

The DISH Project

Digital & Innovation Skills Helix in Health

ADOPTION OF INNOVATION IN HOSPITALS AND THE ISSUES THAT FOLLOW



Presentation

Education:

- Master of Science in Nursing
- Ph.d. – Technology in health care education
- Have since worked with welfare technology in various contexts

Employment:

Since 2017 – Chief Consultant at the Learning and Research Centre at the Hospital of Southern Jutland

Since 2015 – Associate professor (External) at Aarhus University

- Examiner at KU, SDU, (Aarhus University)

Publications:

Research articles

Books and chapters



Sygehus
Sønderjylland



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Agenda

- An introduction to the philosophy of the DISH project.
- What did we imagine when we wrote the proposal?
- What are the needs we are dealing with?
- How do we experience this in the daily work and what is DISH supposed to deliver?



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Where did the idea come from? –

Research prior to this applikation

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- A 2016 background analysis of healthcare staff skills in 4 southern municipalities in the Region of Southern Denmark.
- The analysis covered the primary sector (care homes) the secondary sector (hospitals), and the healthcare educations in the region.



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The results of this..

- E-health solutions are not retained, or are only partially implemented;
- Healthcare professionals in both sectors lack skills regarding innovation, the use of e-health- solution, communication and cross sectional cooperation skills;
- The potential of these areas/domains remains underexploited.

The prospects of the healthcare system – focus on 4 social circumstances

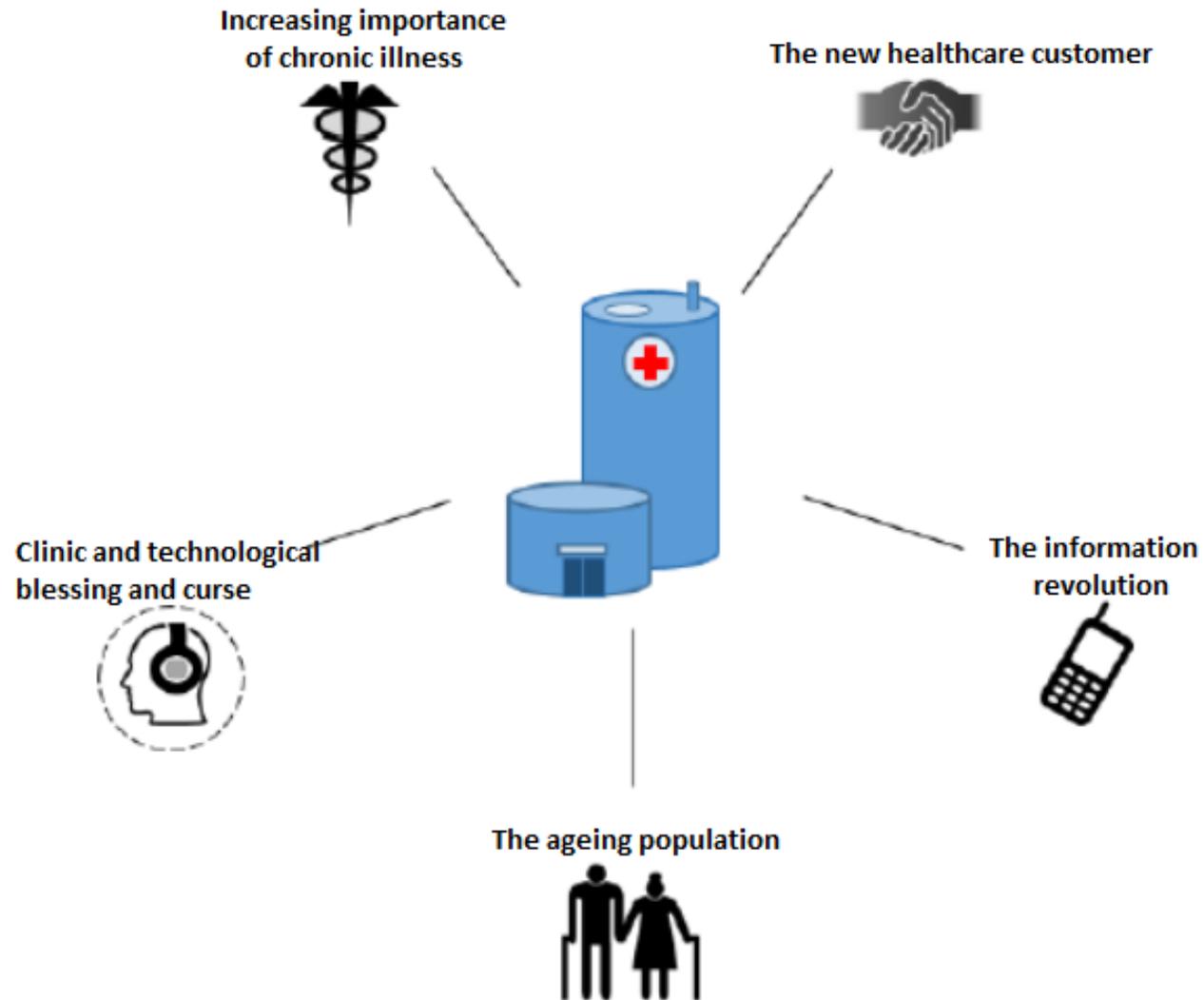
(NewInsight – UVM).

