Introduction: A National Strategy for E-health has been introduced in Swedish county councils. The Strategy indicates that health care needs to become more accessible. To generate usable and sustainable e-Health solutions in Swedish health care, Participatory Design (PD) was introduced as a working method in an e-Health project in the south of Sweden. The project has met with opposition; e-health solutions are not exactly what Swedish health care wanted at the same time as different arenas within the health care organization have difficulties understanding each other.

Method: To implement applicable, usable, and sustainable e-Health solutions, a participatory design approach was used in this study. Two pilot studies were made in a county council in the south part of Sweden. The aim was to develop an Information and communication (ICT) tool, using video conferencing for supporting communication and collaboration between the hospital and the patient's home.

Findings: The majority of patients found the communication tools that were tested in the project usable and handy. They felt safe and secure being able to both see and hear the nurse during the video conference. The staff (nurses and assistant nurses) was eager to start the development of ICT tools. They were sure that with the support of PD, applicable, usable, and sustainable e-Health solutions could be developed in Swedish health care. The staff, and also the pilot projects, met with opposition when staff at different levels disagreed with which level was the decision maker, the owner, and also the developer of applicable ICT tools. Different levels did not listen to each other and they did not understand the importance of working together for achieving successful design and implementation of accessible and applicable ICT tools in Swedish health care.

Conclusion: Although as a result of the project described in this paper there are currently what would seem to be two applicable, usable, and sustainable ICT tools ready to use to support communication between hospital staff and patients recovering in their homes in the south of Sweden, there are serious difficulties concerning implementing them in every day life and work practice. Although there is a third generation of PD that has been used in the health care context, we found that irresponsible compromises need to be highlighted more and take care of in early stages in the development process where PD is being used. PD 3.1 may be the method could address this challenge more directly. PD 3.1 highlights the social character of work. Frequent and continuous interaction between arenas needs to take more place and time in the process of development and implementation of new ICT tools. This is especially the case in a health care context where different groups of staff within the organization do not understand each others' routines and work practice. What’s new? PD 3.1 involves renewed focus on support for constructive negotiations in and around ICT design and development, in our case in a health care context. What is new is perhaps that ICT is now becoming so ubiquitous in everyday life that health care cannot manage without using it- and making it work.