

Telemedical Ulcer Assessment

Implementing Telemedical Ulcer Assessment in all Danish regions and municipalities

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Organisation: Agency for Digitisation

Country: Denmark

Level of government: Local government, Regional/State government

Sector: Health

Type: Digital

Launched in: 2012

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Description

Before the Telemedical Ulcer Assessment innovation, municipal nurses cared for the ulcers in the home of the patient. When in doubt or if the ulcer was deteriorating, the nurse sent the patient to the hospital to get assessed. Now municipal nurses still care for ulcers in patients' homes. The nurse now communicates with the hospital in a web journal from a cell phone or tablet. She/he also uploads photos to the journal of the ulcers. This enables hospital experts to assess the ulcer without seeing the patient in most cases.

Why the innovation was developed

National implementation was based on a number of local pilot projects with good and convincing results.

Objectives

Improve effectiveness, Improve efficiency, Improve service quality, Improve user satisfaction

- Benefits to patients.
 - Better ulcer care.
 - Better use of financial resources across sectors.
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Main beneficiaries

General population, Government bodies, Government staff

Financial benefits in both regions and municipalities. Also benefits for the patients that no longer need to travel as often to the hospital.

Existing similar practices

DiaFoto

In other countries' public administrations

Stavanger University Hospital (SUS) in Norway

Nurses in the municipal health care system use their smartphone to send photos of ulcers to a foot team at SUS. The team gives advice on diagnoses and treatment.

Furthermore, Sweden has had experiences with telemedical ulcer care.

Results

Results not available yet

Implementation is ongoing until 2017, so we do not have hard evidence yet of benefits realisation. Preliminary results show improvements in the service quality (accessibility, responsiveness) and in the user and employee satisfaction.

Development

Design

Frontline staff in pilot municipalities and regions.

Design time: 12

Testing

Piloting in three of five regions with selected municipalities.

Testing time: 33

Implementation

Tools used:

- National implementation plan.
- Business case document.
- ICT (webjournal).
- Establishing local project organisations.
- E-learning for the municipal nurses in ulcer care.
- The project involves national implementation including the five health regions and 98 municipalities covering a population of approximately 5 million.

Resources used:

- Government funding of DKK 30 million for the implementation of the project.
 - Local implementation costs are not estimated as of now.
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Challenges and solutions

Difficult to agree on monetary benefits with regions and municipalities – agreement was a dynamic business case to be recalculated according to progress and validation of important factors in the business case.

Partnerships

Supplier of the web journal

Private sector

The supplier of the web journal agreed to change certain pivotal functions in their product.

Consultants

Private sector

Consultants helped calculate the business case.

Academic institution

Academics and Research Bodies

An academic institution has helped in validating the important factors in the business case.

Lessons Learned

Lessons Learned

- Working with a dynamic business case has helped progress and prepare stakeholders to commit to the change/innovation.
 - Demand to implement on a national scale from municipal nurses was strong.
 - As a joint public sector initiative crossing regional and municipal boundaries both levels of government need to agree on the change.
 - One sector focused strongly in the definition process on committing fully to the change and closing down the “old” service delivery mode. This worked well for supporting benefits realisation.
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Conditions for success

- Local commitment above all.
- Central implementation organisation that helps the local level.
- National focus on progress of implementation.

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