



NORWAY
HEALTH
TECH

REPORT

BENEFITS OF USING DNV IMATIS AS A COLLABORATION SOLUTION AND TASK SUPPORT TOOL

FINDINGS FROM THREE NORWEGIAN MUNICIPALITIES



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Key findings and summary

DNV Imatis is a leading provider of software for healthcare logistics and real-time collaboration in Norwegian hospitals and municipal healthcare services. Since 2003, the company has contributed to the digital transformation of the healthcare sector through the development and implementation of e-health solutions that support efficient operations and improved patient flow.

SmartCareLab has mapped the experiences of three Norwegian municipalities that have implemented DNV Imatis solutions in home care services, nursing homes, assisted living facilities, and allocation offices. The aim was to identify the benefits the municipalities experience in their daily service delivery following implementation.

The findings highlight several benefits across service areas, and the report emphasizes six main areas where the effects are particularly evident:

- Reduced costs due to direct savings and reduced time spent on different manual tasks.
- Increased accessibility and improved visibility of patient information.
- More efficient task distribution and coordination, especially during patient transitions.
- User-friendly solutions that enable quick training and smooth implementation.
- Improved patient safety.
- Enhanced learning and knowledge sharing across disciplines.

The solution contributes to measurable benefits, both in terms of time saved and more efficient collaboration within and between services. Time savings are particularly notable in coordination, information sharing, and patient transfers. In addition, reduced costs are reported due to quicker patient discharge, enabled by improved overview of capacity and available resources.

The user experience is rated very positively, and 10 out of 11 employees who participated in the report stated that they would recommend the solution to other municipalities—several have already done so.

Norwegian healthcare services in transition

Municipal care services in Norway are available to all residents in need and include nursing homes, home care services, and other local healthcare offerings. Residents in nursing homes are now older and have more complex care needs, and many who would previously have been offered to live in a nursing home now receive services through home care— a trend that Statistics Norway expects to continue. A steady increase is anticipated in the number of elderly individuals requiring extensive assistance (Hoen & Abrahamsen, 2025).

As needs grow, the demand for personnel in care services will also rise. NAV's 2024 organisational survey indicates that the health and care sector is facing the most severe labor shortage across all sectors, with an estimated need for 13,800 additional employees in 2024 (Myklathun & Skjøstad, 2024). Nurses and healthcare assistants top the list of professions experiencing the greatest shortages, and forecasts show that this situation is expected to worsen—highlighting the urgent need for effective support tools that simplify and streamline daily operations.

The healthcare sector is experiencing the highest demand for labor in 2024 with a shortfall of 13,800 employees

Efforts to recruit healthcare personnel, as well as measures to retain those already working in the sector, are crucial for maintaining a sustainable healthcare system in the future. The Norwegian government's initiative Competence Boost 2025 emphasizes the importance of professional development and opportunities for skill-building to retain healthcare workers in service.

Healthcare leadership is also highlighted as a key factor in improving collaboration and strategic planning within the health services. Leaders play an essential role as culture-builders, drivers of digital transformation, and facilitators of a well-functioning and sustainable healthcare sector (Høie, 2020). New technologies and solutions will be introduced into the services in the years ahead, and to succeed, a flexible and inclusive change process must be established to support employee involvement.

Needs and challenges prior to procurement

The participating municipalities described a need for simpler processes and more efficient workflows prior to the procurement of DNV Imatis. Employees relied on tools such as notebooks, sticky notes, and manual whiteboards, which often led to messages being lost or delayed. Another challenge was the inability to easily transfer unfinished tasks to the next shift.

To manage care plans, competence development plans, risk assessments, and similar tasks, staff used a variety of digital systems and Excel spreadsheets. All participants reported challenges in following up on tasks both within and across departments, especially during patient transitions, as responsibilities were unclear. In addition, information about completed and planned tasks was often difficult to access for those who needed it, which negatively impacted the quality of patient care due to the risk of delayed or missed tasks.

In home nursing services, employees reported spending significant time coordinating via phone calls. Messages were often relayed multiple times through different channels, and analog reporting made it difficult for staff working in the field to maintain a complete overview. In nursing homes, confidentiality was a challenge, with patient information sometimes discussed in shared spaces or written on notes and in notebooks.

Participants also highlighted the issue of critical patient information being lost during transitions between service areas, as planned and completed tasks and responsibilities were not made visible. Staff also spent considerable time searching for information in patient records, and it was not possible to plan for the arrival of new patients in a department, as essential information was often unavailable until the patient had already arrived.

