POLITICAL PLATFORM FOR

INNOVATION AND SERVICE DEVELOPMENT

NORWEGIAN NURSES ORGANISATION

2013 - 2016
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FOREWORD

The Norwegian Nurses Organisation (NNO) will use this political platform for innovation and service development, to clarify and provide direction for the nurse's innovative ideas and development work in the healthcare services in Norway. This platform formulates and details NNO policy within this area. The platform is meant to be a tool to disseminate NNO's policy to political authorities, collaboration partners and the media. It shall also contribute to understanding and commitment to the policy in the organisation, by union representatives and members. This is one of seven political platforms developed by NNO. The other platforms cover the following topics; Research, Education, Public Health, Mental Health and Substance Abuse, Management and e-Health. Certain topics in this platform will have areas in common with other platforms.

This platform focuses on the need to think innovatively, develop new services, while maintaining the core aspects of nursing. The goal of innovation is to create services of optimal quality, improved patient safety, and increased accessibility and involvement of patients and next of kin.

The NNO emphasises need-driven innovation, which involves understanding the user's existing and future needs, developing new solutions to meet these needs. There is a need for innovation and new solutions in the municipal healthcare services, collaboration between service levels and in the specialised healthcare services.

Innovation is also necessary for the application of newly-acquired knowledge in areas where there is deficient or non-existent services, such as health promotion, prevention and rehabilitation.

Currently, the framework conditions and culture in the healthcare sector challenge systematic innovation processes. A robust innovative culture is characterised by an ability to identify a problem that, recognises the need for change, development and implementation of new solutions, documentation and evaluation of the impact, and then knowledge dissemination.

Helse-Norge (Health Norway) the official Norwegian portal for Norwegian healthcare service is totally dependent on innovation to meet future tasks. We are concerned that the future of nursing practice must be formed through strategic processes and priorities that reflect the profession's values and traditions. This political platform highlights challenges and possibilities for contributions by nurses to innovation and service development.

Eli Gunhild By
President, Norwegian Nurses Organisation
Innovation and service development has always formed a natural part of nursing services. Knowledge development and advances in medicine and technology offer new opportunities for service development while the needs and desires of patients, their next of kin and users have changed. Innovation is essential to find new solutions.

Making use of new tools and solutions to develop the healthcare services that reflect the needs of the population have always been a significant for nursing. However, we now face new challenges concerning the utilisation of nursing resources in order to meet the increase in the ageing population, as well as the increasing number of younger people who live longer with serious chronic illnesses.

New solutions will challenge practice. We must determine how advancements in medicine and technology can be best utilised. We will face similar challenges in applying knowledge development in the nursing profession and in creating opportunities for service development in prevention, treatment, rehabilitation and palliative care. The ability to think innovatively and incorporate ideas in services at all levels is dependent upon our ability to deliver high-quality nursing services, today and tomorrow.

The Norwegian government's strategy for innovation in the municipalities – "New roads to future welfare" [Nye vegar til framtidas velferd] - defines innovation as "the process of developing new ideas and implementing them to provide added value to society".

Innovation means creating value, using resources in new and smarter ways. A new idea or invention does not become an innovation until it is practically applied. So we can say that service development is a form of innovation.

Innovation processes have a number of outcomes and goals:

**Need-driven innovation** involves understanding existing and future needs, actual and experienced needs, and developing solutions that are founded on these needs. In the healthcare sector, the users vary from authorities, leaders and employees in the health trusts, and municipal healthcare services to patients, next of kin and citizens.

Patients and next of kin are experts concerning their own situation, and their knowledge is invaluable in an innovation process. Information from patients and next of kin should systematically be used in the development of appropriate solutions. Involvement and health-related competence in innovation and service development is important when implementing these processes in clinical practice.

**Cost-driven innovation** is based on the need to reduce expenses in the production and delivery of products and services.

**Innovation-driven research and development** is based on results generated through research and development. In essence, we can say that research generates opportunities, while innovation generates reality. Research is also necessary to look at the effects of changed services (for more information see the NNO political platform for research).

