POLICY BRIEF

Governance – for successful integrated healthcare and care with distance spanning solutions

Introduction to the policy brief

Nordic Research Network on Health and Welfare Technology

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- Key messages

Overview of the policy brief

- The policy brief compiles experiences from the Nordic countries to offer insights into **how local and regional authorities can collaborate** to develop and provide integrated healthcare and care services with distance spanning solutions, and **how governance can shape and support the design and implementation of these solutions**.

- It is **backed by** a document analysis and analyses of survey responses and interviews with key informants.

- The rich materials concerned **45 diverse regions and municipalities** that participated in the VOPD and iHAC projects during 2018-2024.

- The policy brief is **anchored in Røiseland and Vabo's (2016) theoretical framework on governance**.

- **Governance is recognized as crucial** to the functioning of health care and care, but it functions differently in diverse locations – one size doesn't fit all.

Overview

GOVERNANCE PROCESS: FOCUS ON COMMUNICATION, SHARED GOALS AND TRUST
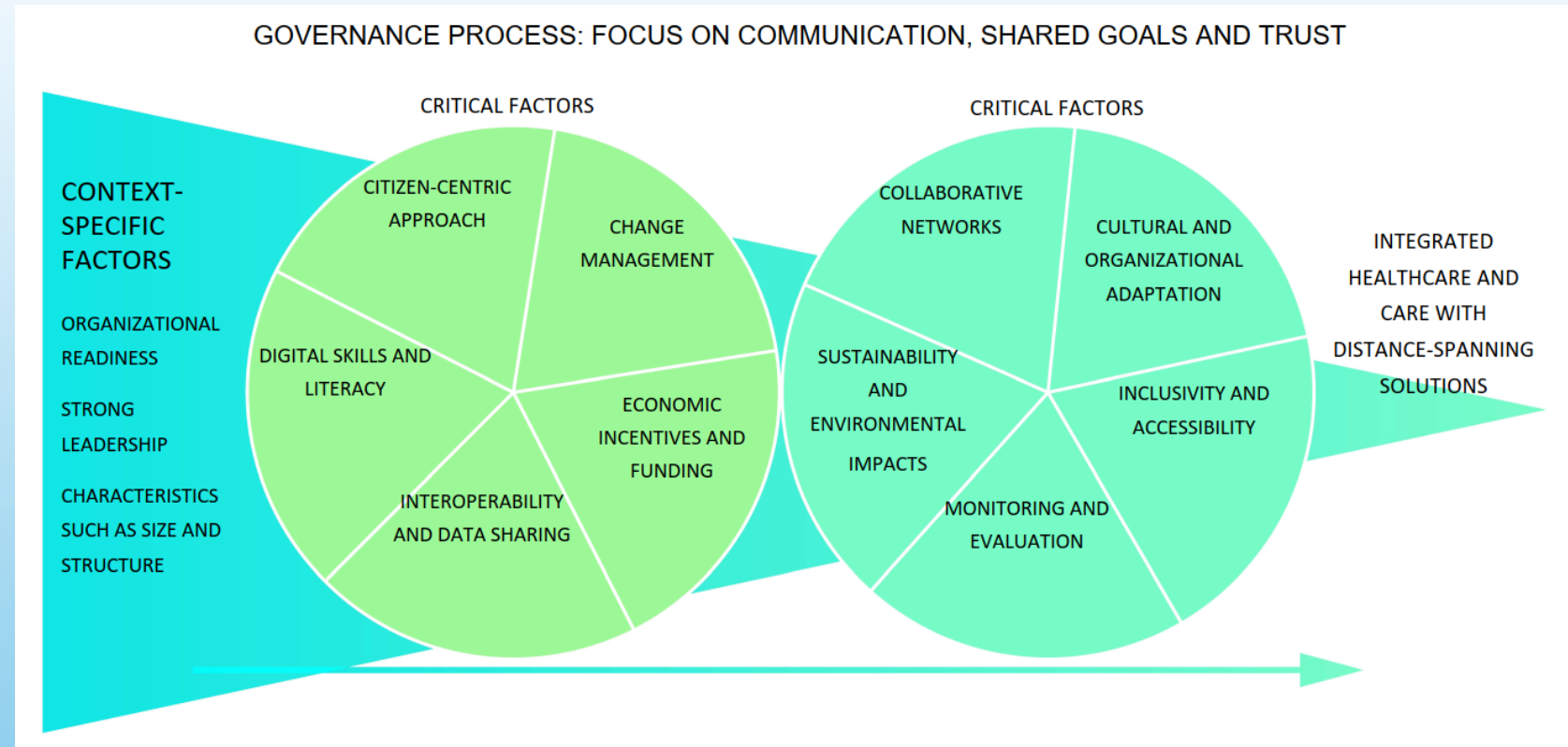
- **Success factors of the five Nordic model regions** were considered, **learnings from iHAC project work** were summarized in the form of ten critical categories, and **iHAC participants' recommendations** on governance and its success and prerequisites were listed, also with practical examples.

