

Norrbottnen, Sweden: My plan

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	No
Verification of the Good Practice	Yes
Evaluation of the Good Practice	No
Type of the Good Practice	Promising practice

Part 2: Description of the Good Practice

Name of the Good Practice	My plan
Short name (Acronym)	TSIP
URL of the Good Practice	Under construction
Geographical scope	Regional level
Country	Sweden
Region(s) involved	Norrbottnen
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> • Hospitals • Specialised physicians • Primary care centres • General practitioners • Regional public authorities • Local public authorities • Nurses • Home care centres • Nursing homes • Informal caregivers • Private companies • Academia • Advocacy organisations of patients / users
Size of population covered	1,000-9,999
Targeted audience	<18, 18-49, 50-64, 65-79, 80+
Summary of the Good Practice	
<p>The Project covers 5 hospitals, 33 primary Health care centres and the social service at 14 municipalities. It aims to empower the patient in both the discharge planning process and the planning process at home by increasing their influence on the process and enhance their access to their plan. This will be reached through development, test and implementation</p>	

of new workflows, routines and new supportive technology that support a new upcoming law that regulate the planning process.
Key words: co-creation, equality, availability, safety
Good practice being part of the larger programme
No.
Challenges / problems addressed by the good practice
<ul style="list-style-type: none"> • Better cooperation between different stakeholders • More person-centred care • Better accessibility to needed information on time for everyone involved in the process including the patient
Importance of the challenges / problems before starting to implement good practice
The challenges have been the starting point for the development, tests and implantation of new practices and technology.
Environment before the good practice was implemented
Different stakeholders worked in different ways with the planning process and not always following the existing law and regulations with delays and consequences for the patient.
Key innovative elements of the good practice and how the good practice improved situation compared to previous practice
We have not reached the evaluation point yet in the project.

Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)	Lower costs, improved outcomes
Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required).	
	Education in new practices for estimated 10 000 employees in healthcare and community care.
Total budget of the Good Practice	€1M - €5M
Source of funding	European funding
The main actions that have to be done to deploy the Good Practice	

Not there yet.
Issues during the implementation of the Good Practice
Not there yet.
Additional resources required to scale up Good Practice
No.
Basis to support sustainability of the Good Practice
Not there yet.
Evidence to observe the Good Practice
A home page is under construction

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice
Between one year and three years.
Investment per citizens / patient / client in terms of financial resources
No available calculation.
Evidence behind the Good Practice
Documented evidence. Evidence is based on systematic qualitative and quantitative studies.
There are external personnel that follow the project and constantly evaluate the project process from the start to the end. There are also senior scientists in the project practicing research within the project.
Maturity of the Good Practice
The idea has been formulated and/or research and experiments are underway to test a 'proof of concept'.
The practice has not been evaluated yet since the project runs until 2018.
Estimated time of impact of the Good Practice
No evidence or no demonstrated impact.
Impact observed
Not available.
Transferability of the Good Practice
Ready for transfer, but the innovative practice has not been transferred yet. The innovative

practice has been developed on local/regional/national level and transferability has been considered and structural, political and systematic recommendations have been presented. However, the innovative practice has not been transferred yet.

Part 5: Your organisation

Name of the organisation	Norrbotten county council, Hälso- och sjukvårdsavdelningen
Address of the organisation	HSE Norrbottens läns landsting Robertsviksgatan 97189 Lulea Sweden
Type of organisation	Hospitals; Nurses, General practitioners; Specialised physicians; Primary care centres; Other (County Council)
Name of the contact person	Sofi Nordmark
Email address of the contact person	sofi.nordmark@nll.se