Welcome!!

Ref: Sandro Boticelli
The courage to see what is important!

- The need to feel appreciated, to be part of, and to be needed throughout life
- The need to allow myself to feel good and be happy with what I do, on my own terms
- The joy of being an active participant and co-creator
- The importance of being able to control myself and my life
- Courage to do new things

Leva hela livet
Bjursell, Hultman
The Future is now
Every System
Before and Now

- Dominant element
  Disease
  Care
  Doctor and Nurse
  Specialization
  Hospitals and Budgets
  Episodic treatment
  Standardization
  Patients comes to CG
  The patient must have patience
  Produce and P4P

- Safety and quality

Drivers
- The development of knowledge
- Demographics
- Epidemiology
- Technology
- Robotization
- Costs
- Patients awareness
- Social Networks
- Complex systems

The New Health

- Co-learning
- Networking
- A new ecosystem
- Prevention
  Team
  Integrated treatment
  Follow-up care
  Individual
  Interaction at a distance
  Proactive patients
  Quality

The big opportunity
Key questions:

• The social implications of and for health?
• How do fragmentarisation effect our service?
• Are the different incentives we have in pace with each other?
Welcome to one of ten healthiest areas in the world

- Easy to have a healthy lifestyle
- Healthcare at the top of the league
- Clean air
- Green areas
- Healthy food
- Excellent public transport

According to this report:

Global AgeWatch Index 2014

Global AgeWatch Index 2013

Anette Abrahamsson, Annmargreth Kvarnefors and Göran Henriks
Welcome also to...
One of ten coolest innovative counties around the world
Good for Esther = good for all seniors

http://plus.rjl.se/esther
What is best for Esther?

Esther… no matter where
We will be there!
Success factors

• Patient/person centeredness
• One story, one vision, the common values
• Meeting places, co-learning
• Everybody involved and Participation of the whole staff
• Improvement together with patients and citizens
• Simple rules – make it easy
• Open minded – innovative minds
• Trust is a must.
We combine professional knowledge with improvement knowledge in creative ways to develop effective changes for improvement.

Source: Batalden, Deming
A way to transform the culture?

Change the whole culture of the company

Change the attitude of individuals

Change behaviour

New way to work and to use methods and tools

"We act into a new way of thinking"

Deming, Norman
The Big idea

Although traditional hierarchies and processes – which together form a company’s ”operating system” – are optimized for day to day business, they can’t handle the challenges of mounting complexity and rapid change.

The solution is a second operating system, devoted to the design and implementation of strategy, that uses an agile, network-like structure and a very different set of processes.

The new operating system continually assesses the business, the industry and the organization, and reacts with greater agility, speed, and creativity than the existing one.

It complements rather than underbundens the hierarchy, thus freeing the latter to do what it’s optimized to do.

It actually makes enterprises easier to run and accelerate strategic change.

Traditional hierarchies and processes, which together form an organization’s "operating system", do a great job of handling the operational needs of most companies, but they are too rigid to adjust to the quick shifts in today’s marketplace.

The most agile innovative companies add a second operating system, built on fluid, network-like structure, to continually formulate and implement strategy. The second operating system runs to its own processes (the eight accelerators) and is staffed by volunteers from throughout the company.

Quality as business strategy looks very different but having the same baseline
Better life for elderly
I can get older in a safe and reliable context where I can keep my authority

- Optimal medication
- Care prevention
- Best possible dementia care
- Care services without fragmentarisation
- Honorable palliative care
Better life for elderly

- New design
- New ways of working
- Improved leadership
- Support to improvement
- Seniors involved
I en genomsnittlig kommun har ca 20 procent av individerna över 65 år någon kommunal insats

Kommunala insatser för invånare över 65 år

100% = totalt antal individer 65 år och över

- (80%) Eget boende utan hemtjänst eller hemsjukvård
- 10-20% Eget boende med hemtjänst eller hemsjukvård
- 4-7% Särskilt boende
Talk with me, not to me

Meet me with respect

Give me knowledge

Treat me like a fellow human being

Listen to me

Look into my eyes and imagine you are me

Let me be a part of my own care

Let me be a part of my health care

Don’t let me be reduced
A shift in perspective.....

