



CHALMERS

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# **Sahlgrenska at Home: Improving Communication and Collabora- tion for Effective Program Development**

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## **Abstract**

This study investigates how various areas at Sahlgrenska University Hospital collaborate and communicate in relation to the Sahlgrenska at Home model. The aim is to provide an overview of how these factors operate both within individual departments and across departments. Additionally, the study evaluates how Sahlgrenska can learn from the practices of other international hospitals that offer similar forms of care. Through interviews with people from the different areas of Sahlgrenska, the main problems related to collaboration and communication around the service were identified. Furthermore, inspiration and guidelines could be obtained through interviews with external people from the Northern Ireland Hospital and Medtronic. The findings and recommendations that address the problems focus mainly on strategy, structure, processes, rewards, and people. In order to achieve improved cooperation between different departments, motivation, trust, and commitment are required from the employees. In addition, a clear structure is needed where roles and responsibilities are defined. Improved communication can possibly be achieved through a centralized communication platform. But also through regular meetings, where ongoing feedback between teams and employees will help continuously refine the service. The study also provides guidelines for continued work with Sahlgrenska at Home.

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# 1 Introduction

As part of the development of the care model Sahlgrenska at Home (SaH), this report was produced by students at Chalmers University of Technology in cooperation with Peter Almgren at Sahlgrenska University Hospital, with the focus placed on communication. In this chapter, a background regarding Hospital at Home along with the current organizational structure of SaH, as well as purpose, research questions, and limitations are highlighted.

## 1.1 Background

Hospital at Home (HaH) represents an innovative care model where patients with acute medical needs receive hospital-level treatment in their own homes. Unlike traditional care, HaH addresses complex, acute conditions that would otherwise necessitate inpatient hospital admission. The first HaH unit was established in New York in 1947 [1], and has since evolved and spread globally, driven by the growing pressure on healthcare systems due to aging populations and changing demographics in Western countries. This has resulted in a need for alternative solutions to improve healthcare effectiveness and quality [2]. Concurrently, rapid advancements in technology have improved the attitude and capabilities of utilizing innovative tools in healthcare, further boosting the potential of the HaH model. Thereby, interest in HaH has risen significantly in recent years. Further, in Sweden, it has begun to be implemented as a promising approach to reduce hospital bed demand, shorten recovery times, save costs, and improve patient satisfaction.

Sahlgrenska University Hospital, the largest in Sweden, operates across multiple sites in Gothenburg and Mölndal, primary Sahlgrenska Hospital, Östra Hospital, and Mölndal Hospital. Recently, Sahlgrenska, in collaboration with Chalmers University of Technology, the Innovation Platform, Södra Älvsborg Hospital, and Skaraborg Hospital, received approximately SEK 6 million in funding to systematically develop HaH services [3]. As part of this initiative, Sahlgrenska is progressively working to implement and expand HaH across its teams while integrating existing efforts under the unified model, “Sahlgrenska at Home” (SaH).

Currently, SaH initiatives primarily operate through three mobile care teams, ”Närsjukvårdsteam” (NSVT), one at each mentioned hospital: NSVT Sahlgrenska, NSVT Östra, and NSVT Mölndal. Other SaH initiatives include more specialized care, such as BB Hemma (maternity ward) and palliative care. Figure 1 illustrates the current organizational structure of SaH, including both established and pilot models.

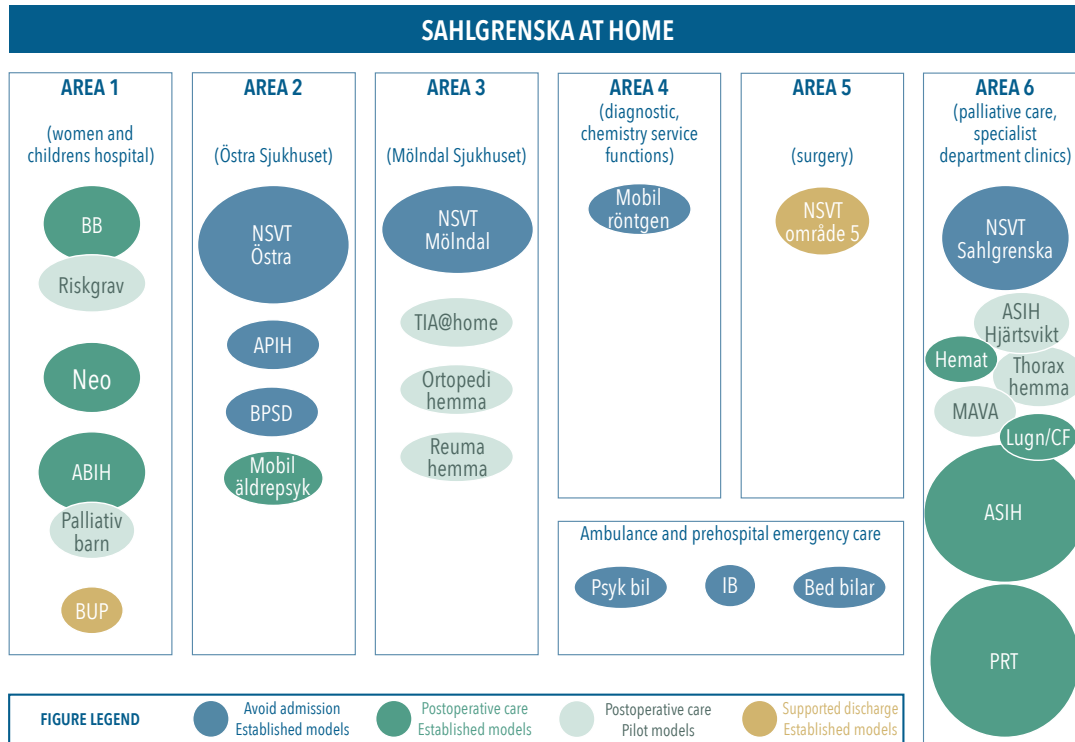


Figure 1: *The current organizational structure of SaH*

Peter Almgren, project leader for Sahlgrenska at Home, has identified key challenges in scaling SaH, one of them concerning communication and collaboration across the hospital's teams and departments. Almgren observes that many teams currently operate in silos, with limited interdepartmental cooperation. Rather than having each team independently establish its own HaH model, Almgren recognizes both the necessity and opportunity to strengthen communication pathways and foster collaboration to evolve the model more efficiently and foster shared learning among teams.

## 1.2 Purpose

The purpose of this study is to map the existing communication and collaboration practices among teams at Sahlgrenska in order to pinpoint the current challenges and explore the different needs of various departments. As Sahlgrenska is one of the leading hospitals in the implementation of HaH in Sweden, this study also seeks to analyze international experience from similar HaH models executed by other hospitals or medtech companies to further gain insights into external practices. Based on the analysis, the purpose is moreover to identify Sahlgrenska's key areas of improvement in this regard and recommend strategies to overcome those challenges.

## 1.3 Research Questions

This study addresses the following research questions:

**Research Question 1:** What are the existing communication and collaboration practices among teams involved in SaH?

**Research Question 1.1:** What are the SaH employees' opinions about these practices?

**Research Question 2:** What are other hospitals' or companies' experience of communication and collaboration in developing a HaH model?

**Research Question 3:** What strategies regarding communication and collaboration practices could be utilized to improve the development of SaH?

## 1.4 Limitations

This study has a few limitations that may impact the scope and depth of findings:

**Partial Employee Interviews:** A limited number of employees from Sahlgrenska Hospital will be interviewed, focusing on a few representatives rather than all staff members from each involved department.

**Limited Sample of Hospitals:** Due to time constraints and limited connections with other hospitals, only one external hospital was included in the interviews. However, the selected hospital has a well-established and mature HaH program, making it a valuable source of insights and best practices for this study.

**Conceptual Stage:** This study represents an initial concept and is not a finalized proposal, meaning recommendations may require further modification and testing before implementation.

## 2 Theoretical Framework

Effective communication is critical in healthcare, particularly in models like Hospital at Home that rely heavily on coordination across departments and teams. Communication challenges can lead to inefficiencies, reduced patient safety, and lower staff satisfaction. This section reviews existing literature on communication in healthcare, focusing on collaboration within teams, the role of Health IT and telehealth, the impact of change management, and the influence of organizational structures. These themes provide a foundation for analyzing and improving communication practices in HaH programs.

### 2.1 Key Themes in Communication

#### Collaboration in Healthcare Teams

Collaboration among healthcare professionals is fundamental to delivering high-quality care. Morley and Cashell (2017) [4] highlight that enhanced collaboration can bring several advantages such as an improved quality of care, increased patient safety, and higher staff satisfaction and retention. By working together, colleagues can share important information and insights, leading to more informed decisions and a more holistic view of patient needs. Additionally, clear communication minimizes the risk of medical and technical errors by ensuring all team members are updated on changes, whether they relate to patient care, procedural guidelines, or administrative updates. A culture of collaboration fosters a supportive work environment, evenly distributes workloads, and reduces stress among staff. This, in turn, promotes workforce stability, which ultimately enhances the hospital's efficiency. However, challenges persist, such as poor coordination between teams and variability in meeting structures. These barriers can lead to fragmented communication and inconsistencies in patient care. Addressing these issues requires structured workflows and the use of standardized tools.

#### Communication Tools and Technology

Health Information Technology (Health IT) has transformed how healthcare teams communicate, enabling virtual consultations, real-time data sharing, and secure messaging. Telehealth tools like electronic medical records (EMRs) and video conferencing facilitate remote care and improve collaboration across geographically dispersed teams.

