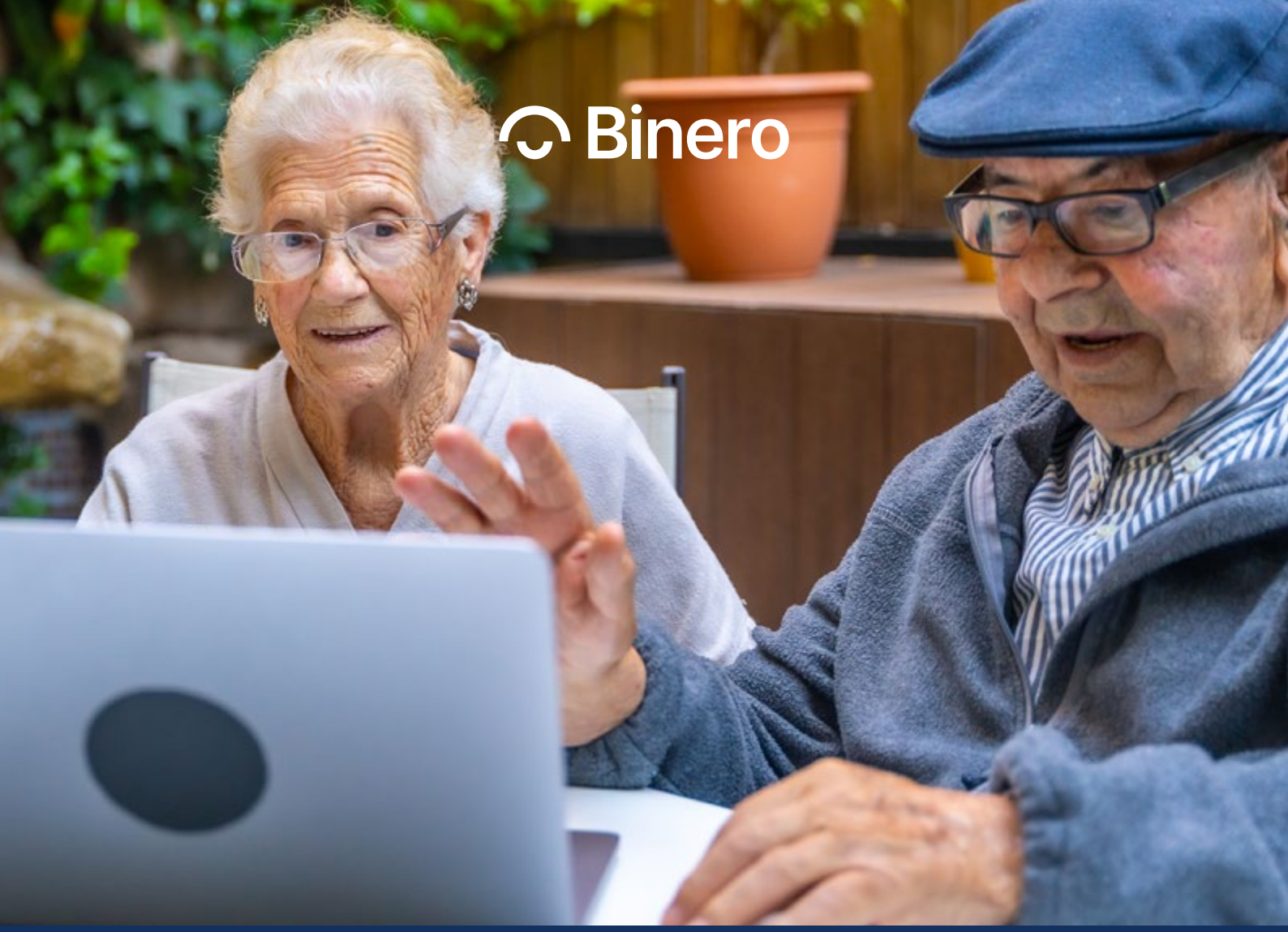


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A practical guide · Binero & Hibox

The digital readiness checklist for new elderly care facilities

– so connectivity, communication and security are **ready on day one.**



Introduction

Why digital readiness matters now

Sweden is building new elderly care capacity. Statistics Sweden projects a sharp rise in the number of people aged 80 and over during the coming decades as the large post-war generations grow older.[1] New care homes and housing are being planned to meet that demand – and every one of them will be expected to run digitally from the first day.

Yet digital infrastructure is often decided late in a building project, after walls, ventilation and furniture. When connectivity, communication tools and security are added after handover, the result is delays, temporary workarounds and extra cost at exactly the moment staff and residents move in.

National follow-up confirms the challenge. Socialstyrelsen's annual review of e-health and welfare technology in Swedish municipalities shows that progress still varies widely across the country.[2]



The national ambition, set by the Government and SKR3

Sweden should be **the best in the world** at using the opportunities of digitalisation and e-health.

