



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

**Towards uniformed information management
in Finnish Social Care:
National Project for IT in Social Services**

Contents

- Finnish social care
- National project for IT in social services
- Main steps and outputs
- Lessons learned

Presenter

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- Bachelor of social services
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Finnish social care

- Organized by local authorities (the municipalities)
 - The smallest municipality 110 and the biggest 569 611 citizen
- Produced by both public and private service providers
 - 336 municipalities, private providers includes ca. 2900 organizations, 4300 places of business
- Municipal and other social services employ about 170 000 people
 - about 8 % of the employed working force
- Social care is widely capitalized by taxes
- Well computerized on municipal level, but not yet centrally
- 60 social services in 22 service groups defined by 18 different laws



National Project for IT in Social Services: Tikesos-project

- Social and health care information technology utilization strategy 1996 (Ministry of Social Affairs and Health)
 - Makropilotti I and II –projects 1998-2002
 - Tikesos-project
 - 1st stage: National development project in social welfare (2004-2007)
 - 2nd stage: National Project for IT in Social Services (2008-2011)
 - Implemented by
 - The National Institute for Health and Welfare
 - The East Finland Social and Welfare Centre of Expertice
 - University of Eastern Finland
 - Finnish Association of Municipalities



Strategy: to improve the utilisation of IT in social services ... and finally

Client data is collected in the same common data structure and contents according to the same rules by every service provider

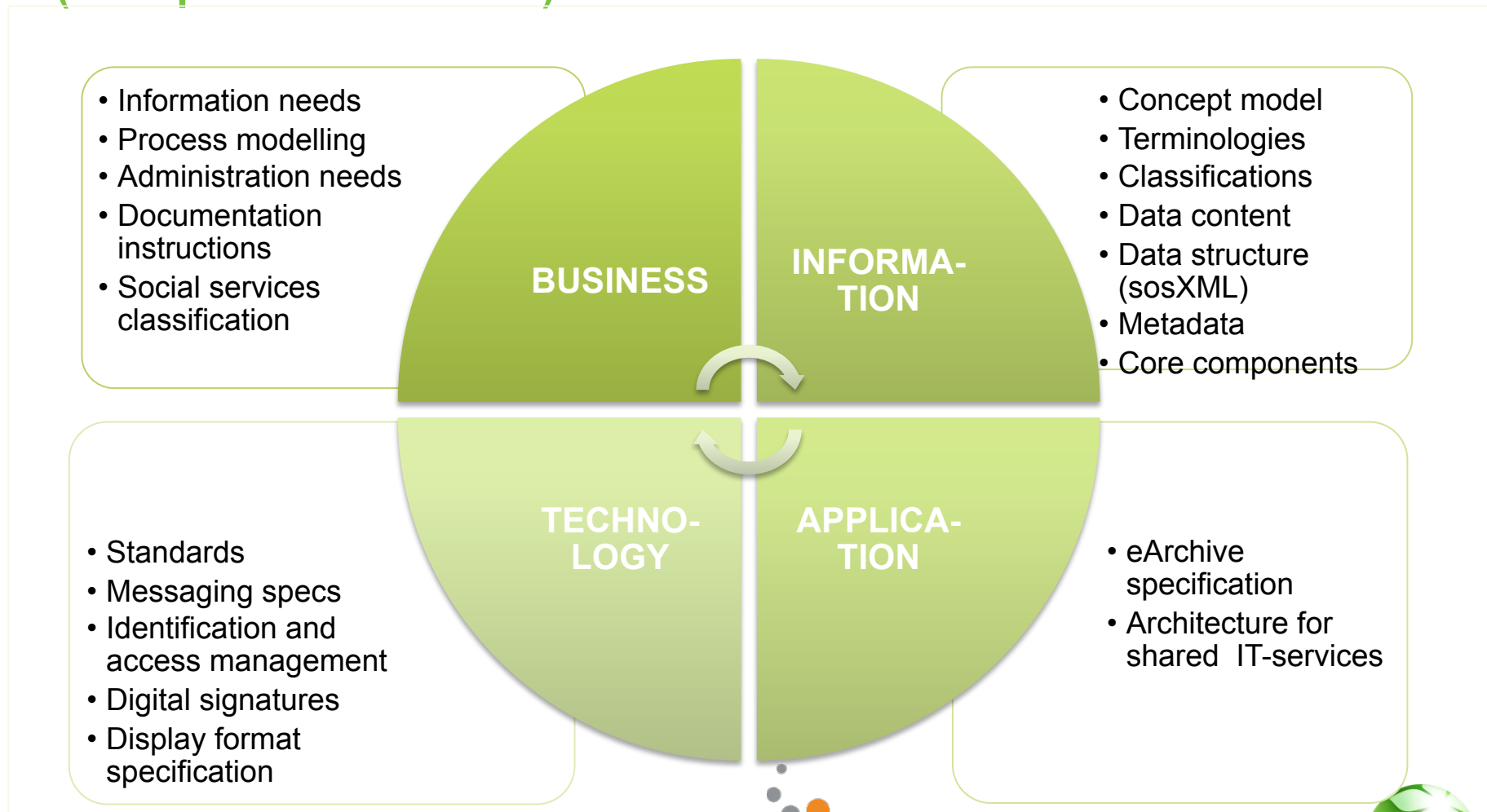
Client information systems are compatible and enable information sharing between social care organizations

eArchive is established which enables information sharing of authorities, storing and centralized statistics



Tikesos –main steps and outputs

(enterprise architecture)



Lessons learned

- Successful programme includes
 - Actors which are flexible and socially influential organizations
 - Enough resources, e.g. human capacity and expertise
 - Lack of specialists or key personnel from the project may reduce the operational capacity and achievement of objectives
 - Definitions of policy (also politically) and in-line objectives
 - Project should have a common goal, to be undertaken by the participants may commit

Lessons learned

- Many pitfalls can be avoided by not rethinking what can be reused
 - Public administration and health care national and international standards were used in the project (SOA, HL7, JHS-standards*, UN/CEFACT CCTS, TOGAF)
- National IT services >< local change management
 - Definition of work should take into account both local needs and national service opportunities

*The Public Administration Recommendations (JHS-recommendations) provide information management guidelines for public administration (both governmental and municipal).

Lessons learned

- Cost estimate of architectural choices and central services should be done early in the process -including cumulative cost of “doing nothing”
 - (Cost-)effectiveness is a good argument to commit the municipalities and central government to results
- Including IT-functionality and logics in social service aspects and requirements can improve the content and operational capacity in social care
 - The development requires the crossing of boundaries between sectors
- Requirements for convergence and reuse across sectors
 - moving towards individual-centred care and self-help
 - increasing need for holistic service management for people
 - move towards unified government interoperability



THANK YOU!

More information during this spring www.tikesos.fi

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