



# ICT PROJECTS - Case Study Reports

## Template

Question	Response						
Project Name – full name	Seamless healthcare chain supported by ICT (Obruten vårdkedja med IT – stöd)						
Project Name – acronym (if there is one)	OVK						
Project URL							
Project Status – please tick	Ongoing			Complete 2000.06	x		1996.01
Project Focus – please tick	e-biz	Monitoring & evaluation; indicators & b/marks; and financial engineering	e-health	e-infrastructure	e-learning	e-gov	Other (please describe)
			x				
Project Logo and Photo – to be supplied as a jpeg	no						

### 1 PERSON SUBMITTING THE CASE STUDY

Question	Response
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### 2 PROJECT CO-ORDINATOR

Question	Response
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### 3 PROJECT FUNDING & MANAGEMENT

Question	Response	
Total funding (in € 000's )	€	(000's)
How much is/was from Structural Funds? (% and euro)	%	<b>Euro amount</b>
	NO	
A % breakdown of how the rest of total funding is/was made up	%	<b>Type of programme</b>
		Other EC funds
	561	National public funds
	1689	Regional public funds
		Private sector investment
	Anticipated income	

	Name	Other		Role in the project	
		Pub	Pri		
Who are/were the project partners? Please indicate whether the partner is public or private and then choose a description from the list. Then please indicate the role of each organisation in the project – eg funder/end user/developer etc.	Blekinge hospital	x		User & financier	
	Ronneby municipality	x		User & financier	
	Karlskrona municipality	x		User & financier	
	Olofström municipality	x		User	
	Kalshamn municipality	x		Users	
	Sölvsborg municipality	x		Users	
	Frontek	x		Technology design	
	Adult Learners			Citizens in general	
Who are/were the project beneficiaries? (Please tick all that apply)	Schoolchildren			Medical patients	x
	Students			Medical/healthcare personnel	x
	Researchers			Local/regional authorities	
	Unemployed			Other public bodies	
	Women			SMEs	
	Ethnic minorities			Other industry/commerce	
	Elderly people	x		Employees	
	People with disabilities			Other (please explain below)	
How many beneficiaries are/were there?	All 150.000 citizens in whole Blekinge's regions benefit from the OVK when they are transferred from hospital care to secondary or primary care.				
Is/was this a RIAP project? Yes or No	no				
Has the project been evaluated? If so, give brief details of its findings, with a citation for the report, and contact details of how to obtain it.	Yes, Barbro Sjöbeck (2000) Obruten Vårdkedja med IT-Stöd (OVK). Blekinge FoU-Enhet. Can order from: <a href="mailto:bfou1@blekingefou.pp.se">bfou1@blekingefou.pp.se</a> 'For OVK project, it has been always co-operated with work activities, and so the employees can influence the OVK project and in turn the OVK can improve their quality of work. OVK has landed in the joint meeting of technology/human. In 1999 OVK was evaluated as the best IT-supported healthcare project in Sweden in journal 'Dagens Medicin'				

## 4 ABOUT THE PROJECT

### 4.1 Aims, Objectives and Key Targets – What is/was this project trying to achieve? Give details with some key targets where possible.

The basic aim/objectives of OVK project is to document and communicate all necessary information about a transferred patient in a quick and secure way between different levels of healthcare organizations to guarantee a seamless healthcare process(chain).

The key targets (1) is to build up a digital platform to support necessary information (2) a working routine that can be synchronized by different levels of healthcare organizations (3) to fulfil the new regulation issued by Socialdepartementet (SOSFS 1996:32) about 'to build up a structure for transmitting information and cooperation between different care providers...'

**4.2 Project Description** – Describe the project. What exactly is/was it trying to achieve? (list the different activities developed). Who are/were the beneficiaries? How is/was the project communicating with them (regular meetings, what kind of interactions)? Make sure you give enough detail so that any reader understands the project and how it works. **THIS SECTION IS CRITICAL.**

The project (1996-2000) started as a response to the new issued regulation by the Swedish National Board of Health and Welfare (Socialstyrelsen) about the requirement to share patient information among different care organizations. The objectives of the regulation is ‘to create a structure for information transmitting and cooperation between different care providers.’ It is also stated that ‘it is proper that routines for transmitting information between hospital and social services and between hospital and open health-medical care can be decided locally and together with other healthcare organizations’. In the same year, Blekinge discussed how to apply ICT to achieve the above regulation, and project OVK started officially in 1997. Blekinge hospital and three areas of primary healthcare (one in Karlskrona and two in Ronneby municipalities) were involved in the project as pilot test sites.

