Continuity of knowledge

Bridges of care

Takashige Doi · Joni Lappalainen · Francesca Martini · Paola Rapino · Huang Tzu-Tai

2040

2040

Source: Adobe Stock

Then

Face-to-face interaction
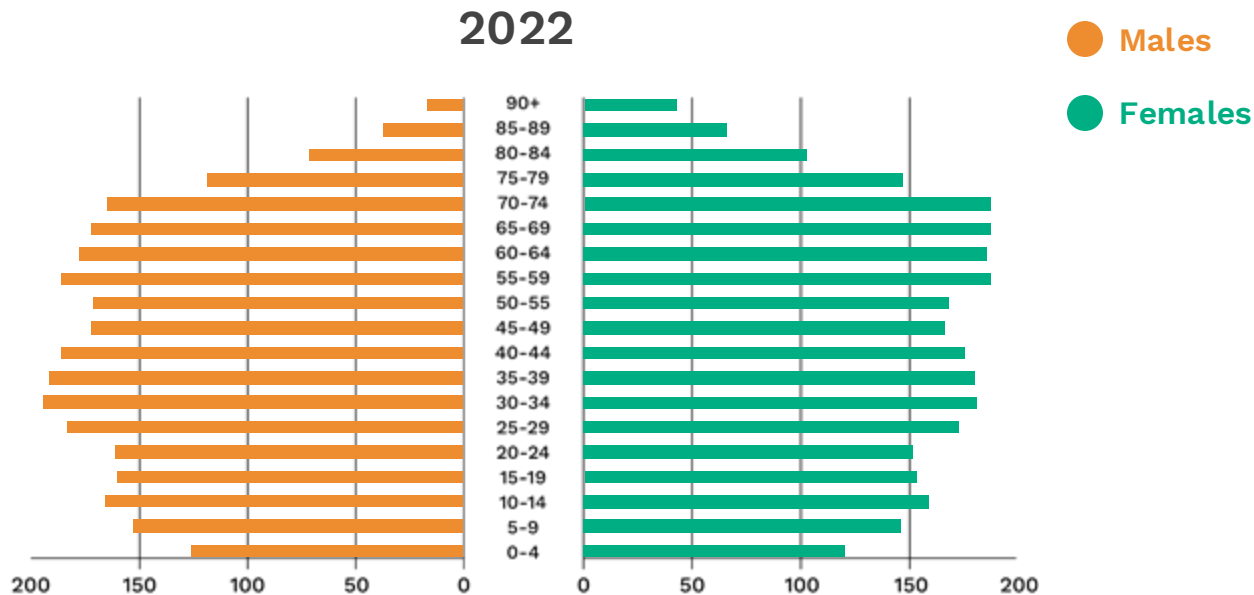Understanding beyond symptoms

Source: Adobe Stock

2040

Digitally-focused care system
30-second telemedicine with nurses
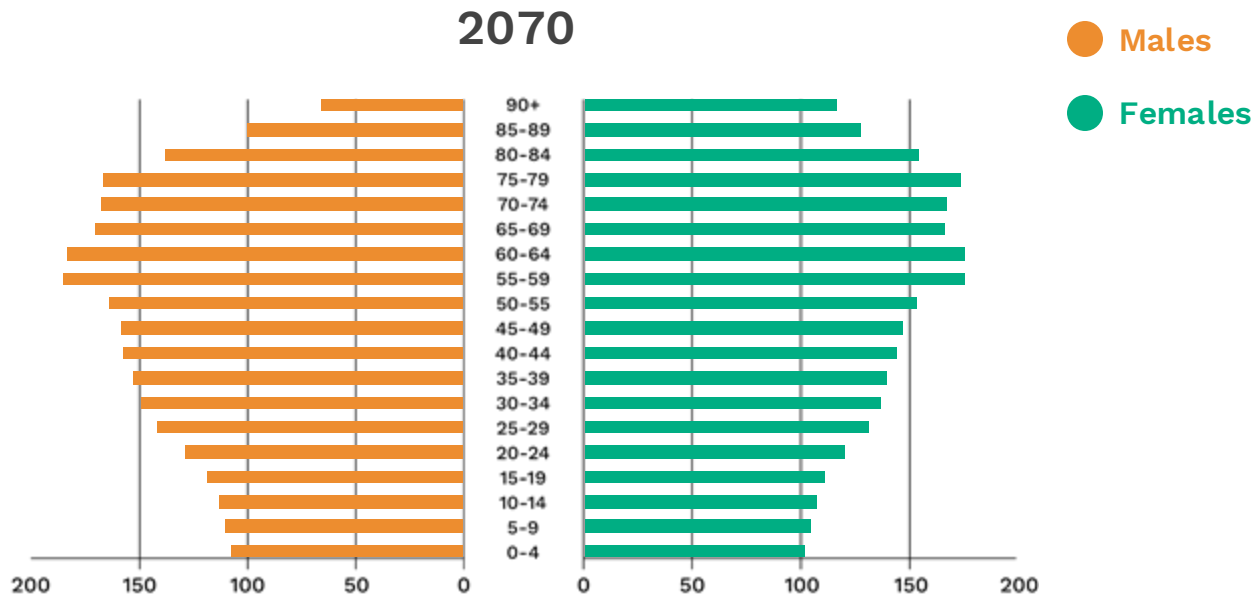
Source: Adobe Stock