Innovation occurs at various levels, internationally, nationally, regionally and locally. Dissemination of new solutions and embedding them in one's own organisation must be a goal for all innovation.

Knowledge about the needs and resources of patients and next of kin, familiarity with large sectors of the healthcare services, combined with specialised and knowledge improvement implies that nurses are in a natural position to develop and implement innovative solutions.
NNO goals for INNOVATION AND SERVICE DEVELOPMENT

Nurses' knowledge and experience must be used in a precise and systematic way in innovative processes. Change can be achieved to resolve challenges and realise the possibilities in the nursing field in healthcare services.

Innovation will be an important contributor to gain the NNO’s purpose:

- Will develop the nursing services and profession parallel with the nursing needs of the population
- Will influence the healthcare services offered so that they meet people's requirements and needs with regard to quality (including patient safety) and accessibility

The NNO Strategic Plan 2013-2016 covers many initiatives at a strategic level concerning innovation and service development in Focus area 1: Prioritisation and organisation of the healthcare services, and Focus area 2: The development of the nursing profession;

- Contribute to increased usage of nursing competence in order to improve resource utilisation
- Be a driving force in promoting service development in the municipalities, focusing on prevention and coping
- Be a driving force for development and increased use of eHealth, ICT and welfare technology within the ethical framework
- Investigate the need for new roles and functions including task allocation/service development.

To achieve this, it is important that the NNO contributes to the active development and implementation of new nursing roles and services.
DRIVING FORCES FOR CHANGE

There are several development traits that affect the healthcare services and thus create a need for innovation in the nursing services. Some of the most central are nursing-related knowledge development, political and economic changes, and developments within medicine and technology that generate new possibilities, and the expectations and requirements of the general public.

DRIVING FORCES WITHIN THE NURSING PROFESSION

In recent decades major developments have taken place in the nursing profession and services. This has been affected by increased research and specialisation development, in addition to changed roles and tasks. The profession has been concerned with increased collaboration between service levels, development of increasingly independent roles in outpatient clinics and municipal services, and provision of new treatments by the municipal and specialised healthcare services.

POLITICAL AND ECONOMIC DRIVING FORCES

New challenges in the healthcare services are apparent in Report to Parliament no. 25 Coping, Possibilities and Meaning (Mestring-muligheterning) and Care Plan 2015 (Omsorgsplan), which describes future healthcare challenges and the need to develop the healthcare services: The Coordination Reform (Samhandlingsreformen) which describes increased investment in prevention and early intervention in the municipalities as important solutions to meet challenges; and Report to Parliament no. 29 Future Care (Morgendagens omsorg) which highlights increased use of volunteers and next of kin to meet the future care needs of the elderly. In addition to increased use of technological solutions such as smart house technology that will provide safety for the elderly to live at home longer.

The Coordination Reform changes the distribution of tasks between the levels in the healthcare sector, which means a gradual increase in outpatient clinic operations in the specialised health services and more tasks for the municipal healthcare services. The Report to Parliament on the Coordination Reform proposes increased ambulatory services to people living at home and use of technology to enable increased coordination between service levels.

The Report to Parliament no. 18 (2012-2013) Long Lines - Knowledge Provides Possibilities (Lange liner - kunnskap gir mulighet) focuses on intervention studies. This type of research looks at the effects of various initiatives to generate new solutions and service provisions. The report highlights the need for “strengthening research and innovation to develop public services”, and proposes a number of initiatives for the healthcare services directly, as well as indirectly, through infrastructure and development of the health registers.

The Norwegian government emphasises in its strategy for innovation in the municipal sector, New Roads to Future Welfare (Nye vegar til framtidas velferd) that the development of the population and society in general will demand more from the municipal healthcare services. Focus on health in Innovation Norway (Innovasjon Norge) is directed toward innovation for improving efficiency in healthcare services and developing services for an ageing population.

ADVANCES IN TECHNOLOGY AND MEDICINE

New technology will generate improved quality and patient safety, as well as improved work flow through more effective and user-oriented diagnostics, investigations, treatment, rehabilitation and home-based care. Investment in eHealth will be very important. The NNO has developed a political platform for this area, in which the core element is the importance of implementing and using eHealth in the healthcare services, while at the same time maintaining close, professional contact with patients.