At the allocation offices, employees worked with analog documentation and lacked the ability to efficiently track the receipt and completion of tasks. Information was frequently shared through binders and physical documents, making it difficult to gain a comprehensive overview of the patient journey. Furthermore, there were limited opportunities for digital collaboration with other service areas, resulting in significant time spent on phone calls and physically transferring documents to ensure the information reached the intended recipients.

About DNV Imatis

DNV Imatis gathers and integrates information from various systems and departments, presenting it in a clear and intuitive way.

The technology enables improved and more efficient collaboration between different professional groups—ranging from medical and clinical departments to administration, maintenance, patient transport, and cleaning services. This gives healthcare staff better oversight, control, and workflow, which in turn allows for more time for care and safer patient pathways.

DNV Imatis in Primary Healthcare

For the primary healthcare sector, DNV Imatis offers a solution that supports task management and collaboration among all actors within the health and care services. In municipalities, the solution is primarily used through digital interactive wallboards deployed across different units such as service offices, inpatient departments, home care, physiotherapy, and more. These wallboards provide task support within departments and enable real-time information flow between units. The system supports the management of all non-clinical processes and tasks, which means it adds value alongside, and in coordination with, the electronic health record (EHR) and other specialist systems. DNV Imatis also offers mobile services that include alarm management, communication, and patient notifications. Additionally, the solution supports complete patient flow—from first contact to payment—at emergency primary care clinics.

The solution is accessible via large display wallboards in departments, as well as on PCs, tablets, and mobile phones. It replaces traditional whiteboards, notebooks, and paper lists by consolidating all information in one place and in real time. The system is built on best practices from numerous hospitals and municipalities, while also being highly flexible and adaptable to the specific needs and workflows of each individual unit.



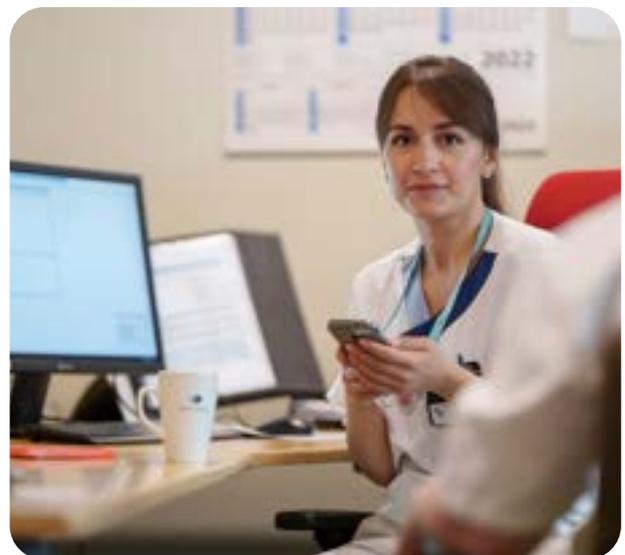
Digital transformation as a key enabler

Digital collaboration has been highlighted as a national priority in Norway. The government emphasizes this in the National Health and Care Plan 2024–2027, where initiatives aimed at improving the flow of information between health and care services are brought forward. Digital collaboration is intended to support more efficient patient pathways, reduce unnecessary administrative tasks for healthcare personnel, and ensure better use of available resources. The overarching goal is to create a more seamless and sustainable healthcare system, where healthcare professionals have rapid access to updated and relevant patient information—freeing up more time for direct patient care (Government of Norway, 2024).

The municipalities participating in the report describe how the transition from analog tools to an integrated digital solution has changed the way tasks are performed—both for staff and management. Traditional tools such as notebooks, binders, sticky notes, and manual Excel sheets have been replaced by DNV Imatis' solution for digital collaboration and task support.

Home care services, nursing homes, and allocation offices report that the DNV Imatis digital interactive whiteboards facilitate easy registration of patient information and make it accessible and clearly visible to staff. The solution has replaced phone calls and verbal handovers, reducing the uncertainty around whether messages have been received and registered in the patient's record. Participants report that this change saves time previously spent on coordination.

All employees report that the digital wallboards give them an easy overview of which tasks have been completed and what remains, allowing them to assess the priority of different tasks.



Tasks related to patient care—both within departments and during transitions between care units—have become more visible and easier to follow up through the DNV Imatis solution. All staff report that the digital wallboards give them a clear overview of completed and pending tasks, allowing them to assess task priority. This helps teams support each other in prioritizing what is most important and enables them to transfer incomplete tasks to the next shift—something that was not possible before. Employees say this has reduced uncertainty, eliminated dependence on individual staff members, and provided a better overall overview.

