

Research project MeDiLand - Medicine Digital to improve care in rural areas



The MeDiLand project was funded by the Bavarian State Ministry of Health and Care from July 2018 to October 2020 to test the possibility of improving medical care in rural areas as an example. The medical practice doctors Haberer (Spiegelau), the Rosenium nursing home (Spiegelau and Frauenau), the Binder intensive care service, the hospital Grafenau, the Arberland-hospital Zwiesel, the Donaustauf specialist clinic and IQ Medworks (service provider) were involved. The project was scientifically supported by the Grafenau Technology Campus of the Deggendorf Technical University.

<p>Use Case 1: home visits VERAHs (care assistants in the GP practice) can securely transmit photos of wound data, for example, and, if necessary, connect the GP in real time via video.</p>	<p>Use Case 2: video consultation GPs offer video consultation hours in certain situations to keep the risk of infection low in view of the Corona pandemic.</p>	<p>Use Case 3: intensive care An intensive care service can exchange patient vital data digitally with a specialist pneumology clinic in order to optimally adjust ventilation parameters and avoid hospital admissions.</p>	<p>Use Case 4: mountain rescue Non-medical staff at a mountain shelter can digitally network with a hospital in the event of a mountain accident to have rescue or first aid assistance provided under supervision.</p>	<p>Use Case 5: wound management Digitally supported instruction of nursing staff in wound management (care, dressing changes) by experienced wound managers in the hospital.</p>	<p>Use Case 6: digital consultation Establishment of a digital consultation hour in the nursing home to discuss critical patients before the weekend in order to prevent hospital admissions.</p>	<p>Use Case 7: eHealth Record Introduction of an electronic patient file so that all service providers have the same information and can treat the patient in an ideal, coordinated manner.</p>
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<p>Used in 15% of all home visits, especially audiovisual visits for wound care (38%) and medication management (25%). Good acceptance by patients, VERAHs see great added value in direct contact with the doctor, however, more than 25% of the contacts failed due to lack of mobile phone coverage.</p>	<p>Good supplementary offer, which was taken up by patients fearing infections, especially during pandemic times. However, most patients prefer direct doctor contact.</p>	<p>Very good experience with demonstrably prevented hospital admissions and improved health of patients. However, billing modalities need to be clarified, additional workload for clinic staff due to tele-consultations.</p>	<p>Functioning, simple technology that can support targeted mountain rescue. However, there was no rescue case during the project, so field experience is unfortunately lacking.</p>	<p>Technology (tablet) provides surprisingly good image quality, which is only insufficient in special cases. Very useful application for the empowerment of nursing staff, but additional workload for hospital staff due to tele-consultations, billing modalities and prescription law as well as coordination with GPs to be clarified.</p>	<p>The benefit of the digital consultation is only limited, as there is currently a good presence of doctors in nursing homes. Acute cases such as falls cannot be avoided in this way. It would be better to have a digitally available medical fallback level at the weekend with knowledge of the patient data.</p>	<p>Would be an important information base for cooperation between service providers (GP, specialist, clinic, nursing, physiotherapy, etc.), which would contribute to improving care. Little approval from patients due to fear of data protection or lack of digital affinity.</p>
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