However, challenges still exist. One major issue is the lack of integration between different systems. Galavi et al. (2022) [5] discusses the barriers that nurses and physicians often use different systems, thus non-integrated EMR systems can delay access to important patient information, slowing down decision-making. Similarly, Fathi et al. (2016) [6] highlighted the need for standardized documentation and interconnected platforms to make communication more efficient. Additionally, ensuring that healthcare staff are properly trained to use these tools is essential for maximizing the benefits of Health IT. Addressing these barriers can help healthcare teams communicate more effectively and deliver better care.

#### Change Management in Healthcare Communication

Change management provides a structured approach to address communication and collaboration challenges during organizational transitions. Change management is the process of planning, developing, evaluating, supporting, and sustaining the implementation of organizational change. It consists of models and strategies such as Kotter's 8-Step Change Model or The Gailwraith Star Model. These frameworks aim to increase the acceptance of change and minimize barriers to successful implementation [7]. Common challenges in change management include poor teamwork, which results in low engagement and participation. Therefore, a supportive environment is essential to overcoming these challenges. In contrast, successful change management contributes to long-term sustainability and quality within healthcare. With more effective and clear communication, stress and burnout among employees can be reduced [8].

#### Organizational Structure and Communication

Organizational structure also plays a pivotal role in shaping internal collaboration within teams and across departments. Clear roles and defined communication pathways encourage collaboration and reduce hierarchical barriers. For example, as suggested by Pang et al. (2025) [9], forums for team discussions where team members can exchange experiences and evaluations can foster team spirit and

collective learning. Additionally, coordinated processes and shared systems, such as digital dashboards or task management tools, can enable synchronous collaboration and ensure that all team members are aligned in their efforts[9].

## 2.2 Related Work

This section reviews key studies and existing research on communication, as well as the implementation and scaling of HaH programs. By exploring challenges and strategies identified in existing research, this section highlights lessons learned from established HaH models.

Brody et al. (2019) [10] provide valuable insights into challenges and helpful strategies for starting a Hospital at Home program in a large health system. Using qualitative methods, the study highlights issues in regulations, operations, and partnerships, while also providing actionable solutions to support the success of similar programs.

One significant challenge was the hospital’s electronic health record (EHR) system, which was not originally designed to accommodate the unique requirements of HaH care. Since HaH involves both inpatient and outpatient care needs, the existing EHR system had to be customized to manage tasks such as medication tracking and IV infusions. These modifications required substantial time and resources to ensure effective integration and functionality.

Table 1 summarizes the key findings of the study, focusing on strategies for implementing HaH, recommendations for initiating a program, and guidance for scaling and expanding HaH services.

Table 1: *Summary of Challenges and Solutions in Implementing Hospital at Home (HaH) Programs [10]*

<b>Strategies</b>	<b>Morning Huddles:</b> Regular morning team meetings improved coordination by allowing the team members to share updates on patient care plans and resolve any problems in the team.
	<b>Defined Workflows:</b> It is important to clearly define workflows and expectations for all stakeholders, including response times and documentation protocols.
	<b>Information Sharing:</b> Since not all teams had access to the same patient records, this was causing miscommunication. To resolve this, they had to use manual checks and extra communication to avoid mistakes, even though these solutions added to administrative workload.
<b>Advice For Starting HaH</b>	<b>Plan Early:</b> Start building partnerships and working with regulators before launching the program.
	<b>Fix Technology Gaps:</b> Invest in technology, like EHR systems, that can handle the unique needs of HaH care.
	<b>Start Small:</b> Begin with a small number of patients or a limited area to identify and fix problems before expanding.

<b>Advice For Expanding HaH</b>	<b>Changing Rules:</b> Policymakers need to make regulations and billing systems more supportive of HaH models.
	<b>Unified Processes:</b> Standardizing workflows and communication tools across teams can make operations smoother.
	<b>Better Technology:</b> Shared data systems that connect all partners can improve care coordination and reduce mistakes.

Galavi et al. (2022) [5] systematically explores significant challenges in communication among care providers and patients in the context of home healthcare, with a focus on the integration and use of health information technology (Health IT). In this study, telehealth refers to the use of telecommunications technologies to deliver healthcare services remotely. This includes virtual consultations, real-time monitoring through wearable devices, and secure communication platforms, which are particularly crucial in home care settings.

While telehealth has improved access to care and collaboration among healthcare teams, it has also introduced new communication challenges. These challenges, along with potential solutions, are the primary focus of the study. Table 2 summarizes the key communication-related findings and solutions:

Table 2: *Challenges and Recommendations for Healthcare Communication [5]*

<b>Communication Challenges Among Healthcare Teams</b>	<b>System Compatibility Issues:</b> Nurses and physicians often use different systems that do not connect seamlessly, leading to delays in sharing important patient information and causing frustration among healthcare providers.
	<b>Preference for In-Person Communication:</b> Many healthcare providers prefer face-to-face conversations over telehealth tools, as in-person communication is often seen as more effective and helps build trust.
	<b>Extra Administrative Work:</b> Telehealth systems require additional tasks, such as setting up devices and training users, which reduces the time available for direct communication between team members.
<b>Challenges in Collaboration with External Partners</b>	<b>Lack of Shared Platforms:</b> Hospitals and community care providers often do not have access to shared systems, which creates barriers in coordinating patient care effectively.
	<b>Unclear Roles:</b> Misunderstandings about the roles and responsibilities of different care providers, such as telehealth staff versus home care teams, can lead to inefficiencies and communication breakdowns.

<b>Communication Challenges with Patients</b>	<b>Technology Difficulties:</b> Many patients struggle to use telehealth devices due to limited familiarity with technology, creating gaps in communication with their care teams.
	<b>Limited Communication Options:</b> Patients often feel there are not enough ways to interact with care teams, and they express a need for more real-time communication tools like video calls or instant messaging.
<b>Recommendations to Improve Communication</b>	<b>System Integration:</b> Develop platforms that allow hospitals, community care providers, and home healthcare agencies to share information in real time.
	<b>Training Programs:</b> Provide training for both healthcare providers and patients to ensure they understand how to use telehealth tools effectively and confidently.
	<b>Clear Communication Protocols:</b> Establish guidelines for how healthcare providers should communicate using telehealth tools, including clear roles and responsibilities.
	<b>Simplify Telehealth Tools:</b> Design user-friendly telehealth devices and platforms to make them more accessible for patients and providers alike.
	<b>Real-Time Communication Features:</b> Include tools such as secure video calls and instant messaging to improve the quality and speed of interactions between patients and healthcare teams.

This study highlights the key communication barriers in using health IT in home care and offers practical solutions to improve collaboration and care delivery in telehealth settings.

Fathi et al. (2016)[6] investigates ways to optimize interdisciplinary team (IDT) communication in home-based medical care (HBMC) settings. The study identifies key challenges in accessing and sharing patient information among care team members and proposes strategies to improve communication as shown in Table 3.

Table 3: *Summary of Communication Challenges and Solutions in Home-Based Medical Care [6]*

	<b>Challenges</b>	<b>Proposed Solutions</b>
<b>Fragmented Information Systems</b>	Lack of interoperability between EMR systems limits real-time access to patient data by IDT members.	Develop shared EMR platforms or interfaces to allow seamless access to patient records across organizations.

<b>Limited Use of Technology</b>	Underutilization of secure e-messaging for real-time communication among team members.	Promote secure e-messaging as a tool for concise and efficient communication, especially for remote teams.
<b>Inconsistencies in Meetings</b>	Variability in the scheduling and attendance of IDT meetings reduces care coordination effectiveness.	Establish regular, mandatory IDT meetings to discuss patient care plans and share updates systematically.
<b>Lack of Standardization</b>	Absence of standardized workflows and patient assessment tools creates communication gaps.	Introduce standardized patient assessment forms and documentation workflows, accessible through shared EMRs.
<b>Measuring Communication Quality</b>	Difficulty in evaluating communication effectiveness in care coordination.	Implement quality indicators (QIs): regular IDT discussions, ongoing communication processes, and standardized assessments.

The study emphasizes that effective communication among IDT members is critical for delivering high-quality care in HBMC settings. Strategies such as leveraging technology (EMRs and secure e-messaging), conducting regular team meetings, and standardizing patient assessments are essential to address communication barriers. These practices not only improve care coordination but also enhance patient outcomes and team efficiency.

## 3 Methodology

This section outlines the methodology used to address the research questions and achieve the study's objectives. This study employs a qualitative research design to explore communication and collaboration practices within Hospital at Home (HaH) programs. Further, this study employs a qualitative research design, primarily through interviews, to gather insights from two key sources: employees at Sahlgrenska and representatives from external organizations with established HaH programs. This dual approach enables a thorough analysis of both local needs and established practices, focusing on operational and developmental communication. The section details the different research approaches and methodologies used to study the three different research questions.

### 3.1 Research Question 1

The first research question is divided into two sub-questions. One question focuses mainly on how the various departments seem to communicate and collaborate from an external viewpoint, while the other examines how employees actually experience the collaboration. To answer these questions, a further analysis of the data provided by Almgren, the SaH project leader, was initiated. This contained material such as an initial structure of the different departments and their collaborative area, but also some interviews from different departments. These were somewhat difficult to comprehend from an external perspective. Therefore, new semi-structured interviews were conducted with one spokesperson from a few departments, where the purpose and some related questions were clearly defined.

The purpose of the interviews was to focus on communication and cooperation in the context of Hospital at Home, or more specifically Sahlgrenska at Home. Collaboration and communication refer to the interactions between colleagues and employees, rather than between the hospital and the patient. The aim was thus to gain a comprehensive understanding of how the various departments utilize the HaH service and in what ways they could benefit from cooperating with other departments that offer the service. Perhaps some do not benefit from a collaboration at all, while others would prefer a partnership that allows for questions, evaluation, and collective improvement. Some of the questions asked to address research question 1 was: “*Do you have any structure on how to communicate between different departments?*”, but also if they had regular meetings or specific tools or platforms to use in order to communicate among and between departments.

