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SELF-ASSESSMENT PROCESS IN NORRBOTTEN REGION

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Decentralised Health Care

- ▶ Public funded system with shared responsibility between national government and local authorities
- ▶ National level - legislation, monitoring and education/training
- ▶ County councils and regions (20) - healthcare, but also regional development and support to cultural activities and public transport
- ▶ Municipalities (290) - social services; care of elderly and disabled people, schools and school health care, spatial planning and building, health and environmental protection, rescue services, order and security and lots more

Understanding Integrated Care in Norrbotten

- ▶ Chains of care is an integrated care model developed in Sweden with the aim of linking primary, hospital and community care through integrated pathways based on local agreements with between providers
- ▶ Typical chains of care include screening element in a primary care centre, treatment plans developed in specialist centre and rehabilitation provided in community. Contractual agreements and alignment of incentives that enable efficient use of resources are distinctive features of the Swedish model.

Update on the Progress

1. Identification of regional/local stakeholders

9 experts

2. Self-assessment survey

Outcome: Stakeholders' perceptions on current state of art in integrated care

3. Data collection/data analysis

Outcome: 9 spider diagrams – weakness and strengths in integrated care

4. Stakeholder workshops

Outcome: Consensus on 10 spider diagrams

5. Summary of results and feedback on the process



Local Stakeholders

- ▶ Through the local steering group appointed and given the mandate to perform assessment
- ▶ 9 participants
- ▶ Researcher, improvement strategic officer, Assistant professor/Knowledge management strategic officer, Registered Nurse/PhD/Project manager, Assistant Director Community Care, IT-strategic officer, development strategic officer (ehealth and innovation), Health care center manager, business developer(s)
- ▶ Chosen based upon experience in integrated care from a practical and academic perspective. Represents different levels and operations in the region. Enough mandate to “speak freely”.

Self-assessment Survey

- ▶ How many stakeholders completed the survey? - 8
- ▶ What timeline did you follow? – one week to fill out survey
- ▶ What supportive documents you sent along the invitation to the survey? – the “instructions” for stakeholders, translation of all parts of the tool and dimensions as well as the agenda and invitation to workshop.
- ▶ Please describe your experience with the use of the survey, any difficulties, challenges, areas for improvement? – one or two did not know how to share the results. Not all justifications get in the document when you export

Self - Assessment in Norrbotten –

“Stakeholders’ Perspective”

LL

MH



SC



Consensus 1 – 4 persons



Consensus 2 – 3 persons



Self - Assessment in Norrbotten – “Outcomes”

- First two diagrams
- One combining the two



Maturity Assessment – “Experience”

- ▶ A good way to get an overview of “where we are”
- ▶ Helps you reflect
- ▶ The results provide a good basis for structured discussions on “where we want to be”
- ▶ Objective way to present to policy makers, management and politicians strengths and weaknesses
- ▶ Practical tool for change management on many levels
- ▶ Provides answers for further analysis

Next Steps

- Further analysis with project group – what do the results mean – why did we get these results?
- Presenting the results to the local steering group → assignment from steering group
- Discussions on how to use the results
- What would we like to change?
- Project group work on suggested changes → report to steering group → decision making on operational or political level (actions or strategies)