Finnish population is getting older

(Ministry of Finance et al., 2024)

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(Ministry of Finance et al., 2024)

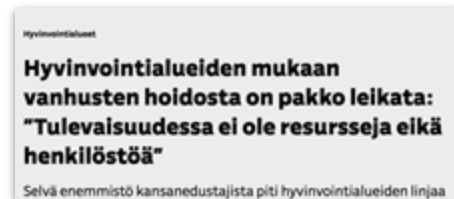# Cuts from elderly care services show shifting priorities

(Yle, 2025)

MOT Ikääntyminen

Vanhuspalveluista leikataan liki 140 miljoonaa, etähoitoa lisätään – tutkija: Digitalisaatio ei vie ketään vessaan

Professorin mukaan säästösumma on järkyttävä, sillä palvelut ovat jo nyt riittämättömät.

Nearly 140 million will be cut from elderly services.
Digitalization will not take anyone to the toilet.

Hyvinvointialueet

Sote-leikkuri iskee vanhustenhoitoon – tutkija listaa kolme asiaa, miksi hoivaa ei voi sysätä omaisten vastuulle

Omaishoitajat tuovat miljardien säästöt yhteiskunnalle. Samaan aikaan hoitajille tarjottu tuki vähenee.

Social security cuts hit elderly care

Informal caregivers bring billions in savings to society.

Hyvinvointialueet

Hyvinvointialueiden mukaan vanhusten hoidosta on pakko leikata: "Tulevaisuudessa ei ole resursseja eikä henkilöstöä"

Selvä enemmistö kansanedustajista piti hyvinvointialueiden linjaa
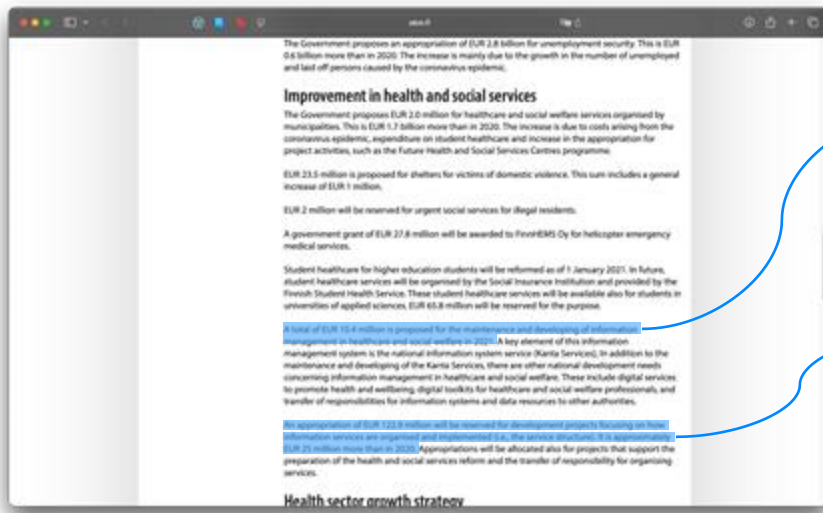
"There will be no resources or personnel in the future"

A clear majority of MPs considered the welfare areas' policy in elderly care to be wrong.