To answer the second sub-question regarding the employees' experience of the collaboration, questions were asked regarding the evaluation of the structure and working methods that are used today regarding the subject, but also regarding the overall feedback from the employees. The goal is to encourage a discussion where employees can express their honest opinions about the current situation and, potentially, the advantages or disadvantages they believe an improved or continued collaboration could bring. Furthermore, addressing the problems and challenges they face regarding the subject, both internally and externally within the departments. The interview questions asked to Sahlgrenska employees can be found in Appendix A.

#### Sampling Frame

The sampling frame for selecting interviewees was based on insights from the initial 22 interviews previously conducted by Peter Almgren and the list of potential interviewees was further refined through discussions with Almgren. Together, these inputs helped identify the list of interviewees, focusing on the teams most relevant for gaining deeper insights into communication practices. This collaborative approach ensured that the follow-up interviews were targeted and aligned with the identified challenges and potential solutions.

Figure 2 shows the departments and teams involved in the SaH program. The departments with bold colors were interviewed as part of this report. It is noticeable that these are departments of different sizes from different areas. In addition, apart from one pilot department, conversations were held with established departments.

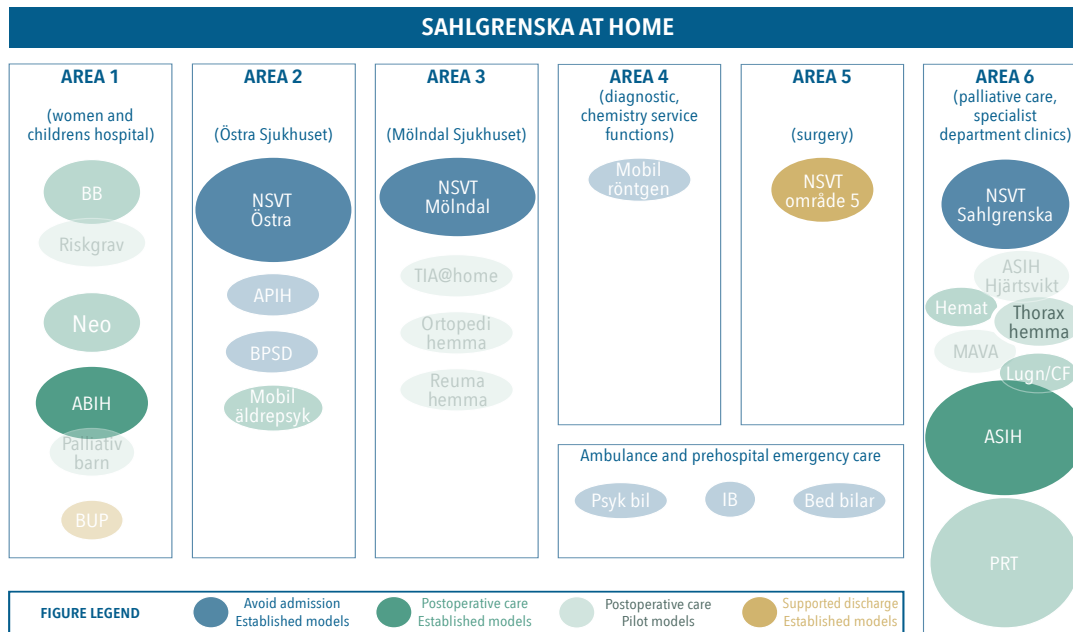


Figure 2: Representation of the Main Teams and Departments from Sahlgrenska Participating in the Interviews.

It was decided to conduct individual interviews in which one or two students interviewed the designated representatives in a digital one-hour video meeting in order to increase the probability of interviews with suitable candidates. To arrange suitable appointments, a booking system was set up for a time frame of two weeks, which was tailored to the availability of the students, in which the potential interviewees could book a one-hour appointment to suit them and with that, a meeting link was automatically created. The interviews were audio recorded and transcribed, as well as notes taken during the conversations. The data obtained is stored in a cloud to which only the group participants have access.

A total of seven interviews were conducted online over a two-week period. To maintain confidentiality, the names of the interviewees and their respective teams will not be disclosed in this report. Instead, each interviewee has been assigned a unique identifier, which will be referenced in the empirical findings section to present their contributions.

### 3.2 Research Question 2

To address the second research question on how communication and collaboration function between departments in other HaH programs, interviews were conducted with representatives from the hospital *Southern Health and Social Care Trust* in Northern Ireland and the medtech company *Medtronic* in Spain. The main focus of the interviews was to understand their experience of operational communication, which involves the exchange of patient-related information, which mainly takes place through applications and meetings, and developmental communication, which promotes further progress and optimization through the exchange of information between steering groups and teams. The insights gained from these interviews were crucial for comparing these practices with Sahlgrenska's HaH program and contributed to addressing the third research question on interdepartmental connections and organizational structure.

The interviews were semi-structured and the questions were largely similar to those asked to Sahlgrenska employees in order to enable better comparability. These were coordinated with Ahlmgren, who

established contact with both the Sahlgrenska employees and the international contacts. Detailed interview questions are included in Appendix B.

Interviews with representatives from other hospitals followed a similar process, with one-hour digital meetings scheduled via a booking system. These sessions were recorded, transcribed, and securely stored in a shared cloud accessible only to the group participants, ensuring consistency in data collection.

### Sampling Frame

The interviewed organizations were chosen for their extensive experience and relevance to the study.

- *Southern Health and Social Care Trust* (Northern Ireland):

This organization was chosen for its well-established HaH program, which has been operational since 2014. The Southern Trust also participated in the Hospital at Home Conference held at Sahlgrenska at the beginning of this project, where their presentation demonstrated the program's maturity and effectiveness. Their experience offers valuable insights for this study, particularly in communication and collaboration practices.

- *Medtronic* (Spain):

Medtronic was selected due to its role in supporting operational communication tools and manufacturing medical devices for home care. The company has collaborated with numerous HaH programs across Spain and Portugal, giving it a broad perspective on communication practices within different organizational contexts.

The interview with Southern Health and Social Care Trust (Northern Ireland) included two participants. To maintain confidentiality, their names will not be disclosed in this report and they will be referred to as Interviewee Y and Interviewee C. Similarly, the interview with Medtronic involved one participant, who will be identified as Interviewee R.

### 3.3 Research Question 3

To address the third research question, focusing on strategies to improve the development of SaH, both empirical and theoretical findings were concluded in an organizational design framework, The Star Model, by Jay Galbraith [11]. The framework consists of five categories that managers can control in order to shape the decisions and behaviors of their organizations effectively. The first category is *strategy*, which Galbraith describes determines direction, while the second one, *structure*, determines the placement of power and authority. The third category, *processes*, is about the work processes and flow of information. The fourth one, *rewards*, influence the motivation of employees and the last one, *people*, define employees' necessary mindset and skills. The framework highlights that all the categories are linked together, meaning that for an organization to be successful and effective, strategies in all categories need to be considered and aligned.

In this study, the framework was utilized while brainstorming and analyzing recommended strategies for SaH as a way to systematically consider different aspects. However, as this study only aimed to consider communication and interdepartmental collaboration of the initiative SaH, and not a full organizational design of Sahlgrenska, adaptations of the categories were made to fit the purpose.

## 4 Empirical Findings

This section presents the results of the interviews conducted with Sahlgrenska employees, representatives from other organizations with established HaH programs, and the interviews previously conducted by Almgren, the project leader at Sahlgrenska.

### 4.1 Almgren’s interviews

The analysis of 22 interviews conducted by Almgren revealed several potential solutions for improving communication and coordination in Hospital at Home programs. These solutions include tools like **itACiH**, which is particularly effective for logistics, task coordination, and team assignments. The introduction of a **helpdesk** or “**kokbok**” system was suggested to optimize support and provide a quick reference for common issues. **RAKEL** was also mentioned as an intercommunication tool. Furthermore, phone calls, video meetings, and Microsoft Teams chat have been mentioned as the current ways of communication. However, detailed information about how these tools are utilized was not extensively covered in the initial interviews which required additional interviews to be conducted with Sahlgrenska staff. The results of these new interviews are presented in the next section.

### 4.2 Sahlgrenska Employees

The analysis of interviews conducted with Sahlgrenska employees identified five main themes: operational communication, development communication, challenges, past methods, and needs and wishes for the future. Each of these main themes is further divided into subthemes, providing a detailed understanding of the communication dynamics and related factors. A visual representation of the themes and subthemes is provided in Figure 3.



Figure 3: Overview of Main Themes and Subthemes Identified from the Interview Analysis with Sahlgrenska Employees

### 4.2.1 Operational communication

The operational communication theme focuses on patient-centered communication, such as coordinating patient responsibilities between employees and discussing daily tasks. The interviews revealed a variety of methods and tools used by departments and teams within the SaH project to communicate and collaborate in their roles. Key themes emerged around the use of digital systems, real-time communication tools, and traditional methods.

#### Meetings and Regular Check-ins

Regular meetings play a significant role in coordination and communication. Three teams typically begin their day with morning meetings to discuss patient assignments and daily plans. As one interviewee noted, “*We start off each day by talking to our colleagues and the other teams to divide the patients.*” Weekly physical meetings were highlighted as beneficial for team-building, particularly by one team, who meet in person every Wednesday.

*When I talked about Hisingen, the team that works on Hisingen, they do this every morning meeting, but also one day a week, Wednesday, they transport themselves to Hisingen to meet physically. And I think that’s also good for the team and team building.* –Interviewee 1

#### Real-Time Communication Tools

- **Mobile phones/Phone calls:** Phone calls between staff and departments remain the most common method for interdepartmental and external communication. Employees described phone communication as reliable but challenging due to the high volume of calls. One interviewee explained that coordinators handle over 150 calls a day, including phone calls from ambulances, emergency departments, and home care services.

