The Microsystem Festival 2017

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Esther
Together – for best possible health and equal care

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Region Jönköping County
What would whole person care mean for you?

What matters to you?

I shape my own care around the outcomes that matter to me

I, and my community, have a real say in our local services

I have one person acting for me to make the system work

I understand more about my problems, staying healthy, and what I can do for myself

I own my own health and care information, which is shared with my permission

My experience of a service matters to those who pay for it

I receive more care in my own home and the community

Everyone involved in my care knows my goals and works together as one team

Ref. I statement ; Sir John Oldham OBE MBA
Everyday life

Support for body and soul

Primary care

Specialized care
Strategic organization

Together for best possible health and equal care

Asylum and integration

Health for life

Primary care as the base

Development of specialized care

Coordination

The Flip

Health café

Menu for the inhabitant

ER to primary care units

Safe and secure care

Chronic diseases

Physical health for patients with mental illness

Surgical care

Medical care

Psychiatry and rehabilitation

Coordination of care

Mobile teams

Digital solutions

Supporting structures
Very good

Patient satisfaction
Take care of problems
Run faster/more resources
Everything everywhere
Good examples

Best possible

Person-centered care
Prevention and planning for next steps
Reduce over-, under- and misuse
Standardized approach and specialization
Faster distribution – equal care
Key infrastructure: Quality control

- Lean design
- TPS: Value stream analysis
- 6σ: Define, measure, analyze, design, verify (DMADV)

Design

Improve
- 100% participation vs. breakthrough models
- Identify/prioritize opportunities:
  - voice of the customer,
  - voice of the process
- Rapid Cycle Improvement
- TPS: A3 analysis, w/ coaching
- 6σ: Define, measure, analyze, improve, control (DMAIC)

Manage
- Technically, Quality Control (Juran)
- Build essential infrastructure
  - key process identification
  - performance tracking (outcomes)
  - organizational structure
- Accountability - e.g., monthly review
Strategy for clinical integration

Knowledge support

Follow up, open comparison, Quality registers

Support for improvement
Management in healthcare

Microsystem
Professions, patients and support system

Mesolevel
County level

Macro-level
National and government
Not: För Jämtland, Värmland och Västerbotten föreligger sannolikt metodproblem för HbA1c.

Andel patienter med blodtryck över 150/80 mm Hg

Källa: Nationella Diabetessregistret Årsrapport 2013, Health Navigator-analys
1. Focus on patients goals
2. Action if necessary
3. Continuous discussion of team results

4. Guidelines
5. Follow up and feedback
6. Contingency
Ways of working

- Learning organization
- Structured way of working
- Clear objective
- Set timetable
- Support systems
- Cooperation!!!
Change of health care

Tillsammans för god och jämlik vård
“Health is to joyfully be occupied with your life’s work”  Gadamer, german philosopher
2016 April
25 Måndag
Powerwalk m. Lisa 7:30
Lunchdrift 11:30
Planera Danmark

26 Tisdag
Holly 3år! Långpromenad med Anna
Frissan 16:
Kallas för Molly kl 17

27 Onsdag
Yoga med Helena 7:15
Red brom:
ALT med Hejerna Neo 17

28 Torsdag
Värdenskaren 10:00
Lunchpromenad med Frida
Telchid läkaren 12:30

29 Fredag
Labbet 8:30
Ring kontoret 10:00
Till apoteket för lunchen
Ring om provsvar 16:30

30 Lördag
Sjukgymn. 10:00
Telchid läge 14:30
Klam för recept med fic
Labbet 16:00
Kolla provsvar 15:00

Region Jönköpings län
How do we change the culture?

- Change the company culture
- Change the attitudes of the individuals
- Change behaviours

New ways of working, methods and tools
Segmentation of needs
The 5 P’s of the microsystem

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Patients</th>
<th>People/professionals</th>
<th>Processes</th>
<th>Patterns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What value shall we accomplish?</td>
<td>• Who are they? • How well do we know their needs? • How do we involve them more?</td>
<td>• How do we use and take care of the competence of our colleagues in the best way? • How do we involve them more in the improvement work? • How do we increase our colleagues understanding of our mission?</td>
<td>• How do we learn more about our processes? • How do we use the result? • How do we improve our co-operation?</td>
<td>• How do we evaluate the variations in the clinical work?</td>
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</tbody>
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To map out, reflect, discuss and try to systematically improve

Ref: Godfrey, Nelson, Batalden
From today to best possible
Improvement model

What do we want to accomplish?

How do we know that the change is an improvement?

What changes can lead to improvements?

PDSA-cycle

Ref: Nolan, Deming et al.
Health for life

Aim:
To empower inhabitants to affect their own health and quality of life by raising awareness of, and taking charge of their own resources.
Segmentation of needs
Flippen in primary care

New innovative ways of working in primary care.
Jag kan tillvarata mina egen resurser!
Lenses

• Evaluation with support from checklist:
  – Person-centeredness
  – Right use of competences
  – Equality
  – E-services
  – Environment
  – Resources
  – Patient safety
Mind and heart must work together in large scale changes

- Strategic plan
- Implementation plan
- Measures
- Analysis
- “try and adjust”

- Vision
- Encouragement
- Purpose of the change
- Purpose of the measurements
- “understand and affect”

Support in change

Ref: Sarah Fraser
Large Scale change includes strategy, process improvement and culture change

Source: McKinsey and Co
What do we gain from new ways of working? Alternatively, what do we lose from continuing the old way?
Measurement and analysis team

We learned we need a multi-disciplinary team helping with analysis and measurement.
1) Define your problem
2) Adapt the concept
3) Implement for ALL

We are on the right track!
Project process

• Project directive $\rightarrow$ objectives, action plan and measurements

• Process for developing new ways of working
Thank you
What is best for Esther?

Esther... no matter where, we will be there!

Take responsibility for your step and make it easier for the next
Individual values

• What does Esther need/ want?
• What is important for Esther when she gets sick?

Partners

• Who has to cooperate to fulfil Esther’s needs?

Changes in the environment

• Changes in the system of health care?
• New methods? New technology?
• Changes in population?
Esther’s journey revision on program

Client integration and co-operation - a must to built trust

Home care

Primary care

Hospital

Intensive care

Medical unit

Sheltered home

Psychiatry

Rehabilitation

Network for health and care collaboration
Attributes to programs that successfully treat high-needs high cost individuals

1. Targeting
2. Leadership
3. Having everyone on the team know each other
4. Periodic revision of the program
5. Data infrastructure and feedback
6. Interaction with patients and families
7. Focus on care transitions
8. Appropriate financing and payment incentives