Before OVK, a patient who was ready of medical treatment and should be trans-forwarded to municipality care, the chain was often broken because of lack ‘coordination’ both organizational and informational. The patients were often treated in a ‘grey zone’, namely unclear responsibilities, unclear information/journal, and unclear right treatment.

In 1996 a special project group which included the county hospital and all five regional municipalities was built up to identify solutions to improve the working process for patients transition from hospital to municipalities’ responsibility. In the beginning fax was used as main communication tool for synchronizing this process, and a so called ‘collective healthcare plan’ for each patients was implemented. In the same year, ICT was introduced to replace fax since the still limited accessibility and share-ability of fax. Soon the group identified many new possibilities by applying ICT in the process. OVK was firmly established in 1997, and the mission of the OVK was to ‘build up information motor way among all care actors’.

It was very clear in the beginning that the patients should be in the focus and should be the most beneficiaries, and also the users (the healthcare workers in different organizations) should feel easy to use and helpful for their work. The project team had the representatives from the users (hospital and municipalities) and evaluated continuously throughout the project.

The project team had regular meeting for both periodical evaluation and planning for the next step. The three partners, the company (Frontec), Hospital in Blekinge, and municipality shared the same objectives, but had clearly defined labour division. Frontec was the constructor for OVK platform and provided with technical solution. Hospital and the municipalities were clients to formulate requirements and needed information that should be included in the platform. The team had regular meeting (around 3 times a year) about different aspects in order to synchronise and co-ordinate the project development.

**4.3 Project Rationale** – Why was the project needed? (eg demand-based project; strengthening of a strategic field for business or innovation in the region etc) What is the background or context (social, economic, political) to its development. Is it part of a wider development strategy or a continuation of another initiative? (please explain)

There were two initiatives that led to OVK project. The first one was the new regulation by the Swedish National Board of Health and Welfare (socialstyrelsen) about to co-ordinate medical and healthcare process. The second was the needs for the different care providers to find the right

information on the right time to the right persons. Especially for the municipal care division, employees often need information about a patient who was judged not necessary to get more special hospital treatment and should be transferred to municipal care (primary or home healthcare). According to the regulation, in the hospital when a specific treatment is completed for a patient, a plan for overall and continuous primary and home health care shall be agreed on. In order to make this plan, previously people from involved organizations had to meet, phone call, and to send fax. Carried out in an informal way it was perceived as not secure enough and as inefficient. Requirements for the new OVK system were put up in order to improve efficiency in documentation work and in information sharing among several organizations.

**5 INNOVATION** – Describe the innovative aspects of the project. Remember innovation does not have to be technical, it can be process based, eg new ways of doing things, new methods, new ways of governance, new partnerships, new audiences , new ways of funding, new scale of intervention etc.

Integration and holistic approach: It is important that all parts involved in the projects should be integrated, such as, shared objectives, needs from all parts, ICT integrated in the work, regulation integrated in practical needs, etc.

Needs driven: It has been always the need to share information to plan a seamless healthcare as the basic motive to drive the project. This need guided the progress of the project as an evaluation criterion.

**6 SUCCESS FACTORS and GOOD PRACTICE**

6.1 List (below) 3 good practice aspects which the project team believes are critical to the project's success. These can be anything. Ideas include: the amount of funding, strength of the partnership, getting the right people involved, excellent administrative systems, clear allocation of resources, very strong demand, effective dissemination, excellent participation by users, strong leadership, political support, etc.

6.2 For each aspect, describe the good practice and how it contributed(s) to the overall success of the project.

Good Practice Aspect	Description and contribution to project success
1.	Needs driven (needs from regulation, needs from patients, needs from the employees all are working together, and all are winners).
2.	OVK developed under close integration with daily work, this integration guaranteed the acceptance later when OVK started to operate.
3.	

6.3 What do you perceive as particularly successful about the project in comparison with your own experience? Again, be clear and focused – we want specific details, not generalisations.

The need to share patient information by different care providers/organizations in both the hospital and the municipalities has driven the project all the time. This need originated by the new regulation and is intended to benefit the patients. All parts involved in the project were winners.

## 7 ISSUES

Please complete this section

- 7.1 List (below) 3 aspects or problems which have been difficult for the project. Ideas include problems attracting users, difficulties in agreeing plans and strategies, lack of political support, running out of resources, unforeseen delays, lack of evaluation, lack of involvement of end-users or partners etc
- 7.2 For each, describe how the project overcame (or is overcoming) the barrier or issue.

