Design team, supporting Flippen health centres

- **Communications department** - Fredrik Sargren
- **Public Health section** – Mattias Jonsson and Stina Norberg
- **Qulturum** – Susanne Lundblad
- Other resources as required for each activity
Both patient and population data needed
Råslätt HC – Health guides
Vrigstad HC for asylum-seekers

- Collaboration with the local community
- Build networks – for common messages about health
- Voluntary and based on own capacity and commitment.
- Based on local needs and networks
Vrigstad HC – group activity

Feel the need for care

Contact health centre

Assess care and health

Actions and support for care and health

Activity

Groups

Social relationships
Aroma VC - Proactive communication
Aroma HC – Habits (smoking) Support and treatment over the Internet
Vråen HC - Insight and Outlook

**Insight** *(Insight: understanding, knowledge, familiarity, empathy).*
Resource space at the entrance – ‘Much more than a mere blood pressure room’

**Outlook** *(Outlook: optimism, hope, possibility, opportunity, prognosis, view, panorama).*
Outdoor space at the health centre

Make use of a person’s own resources – greater autonomy
Increased personal control of processes within health and medical care
RECEPTION NURSE

**ROLE**
- Main task **telephone support** - advice on self-care and booking appointments with doctors.
- Separate reception for blood pressure and cardiac patients, travel vaccinations.
- Looks after referrals.
- Has worked a lot in home care and knows the procedures around the patient, which is an advantage.

**PROBLEMS**
- Great pressure on the health centre (the only one in the town).
- Shortage of doctors.
- Agency locums – no continuity with patients.
- No access to MEDDIX.
- Doctors do not respect home care telephone hours 10.30–10.45 each day.

**CONTACTS**
- Home care service calling on ‘next door’ phone to get hold of the doctor.
- Receives referrals from in-patient care (only information that a patient has been admitted).

**CARE PLANNING**
- Hard to see how primary care could assume the main responsibility for care plans because they do not know which patients have been admitted and cannot access Meddix.
- Do not know whether a patient has been in the hospital until the reception receives a referral.
- Need for care planning can come from different places: family, home care, in-patients etc.
- We are furthest from the patient.

**IT SYSTEMS**

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<th>HAVE ACCESS :</th>
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<td>COSMIC</td>
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**NEEDS**

**BEFORE TAKING OVER FUTURE CARE PLANNING**
- Patients who have been admitted and need care plans.
- Shared documents for everyone involved in care planning.
- Obtain complete picture of the patient.
- Checklist so as not to forget things.
- Collaborate with nurses in in-patient and home care.

“We need some support, perhaps a template or a checklist of some sort.”
Taking over care planning
Avonova Apladen health centre

Health forum for seniors

Health centre

Meet students