The Coordination Reform

• The increased resources must to a greater extent go towards developing services in the municipalities. The municipalities should be rewarded for investing in prevention in order to reduce the need for specialist health care services. And there should be incentives for hospitals and municipalities to team up.

• The hospitals should provide specialist care so that the patient can quickly return to his/her home municipality after completing treatment.

• With smart solutions, patients will receive proper treatment at the right place and right time. We will achieve this through the Coordination Reform.

Norwegian Minister of Health
The Health House creates arenas for collaboration between special and primary health care.
Aim and Purpose:
• Shall develop better collaboration,
• Enable earlier treatment and prevent need for treatment
• Secure holistic user – and patient flow of high quality.
• In depended on diagnosis

150 employees
69 beds/ 6 wards
Opened sept 1rst, 2107
Preface activities ...

Project group; 2,5 years prior to opening

- Several cross sectional and cross functional workgroups defining professional services and ward capacities for 5 different patient flows.

- Reviews
  - Available services within toxic and psychological health
  - Diagnostic loop within ECU
  - Patient flow

Plans

- Competence- and staff plan
- E-health; digitalization and technology development
- Budget and economy
- Compliance and internal audits
- Contribution to professional education by cross professional collaboration
Patient centered flow, not a waiting zone or storage

The purpose of the flow process is to move forward, in the most efficient possible way.

At HH the flow unit can be a patient, a document, an information

Multiple focuses creates additional «stuff» that require additional focuses and reduce the efficiency.

Fewer focuses enables faster process pr flow unit.
The organizational map is defined to ensure flow efficiency.

Upon entering; Plan for exit

Different members are called upon if/when needed regarding admission decisions.

Defines who is needed from the diverse resource team upon admission, anticipate duration of stay and plan for exit/transferal.

A «floating» unit; serves where and when needed and follows the patient if transferred within the HH.
Main interventions in order to succeed

• Structural interventions
  • Defined and regularly meetings/arena for coordination, knowledge sharing, role adjustments/definitions etc
  • Differentiated meeting locations with collaborators, e.g. Allocation office
  • Defined routines and procedures
  • System support
  • Technology; e-health and m-health,

• Work process interventions
  • Constantly improvement on patient flow; boardmeetings
  • Include roles/functions from collaborating systems, seeing the whole patient flow
  • Flow efficiency rather than utilization efficiency; e.g. medical services
New tools
New increased competence
Diverse professional teams
Flexibility and structure
Conscious use of resources and competence
Establishing new relationship
Relation-oriented Leadership
Relational intervention
Challenges that must be handled - soon

• Knowledge and acceptance all the way to the top and all across systems; professionals, administrative, political

• Understanding and build capacity for RC; not just a method, but a deeper understanding that enables to innovate when «X» becomes «Y»

• Build strong enough identity to work unit and keep an holistic perspective and commitment to the House

• Investing sufficient time and resources in training and developing collaborating skills and understanding in a time that require operational force and “hands on deck”

• Change mindset on how we work across the house

• Work in an integrated – and cross professional way
Some key targets in the near future

A collaboration mindset was a key requirement when recruiting managers and staff
  • Now this mindset must be advocated and developed

Balance «in house» focus with reaching out to external collaborators
  • Now is the time to mould the collaborating relationships

Build capacity for RC.
  • Innovate, be proactive, invest in work related relationships
  • Leadership seminar, staff seminars, collaborators seminar
Results after 6 weeks of operation

• Reduced the waitinglist from special to primary health care
  • from 20 to 6 which represent a cossaving at approx $80,000

• Increased quality in rehab; professional services are now available
  • Better treatment at primary care
  • Increased support at home instead of further institutionalized

• Perspective change;
  • What do you need?
  • How has your stay been?
THANK YOU
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