*The team has an incoming phone line that anyone can call. This includes calls from ambulances, emergency departments, health centers, home care, and even some former patients. There’s quite a high volume of calls—easily over 150 a day—handled by the coordinator, who has to schedule and allocate tasks to the different vehicles.*

–Interviewee 7

*We communicate with other departments or the team by phone if we need any information.*

–Interviewee 3

Another interviewee mentioned that the communications run through SVLC (Sjukvårdens Larmcentral) via phone calls,

*We communicate with them (another mobile team) via phone—they have a number, and so do we. Now, the communication goes through SVLC. SVLC is supposed to know about all mobile teams. While effective in some scenarios, the reliance on phones often leads to bottlenecks and inefficiencies.*

– Interviewee 6

- **Rakel** Which is a radio device, stands out as a preferred tool among mobile teams and ambulance services.

*We use Rakel, but it is not really for communication, it’s used to receive cases from SVLC and the ambulance service.*

–Interviewee 6

Employees also appreciated its ability to facilitate secure, efficient communication.

*Rakel is probably the best one because it’s easier. You can reach out to more than one car at the same time[...] It’s not something blocking. You can write some text messages at the same time.*

–Interviewee 2

However, Rakel is primarily used for intra-team communication and is not integrated with other hospital departments, which limits its broader utility.

## Digital Communication Tools

- **itACiH:** One team uses itACiH<sup>1</sup> tool which is highly valued for internal communication and task management within teams. The interviewee explained that the tool is used to assign patients, track member locations, and share logistical details. As the interviewee described,

*We have the patients in itACiH, and we can put them in different places and see which member is going to which patient.* –Interviewee 1

The interviewee also emphasized the importance of expanding its use, stating,

*We would like to keep it [itACiH] very much, and it would be a dream if also the communities could have it so we can communicate with each other.* –Interviewee 1

Despite its effectiveness within the hospital teams, the tool’s limited accessibility to external stakeholders, such as municipalities, remains a challenge.

- **Samsa:** The Samsa<sup>2</sup> platform is used for communication with municipalities. It facilitates structured collaboration between hospital and community care. One interviewee noted:

*With the municipality, we primarily communicate through an IT tool called Samsa, which is a regional IT platform for collaboration. There are about 60 guideline documents in the region regarding how communication between healthcare providers should take place in Samsa. Naturally, communication also happens over the phone. And, occasionally, faxes are still used.* – Interviewee 7

- **Elvis:** One team uses also Elvis which is a patient administrative system used for scheduling and planning. The interviewee highlighted its role in managing bookings, waiting lists, and patient appointments, separate from medical records.

*Elvis is the region’s patient administrative system. We handle all planning tasks, waiting lists, bookings, appointments, and patient invoices through it. All of that is managed separately from the medical records.* – Interviewee 7

However, Elvis is not utilized for communication between staff members within teams or departments. It is strictly focused on administrative coordination and does not facilitate internal collaboration. A recent improvement mentioned was the direct scheduling of follow-up appointments by emergency department nurses, eliminating manual processes and reducing delays.

## Informal Communication Platforms

- **WhatsApp:** Two interviewees (teams) use WhatsApp for informal communication. The WhatsApp groups are being used for internal updates within the SaH team.

However, this tool is not commonly used hospital-wide and is primarily reserved for non-critical updates, such as notifying about absences or sharing quick messages.

## Manual Communication Methods

Interestingly, despite the availability of advanced tools, some traditional methods, such as faxes, are still used. One employee explained,

*Every important document, like the medical plan and the list of medicines, the ordinations, they have to fax.* –Interviewee 1

This reliance on outdated methods highlights areas where further modernization is needed.

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<sup>1</sup>itACiH website: <https://itacih.se/>

<sup>2</sup>Samsa Website: <https://www.vastkom.se/samsa>

## 4.2.2 Developing Communication

The developing communication theme focuses on topics such as implementation and improvement strategies. This type of communication is more about how to develop the SaH model and way of working, rather than daily tasks addressed in 4.2.1. In this regard, the interviewees primarily highlighted topics around three subthemes, Communication through steering groups, Meeting within the group/team, and Sharing perspectives with/related to other teams.

### Communication through steering groups

The response regarding meetings within the steering group was somewhat diffuse. Three out of seven departments had a clear response with relatively unified answers. What can be ascertained from the interviews is that these three departments have meetings with the steering group at least once per six months. In one case, these meetings are held once every two weeks. The meetings are held on-site and last longer than 45 minutes in the majority of cases. These meetings seem appreciated and important as they usually address evaluative questions. What stands out is one department that organizes steering meetings twice a year with all three hospitals to promote learning and strengthen communication and collaboration.

### Meeting within the group/team

The responses vary when it comes to internal team meetings. Four departments gave a clear answer, of which one team has a meeting once a week and another once a month, both of them on site. One department mentions that they have meetings within the team but unfortunately not how often. The third department has a "breakfast meeting" within the team once every six months. They wish they had it more often because it is appreciated among colleagues. It opens up for problem-solving and better cooperation. Common to all is that these meetings address topics such as routines, priorities, medicine-related questions, challenges, and problems.

### Sharing perspectives with/related to other teams

The responses varied when it came to interacting with teams in other departments. The majority of those who answered have had some form of interaction with teams in other departments. One person mentions having joined development afternoons, though it's unclear which departments were involved or how many. Another interviewee mentions having team sessions focused on sharing perspectives and understanding how the other team works. The result of this is that they have become more unified. Another has regular meetings between different departments, at least 4 a year where improvements and evaluation are discussed. Furthermore, there is one department that has no structured contact with other departments. However, the person mentions that their NSVT is "*a bit all over the place and moves around,*" yet they have still managed to build fairly strong relationships. What can be interpreted from another interview is that the attitude regarding collaboration between departments was somewhat negative. Due to the fact that they work with such complicated patients, it is difficult to cooperate.

## 4.2.3 Challenges

### Channels to gather information

Most challenges can be traced back to the accessibility of information, but also to staff. One reason is the large number of channels used, which makes it difficult to pass on information to staff. This also applies to the different approaches of assessment in relation to pain treatment, as different staff groups with different levels of experience exist at different sites, each with their own communication channels.

While it is noted that no one takes responsibility for collecting information and that it should be done at a higher level rather than by individual teams, communities have their own rules and can decide for themselves whether to change systems. Thus, this task is not only strongly influenced by Sahlgrenska but also by other factors.

### Information sharing

When it comes to sharing information in the form of reaching out via a message, the challenge is that when using WhatsApp, the staff would receive many messages outside of their working hours, while

the opposite problem arises with emails, as the staff are mainly in the field working with patients and therefore do not have time to read messages. This also applies to newsletters, which are hardly ever read. Telephone calls, on the other hand, work relatively well, where the only challenge is the recipient's occupation. Concerning conferences, it was noted by an interviewee that the healthcare staff is extremely specialized and there is not a suitable solution for everyone, so conferences would not be useful for everyone.

### **Utilization**

In the interviews, the mobile care teams in particular noted how important it is to accept tasks in order to keep the development and workload high. In addition, there is no concrete limit to the number of patients, but rather it is considered whether a potential new patient can be integrated into the existing schedule. The mobile care teams are also seen as the first point of contact, if they reject cases, it could be assumed that they do not have the time and the calls decrease so that the project has to be advertised again. There are also conflicts with the municipalities, which can usually be traced back to issues of care availability.

- **Stress:** The pressure to accept as many cases as possible on the one hand and to manage with the limited number of teams on the other leads to stress, which in turn leads to sick leave, overtime, feeling unwell, and eventually, staff changing jobs. However, further expanding communication is also made more difficult by the fact that the project is in an important phase of development while being carried out in a rather hectic everyday environment.
- **Task distribution:** Regarding task distribution, the problem of workload can be recognized by the fact that some staff want to relieve other colleagues of work to reduce stress levels, while other colleagues are reluctant to do so. The problem is supported by the use of MS Teams and other text message applications, which make it easier to reject a case compared to a phone call.

### **Availability of softwares**

Furthermore, it can be said of the challenges that finding suitable software to facilitate communication is also made more difficult by the slow procurement process. For example, itACiH was deliberately accepted as a project so that it could be accessed more quickly.

#### **4.2.4 Past Methods**

With regard to methods and approaches that have been used before, both operational communication and the communication of the project were mentioned by the interviewees. Regarding the operational communication for instance, before the summer, a central coordinator was appointed in Östra for the allocation of teams to patients. In addition, a Microsoft Teams group chat was used to communicate between all mobile care team employees in the event of staff gaps or capacity. This has now been replaced by telephone calls.

Another aspect that is crucial for the success of SaH is the spreading of information about its existence as well as its duties. This was implemented in the form of A3 posters with "We now have a project: Home Care." written on them. These were hung up in all departments and clinics and are aimed at both staff and patients, as well as their families. This had the desired effect, attracting patients' attention to Sahlgrenska at home and making them part of the project. The development was recorded in check-in meetings and posted on the bulletin board, which is updated weekly. This way, everyone has access to the information. Regardless of whether they can attend the meetings. Based on this, the exchange between the already experienced departments as well as interested and pilot departments took place.

#### **4.2.5 Needs and wishes for the future**

##### **Definition and structure**

A recurring theme among the feedback for the future development of Sahlgrenska at Home is the need for a clearer definition and guidelines. Interviewees frequently mentioned that having a better understanding of what SaH involves is essential. This clarity would not only improve and ease communication but also foster broader acceptance among staff.