A nurse from the short-term care unit in Øvre Eiker describes that by making tasks visible, the solution reduces uncertainty around what has been completed and removes the need for phone calls to check task status. Participants emphasize that all departments should use the solution in the same way to avoid a situation where some tasks are managed with “old” methods and others with the “new” system.

At the municipal allocation offices, the DNV Imatis digital interactive whiteboards has eliminated much of the manual paperwork, freeing up time previously spent on printing and physical filing. The system provides a continuously updated “real-time snapshot,” reducing the need for paper-based routines and offering better situational awareness. One employee at the allocation office estimates a time saving of 30% after implementing DNV Imatis and highly recommends the solution to other municipalities considering adoption. Communication has also become more efficient, shifting from email, SMS, and verbal handovers to a shared, centralized overview.

30%
Time savings
Per employee/day

«There was a lot of sensitive information in the binder, so I had to deliver it physically to the home nursing team when the evening shift started. They needed it to communicate with the hospital after I finished work. All of this has now been simplified because we share the same overview through the DNV Imatis digital interactive whiteboard.»

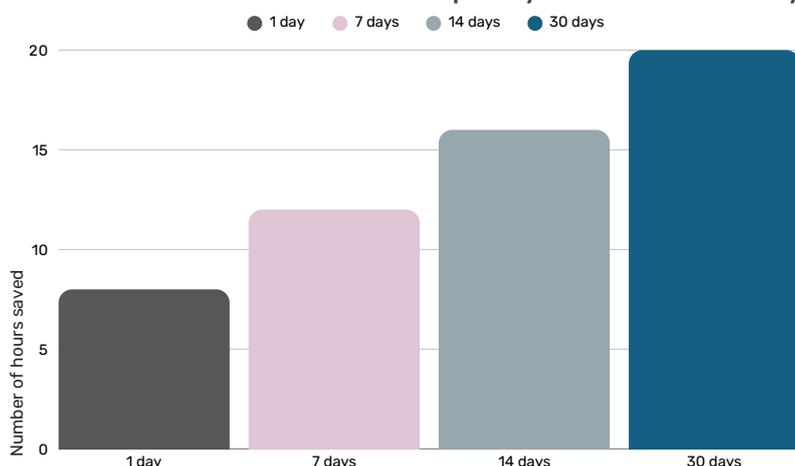
- Service coordinator at the allocation office in Øvre Eiker Municipality

When minutes turn into hours saved

DNV Imatis has led to savings across multiple areas in the three municipalities, with time savings emerging as the most prominent benefit—particularly within home care services and nursing homes. Participants report spending less time in reporting meetings, during handovers, and searching for information in patient records.

In home care services, reporting has become more targeted and efficient. Time savings are also registered during patient transitions due to reduced coordination needs and increased visibility of responsibilities and tasks. The DNV Imatis solution has also contributed to faster patient discharges, as information about patients' need for assistive equipment is now visible in the system, along with an overview of what equipment is available. Previously, securing the necessary equipment for discharge was a challenge, but this coordination now happens directly through the DNV Imatis digital interactive whiteboard. Occupational therapy and physiotherapy services are also involved earlier thanks to the improved overview. This leads to more efficient use of available capacity, such as short-term care beds. The actual cost savings per day in a nursing home will vary, but improved coordination results in better resource utilization and frees up capacity.

In Farsund Municipality, at Livdekrona assisted living facility, management documented both time savings and qualitative benefits. A daily time saving of 64 minutes for the department was recorded—equivalent to 390 hours and NOK 144,300 annually—for a facility with 32 fully staffed beds. These savings were weighed against the costs of purchasing and implementing the solution and were used as part of the decision-making process to scale DNV Imatis to additional service areas in the municipality, a decision they ultimately chose to pursue.



The diagram illustrates the example from Farsund Municipality, showing the number of hours saved on start-of-shift meetings per day for a department with 10 employees working the day and evening shifts, and 2 employees on the night shift. The calculation is based on three shift changes and 20 minutes saved per employee per shift (day, evening, and night).

DNV Imatis frees up time for other tasks. The welfare technology coordinator in Farsund Municipality reports that staff have never experienced such a short start-up time in the mornings as they have since implementing DNV Imatis. At the assisted living facility, the shift handover has been reduced from 30 minutes to 10 minutes, saving each employee 20 minutes that can be used for other tasks. She explains that this time saving has improved the quality of patient care by allowing residents to get up earlier in the morning. It has also had a positive impact on the work environment, as staff no longer need to divide tasks during their lunch breaks—previously a common practice before DNV Imatis was introduced. The solution brings greater calm to the department and enables uninterrupted work, without the need for phone calls or verbal clarifications.