Who this guide is for



Regional and operational managers
responsible for opening a new facility



Project owners and facility planners in construction or expansion projects



IT, digitalisation, security and procurement leads in care organisations

How to use it

Read chapters 1–5 for the reasoning behind each area, then use the checklist in chapter 6 as a working tool in project meetings. Each item is placed in the project phase where it is cheapest and easiest to decide.



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Chapter 1

Plan digital infrastructure before opening day

The most expensive digital decisions are the ones made after construction is finished. Cabling, access points and equipment rooms are simple to include in drawings but costly to retrofit into occupied buildings.

Treat digital infrastructure as **part of the building** – not as furniture.

Chapter 1

What to plan for

- **Connectivity:** reliable Wi-Fi in every resident room, corridor, staff area and outdoor space, with capacity for alarms, sensors and staff devices at the same time.
- **Network separation:** separate networks for staff, residents, visitors and connected devices, so that a guest device can never reach care systems.
- **Welfare technology:** plan power, mounting and coverage for safety alarms, digital night supervision, sensors and fall detection from the start.
- **Resilience:** decide how critical services keep working during a power or network outage, and who is alerted.
- **Hosting:** decide early where systems and data will be hosted, and under which jurisdiction (see chapter 3).





Chapter 1, continued

Key decisions by project phase

Every decision has a phase where it is cheapest and easiest to make. Use this timeline to see what needs to be settled – and when.

Phase 1

Design

Network design, cabling routes, equipment rooms, Wi-Fi coverage plan

Phase 2

Construction

Installation of cabling and access points; welfare technology mounting points

Phase 3

3–6 months before opening

Choice of communication platform, hosting, security model and accounts

Phase 4

Opening

Tested systems, trained staff, support routines in place



Chapter 2

Communication requirements for modern care facilities

Care work depends on fast, accurate communication between shifts, roles and organisations: nurses, care assistants, unit managers, regional health care, pharmacies and families. When the official tools are slow or missing, staff turn to personal phones and consumer chat apps. That creates gaps in documentation and serious privacy risk, since the GDPR requires appropriate technical and organisational measures whenever personal data is processed.[4]

Chapter 2

What staff communication needs to cover

- Shift handovers that are documented and easy to find
- Secure messaging and video calls instead of SMS or consumer apps
- Task coordination across units and shifts
- Contact with regional health care and other external partners
- Quick, controlled access for substitutes and hourly staff



Questions to ask any communication solution

1. Where is our data stored, and under which country's law?
2. Can access be restricted by role, unit and time of employment?
3. Is activity logged so that access can be followed up?
4. Does it work on the phones and tablets staff already use?
5. How quickly can a new or temporary employee get started?



Chapter 3

Cybersecurity and compliance considerations

Elderly care handles some of the most sensitive information there is. Health data is a special category of personal data under the GDPR, which means stricter rules and higher expectations on security.[4]

Getting this right from **opening day** is far easier than correcting it after an incident.

Chapter 3

The legal framework in brief

GDPR

Health data is a special category (Article 9); controllers must ensure appropriate security (Article 32) and sign data processing agreements with suppliers (Article 28).[4]

Social services

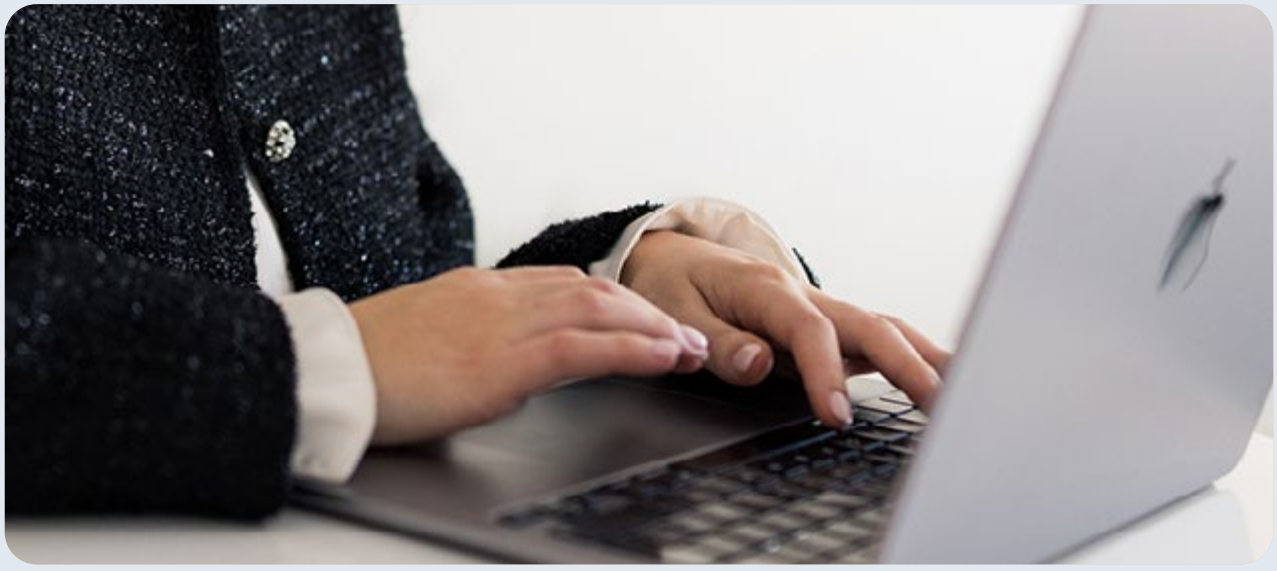
Processing of personal data in social services is governed by a specific Swedish act.[5]