Investments continue to pour into Electronic Health Records (EHRs)

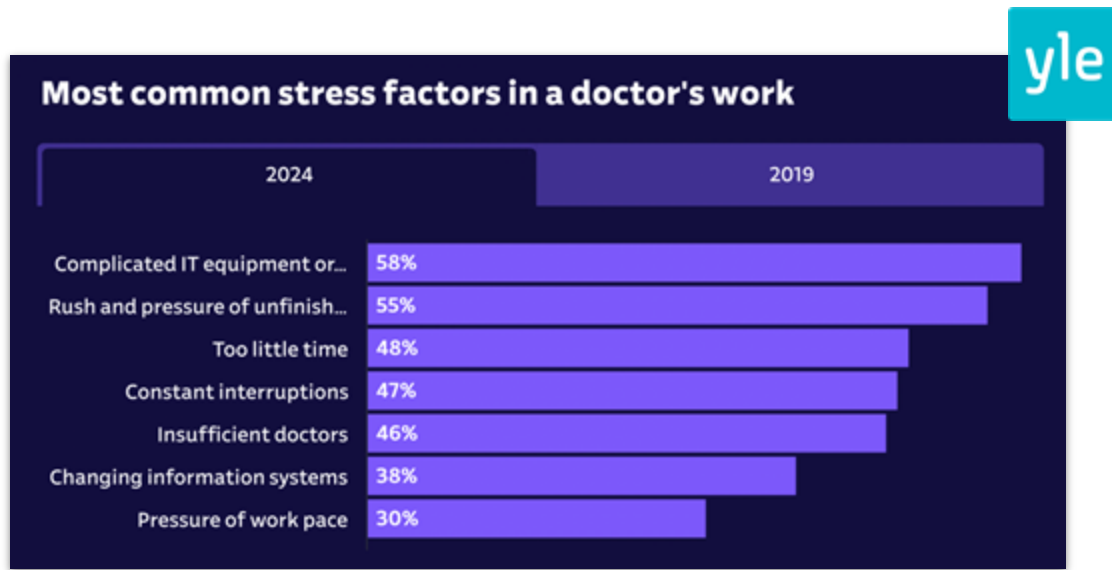## (Ministry of Social Affairs and Health, 2020)

A total of **EUR 10.4 million** is proposed for the **maintenance and developing of information management** in healthcare and social welfare in 2021.

An appropriation of **EUR 122.9 million** will be reserved for **development projects** [...] **approximately EUR 25 million more than in 2020.**

IT equipment or programmes are the most common stress factor in doctors' work
(Finnish Medical Association, 2025)

Most common stress factors in a doctor's work

	2024	2019
Complicated IT equipment or…	58%	
Rush and pressure of unfinish…	55%	
Too little time	48%	
Constant interruptions	47%	
Insufficient doctors	46%	
Changing information systems	38%	
Pressure of work pace	30%	

Doctors spend less time with patients

(Heponiemi et al., 2017)

"(...) after implementation of an EHR, **the physician's time in the clinical setting has transferred from directly caring for patients to documenting in the EHR**."

"Physicians have to **turn to the computer to complete electronic forms during the encounter, and this can be time consuming** (...). For some physicians, **aspects of EHRs represent a distraction during visits**."

We are aiming for a healthcare system that works faster than ever.

But in doing so, **we may be leaving behind the very thing that makes it feel like care in the first place.**

Care doesn't just happen in the hospital

It happens in everyday life – at home, in daily routine, and through the relationships people rely on.

Especially for elderly patients, health is not only about treatment but about **being seen, supported, and understood.**

Over 90% of people over 75 live at home, and the majority receive little or no formal care.

THL (2024)

Among home care clients, **informal caregivers provide an average of 15.5 hours per week**, compared to 4.8 hours from formal services.

Haapanen, (2018).

We believe care should be:

○ Based on human-interaction

○ Preventive, holistic, and integrated across social and health domains

○ Supported by digital tools — but not defined by them

How do we get there?

We identified 3 insights

01

Relational care:

Activating the patient's full support network

02

Tools that support care:

Designing for comprehension

03

From burden to support:

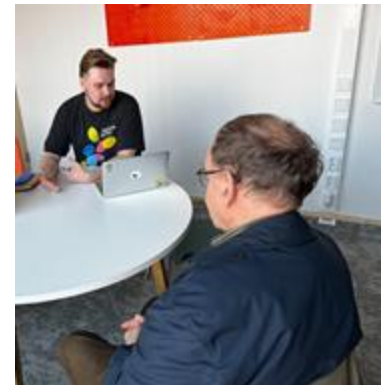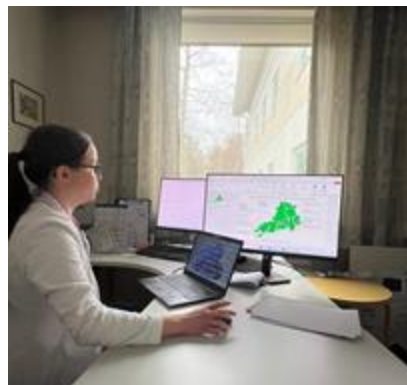**Repositioning digital tools as supportive infrastructure**