The 2025 scenario for the healthcare system is generally seen as heavily influenced by the development of **4 social circumstances**.

1. The first circumstance is the demographic development with an increasingly ageing population, which is conditioned by longer life expectancy and low birth rates.
2. The second circumstance is the paradigm shift in the perception of health and illness. Health in 2025 is expected not only to be a matter of freedom from illness, but to a large extent an expectation to live well (the good life) with illness or disability.
3. The third circumstance is the large-scale use of technology in the healthcare systems, including the establishment of ICT (Information and Communication Technology) systems with valid patient data in public and private databases.
4. The fourth circumstance is that in 2025 there will be a tightly prioritized economic and political frame for the overall healthcare efforts. For this reason it will be demanded that *more* and *better* is delivered for less.

(Source: "Education prospects in the healthcare sector , with a particular focus on professional bachelor programmes" (NewInsight november 2014)).

Five major trends within the healthcare system:



Kjellberg, Jacob. KORA. Fem megatrends der udfordrer fremtidens sundhedsvæsen. 2017



What are we dealing with — *examples from research and from project experiences?*

Citizen/patient perspective:

- The target group is technology-ready
- Some patient groups are easier to motivate than other groups to participate in video consultations
- Arguments to pursue video consultations:
 - ✓ Patients experience increased safety
 - ✓ Patients feel increased freedom and that they use less efforts on it
 - ✓ Possibility of supplementing conversations
- Supplement to the treatment, since face-to-face meetings are still perceived as necessary

Economy & resources

- Transport savings
- Fewer missed appointments and cancellations because of the flexibility

What are we dealing with - *from research and from project experiences?*

Employee & organization

- Predominantly positive feedback about video consultations in cross-sector cooperation, and the focus on the possibility of undertaking video consultations has increased
- Need for better exchange of contact details, better knowledge of each other's organizations, because it is difficult to find the relevant cooperation partners and contact details, as well as find out each other's organizations
- It is often required to establish guidelines for the cooperation and to hold face-to-face meetings, especially in the start
- The cooperation and the contact between the municipality and the region has become stronger, to the patients' advantage



What are we dealing with *from research and from project experiences?*

Technology

- The employees experience often low user-friendliness
- The patients however experience easy installation and use of the video solution
- Stable Wi-Fi connection and good devices are needed
- Many times the support function is not used in the optimal way, and there is a tendency to give up when the technology doesn't work

Training

- There are positive evaluations on the skills' training we do today
- The employees must be able to both *use (action)* and *want (opinion)* the technology



The missing link – summing up



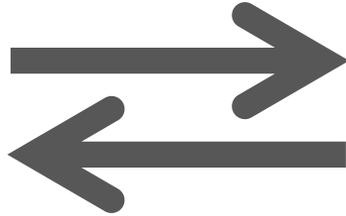
DISH project phases

Project phases:

1. Preparation phase - WP 1 & 2
2. Development phase – WP 3
3. Test phase – WP 4
4. Establishment of concepts, utilization of results, recommendations and anchoring/sustainability – WP 5-7



How do we work?