- Conclusions and policy recommendations include **four key messages**.

- **Governance is necessary but not sufficient alone** – the **context-specific factors** such as organizational readiness and strong leadership are vital for continued successful operationalization of governance.

- In addition to these elements, several **other critical factors** play a role in the process.

Building blocks of governance

- Mutual dependency

- Agreements

- Goal oriented

Three components of governance

Communication and knowledge sharing

Common or shared goals

Trust between actors

Critical categories

Figure 2. Ten critical categories and the core components of governance.

Professional perspective – leaders' experiences

Two studies

- Leaders' experiences of successfully implementing HWT in sparsely populated areas
- The applicability of the Lippitt-Knoster model to the experiences of Nordic leaders in implementing HWT in sparsely populated areas
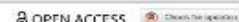
It's all about People

Impact on skills provision and organisation in health care and social care from increased use of distance spanning solutions

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RESEARCH ARTICLE

OPEN ACCESS

Leaders' experiences of successfully implementing health and welfare technology in sparsely populated Nordic areas

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ABSTRACT
Purpose: This study examines the effective implementation of health and welfare technology (HWT) in sparsely populated Nordic regions within healthcare and social care settings.
Materials and methods: Through re-analysing 12 semi-structured interviews conducted in 2020 across three successfully implementing Nordic regions, the research utilised inductive thematic analysis with a reflexive approach to uncover key experiences.
Results: It identifies five critical success factors: Positive attitudes towards and understanding of digital transformation, Consensus on changing care delivery through HWT, Leadership and organisational readiness for change, Effective feedback mechanisms, and Trust and engagement in the learning process. Highlighting the significance of positive mindsets, leadership, collaboration, and adaptability, the findings underscore the theoretical underpinnings of Weiner's organisational readiness for change and Bronfenbrenner's ecological system theory for planning and understanding HWT implementation. Addressing challenges of adapting to HWT necessitates a comprehensive approach, including tailored training, robust support systems, strategic user engagement, feedback integration, and fostering open communication, ultimately ensuring technology serves the user's needs effectively.
Conclusion: In conclusion, successful HWT adoption in these areas hinges on fostering a culture of learning, strong leadership, and collaborative efforts. It suggests further research with a larger cohort to validate these insights, offering vital considerations for organisations navigating digital transformation in healthcare and social services.

> **IMPLICATIONS FOR REHABILITATION**
> - Encourage a positive attitude towards technological advancements and digital transformation among healthcare and social care organisations to facilitate the successful implementation of health and welfare technology (HWT).
> - Invest in leadership training to equip leaders with the skills needed to effectively guide teams through the adoption of HWT.
> - Foster interdisciplinary collaboration among stakeholders, including healthcare providers, therapists, and technology experts, to seamlessly integrate HWT into the rehabilitation process.
> - Promote staff adaptability to evolving technologies by providing training and support for adapting to new tools and practices in HWT implementation.

Introduction

European countries, including those in the Nordic region, are under-

Health and welfare technology (HWT) is a broad term and covers assistive technology, digital technology, and technological aids. Examples of HWT include security alarms, night cameras and
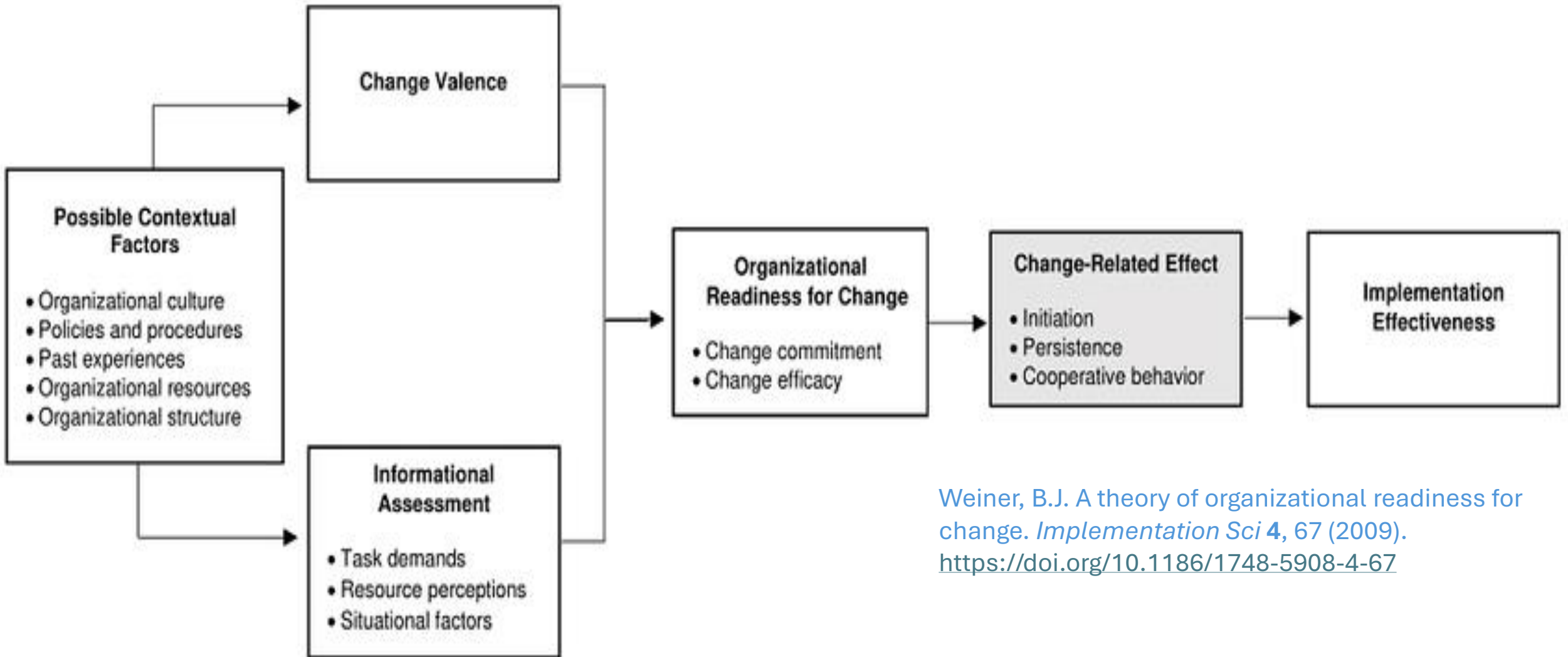
The Lippitt & Knoster model: *Managing Complex change*