Overall, DNV Imatis is perceived as both cost- and time-efficient. However, it is important to note that only one of the three municipalities in the project—Farsund—has carried out a concrete assessment of the time and cost savings associated with the solution. No before-and-after study has been conducted. Farsund Municipality emphasizes that their calculations are conservative and not intended to exaggerate the benefits—the estimates are designed to provide as realistic a picture as possible of the actual savings. The findings are based on the experiences and estimates of the staff.

Municipality/department	Savings (estimates)	Benefits
Farsund kommune, nursing home	64 minutes/day, 390 hours/year	144 300 NOK saved/year*
Service Allocation Office	30 % time savings/day	1.5 hours saved/employee/day
Nursing homes Home care services	10–20 minutes each wallboard meeting	Time reduction
Short-term care unit	Daily creation of task lists	Time reduction
Patient transfers	Faster discharge	Improved capacity utilization
All municipalities and departments	More efficient communication	Time savings and fewer interruptions during the workday
All municipalities and departments	Various external systems	Cost savings

Calculation of economic gain based on data provided by Farsund Municipality. NOK 370 per hour, including employer costs. Currency in Norwegian kroner.



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Norway Health Tech, through Smart Care Lab, is an international test center and Living Lab for welfare and health technologies. We act as a neutral third party, gathering insights from end-users and ensuring that new products and digital solutions are tested and adapted to meet the needs of the healthcare services.

Digital Overview – Safer Patient Pathways

Collaboration across departments and service areas within the municipalities has improved. Information now flows more seamlessly, and the coordination of patient pathways is easier than before. Digital checklists with clearly defined responsibilities during patient transfers have reduced the risk of missed tasks. The checklists also prevent duplication of work and enable more effective, digital communication. The head of the short-term dementia assessment unit in Øvre Eiker Municipality reports significant improvements in logistics and workflow, particularly related to patient transitions. Previously, much of the coordination relied on phone calls and paper-based systems. She explains that DNV Imatis has solved the challenges they faced and describes the system as easy to use. The department refers to the use of DNV Imatis as a kind of “digital community effort”—when everyone contributes a little, the overall outcome for the patient is significantly better. Information is easily accessible to those who need it, when they need it.

Information flow in healthcare services is challenging for several reasons: complex patient journeys involving multiple professionals, manual routines, and fragmented systems that don't communicate with each other. Messages used to be written in notebooks or on sticky notes. Participants in the study reported that they previously experienced challenges with information flow both within departments and across municipal service areas—but that they have seen major improvements since implementing DNV Imatis. The solution has led to more efficient information sharing, and analog tools have been replaced by digital messages that can be logged and tracked in DNV Imatis as needed. This has reduced interruptions during the workday and ensures that messages are documented and followed up. The professional coordinator in home nursing shares an example of how coordination between staff and the office has become more seamless, without the need for phone calls:

«Now, those who are out on visits can document directly in DNV Imatis, instead of writing a note and waiting to register it until they're back at the office.»

– Clinical lead, Home Care Services, Øvre Eiker Municipality

One aspect of the functionality that participants highlight as particularly positive is the visibility and accessibility of important information, which saves time otherwise spent searching through the patient record. The solution helps staff keep track of tasks that need to be carried out at fixed intervals, improves collaboration, and supports the follow-up of care measures. Examples include urine test results and scheduled times for medical procedures such as catheter changes and injections—tasks that have become easier to monitor using the system. Staff report that this contributes to improved quality of patient care.

The diagram illustrates the extent to which participants feel that the DNV Imatis solution adds value beyond what a standard electronic health record system can provide. 90% of respondents answered “to a large extent” or “to a very large extent.”

Do you feel that the DNV Imatis solution provides added value beyond what an electronic health record system alone can offer?

