

# A Success Story about a Communication Reform in the County of Sogn & Fjordane

Hilde G. Corneliussen

Western Norway Research Institute, Sogndal, Norway

## Introduction

The project "Meldingsløftet Sogn & Fjordane" worked to introduce electronic messaging between local health services, general practitioners (GPs) and specialist care in the county of Sogn og Fjordane. A checklist was developed and all 26 municipalities enrolled in the project in the first phase. By June 2014 all municipalities had established electronic communication between local health services and GPs, and between local health services and specialist care. The aim of this study is to evaluate the project and the introduction of electronic messaging. Only two years ago, when the first stage of electronic interaction in health services between GPs and hospitals in Sogn & Fjordane was evaluated, it was the long and winding road that dominated: years of challenges and delays (Larsen & Skogseid 2012). This time the evaluation tells about a project that fulfilled its goal in time with motivated and proud participants – in short, it is told as a "success story".

## Materials and Methods

The evaluation is based on interviews with project groups in seven municipalities involving local health care, GP, and ICT. They represent variations in population (< 2000 to > 11000), regions, as well as different ICT systems for health care services. A semi structured interview guide followed the structure of the initial checklist and its main areas, asking project groups to share their experiences regarding external cooperation, technical challenges, establishment of routines, training, incident reporting and budget, as well as their overall impression of the project. We also asked the project groups about effects of electronic communication, and finally, about drivers and barriers affecting the process.

## Results

The system for electronic messaging was new for the local health services and they had little knowledge about the system when they started: "*Here we are, amateurs, meant to accomplish something that we don't even know what is.*" But still we met an extraordinary positive attitude in the project groups, as also documented in their self-evaluation on a scale from 1: 'very poor' to 5: 'very good' on questions of satisfaction concerning project progress, technical installations, establishing routines, technical training, and professional training. Two of the project groups scored an average of 5, one scored 3, and the rest scored an average between 4.2 and 4.75. Together with claims like "*this wasn't difficult*", "*everybody wants this be-*

*cause they see it is sensible*", the overall impression of the project is that it worked very well. One of the success factors in the project was two municipalities acting like pilots both in this project and in the larger project *Vestlandsløftet*. The pilots were dealing with technical issues and contributing with knowledge, experience, user manuals and routines, as well as being motivators. Despite an average score of 4.1 among all groups on the question of technical issues, all project groups reported about initial technical challenges, problems with addresses on the Norwegian Health Network as the most severe issue. However, once the initial technical challenges were solved it was all running smoothly: "*the breaks were on the technical part*"; "*it wasn't hard getting people involved*". Despite the support from the pilots, the project groups emphasised that they had to learn and adjust as they went along. This "learning by doing" meant that local "*super users*", "*enthusiasts*" and "*people who want something*" were important. All project groups agreed that the new system increased the quality of health care, mainly by turning previous oral messages into written communication, but also by improving contact between local health care, GPs and specialist health care. The odd voice that stood out was one project group that did not see major improvements, but rather a time and resource "thief", as the small municipality already enjoyed good communication between health care units.

## Discussion: What makes this a success story?

"Meldingsløftet Sogn & Fjordane" completed its mission, making S&Fj among the first counties to complete the triangle of electronic messaging between local health services, GPs and specialist health care. Compared to the earlier project with delays and lack of motivation, this project is a success not only due to the actual achievements, but also due to the attitudes. Almost the same words are chosen by one of the pilot groups as we heard from the specialist health care: "*It has been incredibly fun to work with this project because people can see the benefits!*" The stories from the project groups are filled with examples of health care workers' will to participate, cooperation between institutional sections and ICT experts, ability to adjust, and not the least, satisfaction and pride: "*We have become proud of ourselves.*"; "*People are proud of working here.*"

## Acknowledgments

The project is financed by County and County Governor of S&Fj. Project owner is KS S&Fj, and project partners are WNRI, IT Forum S&FJ, and Flora municipality.

## Address for correspondence

Hilde G. Corneliussen, [hgc@vestforsk.no](mailto:hgc@vestforsk.no)