New roles for nurses in outpatient clinics

Several health institutions, such as in the Central Norway Regional Health Authority [Helse Midt-Norge RHF], have begun to think creatively about the use of nurses in outpatient clinics. Since 2009, the hospitals have been reimbursed for an increasing number of specified nurse consultations. Previously, this was registered and reported as physician consultations. Developing and utilising nurses’ competence and areas of responsibility in new ways will result in better quality of patients’ treatment, increased accessibility for the patients and better resource utilisation in the services.

For more information, refer to: http://www.helse-midt.no/no/Media/Nyhetsarkiv/ Nyheter/Arkiv-2012/20-millioner-til-jobbglding-ogfaglige-utviklingsprosjekter/120484/
Welfare technology
One important aspect of an eHealth measure is the investment in welfare technology. Welfare technology is defined as "Technological assistance that contributes to increased safety, security, social participation, mobility, physical and cultural activity, that strengthens the individual's ability to cope with daily life in spite of disease or reduced social, physical or mental functionality. In addition, welfare technology can function as technological support for the next of kin as well as contributing to improved accessibility, resource utilisation and quality of the services offered. In many cases, welfare technology solutions can prevent the need for services or admission to an institution (NOU 2011:11, page 99).

USERs' EXPECTATIONS AND REQUIREMENTS
It is a goal that healthcare services become more user-oriented. Patients and their next of kin will have increased knowledge about disease, treatment, prevention, rehabilitation and coping. They will have an increased opportunity to take part in decision-making concerning their treatment and nursing. There is also reason to believe that more patients and their next of kin will want to contribute in innovation processes.

At the same time, several elements will contribute to increasing the need for innovation in the health services including:
- An increased number of patients are receiving their healthcare at home, and more will want to have the opportunity to live at home for as long as possible.
- People live longer, an increased number of people live longer with illness and side effects and/or treatment. They will have expectations of the best possible quality of life.
- Society continually increases its expectations to healthcare services at the same time as there is economic pressure to achieve more from resources.
- There will be an increasing need for new solutions associated with the health of minority groups.

Everyday life rehabilitation
Everyday life rehabilitation is a series of user-guided measures based on what the patient thinks are important activities. The objective is that by using measures where the user is involved and satisfied, the need for assistance in a later period will be reduced. Instead of passively initiating compensatory measures as functionality declines, new resources are initiated at the start that are intended to break any vicious circles and prevent or reduce the impact of later consequential problems.

For more information, refer to: [http://www.ergoterapeutene.org/Ergoterapeutene/vi-mener/Paavirkningsarbeid/Hverdagsrehabilitering](http://www.ergoterapeutene.org/Ergoterapeutene/vi-mener/Paavirkningsarbeid/Hverdagsrehabilitering)

Palliative team
Akershus University Hospital has established an interdisciplinary palliative team that operates in the hospital and in the municipal healthcare services. The team follows the patient across departments and is comprised of oncology nurses, anaesthetic nurses, anaesthetist, social worker, physiotherapist/acupuncture practitioner and a consultant. The team acts as a support for patients and their next of kin independent of where the patient is located. Services offered by the team include alleviation of symptoms, dialog, guidance and support in practical or economic issues resulting from the disease.

For more information, refer to: [http://www.ahus.no/omoss/avdelinger/palliativt-team/Sider/enhet.aspx](http://www.ahus.no/omoss/avdelinger/palliativt-team/Sider/enhet.aspx)
ETHICS

The patients’ perspective and basic needs must be given high consideration when implementing innovation processes and service development measures. Patients, users and their next of kin must always be consulted in and during change processes, providing sufficient information for them to make decisions.

Innovation in the healthcare sector must first and foremost provide improved services to the patients. For the NNO it is important that innovation is not primarily implemented in order to decrease expenses.

To achieve efficiency it is easy to propose inexpensive solutions, such as increased use of volunteers. It is important that this is not at the expense of solutions that ensure quality, patient safety and accessibility.