FIELDWORK

COLLABORATIVE WORK
with our partners

DESK RESEARCH

The insights are based on lived experiences — shared by care professionals and elderly patients who offered us a view into everyday challenges.

FIELDWORK

COLLABORATIVE WORK
with our partners

FIELDWORK

01 Hospital

Raasepori hospital

05 Units

Day unit, Dialysis unit, Emergency department, Bed ward, and Geriatrics

18 Interviews

- **12 care professionals** (nurses, social worker, caregiver, doctor)
- **3 elderly patients**
- **3 administrative personnel**

COLLABORATIVE WORK
with our partners

- Project-brief roundtable discussion
- Conceptual framing presentation
- Ideation session regarding insights and potential entry points

DESK RESEARCH

- Aging population
- Health & social care system
- Relevance of human-interaction in care
- Digitalization & Kanta

01

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INSIGHT 01 | RELATIONAL CARE
ACTIVATING THE PATIENT'S FULL SUPPORT NETWORK

Care is not delivered — it is sustained

- **Built through repeated contact** with relatives, neighbors, professionals
- Creates **trust, emotional safety, and early understanding**

> *Elderly people **stay sharper** when they're around others.*
> – Nurse

Strong social relationships are associated with a 50% increased likelihood of survival.

– Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010).

INSIGHT 01 | RELATIONAL CARE
ACTIVATING THE PATIENT'S FULL SUPPORT NETWORK

Currently, we react too late

- Support is typically **activated only after visible health decline**

- Both **formal and informal actors contribute vital knowledge** to care

- The network remains **underused**

CURRENT SUPPORT NETWORK

INSIGHT 01 | RELATIONAL CARE
ACTIVATING THE PATIENT'S FULL SUPPORT NETWORK
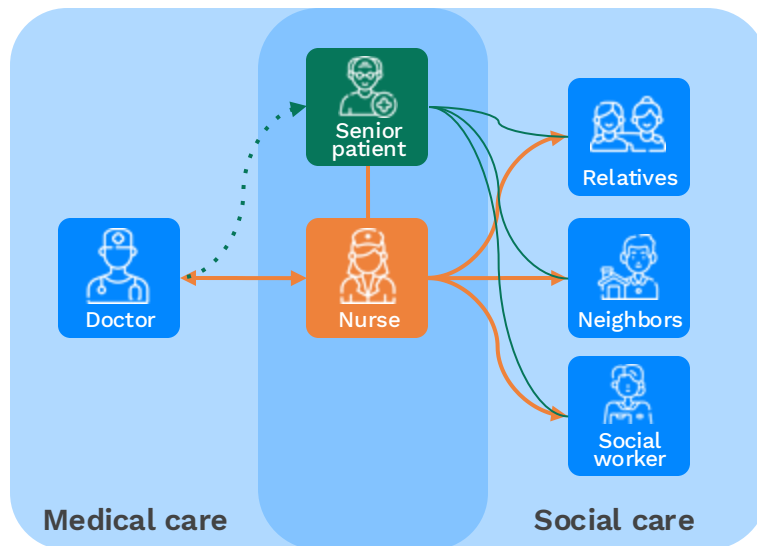
Reframe care to start **before diagnosis** by empowering the people who are <u>already</u> there
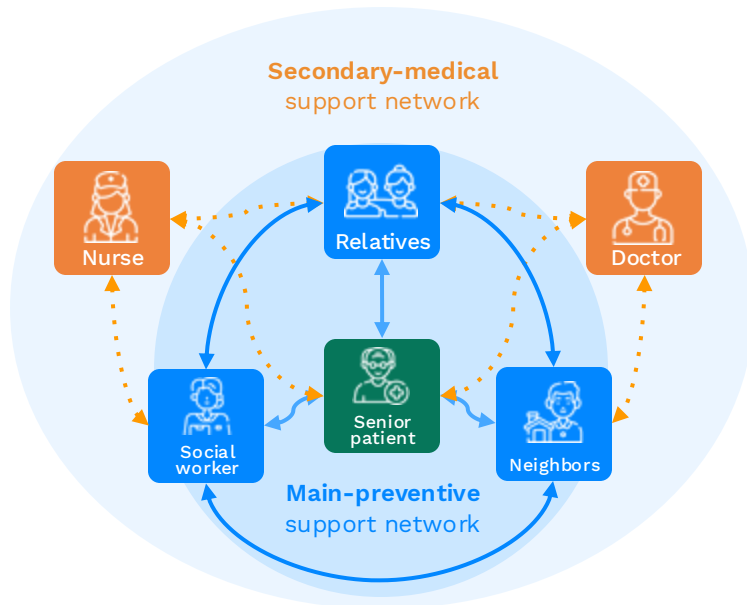
Entry points