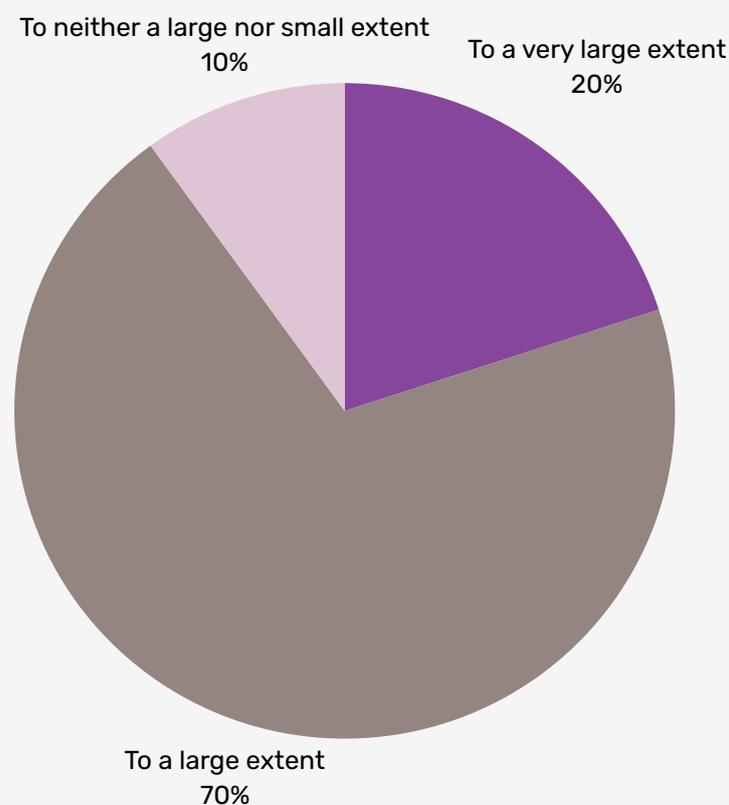


Figure 3: Distribution of responses to the question about how the DNV Imatis solution provides value beyond that of a standard electronic health record system.

When the system makes patient-related information more accessible, strict access control requirements must be enforced for staff. Access to patient information must be traceable—both when reading and when registering information. The Allocation Office, which has access to large parts of the digital wallboards linked to various municipal service areas, emphasizes that strict access control is especially important to ensure proper confidentiality when information becomes more readily available. When the wallboards are accessed from shared computers and staff remain logged in across multiple shifts, traceability is weakened. In such cases, close collaboration and dialogue between the supplier and the customer is essential to prevent and eliminate the risk of confidentiality breaches. Management also plays a key role in establishing routines that minimize the risk of incorrect system use.

In response to the question of whether DNV Imatis has improved confidentiality by reducing the use of analog tools, 63.7% of participants answered "to a large or very large extent." Patient-related information is now more securely managed within the system and is shared during designated stand-up meetings rather than on handwritten notes before being entered into the patient record. Another reported improvement is that shift handover meetings are now held in appropriate areas with only healthcare personnel present, making it easier to maintain confidentiality.

The solution contributes to better compliance with confidentiality regulations, provided that proper access controls and routines are in place. It is important to be aware that the system makes patient information available to more staff than before. The establishment of clear login and logout procedures, and ensuring that unattended computers do not display patient data, are also emphasized as key measures.



DNV Imatis improves visibility of critical patient information

All participants in the study report that the DNV Imatis solution has had a positive impact on the flow of information and the accessibility of important patient data. Task distribution has improved through greater visibility and transparency of patient-specific responsibilities, reducing dependency on individual staff members and ensuring that tasks are carried out.

All employees have real-time access to an overview of tasks associated with each patient via the digital wallboards and are able to follow up to ensure that necessary actions are completed within established timeframes. The distribution of responsibilities has also become more efficient during shifts and shift handovers.

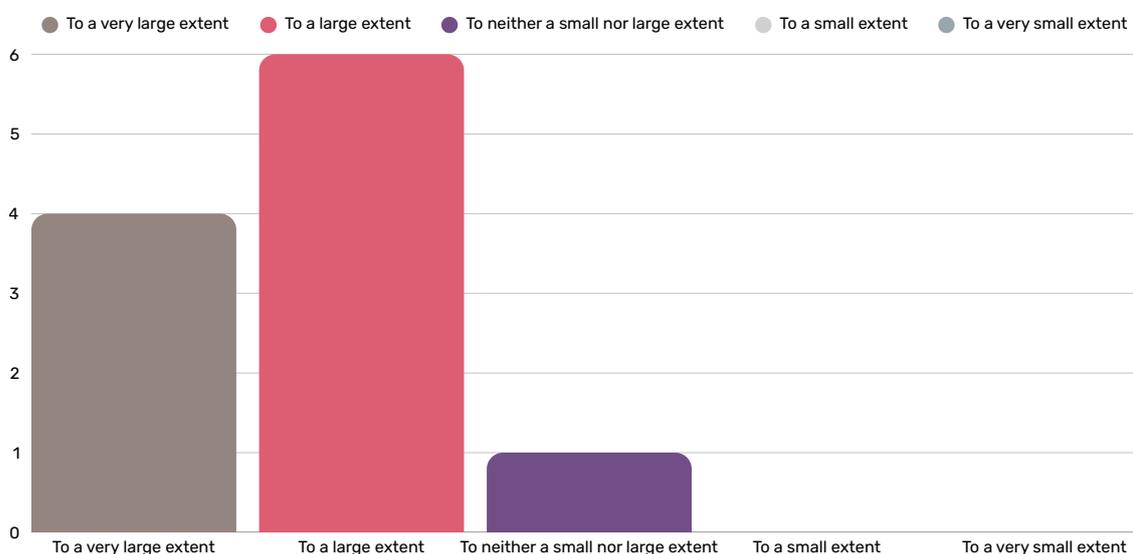


Figure 4: The diagram shows the distribution of responses to the question about the extent to which the solution affects information flow and the availability of important patient information.