*Regarding Sahlgrenska at Home overall, I believe there is a need to create communication material that can be properly anchored. The hospital needs to decide what exactly we mean when we talk about Sahlgrenska at Home.*  
– Interviewee 7

*I wish there had been a clearer definition. It would have made it clear that this is what we do and that it's accepted. If it had been clear and accepted, communication would have been easier.*  
– Interviewee 6

Similarly, several interviewees highlighted the need for a centralized organizational structure and guidelines for the implementation and execution of SaH. Such a structure would enable better collaboration and coordination across the departments. The necessity for this centralization was particularly emphasized by mobile care team employees, who pointed out the need for more clearly designated roles and responsibilities between their different sites (Sahlgrenska, Östra, and Mölndal). On a related note, when discussing potential changes if given the opportunity to start over, one mobile care team employee specifically underlined the importance of having a robust communication plan.

*This is a new form of care, the hospital has no established guidelines, routines, or structure for this type of service. I wish there could be more collaboration within the hospital on this.*  
– Interviewee 4

*Establishing a central structure and setting expectations for mobile care units and how they should operate is essential. Additionally, there needs to be some kind of distribution to ensure that all units with vehicles contribute to the Hospital at Home implementation. Not all departments will be able to purchase vehicles and staff them. Also, having a clear division for the mobile teams for each site is important. What each site's team primarily does and is responsible for, and which operations they should respond to, and so on.*  
– Interviewee 7

*I would have made sure to have a communication plan in place and spent time on that. [...] How should we communicate this to our partners, care departments, and clinics inside the hospital? And how should we bring together our three mobile care teams?*  
– Interviewee 6

### **Meetings and information sharing**

Some interviewees mention the efficiency of meeting each other in person regularly, that it is easier to collaborate with each other if they are in the same team and work at the same place.

*It is sometimes difficult because we are placed in different hospitals. If we started at the same place each morning, face to face, it would be much easier. Because now it's only a phone and a voice. Sometimes you have a misunderstanding and you can't really read out what the other person thinks.*  
– Interviewee 2

One interviewee underscores the value of sharing experiences across teams. The person believes that initiatives such as conferences and workshops, where individuals of various ages, experiences, and from different teams can meet, are valuable. Concurrently, another interviewee repeated that it is highly individual what each project needs and expressed skepticism about the effectiveness of initiatives like conferences in this regard. Instead, this person believes the solution lies in ensuring that expertise is available and that information relevant to many is easily accessible.

*Those questions are common to all teams going home, but we don't have a forum to discuss them or develop guidelines for it. We haven't built up such a network. It would be beneficial to have that, to be able to exchange experiences.*  
– Interviewee 4

*It's important to have clear, accessible information on topics that affect many, like antibiotics for patients at home or vascular access, which are relevant to various projects. Knowing where to turn for expertise and who to discuss these areas with is key. There's so much at Sahlgrenska that we're unaware of, and finding it requires constant detective work.*  
– Interviewee 5

## Tools

Another area identified for improvement is the provision of tools. Interviewees primarily mention the lack of sufficient coordination and journaling tools, along with a desire for location-tracking capabilities. One interviewee particularly emphasized the inefficiency of teams having to independently research and determine which tools to use, noting that such efforts detract from their primary duty of providing care, which is their foremost expertise.

*[...] The need for new technology in home care, it's something one wishes someone else could address. Someone saying that this is available, or asking, what do you need? We are best at care, you know, not at technology.*  
– Interviewee 4

However, interviewees also mention that tools, structure, alignment, and such could be improved, and there is a lot that could be improved. Still, a potentially greater challenge lies in influencing established work methods and organizational culture.

*To implement something like this might be more about attitude and culture than tools.*  
– Interviewee 3

## Advise to others

Lastly, a recurring advice the interviewees would give to a new department starting Sahlgrenska at Home is to just start somewhere and learn by doing, otherwise, it is easy to get stuck. And also to build on what you have and proceed from the needs and opportunities of each clinic.

*I still say, start! Begin somewhere. If you try to plan everything with both inclusion and exclusion criteria and so on, it becomes so narrow that you'll never finish the planning. You need to move into action and dare to test.*  
– Interviewee 6

*You can always improve things and make them less complicated. But many times, you also need to walk that path to navigate all the risks and become an expert in the specific moments that you need.*  
– Interviewee 5

## 4.3 Other Hospitals

In order to complement the information and challenges from the Sahlgrenska staff and to gain further inspiration and how challenges can be dealt with, interviews with employees from a hospital in Northern Ireland and the company Medtronic were essential. Especially the established program from Northern Ireland, which has been in operation for 10 years, was able to share a lot of their experience which is addressed in this section.

### 4.3.1 Northern Ireland

#### Structured Communication Processes

One of the cornerstones of their communication system is a centralized telephone triage line.

*The referrer rings in, the admin takes the details, and hands it to our medical triage doctor. Within 10 minutes, a decision is made whether we are taking the patient or offering advice, or redirecting them to another service.*  
–Interviewee Y

This ensures quick and direct access for referrers and allows for immediate decision-making, a key factor in their operational success.

*Additionally, their use of electronic systems, referred to as the Power system, plays a crucial role in maintaining continuity and transparency in patient care. All of our referrals are placed on what we have as a power system, it's an electronic system. That power system is visible to all the community services out there, so if we've got a record of somebody, other services can tap in and see what we've done.*  
–Interviewee Y

This integrated system fosters collaboration across teams and ensures all stakeholders are updated on patient progress.

## Team Communication

- **Daily meeting:** The team conducts daily virtual ward rounds at 12 noon, where staff discuss patient cases, update care plans, and make any necessary referrals.

*Every day there is a virtual ward round, so like you would have in a hospital, there's a ward round happens in each of the three Bases. They discuss the client. So you'll have a representation from all of the staff. And I thought making handovers are completed and they're electronic depicting the outcomes of that meeting if there's changes to care plans.*

*They'll discuss the patient, they'll agree the treatment, they'll amend the care plan. Any onward referrals that need to be done, that's all done at that 12:00 meeting and then we have a role in electronic handover that if things change throughout the day, you can go in and amend. That is a constant communication tool for all staff to know what we're doing. With that patient. So that's updated continue.* –Interviewee Y

This daily practice ensures consistent communication and keeps all team members aligned. For staff who cannot attend, alternative handover methods are used, such as verbal updates to a nurse in charge or electronic handover notes. This adaptability ensures communication continuity without disrupting patient care. Initially, the team experimented with different timings for their daily ward rounds, but morning meetings proved impractical.

*We tried an early morning ward round, but it impacted our capacity to start patient calls and administer time-sensitive medications. The morning is critical for getting out to see patients on schedule.* –Interviewee Y

After testing various options, the team found that noon was the optimal time. she elaborated,

*By 12, staff have completed their morning calls, handled new admissions, and are ready to participate in the meeting before heading back out for afternoon rounds.*

–Interviewee Y

- **Monthly meeting:** Furthermore, a monthly governance meeting provides a broader platform for updates and team-wide discussions.

*I have got a monthly governance meeting with as many of the full team as I can get. And then i have structures in place that information is cascaded down through each of the disciplines, so I could send information to the pharmacy league to share with the pharmacy staff to the medical leave to share with the medical staff to the OT lead to share or or the HP staff, you know, to the nurse and lead to share with. The national staff. So you've got pockets of other pathways. To try and. Disseminate information as well.* –Interviewee Y

### Use of Technology for Communication

The team leverages various technological tools to facilitate communication:

- **Mobile Phones:** Each staff member is equipped with a phone to ensure they are reachable, especially when working in the field.

*I might need you in a hurry because I'm in a patients house and need some instant urgent advice. So I think they understand this both ways. If I'm ringing you, it's for a reason and I need you to be able to pick up the phone. So especially when you're loan working that that becomes really important.* –Interviewee C

- **Laptops and Tablets:** Staff are provided with these devices to access the Power system and update patient records in real-time.
- **WhatsApp:** Used informally within nursing and healthcare teams for logistical coordination.

*It's an informal way. And I suppose it's, you know, if one of the nurses maybe says I can't. Get to the meeting at 12. Can somebody who? Can somebody give my hand over? Will you give me a call or something like that or I'll ring you. Will you give my hand over for my patients or there's a call out work work for a nurse on tonight. Can anyone? Work a bank shift. Or things like that. That's usually the information that goes on it. Or Mrs. X. Mrs. X's address is really hard to find, you know. Here's how to get there. Or here's some directions. You know, things like that.*

–Interviewee Y

However, they avoid using WhatsApp for formal communications, relying instead on emails for official updates.

*And I don't think it can be your only communication tool, but it's certainly it's complementary. And as I say, it is more informal for anything more formal. I wouldn't want to be doing. It on a WhatsApp. You know, so anything coming from me? I wouldn't watch that, but I put it in the formal emails, but I might ask them in might put into the WhatsApp group. Please check your e-mail. In relation to. Standards and guidelines or whatever.*

–Interviewee C

- **Microsoft Teams:** Enables remote participation in daily virtual meetings for staff who are not physically present.

### **Phased Implementation and Trust Building:**

Both interviewees credited the phased approach to implementing the Hospital at Home service as a major success factor. Furthermore, Building trust among stakeholders, including patients, community teams, and hospital colleagues, was central to their approach. They shared:

*Don't think too big, do it small, do it well and then grow from there. But also they were rushing ahead. Or their senior leadership was planned to rush ahead with some digital technology and some kind of like virtual monitoring and things like that. And we were strongly saying you need to build the trust up amongst yourselves as colleagues, as a team and with the patients. If you start too digitally focused, you have the potential of you don't have the human contact and the trust all you might miss out a chunk. The digital bit will come, but get the team and the safety and the governance and all of those things. Get them all right first, before you start leaping ahead to something.*

### **Challenges in Communication:**

Despite their robust systems, challenges persist:

- **Rural Areas:** Poor network coverage in rural locations occasionally hinders communication.