Patient in the center

Patient – a part of the team

Reference: Anette Abrahamsson, Annmargreth Kvarnefors and Göran Henriks
Microsystem
Esther

Learning and innovation

Self Dialysis: https://www.youtube.com/watch?v=neSv7TdsLgk

Ref. Britt-Mari Banck, https://www.youtube.com/user/QulturumTV
For a Good Life in an Attractive Region
For 340,000 citizens

- Jönköping County is the geographical catchment area, with just over 340,000 inhabitants.
Two assignments – many activities

- Public health, healthcare and dental care
- Regional development and growth
- We have approximately 10,000 employees in 100 or so professional fields.
It all fits together

Region Jönköping County works with issues that are crucial to people’s lives and health, and to the county’s growth and development. The links are strong.
Organisation, vision and values
The municipalities’ participation and collaboration

- **The Municipal Forum** is the political arena for discussion and co-operation with the municipalities.

- **The Primary Municipal Co-operation Body (PMCB)** is the decision-making body for the primary municipal activities organised within Region Jönköping County.
Vision and values

- The vision "For a Good Life in an Attractive Region" links our ambitions within the areas of activities.
- Thirteen fundamental values characterise the work approach, decisions and choice of path.
Public health, healthcare and dental care
Tax funded and democratically governed

- Healthcare is managed by Region Jönköping County and by private care providers working under agreements with the Region.
- The county has 3 hospitals and 48 health centres.
- Patients are free to choose their care provider, both for primary care and specialised eye care.
From very good to best possible

Patient Satisfaction → Person-centered care
Take care of problems → Prevention and planning
Run faster/more resources → Less overuse, underuse and incorrect use
Everything everywhere → Standardised working methods and specialisation
Good examples → Faster spread - equal care
Among the best in Sweden
Greatest confidence on the ‘healthcare barometer’

- The citizens of Jönköping County have the greatest confidence in the healthcare system and are more satisfied with access to healthcare than anywhere else in Sweden.
First prize in EU competition for social innovations

• *Passion för livet/Passion for Life*, the Region’s working method for senior health, won first prize in the EU’s *Social innovation in ageing – The European Award* in 2014.
Entrepreneur of the Year and Trailblazer of the Year

- Region Jönköping County won two of three prizes when medical magazine *Dagens Medicin* awarded its ‘Golden Scalpel’ 2015, Sweden’s leading award for renewal in healthcare.
Högland Hospital in Eksjö
the best hospital for interns

- Högland Hospital is one of the top 10 for interns according to the SYLF rankings for 2015. It is also in the top 3 for interns in medicine and psychiatrics.
Ryhov County Hospital best in Sweden

- Medical magazine *Dagens Medicin* has voted Ryhov County Hospital Sweden’s best mid-size hospital three years in a row: 2012, 2013 and 2014.
Successful EU work

- The Region’s information about the EU for young people has been nominated by Sweden as a ‘best example’ to the European Commission, and is to be spread throughout Europe.
Sweden’s healthiest teeth

Children and young people in Jönköping County have the healthiest teeth in Sweden, according to the National Board of Health and Welfare.
Top-class healthcare hygiene

The medical clinic at Värnamo Hospital received the Swedish Hygiene Award 2015 for its work on reducing healthcare-related infections.
High rating for public transport

National comparisons show that Jönköping County offers a good range of public transport, with very satisfied passengers and high quality.
Patient involvement results in...

- More engaged, activated patients and better health outcomes
- Better understanding of one’s illness and capacity for self-management
- Reduced healthcare costs
- Health systems adopting processes and achieving outcomes that *matter to patients*
Fysisk aktivitet och goda matvanor

The health of the population

Citizens experience

Cost per inhabitant

En rökfri operation
Bakomliggande sociala faktorer

Levnadsvanor
Första linjen för psykisk hälsa

Hälsofrämjande hälso- och sjukvård

Social hållbarhet
Försörjning, utbildning och samhällsplanering

Invånarstöd och egenvård
Hälsa för livet
Lärcaféer
Självhjälpsgrupper

Primärvård
Samverka med närsamhället
Upptäcka risk och erbjuda stöd
Hälsosamtal

Specialiserad vård
Optimera behandling

Region Jönköpings län
Primärvårdsforum
2015-10-16
Patientupplevt funktionellt status vid första besök efter operation i samband med koloncancer

resultat av enkätsvar

Sydöstra sjukvårdsregionen

2011 - 2012

Jag klarar av mina huvudsakliga aktiviteter (andel svar Ja, helt och hållet)