○ **Promoting communication and integration in communities**

○ **Community-based channels to report changes in elderly wellbeing**

IDEAL SUPPORT NETWORK

01
Relational care:
Activating the patient's full support network

02
Tools that support care:
Designing for comprehension

03
From burden to support:
Repositioning digital tools as supportive infrastructure

INSIGHT 02 | TOOLS THAT SUPPORT CARE:
DESIGNING FOR COMPREHENSION

Patients —particularly the elderly— don't just need information, they need understanding

- **Patients retain very little** after consultations

- Emotional stress, memory challenges, and information overload make it **hard to follow through**

"

*[...] providing **too much information at once can overwhelm patients** and make it harder for them to remember key points.*
– Nurse

Repeated exposure to new information is essential to consolidate it into long-term memory.
— Hasher, L., & Zacks, R. T. (2006).

INSIGHT 02 | TOOLS THAT SUPPORT CARE:
DESIGNING FOR COMPREHENSION

Care plans live in systems like Kanta, but comprehension happens elsewhere

- **This responsibility falls almost entirely on nurses** who repeat instructions across multiple, uncoordinated channels

- **Tools don't support the process** — they just store information

CURRENT COMMUNICATION CHANNELS

INSIGHT 02 | TOOLS THAT SUPPORT CARE:
DESIGNING FOR COMPREHENSION
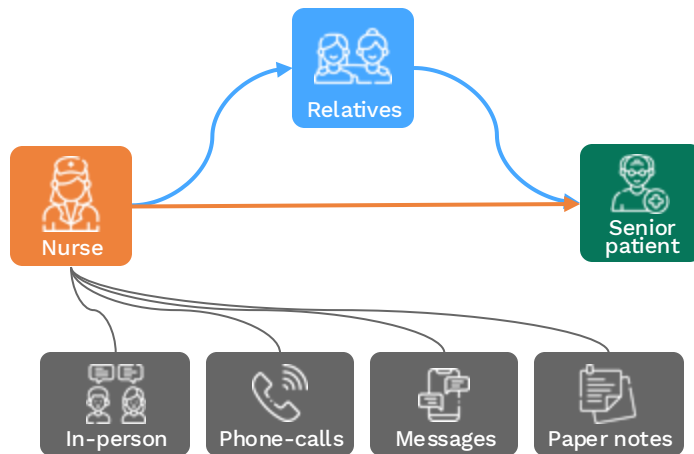
We should design for comprehension, not around it
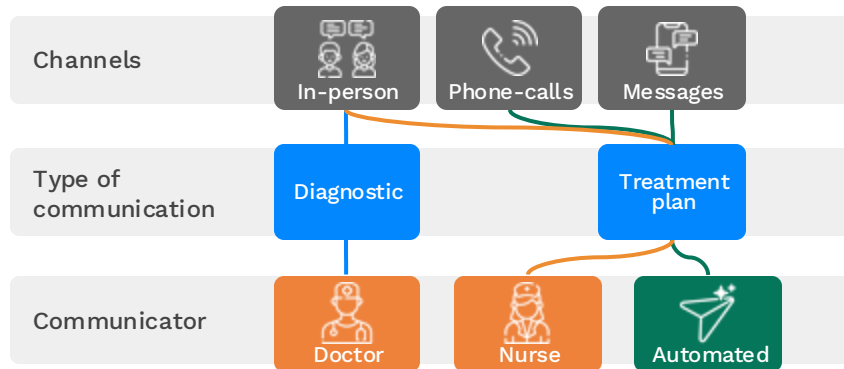
Entry points

