NORWAY

Wound Care via VIdeoconferencing

GRANT AGREEMENT NUMBER – 10111173

Norway – Wound Care via Videoconferencing

Background and context: Chronic wounds place a significant burden on patients, their families, and the healthcare system. Limited wound care expertise among homecare staff, long travel times to outpatient clinics, and poor coordination between municipal and hospital providers further complicate treatment. To improve chronic wound care, the Vestre Viken Hospital Trust initiated "The digital wound service project". This telemedicine project involved municipal nurses wearing a voice-operated head-mounted videoconferencing technology during wound care, allowing communication with hospital specialists and real-time outpatient consultations at the patient's home. The patient communicates with hospital staff and/or their GP using a tablet (e.g., an iPad) connected to the same virtual room (Cisco Webex Desk), while the hospital staff and/or GP use a computer to provide specialist advice and guidance during the clinical assessment and wound management process.

Why wound care? There are several reasons for selecting this case to explore task shifting. The prevalence of chronic wounds is rising, placing increasing demands on healthcare services. Venous ulcers, diabetic foot ulcers, arterial ulcers, and pressure ulcers are the most common types, but cancer-related ulcers, autoimmune ulcers, infected acute wounds, and surgical wounds may also require long-term and advanced treatment. The peak prevalence of chronic venous leg ulcers occurs in individuals aged 60 to 80, with older adults particularly at risk due to age-related impairments in wound healing. These ulcers can take months or even years to heal and are prone to recurrence, as the underlying causes often remain unaddressed or cannot be effectively treated.

In regions with a shortage of specially trained nurses or nurse assistants in wound care, telemedicine—such as videoconferencing technology—can help ensure patients receive safe, high-quality services by enabling staff to access targeted, evidence-based advice and guidance. An additional benefit is the potential for competence building through collaboration between highly qualified healthcare professionals and municipal staff with less training in advanced wound management. However, relatively few health professionals have received formal training in delivering care via these technologies, and similarly, few have been educated in communication and supervision skills specific to digital platforms.

Scope of the pilot: The pilot project aims to explore the task-shifting potential of digital wound care (telemedicine) involving direct guidance via video and co-treatment, assess stakeholders' learning needs, and test a targeted learning module developed in the TaSHI project. It will not include a full evaluation of the TaSHI eLearning model.

Task analysis: While hard-to-heal wounds often require specialist care, some responsibilities (like assessment and management) can initially be shared—not shifted—between outpatient wound care specialists and municipal healthcare workers through telemedicine and tailored learning resources. In the long term, selected advanced wound care tasks may be **shifted** (full task shifting) to trained municipal staff, improving care capacity and reducing patient burden.

A concrete example of task shifting: Task shifting in digital wound care was already underway in 2022, with videoconferencing technology enabling collaboration between specialist outpatient clinics and municipal healthcare workers. The project aimed to establish a sustainable collaboration model across sectors and improve care through shared digital consultations. In the project, municipal nurses gain skills through peer learning, allowing them to take on advanced wound care tasks. However, challenges remain, including inconsistent procedures across municipalities, limited GP involvement, staffing shortages, and financial concerns. Despite this, municipalities see the value in reduced patient burden and improved competence at the local level.

Learning needs: The pilot project has identified two main learning opportunities: (1) advanced wound assessment and management, and (2) facilitation of learning through videoconferencing, focusing on professional communication and supervision. Based on TaSHI curriculum Module 2, the training aims to develop competencies in evidence-based wound care, use of digital technology, person-centred communication, understanding of relevant guidelines and legislation, clinical decision-making, and proper documentation. These outcomes will be tested specifically in the context of advanced wound care. Emphasis was laid on digital literacy, clinical decision-making, and communication skills.

Opportunities and limitations: Opportunities include improved access, skill transfer, and patient convenience. Limitations involve infrastructure, unclear GP roles, financial concerns, and potential overburdening of municipal staff.

OPPORTUNITIES	CHANGE MECHANISMS – ENABLERS	CHANGE MECHANISMS – BARRIERS	RISKS AND MITIGATIONS
Increased competence, skill transfer and quality of care in wound management	1. Novelty of adopting new technology 2. Perception of improved wound treatment 3. Understanding of the patient's	1. Lack of resources for training 2. Lack of allocated time for learning 3. Communication	1. Ambiguous leadership 2. Funding for developing learning resources 3. Sustained motivation in the

	daily living 4. Role models; motivated and competent staff 5. Readily available learning material 6. Effective peer-learning processes 7. No need for the patient to travel	with and involvement of the patient	workforce 4. Resource-intensive for the staff to get to know the technology and become familiar with using it 5. More home care nursing resources required 6. Financing wound-care at municipality settings
Professional cooperation between municipal and hospital healthcare staff	1. Understanding each other's working methods and areas of expertise 2. Appropriate communication platforms and routines 3. Interest to learn about each other's scope of practice; boundaries and possibilities	1. Systems not working together 2. Lack of mutual acknowledgement and trust 3. Limited opportunity for collegial discussion and feedback 4. Lack of direct communication, infrastructure, and flexibility for video consultations 5. Lack of professional support from GPs	1. Involving GPs 2. Misunderstanding of roles and responsibilities 3. Varying light conditions and internet access in the patient's home affect image quality and the quality of the video consultation 4. Time-consuming procedures for referral and potential delay in wound treatment
Freeing up resources at hospitals to deliver more emergent/specialised wound treatment	1. Successful use of the service in the management of suitable patients	1. Lack of a responsible service coordinator	1. Obtaining insufficient volume 2. Sustainability criteria not achieved

Key findings:

- Learning needs were identified by professionals through interviews and workshops.
- These needs relate to **context-specific knowledge and skills** (e.g., advanced wound care), **interprofessional teamwork**, **cultural sensitivity**, and **communication**.
- The **potential for task shifting** is confirmed, as it is already taking place: municipal nurses are now providing wound treatment under the supervision of specialist outpatient staff—treatments that would otherwise require hospital visits.
- **Full task shifting**—meaning the independent performance of more advanced wound care—will be supported by **peer learning processes** emerging from professional collaboration.
- However, **cultural change takes time**.

Main References:

- TaSHI Project. *The Project – Empowering EU Health Policies on Task Shifting.* Available at: https://tashiproject.eu/the-project/).
- TaSHI Project - D5.1 CASE STUDIES OF IMPLEMENTATION SITES Available at: D5.1-Case-studies-of-implementation-sites.pdf
- TaSHI Project - D5.2 GUIDEBOOK ON TASK SHIFTING Available at: D5.2-Guidebook-on-task-shifting_revised_final_ISBN.pdf