Skåne Region Vision

Why Change?

The Swedish healthcare sector is facing several challenges. An ageing population[1], medical and technological development, and citizens' growing demands influence care and treatment so as to create new possibilities for preventing, diagnosing and treating diseases. Availability does not correspond to peoples' view concerning need and expectations. In many cases, borders between stakeholders and community nursing care, primary care and specialised hospital care cross straight through the care processes. In the meantime there is a growing gap between needs and resources. Another challenge is to offer good working conditions and possibilities for employee development.

In 2003 these facts brought Skåne Region County Council to the conclusion that Skåne Region's health care organization needed to be developed and restructured within a number of areas (figure 1).

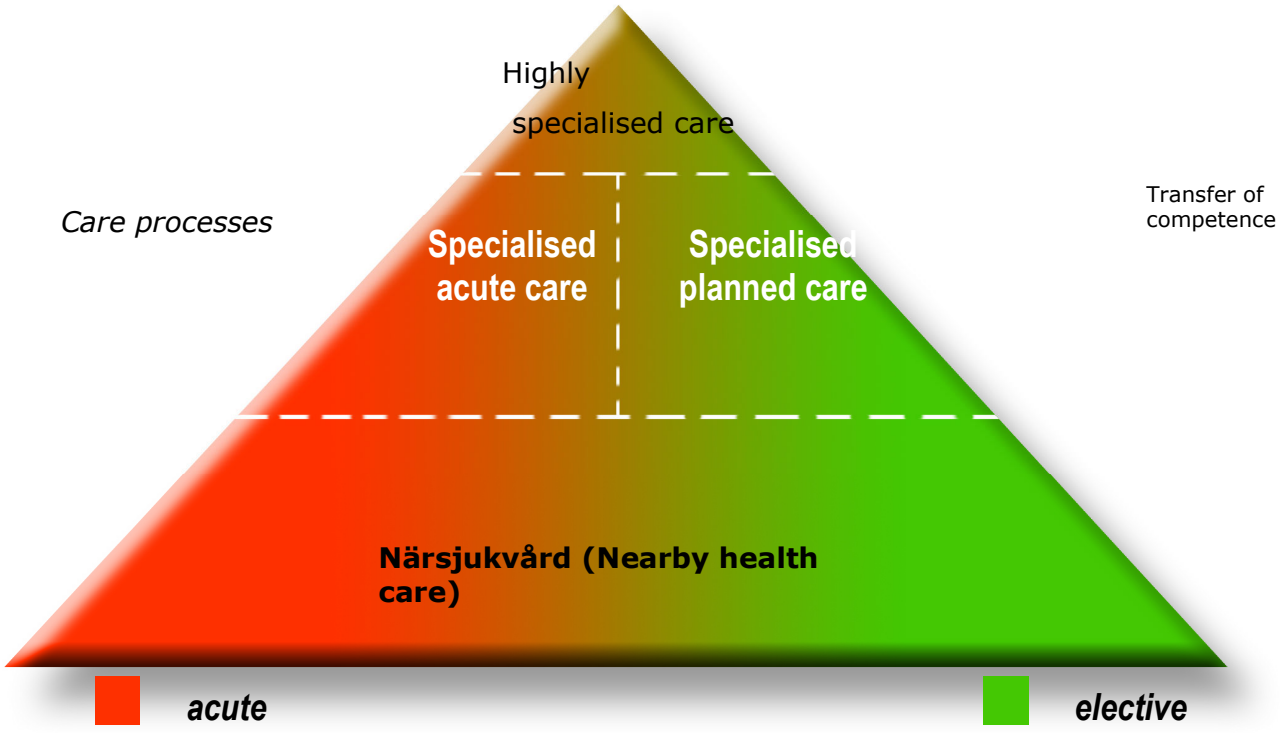

Figure 1: Skåne Region Vision

[1] SCB prognosis of Swedish inhibitants; people between 75-84 yers old will increase by 22 percent by 2020.

