CONFERENCE ABSTRACT

Enablers and Barriers for Collaboration – Introducing Digital Safety Alarms for Elderly Living at Home

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Introduction: This study aims to identify structural and cultural factors for collaboration across multi-professional departments in primary care with regard to the implementation of telecare technology, here digital safety alarms in a Norwegian municipality. Collaboration on services to elderly users living at home will often cross organizational and professional boundaries. This is also the case when it comes to digital alarms where the purchaser office, the home care services and the emergency ward were involved.

Theory/method: The analysis is based upon an organizational perspective on the process. Furthermore, in the analysis we apply an analytical scheme to identify different forms of co-ordination which can be placed on a scale of intensity from simple to complex forms and finally, theories on profession.

Seven managers from different departments were interviewed individually twice. 17 front line staff members were interviews in groups twice. All interviews were recorded and transcribed. The content analysis centres on participants' descriptions of information, competence and collaboration and proceeded according to the principles of systematic text condensation.

Results: Findings suggest that interagency meetings every week or every second week between the purchaser office and the home care services enables collaboration. There are few examples of enablers other than the use of inter-office memoranda that are mostly related to questions on specific users.

We find, however, that in general, information flow and information sharing are challenges and barriers to collaboration. This applies to both the implementation of the digital alarms and relating change processes. Employees have, to some extent, an unclear understanding of the division of responsibilities and tasks between the involved departments and their employees. Furthermore, there are few meeting points between the acute ward who respond to set off alarms – and talk to the user and the home care service who attend to the user.

Discussion: Exchange of information is the most basic form of collaboration but it is still difficult to achieve across departments. There is a clear demand and will to obtain more

knowledge about others' tasks and area of responsibility. However, the staff swiftly protect their professional boarders and thus demonstrate a strong idea of territory.

Conclusion: The introduction of telecare technology does not make collaboration less demanding for improving services. Our analysis suggests that collaboration among multi-professional departments in community service for elderly people is vital in order to exploit the potential service improvement that the technology might offer.

Lessons learned: from this study is that, given the organizational perspective, the implementation of telecare technology makes visible the – often already existing – organizational challenges with regard to interdepartmental and interprofessional collaboration.

There are certain limitations to the generalizability of this study given it is designed as a single case study.

There is a need for further research on organizational change and adaption when telecare support is used within the primary care services, e.g. how the use of technology challenges the way of work.

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