Use of formats that facilitate understanding

(e.g. using visuals to support text)

Lighten the burden on professionals through smart delegation and automation

EXEMPLIFICATION OF CHANNEL STRATEGY

Channels	In-person	Phone-calls	Messages
Type of communication	Diagnostic		Treatment plan
Communicator	Doctor	Nurse	Automated

01

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INSIGHT 03 | FROM BURDEN TO SUPPORT:
REPOSITIONING DIGITAL TOOLS AS SUPPORTIVE INFRASTRUCTURE

EHR's like Kanta were meant to help — but it takes away time with people

- Professionals spend hours searching and entering data
- Time with patients is **compressed and interrupted**
- The system is **designed for documentation**, not interaction

"

*I've faced so many situations in which some **very important information escaped** because it was in a different system."*
– Nurse

Too much time is spent on tech and data handling, and contacting different parties."
– Nurse

INSIGHT 03 | FROM BURDEN TO SUPPORT:
REPOSITIONING DIGITAL TOOLS AS SUPPORTIVE INFRASTRUCTURE

Technology should support care — not replace it

- Focus on **reducing friction**, not adding to it

- **Free up time** by streamlining routine tasks

- Let professionals **re-invest that time in meaningful interaction**

Entry points

○
Scaling up and refinement of speech recognition function

○
Designing "lightweight" workflows for routine tasks to reduce system interaction time

01

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Repositioning digital tools as supportive infrastructure

4

Tackling these opportunities, we can shift the system...

Source: Adobe Stock

From	To	Relevant stakeholders
Fragmented care	**Integrated collaboration** **across the support network** — *including social, health, and informal actors*	*WSC*
Reactive treatment	**Preventive support** **that starts with everyday relationships**	*THL; WSC*
Text-heavy, static communication through digital platforms	**Meaningful communication** **designed around patient comprehension**	*Kanta (Kela)*
Digital burden and complex systems	**Supportive digital tools** **that give time back to care**	*THL; WSC; Kela*

Now

POTENTIAL BARRIERS

Engaging informal actors is **complex**

Upgrading digital systems is **costly and slow**

Less time on digital systems **doesn't guarantee more time** with patients

MITIGATING PLAN

Pilot **local care networks**

Leverage **existing platforms**

Redesign workflows alongside tech updates

Future

4
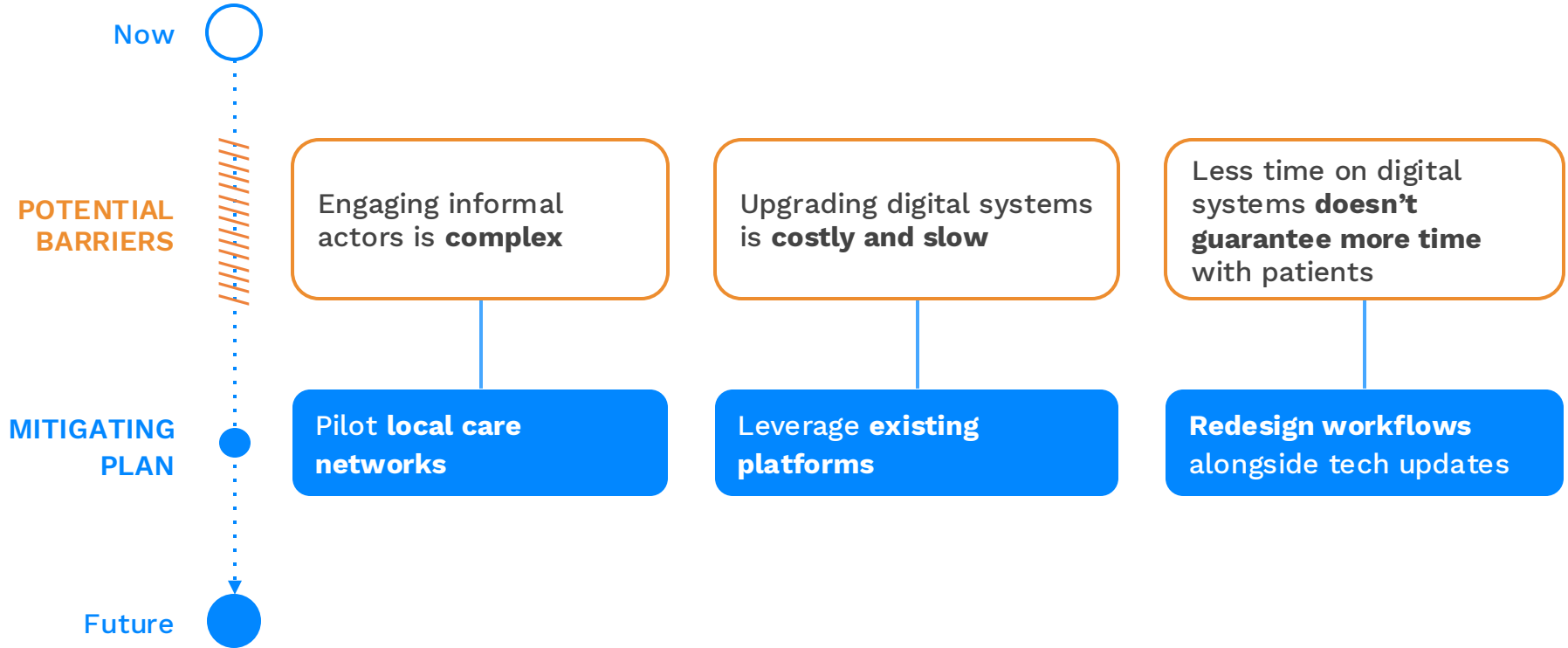
REDESIGNING ELDERLY CARE **BEYOND** HOSPITALS

