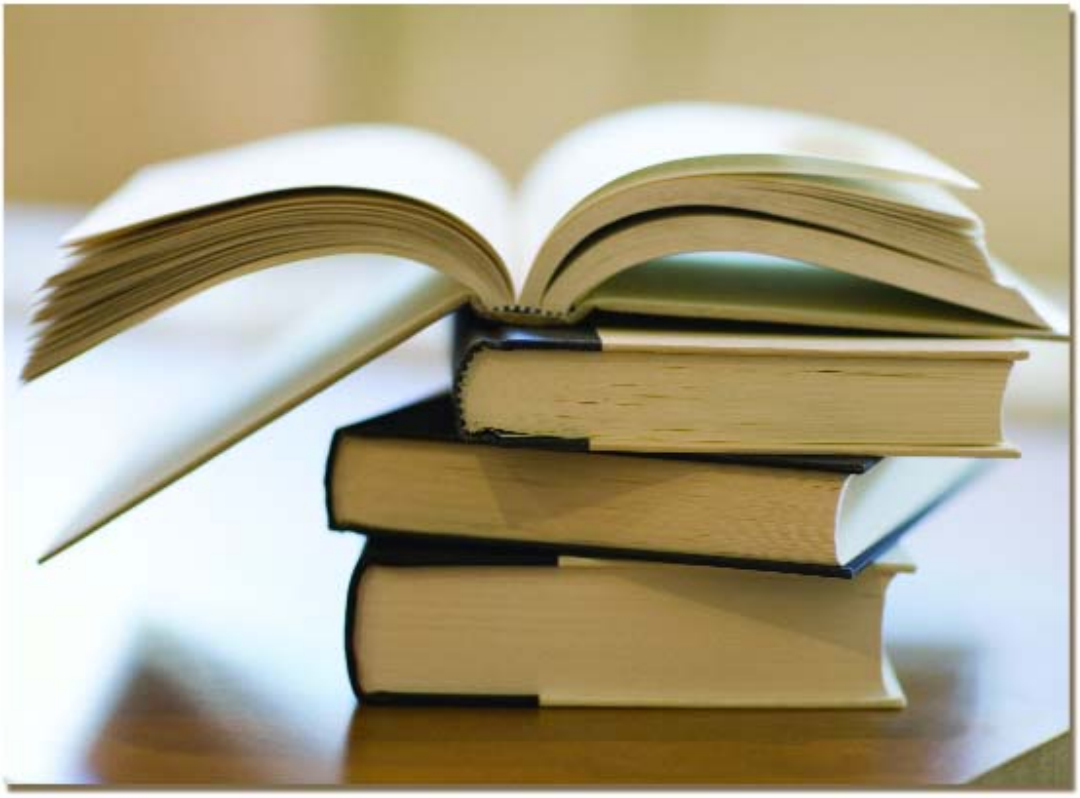
Hospitals 2020

Hospitals of the future,
healthcare of the future



hope

European Hospital and Healthcare Federation

Hospitals 2020

Hospitals of the future, Healthcare of the future

REPORT ON HOPE AGORA WARSAW

1-2 June 2015

Contents

INTRODUCTION

The European Hospital and Healthcare Federation held the closing conference of its 34th HOPE Exchange Programme on 1 and 2 June 2015 in Warsaw (Poland), hosted by the Polish Hospital Federation.

The HOPE Exchange Programme 2015 was attended by 128 professionals and focused on the topic "*Hospitals 2020: hospitals of the future, healthcare of the future*". It was all about innovations in management and organisation of hospitals and healthcare services.

During the HOPE Agora, participants of the HOPE Exchange Programme reported on the results of their stay abroad. They had been asked to identify in the healthcare system of their host country elements they found inspiring in the context of challenges faced at home. Without judging the visited country, participants described, based on their collective experience, what they would like to see implemented in 2020 in their own country, region, institution, or ward.

Presentations of the findings focused on innovations in organisation and management that participants had come across. They identified innovations in the fields of patient care, clinical work, nursing, human resources, information systems, drug management, laboratory operations, finances, quality management, and patient involvement.

During the two days in Warsaw, participants were also very active on social media, and interacted and exchanged information presented by using a specific Twitter hashtag (#HOPEep2015).

INNOVATIONS IN ORGANISATION AND MANAGEMENT

The HOPE Exchange Programme participants reported on the main findings emerged during their experience abroad, on innovations implemented in the organisation and management fields. These measures were related to health service provision, human resources, use of technology, patients' empowerment/involvement and patient safety & quality of care and could affect hospital and healthcare services in the short, medium and long term.

HEALTH SERVICE PROVISION

This category includes innovations on organisation and management that affect the way care is delivered to patients.