The municipal care administration offices are key units responsible for case processing and decisions related to health and care services. They serve as a link between service providers and residents, and are tasked with ensuring that the right person receives the right service at the right time, in accordance with municipal guidelines. Case officers speak very positively about the DNV Imatis solution, as it provides a level of overview they previously did not have access to. They now receive real-time information, can monitor capacity across departments, and plan ahead. This streamlines their daily work and facilitates more efficient communication during patient admission and discharge. The time saved through the use of DNV Imatis is, among other things, used to write decisions and care plans.

"I hope more people recognize the benefits of this—especially the improved overview and workflow. In addition, the system provides better quality assurance through updates on dates, times, and what has been done."

– Service Coordinator, Care Administration Office, Farsund Municipality

Some participants noted uncertainty about what information should be entered into DNV Imatis digital interactive whiteboard and what should be documented in the patient record. They emphasize the importance of having clear guidelines from the outset and across the municipality to avoid duplication of documentation. This is also essential to ensure that critical information about the patient's health status is properly recorded in the patient record.

Participants also reported improved compliance with risk screenings for falls, pressure ulcers, and nutrition. Before the implementation of the solution, these were tasks that could easily be overlooked. However, due to increased visibility through the DNV Imatis digital interactive whiteboard, participants say these screenings are now consistently carried out for every new patient. With the growing pressure on healthcare staff—facing more complex needs with fewer resources—it is seen as especially important to have work tools that support task efficiency and help make the best possible use of available resources.

"A concrete improvement is the risk screening for falls, pressure ulcers, and nutrition—something we didn't previously work with systematically, but now we do, precisely because it's so visible on the wallboard. It's been a major improvement, both in how we conduct the screenings and in making sure care plans clearly show that measures have actually been implemented."

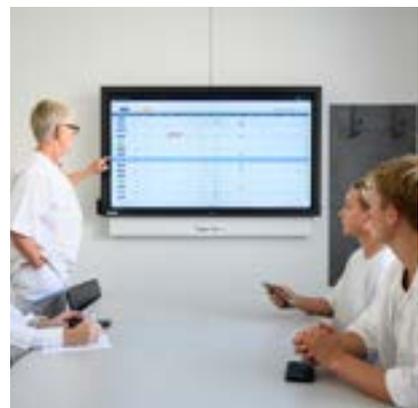
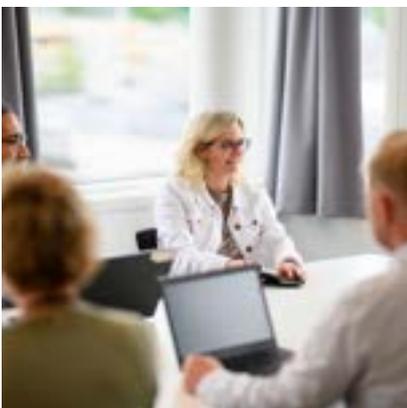
– System Administrator and Department Manager, Short-Term Care Unit, Farsund Municipality

Stand-up meetings as a driver of professional growth

An unexpected benefit of the stand-up meetings has been the emergence of peer-to-peer learning and the sharing of tacit knowledge among staff. Nursing home employees highlight the stand-up meetings as interdisciplinary meeting points and valuable learning arenas. Through structured reviews of observations and tasks, it becomes clear what should be prioritized and what should be observed in different patient situations. Unlicensed staff learn which clinical observations are important and what kind of information is relevant to communicate to other professional groups. This has resulted in more efficient and relevant information sharing between licensed and unlicensed personnel. Unlicensed staff report an increased understanding of clinical topics and greater motivation to learn more about healthcare.

The Norwegian Health Personnel Commission's report "*A Time for Action*" (NOU 2023:4) points to a projected shortage of qualified personnel in the future and identifies task redistribution—also known as task-shifting—as a key strategy to address this. This involves transferring certain responsibilities from one profession to another, and in some cases, to the patient. In municipal healthcare, this translates into more team-based work and broader responsibilities shared across professional groups. Based on the findings from this assessment, it is clear that the DNV Imatis solution can support this shift by improving interdisciplinary collaboration, enabling ongoing professional development, and promoting learning across professional roles.

