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Diabetic foot ulcers and telemedicine: aspects of cooperation, communication, coordination and competence

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Objective: To evaluate the effect on the clinical work and on the course of treatment of implementing telemedical treatment in the home of the patient with diabetic foot ulcer.

Design: Participatory Design. The project was conducted in 3 phases: (1) workshops and fields studies. (2) Experiments and (3) pilot tests. This article mainly reports on the pilot tests.

Participants: Phase 1: 2 Patients, 1 relative, 3 visiting nurses, 4 hospital nurses, 1 hospital doctor, 1 general practitioner and 4 academic persons took part in the workshops. Phase 2: Furthermore 3 visiting nurses and several patients from the out patient clinic took part in the experiments. Phase 3: 5 patients, 5 visiting nurses, 3 hospital nurses and 1 hospital doctor took part in the pilot test.

Setting: Centre for the Diabetic Foot, Aarhus Hospital, Denmark and the local centres of the patients involved in the study

Intervention: Telemedical visits in the patient's home in lieu visits at the outpatient clinic

Results: Introducing telemedicine affect issues regarding communication, coordination and cooperation and competences. We found that the new way of organizing the treatment created a new Triangle in how clinicians work together. In the telemedical setting all participated in an equal way towards communicating and cooperating together. At the same time we found that coordinating the course of treatment also involved all participants and therefore appointment was more tailored to each participant. We found that the telemedical consultations were indeed a learning situation for especially the visiting nurse in the specific field of treatment and care for diabetic foot ulcers. On the other hand the experts were invited in the home of the patient and here found valuable information's which would have been difficult to discover at the hospital.

Conclusions: Basically, the new way of treating requires a different organisational model, since the course of treatment is not tied to a single organisation any longer. The cooperation between actors from different organisations alters the coordination of the course of treatment and introduces a shared responsibility, hitherto unaddressed by the caregivers.