In the recent years, a trend reflects the need of care closer to patients' home. Solutions such as home care, hospitalisation at home, strengthening of primary care and outpatient departments have become more common. In several cases, the HOPE Exchange Programme participants reported the importance that social and community care has in the management of chronic diseases, post-operatory care and rehabilitation. Furthermore, the financial burden caused by the economic crisis fostered the optimisation of clinical paths and procedures and brought forth the centralisation of care in a unique department/ward as well as the reduction/merger of hospitals.

An extensive list of innovations on health service provision was identified:

- centralisation of care with the unification of departments/wards dealing with the same organ/disease/specialisation;
- decentralisation of health services with home care, primary care, outpatient departments, hospitalisation at home;
- optimisation of clinical pathways, procedures and processes;
- partnership with institutions on the territory and/or over the border;
- reduction/merger of the number of hospitals;
- transition/integration of health care to/and social care with a shift from hospital care to community care, strengthening of social care.

HUMAN RESOURCES

The innovations on human resources reported during the HOPE Evaluation Conference concerned education and training/recruitment and retention of professionals and the empowerment of nurses and paramedics. Education and training measures were implemented to enhance the skills of the health workforce (e.g. simulation for single or groups of professionals) as well as to improve knowledge and

qualification for career advancement. Recruitment and retention measures were adopted to support professionals in case of need, at home (e.g. Familyfriendly Hospital project in Germany) or at work.

It has been recognised that the role of the nurses has become crucial because they are the closest professionals to the patients. In several cases (Denmark, Finland, Latvia, Malta and Sweden) evidences highlighted a task-shift from physicians to nurses and, as a consequence, the empowerment of nurses' role. Nurses are trained to carry out some activities that so far belonged to physicians, such as: performing ECG, transfusions and administering drugs (Denmark), performing triage (Finland), giving consultations on diabetes (Latvia), and visiting patients at home (Sweden).

A common trend was to deliver multidisciplinary care, involving professionals with different backgrounds in order to better assist patients who for example need palliative care or rehabilitation.

Multidisciplinary care: when professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient's needs as possible. This can be delivered by a range of professionals functioning as a team under one organisational umbrella or by professionals from a range of organisations, including private practice, brought together as a unique team. As a patient's condition changes over time, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient[1].

The HOPE Exchange Programme participants reported as well the implementation of workforce planning tools aimed at giving an overall view of the level of professionals needed (Derby Teaching Hospital NHS Foundation).

The list of innovations on human resources includes:

- education and training with simulation;
- empowerment of nurses and paramedics' role;
- implementation of workforce planning tools;
- introduction of multidisciplinary teams;
- recruitment and retention;
- tasks shift from physicians to nurses and from nurses to patients/families.

USE OF TECHNOLOGY

Innovations in organisation and management can be supported by the implementation of new technologies. Their introduction is aiming at providing a higher level of care, either by supporting professionals to use and share medical data or by facilitating the patients' access to medical care.

The new technologies, which have emerged from the HOPE Exchange Programme participants' experience, are clustered as follows:

- collection or integration of medical data to offer a better diagnosis and treatment with innovations in accessing patients' health records, primary care online system, unique electronic patient record;
- tools to connect professionals;
- tools to connect professionals and patients with eConsultations and telemedicine;
- tools supporting patients in their care.

PATIENTS' EMPOWERMENT OR INVOLVEMENT

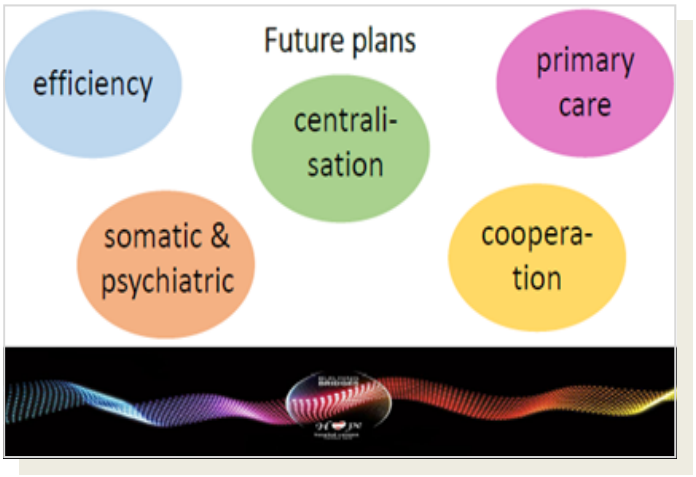
Patient empowerment is a process that helps people gain control over their own lives and increases their capacity to act on issues that they themselves define as important. Empowerment includes: self-efficacy, self-awareness, confidence, coping skills and health literacy. Innovations regarding organisation and management pertaining to this sphere were mentioned several times during the HOPE Evaluation conference. Today patients are more conscious about their health status, thus they need to have more information about their care pathway. Professionals tend to share with them the decision making process (e.g. in the Netherlands, the patient council acts as a partner in the definition of care plans) and to shift part of their tasks to patients and families. Patients are encouraged to communicate their expectations to health professionals (e.g. in France, with the patient committee) and to make self-diagnosis and self-care, becoming more independent.