To build more compassionate and effective elderly care, we must shift away from fragmented systems and digital-first approaches.

Care doesn't begin with a diagnosis — **it begins in relationships.**

Source: Adobe Stock

LET'S DESIGN FOR CONNECTION
−BUILDING BRIDGES OF CARE

Source: Adobe Stock

Thank you!

- Finnish Institute for Health and Welfare (THL). (2023, December 18). *Ageing policy.* https://thl.fi/en/topics/ageing/ageing-policy

- Haapanen, I. (2012, September). *Formal and informal care hours provided to elderly home care clients in Finland* [Conference presentation]. International Long-Term Care Policy Network Conference, London, United Kingdom. https://www.ilpnetwork.org/presentation/formal-and-informal-care-hours-provided-to-elderly-home-care-clients-in-finland/

- Heponiemi, T., Hyppönen, H., Vehko, T., Kujala, S., Aalto, A.-M., Vänskä, J., & Elovainio, M. (2017). *Finnish physicians' stress related to information systems keeps increasing: A longitudinal three-wave survey study.* BMC Medical Informatics and Decision Making, 17(1), 147. https://doi.org/10.1186/s12911-017-0545-y

- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). *Social relationships and mortality risk: A meta-analytic review.* PLoS Medicine, 7(7), e1000316. https://doi.org/10.1371/journal.pmed.1000316

- Karppinen, K. (2025, January 13). *Vanhuspalveluista leikataan liki 140 miljoonaa, etähoitoa lisätään – tutkija: Digitalisaatio ei vie ketään vessaan.* Yle Uutiset. https://yle.fi/a/74-20136057

- Ministry of Finance, Finnish Centre for Pensions, & Kela. (2024). *2024 Ageing Report. Finland—Country fiche (2024 ageing report: Economic and budgetary projections for the EU member states (2022–2070)).* https://economy-finance.ec.europa.eu/document/download/31d1aa33-cf8b-4583-974a-51381cb6cb37_en?filename=2024-ageing-report-country-fiche-Finland.pdf

- Ministry of Social Affairs and Health. (2020). *2021 budget proposal for the Ministry of Social Affairs and Health and its branch of government.* OKM.fi. https://okm.fi/en/-/1271139/2021-budget-proposal-for-the-ministry-of-social-affairs-and-health-and-its-branch-of-government?utm.com

- Pennanen, V. (2024, March 4). *Sote-leikkuri iskee vanhustenhoitoon – tutkija listaa kolme asiaa, miksi hoivaa ei voi sysätä omaisten vastuulle.* Yle Uutiset. https://yle.fi/a/74-20077544

- Polo, A. (2025, March 12). *Hyvinvointialueiden mukaan vanhusten hoidosta on pakko leikata: "Tulevaisuudessa ei ole resursseja eikä henkilöstöä".* Yle Uutiset. https://yle.fi/a/74-20148913

- Yle News. (2025, January 22). *Study: Half of doctors say they lack time to perform their work properly.* Yle News. https://yle.fi/a/74-20138615