*Some areas have poor signal, but staff check messages and return calls as soon as they can.*

–Interviewee Y

- **Staff Gathering:** While most staff participate actively in daily meetings, coordinating schedules across three localities remains complex.

*You never will get 133 staff cause rolling shift patterns, but our best chance of seeing most. With them is once a month at our governance meeting and that's a virtual meeting.*

–Interviewee Y

- **Technological Integration:** Both interviewees acknowledged that they are still searching for a fully integrated communication system.

*We've tried for virtual ways of doing this and I'm not sure we're entirely there yet there. There has to be some system that could. Work better for us but just haven't found it yet.*

–Interviewee Y

## Managing Increased Patient Load During the COVID-19 Pandemic

The interviewees detailed how the COVID-19 pandemic created unprecedented demand for their service but also solidified their reputation as a critical care provider.

*Nobody wanted to go to hospital, so all of a sudden, everybody looked towards Hospital at Home to take their patients.*  
–Interviewee Y

This shift necessitated adaptations to their operations, especially in care homes, which were among the most vulnerable settings.

Strategies Employed:

- **Direct Referrals from Care Homes:** Before the pandemic, care home referrals required GP involvement. During the pandemic, care home managers were allowed to refer patients directly.
- **Virtual Monitoring for COVID-Positive Patients:** To manage patients who were COVID-positive but not critically ill, the team implemented a virtual monitoring system. Medical students were recruited to monitor patients' daily observations remotely and alert the medical staff to any deterioration.

*Care home staff took daily observations and reported to medical students, who escalated cases when necessary.*  
–Interviewee Y

- **Role Flexibility:** Staff adapted to new responsibilities due to reduced access for some disciplines.

*There was a bit of role blurring, with healthcare professionals expanding their roles to assist with demand.*  
–Interviewee Y

These strategies not only addressed the immediate challenges but also reinforced the trust in their service.

*If you didn't know about Hospital at Home before the pandemic, you definitely knew about it afterward.*  
–Interviewee Y

## Lessons and Advice

For new Hospital at Home initiatives, their advice was clear:

- Start small and focus on building trust among team members and stakeholders.
- Avoid over-reliance on digital tools early on; instead, establish strong governance and human connections first.

*The digital part will come, but get the team, safety, and governance right first.*  
–Interviewee C

- Embrace a phased approach to implementation and be prepared to take risks.

*Don't be afraid to take a smaller number of sick patients initially to learn and grow.*  
–Interviewee Y

### 4.3.2 Medtronic

The interview with the program manager at Medtronic in Spain provided insights into how Medtronic, as a technology and device company, supports hospitals in implementing and running Hospital at Home programs. Medtronic's role involves developing and deploying innovative technologies and working closely with hospitals to optimize care delivery outside traditional hospital settings.

#### Medtronic's Role in Hospital at Home

Medtronic functions as a technological enabler for HaH programs in Spain and Portugal. Medtronic collaborates with hospitals to identify challenges and deploy tailored technological solutions, such as remote monitoring devices and digital platforms. Furthermore, The company assists hospitals in integrating technology into their workflows.

*Medtronic's role is to find the problem, and other companies solve the technology. We adopt the hospital with the technology.*  
–Interviewee R

This collaborative model ensures that hospitals are equipped with the right tools to deliver effective care at home.

### Technological Solutions

Medtronic's contribution to HaH programs revolves around innovative devices and platforms that facilitate remote care:

- **Remote Monitoring Devices:** Medtronic equips hospitals with remote monitoring devices such as portable ECGs and wearable technologies, including bracelets and pulse simulators, designed to collect real-time health data from patients at home. These tools enable seamless remote care, allowing healthcare providers to monitor vital signs and track patient conditions effectively.
- **Patient Engagement Tools:** They also build surveys for patients to self-report their daily health status, enabling early detection of potential issues.

*Patients fill out surveys about how they feel, providing diagnostic insights for already diagnosed patients.*  
–Interviewee R

- **Cloud-Based Digital Platform:** Medtronic's cloud-based digital platform supports medical record management, video conferencing, and chat features for seamless communication between departments. The platform allows departments to share information in real time.

*The platform can deploy across departments, enabling them to share information in real time.*  
–Interviewee R

The platform complies with European regulations, ensuring data security and privacy.

### Challenges in Implementing Hospital at Home

The Interviewee highlighted several challenges that hospitals face when adopting Hospital At Home programs:

- **Need for Clinical Leadership:** A key success factor is the presence of a dedicated clinical leader to oversee the program.

*You need a clinical leader at the hospital to lead the whole process.* –Interviewee R

This leader coordinates between various specialists to ensure holistic care for patients with multiple conditions.

- **Coordination of Multi-Specialist Care:** For patients with complex conditions, involving multiple physicians requires strong organizational oversight.

*One patient may have different diseases, so the leader needs to coordinate care across physicians.*  
–Interviewee R

- **Cultural Shift:** Transitioning to a Hospital at Home (HaH) model represents a significant cultural shift in how care is delivered, requiring hospitals to rethink traditional workflows and processes. The interviewee emphasized that such a transition is not just about adopting new technology but about fundamentally changing how care teams operate and collaborate. “*You have to change the process,*” he explained, highlighting that HaH challenges the conventional in-hospital approach by decentralizing care and shifting it into patients' homes. This change necessitates a paradigm shift in mindset among healthcare providers, from physicians to nurses and administrative staff, as they must adapt to delivering the same quality of care in a non-traditional environment.

### Patient-Centric Focus

The interviewee highlighted the strong preference among patients for home-based care.

*Patients have a big trust in HaH—90% prefer to stay at home.*

*—Interviewee R*

This preference aligns with the goal of improving patient satisfaction while reducing hospital overcrowding.

To meet these expectations, hospitals must:

- **Maintain High Standards:** Patients in acute phases may require up to three daily visits, similar to in-hospital care, while chronic patients are seen less frequently based on their medical needs.

*In an acute phase, you need to visit the patient three times a day, just like in the hospital, but in a chronic disease, you might visit the patient once a month.*

*—Interviewee R*

- **Adapt Protocols:** Care plans must be flexible and tailored to individual conditions, ensuring consistency with hospital standards.

*you treat the patients exactly the same as in the hospital.*

*—Interviewee R*

Underlining that the protocols used in HaH must align with those used in traditional hospital settings to maintain trust and care quality.

### **Recommendations for Success**

The interviewee shared strategic recommendations for hospitals adopting HaH programs:

- **Top-Down Leadership:** HaH initiatives should stem from strategic decisions by hospital leadership, ensuring alignment with institutional priorities.

*This has to come from the top; it's a strategic decision of the hospital.*

*—Interviewee R*

- **Technology Integration:** Hospitals need flexible platforms that can classify patient information based on disease and condition while providing real-time notifications.

*You need a flexible platform to handle all the information you receive about the patients, to receive notifications about their status, and to classify patient information based on their disease and condition.*

*—Interviewee R*

This ensures that critical data is accessible and actionable for healthcare providers, enabling them to prioritize care and respond swiftly to any changes in the patient's condition.

- **Building Trust:** A gradual implementation approach helps build trust among patients and healthcare providers. Medtronic supports hospitals in this effort by offering reliable technologies and processes.

## 5 Recommendations

This chapter addresses the third research question: *What strategies regarding communication and collaboration practices could be utilized to improve the development of Sahlgrenska's Hospital at Home (SaH)?* Using the Galbraith Star Model as a framework, the recommendations focus on strategies to enhance operational and developmental communication, strengthen interdepartmental collaboration, and support the successful implementation of SaH. Figure 4 illustrates the interconnected elements of the recommendations within the Star Model framework.

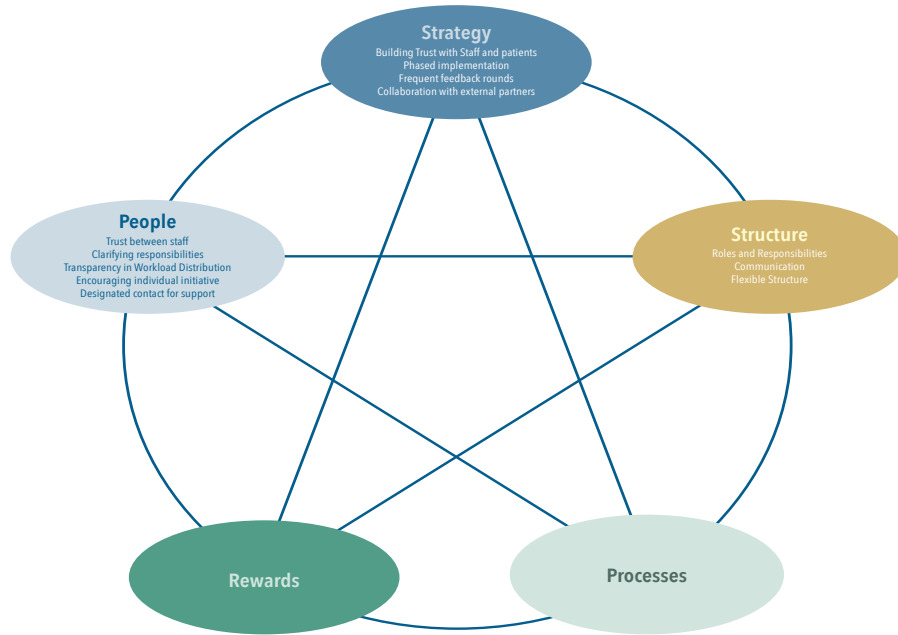


Figure 4: *Visual Representation of Recommendations for Enhancing Communication and Collaboration in SaH Program Using the Galbraith Star Model Framework.*

### 5.1 Strategy

The main aspects for a good strategy are the unified will of all those involved to contribute and to continuously improve the SaH concept, but also the exchange within and across teams. This includes the following points in detail:

#### **Building Trust with Staff and patients**

As emphasized by Southern Health and Social Care Trust in Northern Ireland several times, the trust of patients, staff and management is critical to success. And while technology has an impact on a low conflict process, it is the people who are the biggest factor in development, such as experimenting with and evaluating processes and continuously improving them.