COUNTRY INFORMATION

FINDINGS PRESENTED BY HOPE EXCHANGE PARTICIPANTS

AUSTRIA

HOPE National Coordinator	Gertrud Fritz
Exchange Participants 2015	Lisbeth Roed (Denmark) Søren Bisgaard-Frantzen Petersen (Denmark) Kalle Müts (Estonia) Marja Arkela (Finland) Dominique Ahling (Germany) Sandra Richel (Netherlands) Natalija Čulk (Slovenia)



The Austrian Health Reform introduced in 2013 was adopted to gain efficiency and to better balance care provision across providers by promoting new primary care models and better coordination of care[2].

The idea of organisational innovation was put in place through a series of initiatives, aimed at reducing the number of hospitals (shifting resources from inpatients to outpatients[3]) and strengthening primary care. The main reasons that supported this choice were due to the high hospitalisation rates, to the role of General Practicioners and to the level of health outcomes (especially of chronic diseases). The reform promoted a more active role of professionals working in primary care, enhancing team work and extending opening hours, as well as the decentralisation of health services from hospitals to other structures or the community (psychiatric care).

Furthermore, the focus was shifted to clinical pathways: buildings were planned according to the patients' needs on the basis of the treatment they would have to undergo.

BELGIUM

HOPE National Coordinator	Colberte De Wulf
Exchange Participants 2015	Johanna Hakamäki (Finland) Helen Andersson (Netherlands)

In Belgium, the participants on the HOPE Exchange Programme had the possibility to experience how organisational innovations affected health services provision, human resources and patient safety and quality of care in AZ Zeno (Hospital of Knokke-Heist) and AZ Groeninge (Hospital of Kortrijk).

An issue debated for a long time all around the country was the high average length of stay of new mothers after delivery. For this reason, the Government decided to implement the so called Labourcare in order to improve this indicator. One of its consequences was the decentralisation of some health services: pre-natal care is provided by a gynaecologist, mostly in outpatient departments.

Another initiative related to the concept of decentralisation is the introduction of team@home, which consists in having midwives from inpatient departments taking care of mothers and newborn at home. In AZ Groeninge, delivery care - caesarean sections – was centralised in a fully equipped operating room, in which new mothers and newborn have the possibility to recover before going home.

AZ Zeno introduced the wound care team, which is a multidisciplinary group of professionals dealing with innovative medical techniques implemented to optimise the patient path.

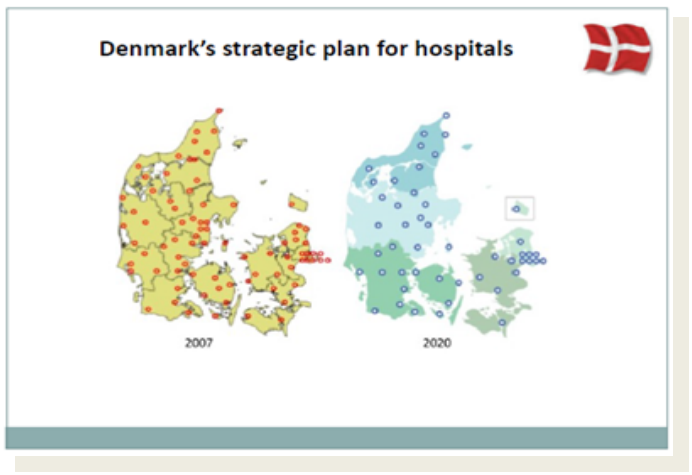
Other innovations introduced to ease the hospitalisation processes in AZ Zeno are an automated pharmacy, bed-side scanning and traceability of medical instruments, which serve the purpose to reduce adverse events connected to the delivery of pharmaceuticals.

DENMARK

HOPE National Coordinator Bertil Selde Krogh

Exchange Participants 2015

Astrid Knopp (Austria)
Tiina Pulli (Finland)
Annemarie Brink (Netherlands)
Paul Comanne (Netherlands)
Vera Leal (Portugal)
Maria Asenjo Romero (Spain)
Ana María Rodríguez Archilla (Spain)
Balthasar L. Hug (Switzerland)
Anita Knowles (United Kingdom)
Jigna Modha (United Kingdom)



Danish Government decided to adopt a strategic plan aimed at reducing the number of hospitals by the end of 2020. The objective is to reach the total number of 50 structures. This choice was led by the necessity of improving the effectiveness of healthcare outcomes as well as overcoming the economic burden of the health sector.

One of the main consequences on the organisation of health services was the centralisation of cancer care and emergency care, which was facilitated by a strong political commitment of the various regions.