The applicability of the Lippitt-Knoster Model to the experiences of Nordic leaders in implementing health and welfare technology in sparsely populated areas.

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region västerbotten

Our vision 2030

Leaders' experiences of successfully implementing HWT in sparsely populated areas

Weiner, B.J. A theory of organizational readiness for change. *Implementation Sci* **4**, 67 (2009). https://doi.org/10.1186/1748-5908-4-67

The applicability of the Lippitt-Knoster Model to the experiences of Nordic leaders in implementing HWT in sparsely populated areas

Vision	Consensus	Skills	Incentives	Resources	Action plan	=	Success
Vision ✗	Consensus	Skills	Incentives	Resources	Action plan	=	Confusion
Vision	Consensus ✗	Skills	Incentives	Resources	Action plan	=	Sabotage
Vision	Consensus	Skills ✗	Incentives	Resources	Action plan	=	Anxiety
Vision	Consensus	Skills	Incentives ✗	Resources	Action plan	=	Resistance
Vision	Consensus	Skills	Incentives	Resources ✗	Action plan	=	Frustration
Vision	Consensus	Skills	Incentives	Resources	Action plan ✗	=	Treadmill

https://sergiocaredda.eu/organisation/models-the-lippitt-knoster-model-for-managing-complex-change

Conclusion

- A clear vision and consensus are crucial
- Continuous skills development and training are essential
- Effective resource allocation and strong incentives are important
- Detailed action plans and continuous improvement are essential

User perspective

"80% of the transformation relates to organizational culture, involvement of personnel, leadership and understanding of the user perspective. Remaining 20% is technology."

➢ Involvement of users
➢ Time for anchoring

Healthcare and care through distance spanning solutions

User perspective

- Patients, clients, customers
- Citizens
- Informal caregivers
- Professional caregivers

Representation of diversity

User involvement

- Networking and regular meetings
- Arenas and channels for communication
- Alignment of diverse goals
- Focus on value for all parts – understand needs and challenges
- Work together as equal partners

Three components of governance

Communication and knowledge sharing

Common or shared goals

Trust between actors

Key message 1

By focusing on the three governance components – how to facilitate communication and knowledge sharing; how to establish shared goals, and how to establish and/or increase trust – local and regional authorities can improve the implementation and integration of distance spanning solutions.

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Key message 2

Governance is necessary but not sufficient alone – the context-specific factors such as organizational readiness and leadership as well as other organizational characteristics must be taken into account as the starting point and also along the way. There can be major variation according to size and structure of the locations even within one country. A key factor is capacity to implement change; especially for this, organizational readiness and strong leadership are needed.

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Key message 3

Other critical factors also play an essential role. These comprise diverse factors such as inclusivity and accessibility, monitoring and evaluation, and – to an increasing degree – sustainability and environmental impacts. The relation of those factors to each of the core components of governance should be considered.

Key message 4

Governance, its core components and organizational readiness and leadership resonate with the key messages of the entire iHAC project. **It is necessary to:**

- embrace the digital – show visionary, collaborative leadership to integrate healthcare and care services

- network, come together and collaborate, and identify how integrated healthcare and care, supported by distance spanning solutions, delivers to the global agendas

- understand that the time to act is now (well, it was actually yesterday).

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Thank you!

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