#### **Phased implementation**

Although a certain amount of preparation and planning is required before Hospital care at Home can be implemented in a department, especially in highly specialized areas, it makes sense to implement the program in parts with a small number of patients and to continuously adapt the implementation by communicating with patients and the medical staff involved. Especially in areas that are difficult to compare with the work of experienced departments.

#### **Frequent feedback rounds**

In order to continuously improve and adapt SaH, scheduled meetings must be held to exchange information. This is not only important within teams and departments, but also useful across them, so that ideas can be shared and, if necessary, adapted to the individual department. However, the exchange between teams and supervisors is also important and would enable rapid communication through a shared or physically closer workplace to team break rooms, for instance, and not primarily in the event of issues.

### **Collaboration with external partners**

As in this report, an exchange with groups or individuals outside a system is important in order to avoid mistakes that others have made themselves through trial and error, but also to look at positive aspects and learn from them. Even if there is often competition in some parts, not every clinic has to make the same mistakes.

## **5.2 Structure**

The structure component of the Galbraith Star Model plays a critical role in the successful implementation of SaH. This component focuses on how the organization's framework, roles, and relationships are designed to support the program's goals. For Sahlgrenska, establishing a clear and effective organizational structure is essential for ensuring smooth coordination and communication across departments and teams involved in the SaH program.

### **Roles and Responsibilities**

The effective operation of Sahlgrenska's HaH program requires the establishment of clearly defined roles and responsibilities across all three localities. Each team and department involved in SaH must have specific functions and accountability to ensure smooth operations. For example:

- **Clinical leader:** Essential to coordinate the entire program. This leader serves as the central point of communication and decision-making, ensuring all teams are aligned and addressing any issues that come up.
- **Mobile Care Teams:** Responsible for direct patient care and on-site visits.
- **Coordination Teams:** Oversee scheduling, task allocation, and logistical support across the three locations to ensure consistency and efficiency.
- **Steering Groups:** Provide overall guidance and ensure different departments work together in the three localities.

This clarity ensures that all teams, regardless of their locality, understand their roles and how they contribute to the overall success of the program while addressing location-specific needs.

### **Establishing Communication Pathways**

Structured communication pathways are essential for facilitating effective information flow within and between the three localities. Sahlgrenska's current use of tools such as Rakel, itACiH, and Samsa for operational communication illustrates the need for streamlined systems that work across multiple locations. To address these needs:

- A centralized platform could be developed to integrate existing systems, enabling real-time information sharing and reducing reliance on fragmented tools. To Accomplish this, Medtronic can provide this service.
- Scheduled interlocality meetings can provide forums for updates, evaluations, and collaborative problem-solving, ensuring alignment across the city. These meetings would involve representatives from all three Sahlgrenska localities, enabling them to share updates, address challenges, and develop solutions collaboratively. This ensures consistency in the SaH program's approach while addressing specific needs of each locality.

The structure must support both operational communication—critical for day-to-day activities such as patient updates—and developmental communication, which focuses on program improvement. This could involve:

- **Operational Communication:** Enhancing tools like itACiH to include external stakeholders, such as municipalities, and improving its usability for care teams.
- **Developmental Communication:** Steering group meetings held semi-annually or quarterly to address program evaluation and foster continuous learning among departments.

The structure should promote collaboration by minimizing hierarchical barriers that can hinder interlocality communication. Clear and direct communication channels between mobile care teams and hospital-based departments in each locality are essential to avoid delays caused by unnecessary layers of decision-making.

### Flexible Structure

A flexible structure is crucial for adapting to the evolving needs of the HaH program. As Sahlgrenska expands its HaH services, regular evaluations of the structure will be necessary to identify inefficiencies and incorporate new technologies or workflows. For example:

- Introducing role-specific communication tools can ensure that staff, such as nurses, coordinators, and managers, have easy access to relevant information to their specific responsibilities. For instance, nurses could use applications that provide real-time patient updates, medical histories, and treatment plans to support home visits, while coordinators could utilize task management platforms to schedule, assign, and monitor tasks across all three localities. Managers and steering groups could rely on dashboards to track overall program performance and facilitate interlocality coordination. These tools would reduce information overload by presenting only role-relevant data and enables seamless collaboration across SaH program.
- Creating adaptive protocols involves developing flexible guidelines and workflows that can adjust to changes in patient care needs or resource availability across Sahlgrenska’s three localities. These protocols should allow for reallocation of resources, such as staff or specialized equipment, to address variations in patient needs or high-demand situations in specific localities. For instance, protocols could prioritize patients based on the urgency of their condition and allow for staff sharing across localities. Additionally, adaptive protocols should outline alternative arrangements, such as utilizing telehealth for follow-ups or transferring patients between localities when necessary. Regular reviews and updates to these protocols, based on feedback and data, will help maintain efficiency and ensure high-quality care delivery even during resource constraints or sudden changes.

The structure must also ensure alignment between the SaH program and Sahlgrenska’s broader hospital operations across its three localities. Coordination with departments like radiology, pharmacy, and emergency services is essential for seamless care delivery. Shared dashboards or joint task management systems can enable synchronous collaboration across these departments.

## 5.3 Processes

A key recommendation regarding processes is to prioritize regular, face-to-face or virtual meetings, essentially during the initial stages of implementation. Regular interactions foster relationship-building and help establish trust among team members and departments. Daily huddles, weekly team meetings, and quarterly cross-departmental sessions provide essential opportunities for sharing updates, aligning goals, and addressing challenges collectively. Using more of an agile approach in the build-up phase eases the development of new and uncertain projects. These interactions also build the interpersonal connections necessary for effective collaboration and create a shared sense of purpose.

Moreover, in the early phases, the emphasis should be on frequent and open communication to ensure all employees are aligned and informed. By engaging in consistent dialogue, teams can address misunderstandings, clarify expectations, and strengthen their working relationships. Emphasis should also be placed on face-to-face, or at least virtual meetings with video, as seeing each other provides additional context and information beyond verbal communication [12], fostering deeper understanding, relationships, and fewer misinterpretations. As the project grows and both operations and relationships solidify, attention to digital tools streamlining the processes could be increased. However, starting with

personal, direct communication allows the foundation of trust to be established, ensuring smoother adoption of technological solutions in the future.

Building relationships counteracts the challenges of misunderstandings, cultural differences, and the lack of clarity that several interviewees from Sahlgrenska spoke about. It also builds trust, a key success factor highlighted by the Northern Ireland Hospital and Medtronic.

As SaH expands, effective communication at the managerial level between departments becomes critical for sustaining alignment, sharing learnings and driving the program's growth. Therefore, another recommendation is to introduce a system of structured updates, such as bi-weekly or monthly updates in a forum or newsletter to managers across all departments involved, or soon involved, in SaH. These updates should highlight key developments, progress, upcoming milestones, and areas requiring attention or feedback. By providing consistent and transparent communication, these updates keep managers informed and ensure that managers can pass on relevant information to their teams. Addressing the silo approach and the difficulty to navigate among much information and to find the expertise needed.

## 5.4 Rewards

Motivation and commitment are required from both the organization and the employees in order to establish a new way of working for communication and collaboration within Hospital at Home. This is closely aligned with one of Galbraith's categories, Reward. Reward aligns the organization's objectives with the employees' goals.

Implementing a radical change from the previous structure, regarding communication and collaboration between the various departments, will be difficult and probably not feasible. However, through set milestones and making gradual progress, a new and sustainable way of working will gradually emerge. It is important to explain and provide information on why the change is necessary and the benefits it can bring to the employees. This is because well-defined goals are easier to approach than unclear ones, which likely leads to increased motivation. These goals could include, for example, fixed times for meetings, both within the group and between departments. Alternatively, introduce meetings with specific topics or objectives, such as those directly related to patient care, or meetings focused on evaluation and feedback, which were appreciated according to the interviews. By achieving these milestones or smaller implementations, results in the form of improved collaboration and communication can be seen as a reward for both the organization and employees.

## 5.5 People

### **Trust between staff**

As already mentioned under the strategy aspect, a basis of trust is key, not just trust in the concept, but also in each other as well as an open attitude towards each other so that problems and ideas can be addressed and solved collectively. This can be improved by team-building activities, for example, but even small events, such as regular breakfasts, can have a major impact.

### **Clarifying responsibilities**

The clear definition of SaH and its responsibilities as well as the specific tasks of staff must be clear in order to reduce uncertainties during implementation. Once the framework is in place, it is also easier to propose specific adjustments and changes. A defined structure communicated by the management also contributes to strengthening confidence in the concept, as explained in the Strategy section.

### **Transparency in Workload Distribution**

If the allocation of cases is not transparent, the mood of the staff and their commitment can quickly be affected. One way to avoid preferential treatment would be to distribute cases centrally. If there are specific reasons for the increased allocation of attractive cases, specifically concerning the mobile care teams, the motivations should be made clear.

### **Encouraging individual initiative**

In order for SaH to grow, it is immensely important that employees are involved and that the exchange is encouraged and does not just occur at a management level. This can be achieved, for instance, through a peer support network in which employees can inspire each other and share experiences. Transparent explanations of the reasons behind major changes can also encourage input from staff and benefit the concept. This also applies to actively involving employees and requesting feedback, as changes should ideally be made before any significant damage is done. When implementing the above, it is important to consider how employees can fit the time into their workflow.

**Designated contact for support**

The knowledge of the contact person who deals with the development of SaH should be shared further, as this also influences the knowledge of SaH and its tasks. This contact also plays a key role in the event of problems and can offer support.