Stand-up meetings in nursing homes now serve as regular, structured meeting points for professional discussion. In some cases, more time is spent on these meetings than before—precisely because they foster meaningful discussions and learning opportunities, which are prioritized as a means to improve the overall quality of care.



«When we make priorities visible during the stand-up meetings, it becomes clear what needs to be done, and this impacts both workflow and whether the tasks actually get done.»

-Department Manager, Nursing Home, Farsund Municipality

Leadership is often present during stand-up meetings, which contributes to stronger management presence and engagement within the department. Wallboards have also been developed to provide an overview of staff training, areas of expertise, and ongoing development plans. These wallboards serve as a basis for assessing available resources in relation to the department's needs.

In addition, the municipal health director can access dedicated wallboards to retrieve management data and get a real-time overview at the department or nursing home level. This functionality saves time for nursing home management and makes it easier to identify and communicate needs during busy periods.

«The solution makes a significant difference in our workflow, and it saves me, as a manager, from having to create task lists—the staff distribute the tasks themselves and know what needs to be done. With a high level of clinical competence in the unit, it's important that staff have the autonomy to coordinate patient follow-up on their own.»

- Department Manager, Short-Term Care Unit, Farsund Municipality



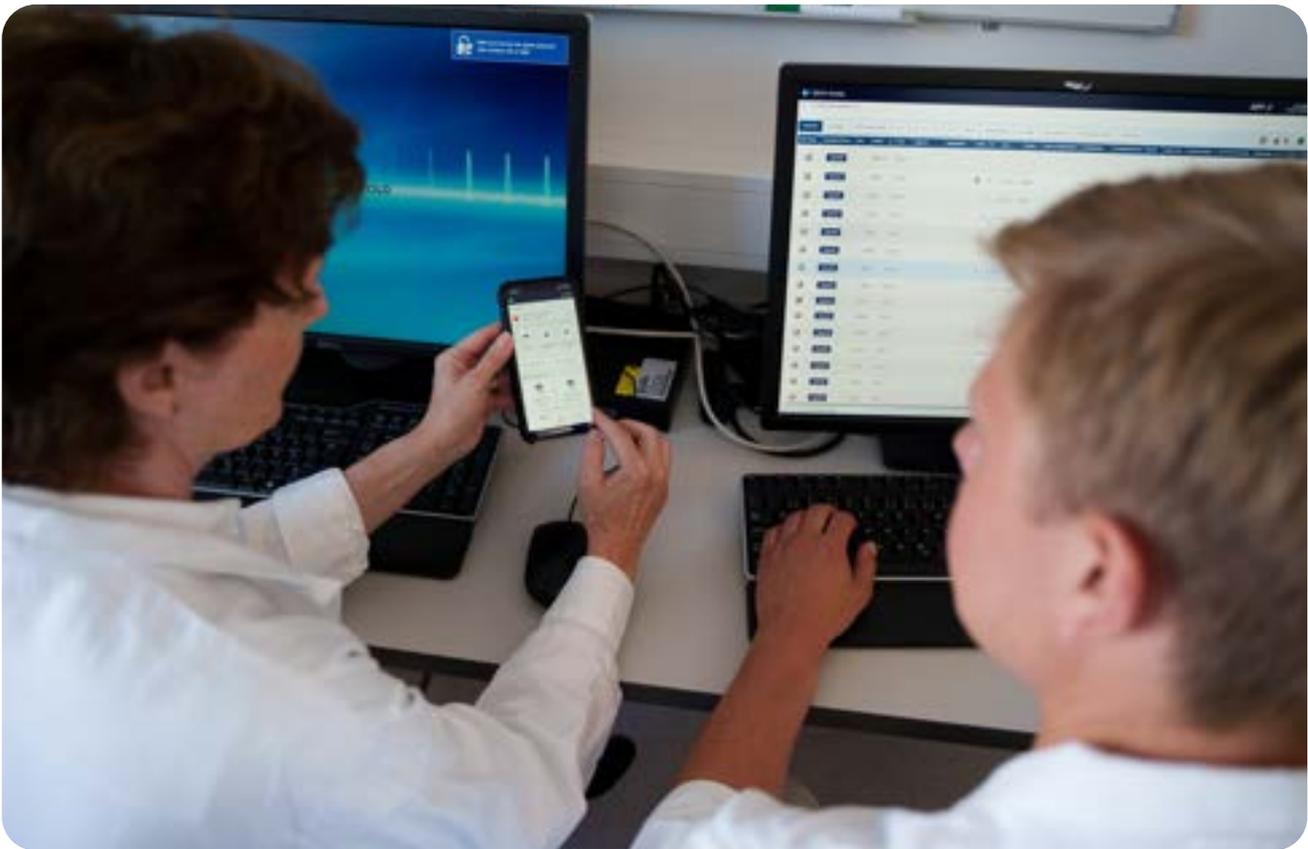
A highly user-friendly solution

The solution has received positive feedback regarding user-friendliness and ease of implementation and has largely been met with enthusiasm. Initial skepticism prior to implementation shifted once employees gained hands-on experience with the system. The clinical lead in Øvre Eiker explains that introducing new solutions in home care services can be challenging due to the size of the service area and limited resources. Time for training is also very limited. She notes that DNV Imatis is the first solution she has implemented that did not receive any negative feedback afterward. Only minimal resources were required for training, and staff report that the solution is easy and intuitive to use. Trust in the system was established quickly.

This is further illustrated by a system administrator and senior advisor in the third municipality, who shared an example from the implementation period: some staff initially wanted to keep their notebooks, but within just two days of using DNV Imatis, they had fully transitioned to the new way of working.

System administrators in the municipalities were actively involved in setting up the wallboards prior to implementation. Their feedback indicates that the conditions for successful implementation are strongly tied to good collaboration between staff and leadership. The decision to adopt the solution must be well-anchored, and several participants point out that success requires dedicated resources and focused effort—particularly during the startup phase when wallboards are created and staff are getting familiar with the system. Participants describe staff as being positive toward the implementation, viewing the change not as a burden, but as an opportunity to improve the quality of service delivery.

Another key factor emphasized by participants is the standardization of usage across the municipality. Two of the municipalities have implemented a shared system with color codes to indicate whether a message has been received or completed, as well as standardized symbols that all staff understand. This reduces the need for extensive training and provides both permanent staff and part-time or substitute workers—who often work across different departments—with a solid foundation for efficient and correct use. Minimizing free-text entries and using more structured data has also made communication and patient information clearer and easier to understand for staff.