New welfare technology and new, digital support tools are being introduced in the healthcare services. Technology can help to meet the patient’s needs, but can also result in less physical contact. The interpersonal characteristics of nursing must be retained; if not, an important aspect of the services will disappear.

Welfare technology should only be used after system-support and skills are in place. For example, it is not acceptable to provide patients with alarms if no robust system is developed that responds when the patient triggers the alarm.

The Ethical Guidelines for the Nursing Profession (2011) can help in innovation processes:

- “The foundation of nursing: All nursing is founded on respect for the individual and their inherent dignity. Nursing shall be based on compassion, care, and respect for human rights and shall be knowledge-based.
- The nurse’s fundamental duty is to promote health, prevent illness, alleviate suffering and ensure a dignified death. The nurse's professional and ethical responsibility encompasses people in all phases of their existence – from the beginning of life to its close.”
FOCUS AREA 1
Create a culture for innovation

To create a culture for innovation it is important to focus on values, conduct and knowledge. This will promote innovation activities. A robust innovative culture is characterised by an ability to identify a problem, recognise the need for change, develop and implement new solutions, document and evaluate the impact, and to contribute to knowledge dissemination.

Focus on the three following areas will build an organisation with healthcare personnel that test ideas and promote innovation:

LEADERSHIP
Leaders influence culture through their own conduct and the facilitation of staff. Leaders must lay the foundation for innovative processes, must be curious and receptive to staff and users, and must demonstrate courage to try new solutions. Either they or others must conduct analyses of their own operations with regard to the need to change, and lead ideas in order to meet the needs optimally.

Implementation and evaluation of changes requires support from leaders, particularly when the changes do not have the desired outcome. There is always a risk of failing in innovation processes and service development.

RECOGNITION AND APPRECIATION
It is important that new ideas are appreciated and implemented. There should be an effective system for collecting ideas for evaluation and further development.

At the same time, it is important that innovation processes comply with the same requirements for quality that are in place elsewhere in the nursing profession. Ideas must be tested and solutions piloted before being fully implemented. Contributions at all levels must be recognised, particularly when new ideas or initiatives are implemented. It is only when new ideas are fully implemented that colleagues and/or patients experience the benefit. These benefits must be celebrated. Stories about contributions and usefulness must be communicated far and wide.

Arena Health - Research and Innovation
In 2008, a unique network was established for health innovation in Buskerud funded by Buskerud County Council, Innovation Norway [Innovasjon Norge] and the Research Council of Norway. Arena Health - Research and Innovation [Arena Helse - Forskning og Innovasjon] is an organisation for interdisciplinary collaboration between various stakeholders; institutes of education, research environments, suppliers of technology and services within healthcare, and user organisations. Collaboration between nurses and other healthcare personnel is also a central element of this work. The purpose of the network is for stakeholders to collaborate on development of knowledge and research-based solutions for the healthcare sector. The solutions should be tailored for the individual user, and contribute to increased coping and improved quality of life.

For more information, refer to:
http://www.arenahelseinnovasjon.no/ViewStatic.aspx?DocumentName=AHI-Fytaarnsprosjekter

DIVERSITY AND COLLECTIVE EFFORTS
The best health innovations are generally realised when people from varying backgrounds and positions meet and exchange views and share experiences. Tolerance and openness promote innovation, not only during the idea phase, but also during the development phase and implementation. Collective efforts for renewal and improvements raise the quality of innovation because they integrate consideration of many perspectives at the same time.

Nurses must be open for ideas from other stakeholders and professionals, and must be willing to contribute actively to innovation with others.
NNO’S EXPECTATIONS

- Competence in innovation processes and cultures is obligatory in competence development and education of leaders and union representatives.
- Union representatives take an active part in innovation and service development and are given participation in the processes.
- Nursing leaders at all levels contribute actively to innovation and service development on professional premisses.
- Organisations have collaboration fora in which challenges and needs for innovation can be highlighted, and where proposals for solutions can be presented and discussed.
- Recognition by nurses in point-of-care services of what the term “innovation” means and the value of innovation and service development.
- Nurses lead innovation and service development in the healthcare sector.
FOCUS AREA 2
Securing framework conditions for innovation in the nursing services

Securing framework conditions for innovation in the nursing services involves putting into place strategies, securing budgets, allocating human resources and taking necessary organisational changes.

