

17/2017

STATSREVISORERNE  
RIGSREVISIONEN



Extract from Rigsrevisionen's report on  
**Sundhedsplatformen**  
submitted to the Public Accounts Committee



1849  
147.281  
237  
1976  
114.6  
22.480  
908

June 2018

# 1. Introduction and conclusion

## 1.1. PURPOSE AND CONCLUSION

1. This report concerns how the Capital Region of Denmark prepared the rollout of Sundhedsplatformen (Danish integrated ehealth platform).

2. Sundhedsplatformen is a joint venture between the Capital Region of Denmark and Region Zealand. A joint investment of approximately DKK 2.8 billion makes this the largest IT investment ever made in the Danish healthcare system. The objective of Sundhedsplatformen is to replace several outdated IT systems with one single system that collects real-time data on all patients in order to achieve a higher quality of treatment. Additionally, Sundhedsplatformen is intended to make the workflow processes more efficient for the healthcare personnel. The platform is based on a system that is in use at hospitals in other countries. However, the part of the system that is used for administrative recording of patient treatment, had to be further developed and customised to meet the administrative rules and requirements of the Danish healthcare system.

With the rollout of Sundhedsplatformen, the hospital doctors took over part of the data recording that was previously done by medical secretaries. This meant that they also became responsible for ensuring correct recording of data in Landspatientregisteret (Danish National Patient Register). Prior to the rollout of Sundhedsplatformen, the hospital doctors would typically use a dictaphone to record data on patients, and the medical secretaries would subsequently transcribe the recordings into the patients' medical records.

In the transition to Sundhedsplatformen, new professional groups are thus responsible for recording patient treatment, in a new workflow and in a new system that has not previously been tested in relation to whether recording of data takes place in compliance with Danish administrative rules and requirements.

3. The individual hospitals in the Capital Region of Denmark have had difficulties treating the same number of patients as they did before the rollout of Sundhedsplatformen, which has resulted in declining activity at the hospitals. The actual size of the decline is not known, because the hospitals have had significant problems recording activity correctly since Sundhedsplatformen was rolled out.

### THE NATIONAL PATIENT REGISTER

This is where the hospitals record data on patients' interaction with the hospital such as, for instance, patient diagnosis and treatments. The register makes it possible to follow the development in the hospitals' treatment of patients, including the development in politically decided priority areas such as patients' right to examination and diagnosis, and cancer care packages.

### ACTIVITY AT THE HOSPITALS

The term *activity* covers patient examinations, treatments and operations performed at the hospitals.

4. Against the backdrop of the problems observed concerning maintaining and recording the level of activity at the individual hospitals in the Capital Region of Denmark, we have examined how the region prepared for the initial rollout of Sundhedsplatformen at the Herlev and Gentofte hospital. The purpose of the study is to assess, whether the Capital Region of Denmark prepared the rollout of Sundhedsplatformen in a satisfactory manner in relation to the following questions:

- Has the Capital Region of Denmark adequately considered how Sundhedsplatformen would affect the activity level at the hospitals?
- Has the Capital Region of Denmark adequately tested the system and trained staff to ensure that it would be possible to track activity at the hospitals?

Rigsrevisionen initiated the study in November 2017.

---

## CONCLUSION

The Capital Region of Denmark rolled out Sundhedsplatformen without having a clear picture of how it would affect hospital activity. Furthermore, the test of the system and training of staff in relation to keeping track of activity at the hospitals were inadequate. It is Rigsrevisionen's assessment that in these specific areas, the Capital Region of Denmark's preparation of the rollout of Sundhedsplatformen at the Herlev and Gentofte Hospital was not satisfactory. Despite the fact that Sundhedsplatformen was rolled out in May 2016, recording patient treatments and monitoring maximum waiting times at the region's hospitals is still causing problems.

Firstly, the study shows that the expectations of the Capital Region of Denmark concerning the decline in hospital activity and benefits associated with the implementation of a more efficient workflow were based on insufficient evidence. The reason for this is, among other things, that the region failed to work out estimates or analyse how Sundhedsplatformen would affect staff productivity and hospital activity. Approximately one year before Sundhedsplatformen was rolled out, a consultancy analysis pointed to the same shortcomings in the region's business case, which did not prompt the region to change its approach to estimating benefits. The insufficient evidence may make it difficult for the region to link realisation of benefits to actual efficiency benefits derived from Sundhedsplatformen.

18 months after rollout of Sundhedsplatformen, the Capital Region of Denmark concluded that activity at several hospitals in the region was still declining. This means that hospital activity has continued to decline for a considerably longer period than the three weeks forecast by the region. So far, the region has not been able to realise the financial benefits at the rate indicated in the business case, and two years after rollout of Sundhedsplatformen, the region is still unable to follow up on the targets it set for the realisation of benefits.

Secondly, the study shows that the Capital Region of Denmark's test and training activities were squeezed together before the first rollout of Sundhedsplatformen – mainly because the system was incomplete. Tests were delayed, inadequate in quality and carried out in parallel. In consequence, the rolled out system was affected by error and deficiencies, which made it difficult to record hospital activity. Training of staff was carried out in an incomplete system, which meant that the system that was eventually rolled out was different from the system that the staff had been trained in using.

Lastly, the study shows that the Capital Region of Denmark did not perform separate user tests to determine whether the staff would be able to use Sundhedsplatformen for recording activity. Nor did the region carry out training with this focus, despite the fact that activity was to be recorded by new professional groups, in a new workflow and in a new system.