Health care

Where nursing and medical care is provided, the Patient Data Act applies,[6] and Socialstyrelsen's regulations require access control based on need and systematic follow-up of access logs.[7]

NIS2

The EU NIS2 Directive includes the health sector and raises requirements on risk management and incident reporting.[8]



Chapter 3, continued

Data sovereignty: where your data lives matters

In 2020 the EU Court of Justice struck down the Privacy Shield framework for transfers of personal data to the United States (Schrems II).[9] US law also allows US authorities to request data from US-based providers regardless of where the data is physically stored (the CLOUD Act).[10] Swedish public-sector bodies have analysed the same risk: eSam's legal statement concludes that using cloud services can, in some cases, lead to unauthorised disclosure of confidential information.[11]

A new EU–US Data Privacy Framework was adopted in 2023,[12] but it has been challenged in court.

Many Swedish care organisations prefer to reduce uncertainty altogether by choosing providers that store and operate data in Sweden, under Swedish and EU jurisdiction.

A practical security baseline

- ✓ Supplier certified to or working in line with ISO/IEC 27001[13]
- ✓ Multi-factor authentication for all staff accounts
- ✓ Role-based access and automatic removal of access when employment ends
- ✓ Logging and regular log follow-up
- ✓ Tested backups and a clear incident response routine
- ✓ Signed data processing agreements with every supplier



Chapter 4

Staff onboarding and operational readiness

A new facility often recruits a large part of its workforce at once, including hourly staff and substitutes, and many staff members have Swedish as a second language.



Digital tools only help if every person can log in and use them confidently on the first shift.

- Create accounts and access before day one, not during the first week
- Choose mobile-first tools with a simple interface and few steps
- Run short, practical training sessions in the weeks before opening
- Appoint digital champions in each unit who support colleagues
- Have a clear routine for removing access when people leave



Chapter 5

Resident and family communication

Families expect to stay informed, and residents increasingly expect to stay connected.



Good communication builds trust in the facility from the start, but it must be handled with the same care for confidentiality as any other information about residents.

- Agree which channels are used for family information, and keep them consistent
- Provide resident Wi-Fi and support for video calls with relatives
- Collect and document consent before sharing information
- Keep sensitive information out of open channels such as SMS and social media
- Make it easy for families to reach the right person at the right time

Chapter 6

The digital readiness checklist

Use this checklist in project meetings. Tick each item when it is decided and documented.

Design and planning — 5 checks

- [ ] Wi-Fi coverage plan for all rooms, corridors and outdoor areas
- [ ] Separate networks for staff, residents, visitors and devices
- [ ] Welfare technology requirements included in drawings
- [ ] Hosting and data location decided (Sweden / EU)
- [ ] Owner for digital readiness appointed in the project

Construction — 3 checks

- [ ] Cabling and access points installed as planned
- [ ] Equipment rooms secured with power and cooling
- [ ] Coverage tested in every room before handover

Chapter 6, continued

Before and after opening

3–6 months before opening

5 checks

- [ ] Communication platform selected and data processing agreement signed
- [ ] Role-based access model defined
- [ ] Multi-factor authentication and logging configured
- [ ] Family communication channels agreed
- [ ] Incident and outage routines documented

First 30 days after opening

4 checks

- [ ] All staff accounts active and tested
- [ ] Training completed, digital champions in place
- [ ] First log follow-up carried out
- [ ] Feedback collected from staff and families

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Next step

Every facility is different.

If you are planning a new or expanded elderly care facility, we are happy to go through this checklist **with your project team.**

Request a discussion on digital readiness for your upcoming facility:

binero.com/healthcare/elderly-care →

About Binero and Hibox

Binero is a Swedish cloud provider that stores and operates customer data in Sweden. Hibox is a secure communication and collaboration platform for teams, hosted by Binero, that brings messaging, tasks and video together in one place.

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