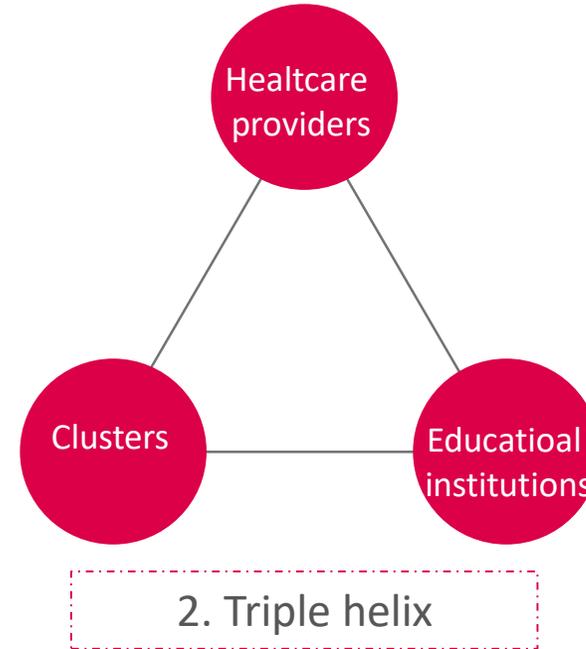


1. Transferable concepts

Three concepts:

- On the job training (digital skills and innovation readiness)
- Learning Innovation Unit
- Assessment of competencies

- Kotter's *Theory of Change management*
- Behavioural Design principle: BFS



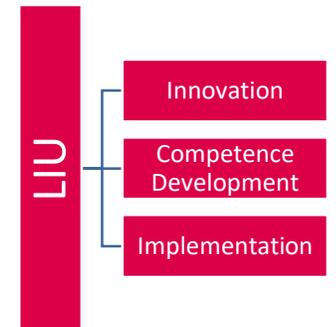
The learning innovation unit

The development of the concept for the “Learning Innovation Unit” will be based on the competences within the triple helix partnership of the project, in order to ensure better development and uptake of new technologies and eHealth solutions within the health care sector.

LIU is an *organizational* concept which can help the health care providers to create a flexible learning and innovation environment when a specific need shows up.

The idea of concept is that the triple helix partners work together in the unit to define and describe concrete implementation challenges, innovation needs and training needs, and find common solutions.

It can be described as an internal “co-creation unit”, which fosters multidisciplinary collaboration, “out of the box” thinking and team learning.



What will the training deliver?

*An attempt to influence people's choices and behaviour in predictable ways, by building up an **architecture** around their choices, which guides them in the right direction.. (these will be the concepts)*

Specifically, this means that the desired behaviour must be defined for each concept.



What will the training deliver?

1. *Actions before opinion*
2. *Behaviour before actions*

*This will be based on the principle:
Easiness trumps motivation*

Because:

*If we want to change people's behaviour, we must **not** try to change their opinions and wait for them to change their behaviour.*

*Instead, we must **change their actions** and wait for them to form opinions based on their actions.*



What will DISH deliver?

Behavioural design - BFS principle

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B = Behaviour – the desired behaviour shall be described – *(break down the strategies into behaviour)*

F = Friction – what is it which prevents the desired behaviour

S = Solution

On (insert time/day) I want to (insert behaviour) at (insert place)

Example:

On Monday I want to use video consultation in my office.

On Monday I will practice how to host video consultation at the Research Centre.

Work Packages 1-3

WP1

Management and coordination

Hospital of South Jutland (SHS) /
SDEO

- Coordinating the collaboration between and input from the project partners and monitoring project progress
- Includes tasks concerning supervision of the project's management and decision-making procedures

WP2

Needs analysis and networking

Lübeck University

- 1) Ensuring that the project builds on already know research results and innovation project within the same field and
- 2) Presenting a training needs analysis, focusing on present and future skills

WP3

Development of concepts

SHS

- 1) "Learning Innovation Unit"
- 2) "on the job training"
- 3) Assessment and acknowledgement of triple helix skills and competences



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Work Packages 4-7

WP4 Testing of concepts Liverpool CCG	WP5 Conceptualisation and sustainability Western Norway University of Applied Sciences	WP 6 Evaluation and Quality Assurance University of Valencia	WP7 Dissemination and exploitation ECHAlliance
<ul style="list-style-type: none">• Test the usability, relevance and transferability of the concepts developed in WP 3	<ul style="list-style-type: none">• Ensure that the developed material is presented in a coherent and inspiring way for stakeholders beyond the partnership, to ensure European sustainability and transferability of the project results	<ul style="list-style-type: none">• Ensure a high quality of deliverables through evaluation	<ul style="list-style-type: none">• Implementation of the dissemination strategy

For more information

- Trine Ungermann Fredskild
- South Jutland Hospital (Lead partner)
- Trine.Ungermann.Fredskild@rsyd.dk

- Henriette Hansen
- South Denmark European Office (Co-ordinator)
- hha@southdenmark.be



Questions?