STRATEGIES FOR INNOVATION IN THE NURSING SERVICES
The specialised healthcare services have started various innovation processes. It is important that everyone places innovation at the top of their strategic agenda, allocating resources, implementing innovation projects in clinical practice.

The municipal healthcare services have increasingly taken on tasks and functions from the specialised healthcare services. At the same time, resources are limited. Innovation will be required to realise these tasks, such as through the development and increased use of welfare technology and smart houses.

Most municipalities have the same challenges in the healthcare sector. At the same time, innovation is a new type of work for many municipalities. This has resulted in parallel processes. There is a need to develop standardised national solutions, which take into consideration local and individual needs. It would therefore be an advantage to collect these processes in regional or national initiatives.

Another option is to establish a national centre of expertise for innovative public procurements.

The Norwegian Nurses Organisation and innovation
The Norwegian Nurses Organisation has contributed actively to stimulating innovative solutions such as the electronic message exchange in the municipal healthcare services between GPs and the home healthcare services/nursing homes (Elin-k), and the development of the electronic Practical Procedures in Nursing (PPS) that is now owned by Cappelen Damm. Both of the above-mentioned solutions are currently in use in the vast majority of Norwegian municipalities.

Correct medicine use in nursing homes
The patient safety campaign "In safe hands" [I trygge hender] started in 2011. The objectives of this campaign include the reduction of medicine-related injuries in hospitals, nursing homes and the home healthcare services. Studies reveal that 10 percent of all hospital admissions are the result of incorrect use of medications (Manesse et al. 2000). Twelve of 14 municipalities in the county implemented the campaign's initiative program over a period of nine months. Nurses and physicians in 13 nursing homes led the drive for improved interdisciplinary collaboration by implementing the campaign's four action areas. The nurses improved observation and documentation of the patients' medications and their effects and side effects. The results from the project are that a high quality medication review has been introduced routinely at admission, at six months and at one-year follow-up. Indications for prescribing have now been added to the medication lists, and routines for active observation of the patient's medication-related problems and follow-up are documented in electronic health records. The project has resulted in a reduction of medication.

For more information, refer to: http://www.sandefjord. kommune.no/Utviklingssenter-for-sykehjem-og-hjemmetjenester/Prosjekter/Laringsnettverk-Sikker-legemiddelbruk-i-sykehjem/

With regard to this, the healthcare sector should challenge the private industry through strategic, needs-led innovation.

RESOURCES FOR INNOVATION
In a busy work day, it can be difficult to find the time and resources for innovation projects. For this reason innovation must be placed on the strategic agenda in the healthcare sector. Staff and economic resources must be allocated to innovation.

"New Roads to Future Welfare" [Nye vegar til framtidas velferd] states that "The government wants to stimulate the municipalities to work systematically with innovation and will therefore provide subsidies to innovation projects in the municipalities. In 2014, the municipalities can apply for funds for specific innovation projects".
The NNO will monitor whether a large proportion of the resources are channelled into innovation in the municipal healthcare services.

The National Centre of Expertise for the Health Services and the Research Council of Norway are active in their areas and important contributors to knowledge and competence development in the healthcare sector. It is essential that they are active contributors at all levels in innovation and service development.

In its policy document for innovation in the public sector, the Research Council of Norway has emphasised that they will "stimulate a greater share of funds that will be channelled to research that is intended to promote innovation in and for the public sector".

The NNO will ensure that this is followed up in budgets linked to innovation in the healthcare sector.

At the same time, the various areas of the healthcare sector must allocate resources and facilitate so that necessary innovation can take place. In addition, they must utilize help from external initiatives, for example the Research Council of Norway. The Research Council of Norway signals in its policy document for innovation in the public sector, that they will to a far greater extent prioritise the relationship between development, dissemination and use of knowledge, and that they will assume greater responsibility for facilitating the transition between these areas. It is essential that the Research Council continues this work.