Municipalities that have adopted the solution gradually report that usage is more vulnerable when only a few departments are using it. In such cases, tasks are completed using both “new” and “old” methods. To fully realize the benefits of the solution and succeed in the digital transformation process, the system should be implemented across all service areas in the municipality. When some units continue operating with outdated routines, the overall effect of the solution is diminished. Municipalities also express a strong desire for the solution to support collaboration between hospitals and municipalities, to unlock its full potential. Overall, the user experience is described as very positive. Ten out of eleven participants in the study state that they would recommend the solution to other municipalities. The one participant who did not express a recommendation explained that they had limited experience with the solution and insufficient knowledge of comparable or potentially better systems on the market. Several participants report that they have already recommended the solution to other municipalities.

To fully realize the benefits of the solution and succeed in the digital transformation process, the solution should be implemented across all service areas in the municipality.

About the report

Smart Care Lab is an international test center for welfare technology and part of the Norway Health Tech cluster. The center tests new solutions as a neutral third party. In 2025, a benefit assessment was carried out in three municipalities that had implemented DNV Imatis' task and collaboration solution. The report highlights the value the municipalities have experienced and what they perceive as most beneficial. The solution is used in home care services, allocation offices, nursing homes, and assisted living facilities. All participants received information and gave informed consent prior to participation. Interviews were conducted with 11 employees in various roles, individually and using a structured interview guide. The participants included nurses, management advisors, department managers, service coordinators, and clinical leads. The report is funded by DNV Imatis, and the work was carried out by Smart Care Lab independently and without influence.

Below is a brief summary of how the three municipalities are currently using the solution:

Farsund Municipality

Farsund has used the solution since 2017, initially in the allocation office and short-term care unit, and expanded in 2024 to include home nursing, assisted living, and long-term care units. The municipality uses wallboards across all these units, providing real-time patient flow visibility, shared checklists, and statistics.

Øvre Eiker Municipality

Øvre Eiker has used the solution since 2022, aiming to replace manual coordination with digital wallboards to improve patient safety. The solution has been implemented in short-term care, day centers, home care services, the service office, and the housing office.

Municipality 3

The third municipality has used the solution since 2015/2016, with gradual expansion from the service office to rehabilitation and short-term care units, and since 2024 also to home care services and physiotherapy and occupational therapy services. Today, the solution includes wallboards for patient overviews, key performance indicators, and bed management, and is actively used for both operational coordination and management insight. The municipality has chosen to remain anonymous in this report, with permission granted to reference the roles of employees who participated.



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