## 6 Discussion

This chapter provides a discussion of the findings from this study in relation to the three research questions, a brief sustainability analysis, and ending with a conclusion of the report.

### 6.1 Research question 1

The findings reveal that communication within SaH is currently fragmented, with many teams operating in silos. Existing tools like Rakel, itACiH, and Samsa are utilized for operational communication, but their integration is limited, which hinders seamless information sharing. Meetings, such as daily coordination and weekly interdepartmental sessions, provide opportunities for collaboration, but these are not uniformly effective across all localities and departments.

Operational communication largely focuses on sharing patient information and task coordination, while developmental communication—necessary for long-term improvements—is less structured. The interviews highlight a lack of standardized workflows and limited feedback loops, which further impact collaboration. The current state underscores the need for stronger communication pathways and better alignment across teams.

### 6.2 Research Question 2

Insights from the Northern Ireland HaH program and Medtronic emphasize the importance of integrated communication tools, clinical leadership, and structured interdepartmental meetings. Northern Ireland’s program demonstrates the value of using centralized systems for sharing patient data and coordinating tasks, supported by regular interdisciplinary team discussions. Similarly, Medtronic’s experience with operational communication tools highlights the potential of adopting wearable devices, secure messaging platforms, and real-time monitoring systems.

These external programs also stress the importance of having a clinical leader to oversee coordination and decision-making. This role ensures alignment between teams and enhances communication between teams and departments.

### 6.3 Research Question 3 & Feasibility

Based on the empirical findings, it appears that Sahlgrenska’s communication and collaboration challenges related to the SaH are several. The previously presented recommendations are thus important to discuss in terms of whether they are reasonable and applicable in practice.

A recommendation by both the Northern Ireland Hospital and Medtronic is building trust and responsibility. Partly between colleagues but also for the home care service and the hospital in general. Transparency in workload distribution and encouraging individual initiative is considered fully feasible. This is not viewed as an exclusive way of working for the hospital-at-home service, but rather as a general approach for the hospital.

Something that is linked to this is the recommendations regarding roles and structure. Clear roles and responsibilities between teams (e.g. clinical leaders, mobile care teams) are essential for smooth operations. The structure should be adaptable to changing needs and ensure that it is in line with the overall operations of the hospital. Regular evaluations and meetings ensure efficiency and responsiveness. Important to point out is that the different departments are in different phases when it comes to the implementation of HaH. This means that some departments can establish a clear structure from the beginning, while others may need to make adjustments or restructure. This is considered possible but may be difficult for those who already have something of a structure. At the same time, it is important to strive for a hospital that is as coordinated as possible when it comes to structure, evaluation, and meetings in order to achieve improvements. For a department to say they don’t have the time or need for a new structure or meetings across departments or teams is considered a lack of motivation and commitment. Thus, goals and rewarding progress milestones need to be set in order to improve staff motivation and collaboration. This can be done internally within teams but also between departments and is considered completely feasible.

One key point to highlight is that the various departments at Sahlgrenska work very differently due to their different forms of care. Therefore, some do not have any direct cooperation or contact with other departments. Despite this, it is believed that an exchange of experience or a common platform for communication would have been beneficial. This enables a chance for sharing experiences, but also for receiving advice and solutions. For example, a different department might be able to identify potential issues from an alternative perspective. Integrating a new platform for communication is considered possible but will probably require resources, time, and patience. It will take time to adjust the hospital to the new platform but will probably provide a clearer structure and improved collaboration over time. The recommendations mentioned are thus all considered possible. It is also about working in small steps and stages in order to achieve a growing service. None of the proposals are expected to be implemented in one day but will take time and planning. But with good motivation, frequent feedback, and collaboration with external partners, a more unified and developed SaH model can be achieved.

### 6.3.1 Limited data

When it comes to data- or information collection, one department from each area has been interviewed in this study. It would be preferable to interview more departments than that, but due to time constraints, this was not possible. Therefore, the study can be considered to have a comprehensive overview of the current structure that exists at Sahlgrenska. By interviewing more people, a clearer overview could have been achieved. The problems could have been reflected more clearly, likely leading to more measures and recommendations being generated. At the same time, it is evident from the interviewees that the perception of the system and its structure are interrelated.

In order to get more inspiration and recommendations, additional international hospitals could have been interviewed. Particularly hospitals that are at the forefront of Sahlgrenska when it comes to hospital care at home service.

## 6.4 Sustainability and ethical considerations

The success of Sahlgrenska at Home depends on its integration of ethical as well as social, economic, and environmental sustainability principles to create a robust, adaptable, and sustainable healthcare model, and should be considered when studying its communication strategies as well.

**Social sustainability** is promoted through efforts to develop trust among staff, patients, and stakeholders. A phased implementation allows for gradual adaptation and minimizing resistance. This trial-and-error approach fosters a culture of improvement, allowing teams to refine processes without fear of failure. By prioritizing worker well-being through fair workload distribution, adequate support, and relationship-building initiatives, the program improves staff retention and satisfaction. Moreover, these measures contribute to a sustainable workforce capable of delivering consistent, high-quality care.

**Ethical considerations** regarding technology integration are vital, especially regarding the use of digital tools for communication and patient monitoring. Ensuring data privacy and compliance with regulations such as GDPR protects patient trust and confidentiality. Simultaneously, the program must address the **environmental impacts** of its technology, such as the carbon footprint and energy consumption of software and devices. Sustainable procurement practices and eco-friendly solutions can help mitigate these concerns. Although this kind of analysis is not covered in this study, it is important to consider before future procurements and implementations.

**Economic sustainability** could be improved by fostering more effective communication through a well-defined structure and shared learning across departments. Clear roles, standardized practices, and joint meetings prevent duplication of efforts and ensure efficient resource utilization. Streamlined processes reduce waste, improve care delivery, and ultimately save taxpayers money by reducing hospital admissions and operational costs. This efficiency not only benefits the healthcare system but also aligns with the public's expectation of responsible spending on healthcare.

Through these combined efforts, the Sahlgrenska at Home communication strategies exemplify a sustainable and ethical approach to modern healthcare, ensuring its long-term success and societal value.

## 6.5 Conclusion

This study aimed to address the challenges and strategies for improving communication and collaboration in Sahlgrenska's Hospital at Home (SaH) program, using the Galbraith Star Model as a framework. The findings emphasize the importance of structured communication pathways, clear role definitions, and the integration of flexible protocols to overcome existing silos and foster collaboration across the hospital's three localities and six specialized areas.

The discussion highlights the need for tools and processes that support both operational and developmental communication. For example, while current tools such as Rakel and itACiH facilitate operational tasks, a centralized platform integrating these tools is essential for real-time data sharing and interdepartmental coordination. Furthermore, the study stresses the value of establishing a clinical leader to oversee the program, ensuring alignment across teams and supporting a culture of shared learning.

Insights from Northern Ireland's established HaH program and Medtronic's expertise in communication technologies further underline the significance of leveraging external best practices. The recommendations propose clear steps for scaling SaH effectively, such as creating adaptive protocols, regular feedback mechanisms, and structured interlocality collaboration. These strategies are designed to address the communication challenges identified in the discussion and lay a strong foundation for the long-term sustainability of SaH.

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## A Interview Questions- Sahlgrenska's employees

1. Tell us about H@H?
  - (a) For how long have you had H@H?
  - (b) How many employees approximately are there in total/ per team/or per department?(one department can have multiple teams)
  - (c) Do you collaborate or are you independent of other departments? which ones?
2. Do you have any structure on how to communicate with other departments? How?
  - (a) Do you have regular meetings with other departments ? how often once per week/month/year (if so, what type of meetings and for how long 1 hour or whole day or is it conference )
  - (b) What tools or platforms do you use to communicate with each other between departments (e.g., email, messaging apps, phone calls ... etc) or do you have your own platform?
  - (c) In case they use specific technology and tools we can ask if they train the employees or not? for example in case they use slack or teams ... etc
  - (d) Has that approach/structure been successful?
3. What are the most common communication challenges you encounter with your current approach?( for example, if it is email is there time waste )
  - (a) How do you solve these challenges?
  - (b) Did you have challenges in the past and have they solved them now ?
4. Do you get any feedback from employees or do they use any metrics to evaluate the approach? How do the employees feel about the approach? (if interviewing an employee, ask what they feel about the approach?)
5. What is the wishlist for a network in a future hospital at home?
  - (a) Do you know methods of communication from other departments you are interested in implementing?
6. What advice would you give to another department that is joining S@H? And if you start all over what would you do differently?

## B Interview Questions- Other Hospitals

1. Tell us about H@H?
  - (a) For how long have you had H@H?
  - (b) How many departments are currently involved in the project?
  - (c) How many employees approximately are there in total, per team, or per department? (One department can have multiple teams.)
  - (d) What was your success factor in making H@H this far? Are all departments connected/collaborating or independent of each other?
2. Do you have any structure on how to communicate between different departments? How?
  - (a) Do you have regular meetings between departments? How often: once per week/month/year? (If so, what type of meetings and for how long: 1 hour, whole day, or is it a conference?)
  - (b) What tools or platforms do you use to communicate with each other between departments (e.g., email, messaging apps, phone calls, etc.) or do you have your own platform?
    - i. In case you use specific technology and tools, can we ask if you train the employees? For example, in case you use Slack or Teams, etc.
  - (c) Has that approach/structure been successful?
3. What are the most common communication challenges you encounter with your current approach? (For example, if it is email, is there time waste?)
  - (a) Did you have challenges in the past and have they been solved now?
  - (b) Are there specific departments that have more communication challenges than others?
4. Do you get any feedback from employees or do you use any metrics to evaluate the approach?
5. What advice would you give Sahlgrenska? and if you start all over what would you do differently?
6. what is the wishlist for network in future hospital at home?