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A New Basic Structure

We introduced a new concept when we started the vision work in 1999: the concept of "health care logic." The reasoning behind the concept is most closely linked to organisation theory. A main part of this theory is that every organisation must reflect the type of tasks carried out. Technology, available knowledge and various external factors affect the tasks, their inter-relation and how they form a pattern. "Pattern" can be regarded as a synonym of "logic", as can the term "paradigm". According to the Swedish dictionary *Bonniers Svenska Ordbok* logic has two main meanings; one is that "logic" is a science in itself (which comprises a way of thinking and building up systems of thought). It also roughly means "consistent", and represents the idea that different parts must be linked to form an integrated whole. If elements that do not belong together or come from different totalities and disrupt each other are combined we will obtain a system in which the parts are incompatible. In companies and value-creating institutions this leads to inefficiency. The idea is therefore to identify fundamental logics and in the short term to regard them as an independent and unchangeable factor, at the same time as we regard our own organisation and way of working as a dependent and changeable factor.

The point is that the healthcare logics in a certain situation are more or less clear-cut. They are defined by actual needs, by available technology, available knowledge level, basic values, approach to people and ethics. In the short term we cannot affect the actual healthcare logic. However, in the long term it may evolve and even be affected. We can, however, influence how we organise ourselves in order to reflect healthcare logics. Most of the healthcare that citizens need, can be regarded as a sort of "basic care", in Swedish *Närsjukvård*, here called Nearby Health Care. It represents a large volume of care and a high frequency of visits. Trauma care, treatment of rare diseases in highly specialised care, extremely urgent cases, and acute specialised care: these account for a small volume and low frequency and cannot be planned in advance from an individual perspective. Specialised planned care needs to be separated from acute processes. These examples of healthcare logics are completely different and must be organised and run in completely different ways[2].

A Long-Term Solution

Health and medical care in Skåne Region will be based on citizens' need for health care and medical treatment with improved availability, quality and cooperation. The health promotion perspective will permeate all activities. Nearby Health Care will be characterised by coordinated efforts focused on citizen's needs. Specialised acute care is concentrated to improve quality and security. Planned specialised surgical care will be concentrated with enhanced possibilities to develop quality and productivity. Highly specialised medical care will be characterised by regional, national and international cooperation. All resources in health care will be utilised as efficiently as possible to meet the citizen's requirements concerning good medical care and health service. Changes and suggestions will be based on the perspective of the inhabitant's need, and aimed at a better and more equable care for the patient. The health care system will offer a holistic approach, need-based health care and patient empowerment.

Way Of Working

This new structure is implemented in Skåne Region as a master plan. There is a strong political will to make this come true. All this work involves thousands of people who have worked, and are working, in groups representing primary care, hospital care and community nursing care. Proposals for targets have been discussed in dialogue conferences with wide participation. The targets have subsequently been confirmed for Nearby Health Care, specialised acute care,

[2] From "Vårdens chans", Bert Levin & Richard Norrman, Ekerlids förlag, Sweden 2001.

specialised planned care and highly specialised care. Implementation is going on in the Skåne Region area in the meantime. Special medical advisors, SPESAK, have an advisory board function to the health care directors.

The Skåne Region vision is not in the first place a reorganisation. It's rather about the way we work together and it starts with the most important principle - meeting the patient.

Highly Specialised Care

The incidence of managed diseases in highly specialised care is low and large geographical areas must therefore be covered to maintain and develop good results and quality. This kind of care is mainly given by the University hospitals in Lund and Malmö.

Highly specialised care comprises diagnostics, and/or treatment of rare diseases or trauma but also those special interventions, regarding complicated manifestations of illness, which are needed to bring increased value to the patient. There will be an increased coordination of certain highly specialised care units and a network-based mode of working will find its way through collaboration with other county councils. Skill centres will support training and education for professionals.

Specialised Acute Care

Specialised acute care will provide the resource-hungry medical services needed for life threatening conditions, the acutely ill, or trauma patients. There are emergency departments for nearby care in every hospital in the Skåne Region. Four of Skåne Region's ten hospitals are specialised acute care hospitals with access for patients with life threatening diseases/injuries or emergencies; Helsingborg, Kristianstad, Lund and Malmö.