ORGANISATIONS’ ABILITY AND CAPACITY

In organisations that succeed with innovation, innovation is a product of a deliberate use of practical tools and methods. Leaders must assess how they build an organisation's ability and capacity for innovation using methods and tools for creative thinking, leadership and implementation.

A recognition system encourages staff in innovative behaviour. The system must appeal to the employee's own motivation - whether this relates to visibility and recognition or other advantages and benefits.

Innomed was established by the Norwegian Directorate of Health as a national competence network for needs-led innovation in the healthcare sector. It is essential that Innomed has close dialogue with the specialised and municipal healthcare services, so that the network can also contribute to spreading solutions between the two levels.

NNO’S EXPECTATIONS

- Healthcare services must develop policy documents and set strategic objectives for innovation in all areas of activity.
- Guidance material is developed for processes relating to needs-led innovation in organisations.
- Organisations such as Innomed, The Norwegian Council of Research and the National Centre of Excellence for Healthcare Services are active contributors to innovation and service development in the nursing services.
- To achieve innovation in nursing there must be adequate funding, political direction and competency, and nursing involvement.
- Establishment of competence centres for innovation in the healthcare sector that also focuses on development of the nursing services.
FOCUS AREA 3
Innovation linked to organisation, tasks and responsibility

A shortage of certain groups of healthcare personnel, new needs in the general population and development of new knowledge and technology makes it necessary to think creatively about what type, how and by whom the healthcare services should be delivered in the future.

At a more general level, innovation and service development will also concern organisations and steering systems in the healthcare services. A central element will be to look at the distribution criteria, ownership structures within the services, privatisation and competitive tendering, business organisation of the specialised healthcare services, and use of goal steering.

The starting point for the selection and adaptation of steering models will have to be a collective critical evaluation of quality, patient safety, accessibility, patient satisfaction and economics for the various models. One important aspect of the work will be to review the overall premisses for development of healthcare services in Norway.

The objective for the healthcare sector is that the services are safe, effective and coordinated. They must involve the users, giving them influence, utilising the economic resources, and the services must be accessible and equally distributed. This means having a strong focus on quality and patient safety, and continuity in patient treatment, as well as interdisciplinary cooperation between various groups of healthcare personnel. One prerequisite necessary to achieve cooperation and continuity in nursing services is to ensure competent and professional services with high awareness of and focus on the nurses' core competence. Development of new and changed roles for nurses creates opportunity for increased specialisation and new career paths, but may also involve difficult decisions concerning long-term perspectives with regard to the significance of the nursing profession.

Distribution of responsibility and tasks in the healthcare sector is not a goal in itself, but must be viewed as a tool in systematic ongoing service development. Task sharing is dependent upon leadership, whether it is between health institutions at various levels, between different professions or between professionals and patients, their nest of kin family or volunteers. The objective is to strengthen the quality and accessibility of the services and to make the overall performance of healthcare services sustainable. Task sharing should be the result of innovative processes that result in change or improvements to the service development.

NNO has developed eight principles for responsibility and task sharing in future health and care services:

- There must be a relationship between tasks and responsibilities
- Task sharing must be viewed as a strategic tool for innovation and service development
- Task sharing must be the result of a professional agenda with transparent processes
- The relationship between tasks, competence and quality/patient safety must be acknowledged
- Considering the patients optimal benefit must be attended to.
- Core competence must also be reflected in new tasks
- Professional accountability must be secured through education, skill development and qualified counselling
- Task sharing and other developments of service must be evaluated

The NNO focuses on the fact that nurses' participation and contributions to new tasks must make a difference for the patient. Nurses' core competences must be reflected and clearly present in different types of responsibility and task sharing.

The Coordination Reform has created an increased need for innovation in the municipal healthcare services. One challenge in today's service is that there is too little flexibility in the scope of help offered to the individual patient; the lack of resources means that standardised services have been established where the service should have been differentiated and adapted for the individual user.

Innovation, service development and changes in responsibility and task distribution must be evaluated based on the quality desired for the future healthcare services; which tasks are to be performed; and which formal and actual competence is necessary to achieve this quality.