Aptit (andel svar 0-3, 0=bästa möjliga aptit, 10=ingen aptit)

Oro/ångest (andel svar 0-3, 0=ingen oro/ångest, 10=värsta tänkbara oro/ångest)

Livskvalitet (andel svar 0-3, 0=bästa möjliga livskvalitet, 10=sämsta tänkbara livskvalitet)
Påverkansanalys Säker vård – alla gånger Mars 2011 (uppdaterad 110426)

Resultatmått

Primära drivkrafter

- Undvik Vårdrelaterade infektioner
  - Följsamhet Basala hygienrutiner och Rätt Klädd
  - Följsamhet område 4, 5, 6, 10 och 13

- Tiltäcklig Hjärttsjukvård
  - Följsamhet område 1

- Undvik Läkemedelsrelaterade patientskador
  - Följsamhet område 2 och 11

- Undvik Fall och tryckssår
  - Följsamhet område 3 och 7

- Följsamhet område 9 och 14

Stödjande ledarskap

- Följsamhet område 12

Mål: Säker Vård alla gånger

Övergripande resultatmått:
Antal patientskador per 1000 patientdygn

Vårdsprevention – Riskbedömning av fall, nutrition och tryckssår

Läkemedelsrelaterade patientskador (ADE), genomsnitt 3,1 ADE per 1000 doser

Vårdsprevention – Riskbedömning av fall, nutrition och tryckssår

Förebyggande bedömningar före operation

Processmått

Följandariklinier "KAD bara när det behövs"
Quality as a strategy - we make everybody “move”

We focus on Learning and innovation more than the other three perspectives!

This will spread and effect the other perspectives!
Balanced Scorecard: Four perspectives

<table>
<thead>
<tr>
<th>Citizen or consumer</th>
<th>Process and production</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTWARDS</td>
<td>INWARDS</td>
</tr>
<tr>
<td>• Who are our consumers?</td>
<td>• What are our resources?</td>
</tr>
<tr>
<td>• What needs do they have?</td>
<td>• In what fields are we going to be good?</td>
</tr>
<tr>
<td>• Are the consumers satisfied?</td>
<td>• In what way?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning and innovation</th>
<th>Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHEAD</td>
<td>BACKWARDS</td>
</tr>
<tr>
<td>• What do we believe about the future?</td>
<td>• What does our economic presumptions look like?</td>
</tr>
<tr>
<td>• What must be developed to be prepared for the future?</td>
<td>• What economic resources are necessary to reach our goals in short terms and long terms?</td>
</tr>
<tr>
<td>• How are we going to become a learning organisation?</td>
<td></td>
</tr>
</tbody>
</table>
Seven questions showing the way
for the microsystem team on their journey to the best possible results.

1. What is the purpose of our existence?
2. How do we measure?
3. How do we define the gap between today and the best possible future?
4. How do we develop connection maps to describe the work that is being done?
5. How do we identify waste and links that do not work?
6. How do we prioritize which processes that are in most need of improvement work?
7. How do we integrate improvement work as a natural part of everyday work?
Safe Health Care
– every time, all the time
Visualization of results

…to follow up the results,
…to act on results
…to get hold of ones context
Partnership and patient safety

Film about Self-dialyses unit (5:45)

Agneta Jansmyr
01/02/2016
ACTIVITIES

Pre-diagnosis

Diet?
Risk assessment?
Screening?
Pt. education?

Colonoscopy?
Biopsy?
Staging?
Surgery?
Colostomy?
Radiation?
Chemotherapy?
Pt. education?
Shared decision-making?

Follow-up & monitoring

Colostomy care?
Cancer activity?
Pt. education?
Shared decision-making?

End of life care

Palliative care?
Pt. education?
Shared decision-making?

MEASURES

Screening events?
Prevalence?
Pt. awareness?

Stage at diagnosis?
Treatment algorithm?
Complications?
Pt. understanding, satisfaction?
Q,S,V measures?

Survival length?
Activities of daily living?
Monitoring algorithm?
Complications?
Pt. understanding, satisfaction?

Ref: Paul Batalden
Region Jönköpings län
Value for patient increases
You can´t turn back the clock
But you can wind it up again
Dansk Selskab for PatientSikkerhed

Hvad er Triple Aim?

Nye veje i sundhedsvæsnet