Setting the right aims, with heart and mind, is a true art

Norway: 4,68 mill
Bergen
- 250 000 innh
- 3 500 newborns/year
- 8 districts
- Every district with more than one health centres
disposition

- Structure for the collaborative
- What was the aim – and the results
- Method and approach
- Reflection and discussion

- And some related reflections

Setting the Aim

- It was already there.
- Set in 2006 by the politicians

- 90% of every child born in Bergen will receive a homevisit
- It’s in the National clinical guidelines for health centre
Viktig å synliggjøre resultatene

Andel nyfødte med hjemmebesøk

Bergen kommune 2005-2010

**Reflection**

- The target is set, but the response is actually more in the opposite way.
- Do you have similar experience?
- Let’s share examples
Theoretical Structure for the collaborative
Ex of operative aims

- Obtain >90% delivered homevisits to all families with newborn babies.
  - Aim 1:
    - Make sure that all recieved notes of birth are registered and distributed to the the public health nurses without delays
  - Aim 2:
    - Make sure that parents recieve and understand adjusted information at the homevisit
  - Aim 3:
    - Check out the servicesatisfaction by using a survey

The number of home visits in Bergen from 2005-2010
Some examples of the results

- Improving the logistics according to planning the home visits
- Fana: reduced the numbers of emergency calls that results in consultations/visit at healthcentre
- Increased numbers of fathers participating
- Better quality because of buying transportable veights
- Reduction of variation in quality of the home visits through increased loyalty to standards
10 factors increasing your chances to reach your aims and to sustain the results of improvement

- Standardisere ny praksis
- Sikre videreføring
- Spre forbedringerne

- Sette mål
- Utvikle måleverktøy
- Kartlegge nåværende praksis
- Planlegge forbedret praksis
- Finne forbedrings tiltak

- Erkjenne behovet for forbedring
- Klarere kunnskapsgrunlaget
- Forankre og organisere forbedringsarbeidet

- Måle og analysere data i forhold til mål

- Iverksette praksis

- Sustain and spread
- Prepare
- Plan
- Do
- Study

- Måle utvikling
- Tilpasningsdyktig ny arbeidsprosess
- Troverdige resultater
- Gevinster, i tillegg til nytte for pasienter

- Ansatte & ledere
- Prosess
- Organisasjon

- Infrastruktur støtter endringer

- Opplæring og involvering
- Holdning til endringer

- Toppledelsens engasjement
- Fagledelsens engasjement

- Endringer er tilpasset mål og kultur i org.
So back to the start, setting aims, with heart and mind, is it a true art?

- Not only necessary to set the right aims
- There is a need of a common vision for the services,
  - NHS doesn’t exist in Norway

- In Norway right now:
  - Reform for co-operation and interaction
  - The need for a new direction
  - Still struggling with contracts and money

What was the keys to success?

- Common language/knowledge about Q.I./Method
- Tools adjusted to their challenges
  - Flowchart gives insight, visualizes the existing and the wanted
- Clear aims, focusing on quality and not 90%-target
- No new arenas/meetings, Q.I. in to existing agenda
- A new, clear responsibility for the quality-group
- Leaderengagement
- Sustainability and this is how we do it focused from day one
- Method transferable to new subjects
Collaborative as a frame

- A theory that meets the practical challenges
  - Focusing on both knowledge for health centres and Q.I.-knowledge
- Local responsibility (bottom up) to meet top-down
- Going through status at the beginning of every l.seminar. And going through all the tasks at the end
- Individual approach coaching on practical challenges
- Posterwalks: getting inspiration and learning from each other

Similar experiences?

- Share examples of vision and aims changing the agenda and the quality

- How are you preparing for tomorrow:
- The new roles in healthcare system, the new user
- How do you integrate health promoting activities?
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