes, these areas was the most sought after competence areas:

- Basic IT knowledge
- Documentation in health care and social services
- Management system
- Deviations
- Email
- MS Office
- General knowledge about eHealth and how to use it
Implementation stage:
What are we doing?

• Förbättringskraft: Famna and Bräcke diakoni collaborate in quality improvement and leadership programs which are inspired by the Dartmouth Microsystem Improvement Curriculum*. The programs focus on creating values in participants’ everyday work on all levels of the system. They include improvement coaches as facilitators of change and bridge builders between the microsystems and the mesosystem.
Implementation phase: What are we doing?

• The coaches and their teams are now working on subjects such as; how do we improve the documentation? How can we use quality records to improve the care and reduce patient risks?

• Superusers: 2 of our locations in Stockholm are implementing new systems for documentation, we are trying to see how to use the skills and knowledge in the staff; can this model with superusers (members of the staff with expert knowledge about the program) be the answer?
And more?

• Short educational efforts
  – Professional secrecy and information security
  – Management system
  – Basic computer knowledge, including email
  – Documentation
  – Deviation; easy and advanced use of the deviation system
What have we learned so far?

• 3 quality improvement teams finished, they’ve been working on subjects regarding documentation and ways to communicate.
• The staff is very interested
• They do know how to, we just need the tools and means to get them started.

“I use my smartphone on my way to work and then I put it in my pocket and step into the middle ages as I enter my ward”
Avslutningsbild – be Ingemar!!!!

Gruppbild på eHälsocoacherna + Lotta på Sofiagården (våren 2016).

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Thank you!

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