Prehospital, ambulance care forms a part of specialised acute care services. Each ambulance will be provided with nursing staff, such that treatment can begin at the place of trauma or where the patient falls ill. Physician-manned units, one at each of Skåne Region's four acute hospitals mentioned above, assist ambulance personnel in severe accidents and traumas.

Specialised Planned Care

Specialised planned care is medical care that can be planned in time, content and volume and where planned management does not impair the prognosis for alleviation, recovery or cure. Specialised planned care will be a regional concern and will be organized and structured from a comprehensive perspective. Emergency flows will be arranged not to interrupt planned treatment, and planned surgery will be concentrated in fewer units. High quality of health care and short waiting times are more important than geographical proximity.

Specialised surgery dependent on combined resources (e.g. cancer surgery) will be concentrated in the four acute hospitals in Skåne Region. In certain specialist fields medical staff will be shared between hospitals. There will also be an exchange of specialists between other hospitals due to concentration of certain activities.

Nearby Health Care (Närsjukvård)

According to the goal established by the Regional Assembly, Nearby Health Care (NHC) is the foundation of health care and is to cater for the majority of patients' everyday health care needs. At a rough estimate, half of the health care budget will be allotted to NHC. Future NHC

in the Skåne Region will be based on citizens' needs. The type of care that many people frequently need, perhaps for long periods, is to be available close at hand. This means that tomorrow's NHC must work on and take responsibility for each patient's health care requirements – irrespective of the structure of the organisation. A basic prerequisite is an easily understood definition of the content and values of Nearby Health Care. This can be created through clear health care programmes and processes. Local health care processes are crucial to the development of NHC. A number of such processes have been defined and will soon be initiated in the health care districts. The processes will run across the borders between communities, primary health care and hospitals.

NHC is based on an integrated working method between various competencies in the Skåne Region and in the communities. Specifications must be made and a common set of basic values that apply among specialists must be produced and accepted. To minimise patients' need to travel to various health care units, facilities such as laboratories, x-ray departments and telemedical clinics with specialised competence must be available through NHC – all in order to meet patients' needs.

In terms of organisation, NHC includes all health care currently run within primary care and by the municipality, a significant part of internal medicine, psychiatry, geriatric, palliative care in the final stages of life, rehabilitation, habilitation, and assistive technology. Some outpatient care within other non-surgical specialities and minor surgical procedures that can be performed at a clinic in conjunction with an outpatient appointment can also be included. Public and private primary health care (i.e. family medicine or general practice) plays a central part in NHC, but cannot shoulder the entire workload. The citizens are supposed to perceive family doctors/general practitioners as the natural first port of call, which means that a high degree of availability is required. To achieve this, working methods must change, and increased coordination of resources in NHC is necessary.

Domiciliary care (health care in the patient's own home) is part of Nearby Health Care. NHC maintains overall responsibility, around the clock, for medical support in domiciliary care. The support provided by doctors to domiciliary care will be strengthened and based on teamwork. Each patient receiving domiciliary care will have an individual care plan. This plan must contain instructions on interventions required in case of acute illness or deterioration.

Emergency departments for nearby health care will be available at all of Skåne Region's hospitals. Patients who have an established contact with health care services have the opportunity to get admission directly to a nearby care department without having to go through the emergency department.

NHC will aim to treat patients in outpatient care wherever possible. However, beds must be available for a series of conditions that are to be treated in Nearby Health Care. The need for beds in NHC is to be based on an overall view of need and population figures, taking sociodemographic considerations into account. Beds for patients whose conditions are covered by NHC will be available at all hospitals in the Skåne Region. These inpatient facilities are primarily for frequently occurring illnesses (mainly in internal medicine), rehabilitation or mental health.

Cooperation between various sections of NHC must take place without referrals, but according to clear procedures and support systems to aid communication. Development of joint patient documentation will be a top priority.

References

Norman, R., Levin, B., *Vårdens Chans*, Edelids förlag.

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