Background
This paper describes a rather unique national work to coordinate the work with Information and Communication Technology (ICT) support where most of the parties concerned are involved. The work was initiated by the Swedish government since a national need for a common development of ICT in health and social care was identified.

“Patient safety, healthcare quality and availability of health care and social care can be greatly improved by the use of various forms of IT support. Electronic patient records, prescriptions and digital-sharing with management today are a natural part of everyday medical care. The potential to streamline and improve your business using IT is great. Despite this the current IT tools does not give the benefits that would be possible. This is partly due to that IT use varies widely in the care sector, partly because many of the IT systems used can not communicate with each other. Access to relevant information is a necessity to ensure proper and safe care. In order for these benefits to be achieved requires an in-depth national collaboration“ (Government communication No. 2005/06:139)

Aim
The purpose of this paper was to describe the establishment of a close national cooperation concerning ICT development in health and social care and to describe nurses’ part in the work.

Course of action
In 2005 the government appointed a High-Level Group for eHealth comprised of representatives from the Ministry of Health and Social Affairs, Swedish Association of Local Authorities and Regions, National Board of Health and Welfare, Medical Products Agency,
Apoteket AB and CareLink. A reference group was formed with representatives from relevant authorities including the Ministry of Finance and the Ministry of Industry and Communication, representatives of various groups of health professionals, branch agencies for the pharmaceutical and ICT industries, representatives of principals, and providers of health and social care. The reference group was in 2009 converted to a Consultative Group to broaden and formalize the dialogue and ensure commitment for the ongoing work. The consultative group discussed strategic issues, identified new areas of focus and initiated specific working groups. All reported to the High-Level Group. The Swedish Society of Nursing have entered into both the reference group and in the consultative group. The consultative group have met seven times since October 2009 and participated in the conference World of Health IT in March 2010.

In this first part of the work with the national strategy for eHealth the Swedish Society of Nursing emphasized that the patients’ perspective has to be clearly pronounced. The first draft of the Swedish National strategy for eHealth had three prioritized areas, a national compatible patient health record, intervention to facilitate patients and care givers accessibility to information and e-prescriptions. All three areas are important for nurses and had been requested for, by the Swedish Society of Nursing, since the use of electronic patient health record had started in the 1990’s. The basic structure of a national electronic health record and technical solutions for this was one demand as well as education to health personnel to increase the ability to use IT in their work. The Swedish Society for Nursing also strongly emphasized the importance that the summary text of the strategy should be concrete and should be interpreted in the same way by all nurses. Further should the information management proceed from ethical values and the cost for implementation of the eHealth strategy should be calculated (Swedish Society of Nursing 2006).

**Result**

The first National Strategy for eHealth was presented in 2006 and outlined six areas of intervention (Swedish Government office 2006, 2009). Those six areas and their current state are described below

1. *Bringing laws and regulations into line with extended use of ICT.*

   In 2008 the Patient Data Act came into force. The aim was to establish clear rules designed to ensure secure and efficient handling of personal data while improving patient safety and strengthening personal privacy. Citizens will also have direct digital access to their own information. The Patent Data Act will as well enable care professionals to digitally access a patient’s entire care history from different levels within the health and medical care services (Patient Data Act SFS 2008: 355).
2. **Creating a common information structure.**
   In the work to create a common information structure, two projects were started, the National Information Structure and the National Project for an Interdisciplinary Terminology. The last project included a translation and adoption of the international terminology system SNOMED Clinical Terms (SNOMED CT).

3. **Creating a common technical infrastructure.**
   To create a common technical infrastructure several projects has started or been performed for example SJUNET, a national network for all digital communication in the care sector. SJUNET is a platform for secure communication over organisational boundaries and geographical distances and HSA a health services address registry. In this area there is also work ongoing for secure communication of sensitive information, Basic Services in Information Maintence responsible inter alia for supplying the role and authorization management services for secure information handling across organizational boundaries in the care sector as required under the Patient Data Act.

4. **Facilitating interoperable, supportive IT systems that,**
5. **enable information access across organizational boundaries and**
6. **making information and services easily accessible to citizens and personnel.**

**Areas 4-6**
ICT use varies across and within the operations of health care principals. The objective is ICT systems with good interoperability that allow the exchange or sharing of information, that are user-friendly for personnel and do not disturb the dialogue with patients, that provide information and knowledge support to safe and secure medical treatment, and can communicate with surrounding ICT systems. Examples of a project is the National Patient Summary (NPÖ) which intend to facilitate access to necessary information, like current care contacts and chronic diseases, about patients that received care from other care providers than the responsibly county council. Another example is Pascal which will provide comprehensive information on individual drug prescription to give prescribers and patients full access to information on the medication regimes.

To easily give citizens access to health related information and communication with health and social care the Care Online, 1177 website and Telephone Advisory Service was designed. Care Online is a portal to help the citizens to choose the right care solution by public care advices and comparison of care givers. The 1177 promotes health and advances knowledge of health and medical care among patients and the general public by information on the website or by personal telephone advice by nurses. For the young a Web-Based
Youth Family Planning Clinic (UMO.se) has been created to provide young people (13-25 years) a reliable, easy to read information about issues that are sensitive, regardless place of residence (Swedish Government office 2006, 2009).

For health personnel the Handbook- online information gives scientifically and professional based information on overall guidelines and practical application in different care work (Swedish Government office 2006, 2009).

From June 2010 the National Strategy for eHealth have an increased focus on development, use and interaction of eHealth service in and between health and social care. In the work within the framework of the National Strategy for eHealth the Swedish Society of Nursing in cooperation with the Swedish Association of Health Professionals had emphasized the need of patient’s empowerment in care, the importance that ICT support patient safety in matters as transferring information and drug administration and training in informatics for nurses in basic, advanced and in-service training. The necessity of safe and easy transfer of information between nurses in health care organised by County Councils and/or Local Authorities has also been pointed out.

Nurses are active in the project for national information structure and for interdisciplinary terminology. The nurses contribute with nursing perspective and nursing needs of information structure and terminology so that no important information of the patients care and needs get lost. The interdisciplinary terminology have been tested in standardised care plans to examine the usefulness of the terminology for nursing.

In the UMO.se the nurses had a dominating role by contribute with reliable information like in the face to face youth clinic. Most important with the UMO.se is that the website is designed in cooperation with young people to make the information interesting and worthy of attention.

The 1177 Telephone Advisory Service is run by nurses with post registration specialist training in different areas and telephone advising. To give advise by telephone demands experience of health care, deep knowledge in most health care areas and a training and knowledge in accessing patients’ condition using communication by telephone. The 1177 Telephone Advisory Service has developed on line guidelines and decision support that increase the possibility to equal care and facilitate documentation in the patient health record. In the project the Handbook several nurses with PhD are medical experts and responsible for the information. The conditions are the same for the website 1177.

Areas that still have to be developed are the patients’ possibility to take part of the information and adding information in their own patient health record, and patients’ possibility
to compare caregivers. The education for health personnel have still deficiencies that has to be solved for a full use of the National eHealth strategy. The safe management of drugs is not just about prescribing and dispensing of medicines. It is very much on the supervision and control of intake and effect which often is nurses’ responsibility. Reliable IT support in this area is a high priority and such support would increase patient safety.
References


