



**Digital & Innovation Skills Helix in Health**

## **EUROPEAN REFERENCE GROUP 2<sup>nd</sup> meeting**

**29 April 2021 - 10.00-11.30**



The second meeting of the **European Reference Group (ERG)** of the **Digital & Innovation Skills Helix in Health - DISH** project took place on 29 April 2021.

The meeting was hosted by the European Health Management Association (EHMA), a member of the DISH consortium, and moderated by its Executive Director, George Valiotis.

The aim of the event was to gather feedback from the ERG Members on the project implementation and specifically the pilots currently ongoing in each of the six countries involved in the project. The meeting also aimed at receiving expert opinions on opportunities for project uptake in other contexts.

Trine Ungermann Fredskild, Head of Innovation of SHS Hospital, Denmark and Coordinator of the DISH project opened the meeting. She presented the three DISH concepts: the **Learning Innovation Unit (LIU)**; the **On The Job Training (OTJT)**; and the **Assessment**, and updates on the implementation of these concepts in each country. She also discussed the inevitable challenges encountered by the partners, mostly due to the COVID-19 pandemic.

Participants were then divided into two groups. In each breakout session, participants attended presentations from three of the six countries involved in the DISH project.

### **The pilots**

**The Norwegian Triple Helix** presented a pilot where the LIU was used to plan and prepare staff training to implement electronic door locks for citizens receiving 24/7 home-based care assistance.

**The German Triple Helix** pilot was in a University Hospital with 89 clinics and approximately 2,240 beds. They partially implemented the DISH concepts to digitally integrate an assessment tool used by nurses and physicians to assess the risk of developing sepsis.

**The UK Triple Helix** pilot made available a library and workbook from the Organisation for Review of Care & Health Apps, which aims to inform the health workforce on digital technology implementation.

**The Danish Triple Helix** presented their use of the DISH concepts to implement video solutions to discharge planning conferences in a hospital.

**The Spanish Triple Helix** pilot was to implement a dashboard for people with diabetes mellitus type II, which presented daily KPIs on the status of patients and alerted the professionals when processes must be reviewed.

**The Polish Quadruple Helix** presented their approach to introducing the DISH concepts in different sites.

The presentations from the six pilots provided informative insights into the challenges and opportunities, as well as the lessons learnt to date.

## The ERG feedback

The ERG Members commented on the inclusivity of the stakeholders involved in the pilots, and how the pilots showcase the importance of co-creation. They also noted the essential role of having a Triple Helix, as the perspectives of all helix partners are

helpful to contextualise the project and develop an efficient concept that is concrete, builds the capacity of health care professionals (HCPs), and promotes the culture of digital health after the project.



Some ERG members commented on how digital transformation is wrongly understood as a technological process of change. On the contrary, **it is human interaction with technology that should lead HCPs to rethink medicine and their competencies in the light of new technologies available.** The COVID-19 pandemic has accelerated the digital transformation. Therefore, it is essential to educate HCPs at all levels and ensure that they embrace the benefits of digital solutions and use technology at its optimal capacity.

**The availability of HCPs was one of the challenges noted across all pilot sites.** The implementation of and training on new solutions require a time commitment, but the management of the pandemic and efforts to increase vaccination rates have made it difficult to secure the participation of HCPs.

Some of the countries initially built the DISH concepts within their Continuing Professional Development (CPD) requirements, but most CPD activities have been put on hold in the past year. As a solution, the UK Triple Helix

engaged 'digital activation teams' to target physicians in the hospital setting. They also used the networks built with primary care professionals to target interested HCPs, who will in turn encourage their peers to participate. Additionally, all pilot sites reported on the importance of acknowledging and celebrating HCPs and staff achievements post-assessment.

ERG Members also emphasised the need to **reshape the didactic process for online learning**. During the pandemic, many of the trainings were delivered online, which helped to increase the number of trainees, but proved more complex for skills training. However, some DISH success stories on the use of webinars were discussed.

Another need identified during the discussion was to have assessment tools, including short-, medium-, and long-term impact assessment of acquired competency. In many of the pilots, **several levels of leadership worked together** during planning meetings, discussing the assessment methods and including the staff in the choice of the assessment tools.

The discussion highlighted that **in bigger organisations it is harder to receive support from all levels of management**. Additionally, bringing all stakeholders together is also more complicated, and the process of change might require more administrative support. In these situations, it is crucial to clearly present the importance and benefits of the DISH concepts, rather than other methods. This requires contextualising the concept, reducing its complexity, and having a good knowledge of the different sites.

Another solution proposed particularly for big organisations or larger-scale initiatives, is to **start with smaller projects** that are easier to adopt and clearly showcase the results to upper-level management.

One of the **opportunities for uptake** identified by the ERG Members was the Danish pilot on discharge planning conferences, which could be adopted by other organisations to support HCP teams in improving the patient experience at the moment of discharge, decreasing the risk of adverse post-discharge events, and increasing treatment adherence.

Finally, the ERG Members discussed how digital solutions require a paradigm shift in organisational processes that does not happen only in hospitals. **Policy makers are needed to facilitate the shift** by supporting HCPs in learning how to use digital solutions and encouraging the co-creation of technologies. The approach used must mix both bottom-up and top-down strategies.

Henriette Hansen, EU Consultant & Project Manager, South Denmark European Office, concluded the meeting by **highlighting the importance of flexibility** in the adoption and implementation of the DISH concepts. Although flexibility is often a challenge in many settings, it is also a strength in the adoption of new solutions and bringing people together. All this, in a COVID-19 context, is required now more than ever.