NNO'S EXPECTATIONS
The relationship between tasks, quality, competence and economy is recognised at all levels of the healthcare services, as well as the prerequisites for implementation of robust change processes.

- Increased focus on clarifying objectives and tools in the healthcare services.
- Criteria for distribution of tasks and responsibilities in the healthcare services are developed to reflect NNO principles.
- Nurses’ proximity to today’s and tomorrow’s challenges in the healthcare sector are used to find new and necessary solutions.

### New solutions for advanced clinical practice

A number of Western countries including USA, Canada and United Kingdom have over recent years established programmes with changes in the task distribution in the healthcare services. Use of nurses with specialised competence in areas with unmet needs has been a core element of these programmes. Through this, the quality and quantity of treatment has been increased and the unmet needs of the health services have been resolved. The experiences have been very good. Access to high quality health care services has improved and the patients are more satisfied with these solutions.

FOCUS AREA 4
User participation in innovation

It is a national objective to develop a more user-oriented healthcare sector. This means that the needs and expectations of the patients and their next of kin must be the basis for decision-making concerning treatment and nursing care.

This requires that patients have increased access to information that enables them, together with skilled healthcare personnel, to make the correct decisions and choices for treatment, rehabilitation and living with an illness (shared decision-making).

Nurses play a central role in providing patients with information, ensuring that the information has been correctly understood, helping to balance information from different sources.

In the encounter with the "informed patient" the nurse can be challenged professionally and as a person. This encounter is a source of needs-led innovation. The encounter between the person providing care and treatment, and the person who is receiving the service, provides completely different perspectives on the same situation. Development of knowledge, experiences and perceptions provides a unique insight into many diverse needs, for both the nurse and the patient.

This provides opportunity to think innovatively and generate ideas that can result in needs-led innovation. This also means that the patient together with the nurse can contribute to a more user-oriented healthcare service.

The patient's user-role is changing with a focus on coping, everyday life rehabilitation and active ageing. The government, using several Reports to the Norwegian Parliament, have expressed their expectations of increased user participation in healthcare services.

The Hagen Committee [Hagen-utvalget] (in NOU 2011:11) Innovation in care [Innovasjon i omsorg]) described the expected increased participation from next of kin and voluntary organisations as "The Second Coordination Reform", meaning interaction between the patient/their next of kin and professionals.

### In the eyes of the patient

In 2008 - 2009, in collaboration with the National Centre of Expertise for the Health Services, the NNO conducted a project which was aimed at teaching nursing leaders to implement and lead systematic improvement processes that actively involved patients, their next of kin and colleagues from diverse professional disciplines. The purpose was to find different ways to strengthen the influence of patients and their next of kin in the healthcare services. Twenty teams were established from hospitals and municipal healthcare services. All teams were led by nursing leaders.

For more information, refer to: [http://www.kunnskapssenteret.no/publikasjoner/6664.cms](http://www.kunnskapssenteret.no/publikasjoner/6664.cms)

Concerning this, an evaluation must be made of whether it is possible to maintain and strengthen the quality of the services through increasing contribution of patients and next of kin. In this context, terms such as independence and safety for the patient and their close family are weighed against the economic considerations from the individual municipality and organisation.

### NNO's expectations

- The municipalities will use new tools and activities for improved prioritisation of resources from those who do not need much help to those who need more than they receive today.
- The municipalities will acknowledge the inherent value of improved communication between the patient, the next of kin and users and the healthcare services.
- The encounter between the nurse and the continuously better informed patients and their next of kin will drive needs-led innovation in the healthcare services.
- Patients and their next of kin are active participants in decision-making on the care and treatment that is needed, including use of technology.
FOCUS AREA 5
Welfare technology

The NNO believes that the best interests of the individual patient must form the objective for utilising welfare technology. It is important for the elderly and chronically sick to live at home longer, to be independent and to feel safe. In the future, the possible shortage of healthcare personnel to perform necessary tasks means that we must think differently about solutions. When technology is used correctly, it will also provide time for patients that require an extended amount of help.