Issue	Description of how the issue is being/was dealt with
1. Funding	Always difficult to judge the costs in such soft project as eHealth as systemic solution (easier to hard ICT products)
2. OVK licenses	It was too expensive according to hospital/municipalities
3. Complexities	The complexities of human factors

- 7.3 Did similar projects in your region have to deal with the same barriers? If yes, please explain how they overcame the challenge. If no, please explain why, in your opinion, your region did not have to deal with that particular challenge. We want specific details not generalisations

Not as I know.
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- 8 ACHIEVEMENTS** - What has the project achieved? Be as specific as possible. Think about outputs and whether targets have been met. Also think about the impacts on the partners, the beneficiaries, the region as a whole etc. Remember impacts can be quantifiable (e.g. 'x' jobs were created, or 'y' people are now trained to use a particular application) or qualitative (e.g. the workforce is now better educated, or hospitals have a new tool which should help them be more efficient etc).

- 8.1 Overall, what percentage of targets have been met?
- 8.2 Describe (below) 3 achievements of the project: please be specific

Question	Responses
What % of targets have been met?	70%
Achievement 1	Technology, usable IT platform for transmitting patients information among different care organizations.
Achievement 2	Care plan much more effective
Achievement 3	Secure healthcare improved

## 9 SUSTAINABILITY and TRANSFERABILITY

- 9.1 How will the good work in the project be continued? (eg are end users, businesses, partners or stakeholders going to use the project methodology, or the project products or services)?
- 9.2 Are there plans for a follow-up project? If so, which institutional structure will take over the project, how will it be funded? Are there any legal aspects to consider etc?
- 9.3 Is there anything your region will be adopting as a result (eg methodology, best practices) of your visit to and review of the project? Give as much detail as you can.

Question	Responses		
How will the project be continued?	OVK was intended to be used by all regions in Sweden, but for differences of work routines and requirements in different regions, it has not been adopted by others.		
Is there a follow-up project	YES	NO	Please describe: It is a in house project with technical support from IT company Frontec, the project is going to cover some part of medical record system existed in Blekinge hospital.
	x		
Is your region going to adopt anything – please describe	Not yet		

## 10 SOME QUANTITATIVE VIEWS

This section is designed to capture your views on various aspects of the project. For each aspect please give a score between 1 and 5 and justify your scoring with appropriate remarks.

- 5 = excellent
- 4 = very good
- 3 = good
- 2 = fair
- 1 = poor

We are not going to publish these scores since they are very subjective. However, it will help us choose the 'best' case studies to profile in the printed publication. Your remarks will be very helpful to us to explain your scores; and only positive comments will be directly quoted.

Please give your opinion on the following aspects of the project, and – of equal importance – please explain or justify your answers:

Criteria	Score	Comments
<b>Quality of Management</b> – consider systems, the experience and quality of the consortium, their ability to guide, to facilitate consensus-seeking, ability to adapt, as well as the allocation of resources, clear project plan etc	4	The team has agreed the same vision and shared the same objective, and each part of the project had very clear labour division and own financing. Face to face meeting worked well to synchronised the whole consortium.
<b>User Participation and Satisfaction</b> – consider the extent to which the project engaged beneficiaries, at appropriate times, and whether they are satisfied.	3	Users are rather satisfied with the improvement of healthcare plan, easy and helpful to use.
<b>Innovation</b> – this score should be based on your comments in the innovation section above.	4	The innovation is a synergic one of integration between many factors, needs from users, goals with regulations, techniques with usability, etc. A very harmonized project.
<b>Sustainability</b> – this score should be based on your comments in the sustainability section above.	3	OVK will be used evolutionarily to integrate with other existed ICT system in the ho continuously and
<b>Value for Money</b> – does the project represent value for money?		Not evaluated
<b>Impact</b> – has this project made a difference?	4	Yes, the whole Blekinge is using the OVK system for transmitting patient information among organization, and care plan can be made much more (effectively) efficiently.
<b>Acid Test</b> – overall, what score would you give this project, taking <b>everything</b> into account?	4	It is regarded a very successful project. According to a report (IT I Kommunal Vård och omsorg), OVK is one of the two most successful project in Sweden about ICT supported healthcare. ( <a href="http://www.gr.to/publicerat/IT%20kommunala%20v%C3%A5rd%20omsorgen.pdf">http://www.gr.to/publicerat/IT%20kommunala%20v%C3%A5rd%20omsorgen.pdf</a> )

**THANK YOU!**

This form, once duly completed has to be sent to the IANIS<sup>+</sup> Secretariat [info@erisa.be](mailto:info@erisa.be)