In line with the Hagen Committee [Hagen-utvalget] definition of welfare technology, we identify the most important contributions to be:

- More freedom and independence for the patients
- Increased safety and security for patients and their next of kin
- Preventing an increase in services at a later phase
- A more effective healthcare sector where it will be easier to prioritise tasks

In the spring of 2013, NNO undertook a qualitative mapping of nurses’ attitudes towards welfare technology. The results revealed that nurses are generally very positive about technological solutions that give the patient an improved quality of life. At the same time, the study highlighted some central prerequisites if the technology is to result in better solutions: such as adaptation of the organisation to manage use of the technology, changed roles and tasks to achieve available time, development of technology competence, funding of solutions and, not least, ethical considerations relating to use of technology. Several also emphasised the requirement for evaluation, including whether the technology does in fact solve problems, whether it is integrated with the electronic health records and the consequences if the technology fails.

Inherent in the ethical perspective is the involvement of users in individually adapted use of technology - the user and their nest of kin must be involved in the process of choosing which type of technology will be used and how it will be used. Major differences in investments in welfare technology must not increase the social inequality between municipalities, institutions and patients. For this reason, it is important that the municipalities provide sufficient framework conditions and incentives to invest in this area.

It is important that the municipalities and institutions are active and ambitious motivators, while at the same time being critical when selecting technology and the utilisation. One major challenge to realising satisfactory solutions is technology competence in selecting what is most appropriate for the patient. The NNO believes that Centres of competence or other guidance programmes must be developed for municipalities and institutions, where they can seek advice and guidance with regard to selecting technology for their users. These fora will also have a natural responsibility to collect and evaluate experiences from municipalities that are already implemented or completed for dissemination to other municipalities.

Laws, regulations and guidelines must also be revised and adapted so that they do not hinder appropriate use of welfare technology. Changes in legislation must not however contribute to the detriment of the patients’ or the employees’ rights.

We believe the authorities must develop a dedicated national plan for implementation of welfare technology that contains the elements we have outlined above.

The NNO is particularly focused on the municipal healthcare services. Testing new technology in the municipal healthcare sector necessitates collaboration between nurses and other healthcare personnel together with technology experts, who are not necessarily familiar with healthcare services.

On the other hand, the nurses have knowledge about patients and their needs, but will not necessarily be familiar with the technology that is being tested.

Safe steps [Trygge spor]
In 2011 and 2012, five municipalities collaborated on developing knowledge in regard to use of GPS as an aid for a more active and safer life for persons with dementia. What are the possibilities, and the prerequisites and limitations associated with use of localisation technology with regard to persons with dementia? Use of GPS must be evaluated in connection with other measures such as medication, being
lock-in, use of a companion, etc. It is important to clarify the following: competence, facilitation and organisation for correct use, clarification of funding, ethical considerations and adaptation to individual needs. At the same time, the project revealed that technology can also fail - the Internet connection can fail, batteries can be flat, or similar. Nevertheless, the project demonstrated that the use of GPS meant increased independence and quality of life not only for the patient but also for their next of kin.

For more information, refer to: http://www.sintef.no/trygge-spor

NNO’S EXPECTATIONS
- Knowledge on eHealth and welfare technology will be an integrated part of nursing education.
- A dedicated national plan will be developed for implementation of eHealth and welfare technology that will contain the most important elements as outlined above.
- Increased resources and investment in welfare technology in the municipalities.
- The municipalities and other organisations acknowledge, and have plans to meet the prerequisites for implementation and use of welfare technology, particularly associated with organisation and competence requirements.
- A national competence centre for welfare technology in the health sector should be considered.

Development of digital learning arenas.
Competence development within the healthcare services will increasingly take place on digital platforms. This could contribute to simplifying individually adapted learning and could make the learning process easier and cheaper. The Development of Practical Procedures in Nursing (PPN) [Utviklingen av Praktiske Prosedyrer i Sykepleietjenesten (PPS)] and the teaching platform DROPS contribute each in their own way to raising the competence of employees in the health and care sector, and thus improving the quality of the service and patient safety.