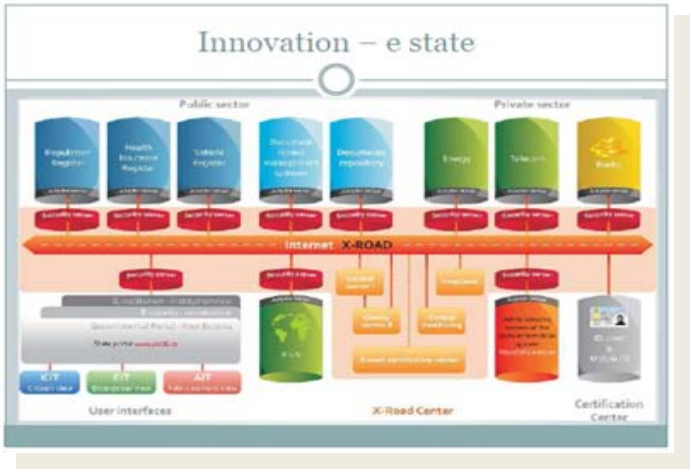
Moreover, the country went through the process of empowerment of primary care, which was possible through the delegation of shared responsibilities between hospitals and municipalities. This plan was accomplished with the introduction of acute care teams composed by highly skilled and specialised nurses, whom were allowed to perform ECGs and transfusions and to administer antibiotics. These nurses are connected for consultations with hospitals and GPs through an IT system.

The concept of effectiveness of care was realised by the re-definition of clinical pathways (to reduce the average length of stay) and the use of technologies and telemedicine in order to support patients in their own homes (especially the ones suffering from chronic diseases). Danish healthcare providers are connected to an electronic portal, which allows them to access the patients' health records and to share the decision process with other colleagues.

Finally, the Aarhus University Hospital supports students, researchers, start-ups and companies to develop and to realise innovative ideas. "Skin care app" was created there: it consists of an innovative web-portal through which patients may ask for an "online" consultation to a physician and receive a feedback on time.

ESTONIA

HOPE National Coordinator	Hedy Eeriksoo
Exchange Participants 2015	Esben Skovsted (Denmark) Matjaž Tavčar (Slovenia) Justin Beardsmore (United Kingdom)



Estonia was defined by the HOPE Exchange participants as an "e-state" due to the fact that 84.2% of the population is using internet, while 82.9% of the households have internet. All population registries are connected through a virtual platform and users can easily access information related to a citizen.

The country went through a health system reform, which consisted in the introduction of a social health insurance; in the transformation of primary care into family care and in the merger of hospitals.

Furthermore, the country implemented several initiatives that could be classified as organisational innovations concerning the empowerment of the role of patients. In 2013, the national patient portal was launched, a portal which allows patients to access their e-prescriptions; to compile health declarations; to apply for Personal Health Certificate; to view, update and track their personal data and to give access to a trustee.

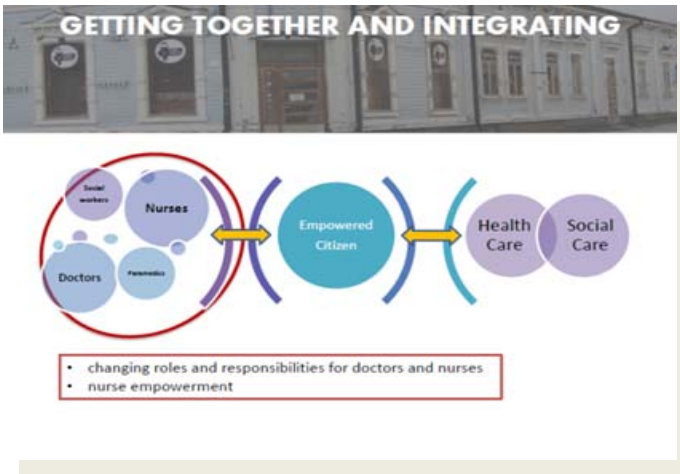
A second example of innovation supporting professionals is represented by the Medical Record Tablet App, developed by the North Estonia Medical Centre to provide fast access to patient data regardless their location.

FINLAND

HOPE National Coordinator Hannele Häkkinen

Exchange Participants 2015

Nora Klughofer (Austria)
Renate Ranegger (Austria)
Natalie Schutyser (Belgium)
Kate Juul Strandgaard (Denmark)
Anne Pracca (France)
Dainis Ciguzis (Latvia)
Christiaan Katsma (Netherlands)
Hennie Rijsenbrij-Bredewoud (Netherlands)
Barbara Czachowska (Poland)
Rui Vaz (Portugal)
Urška Močnik (Slovenia)
Alba Brugues (Spain)
Carolina Cerrato Canales (Spain)
Raquel Perez Colmenero (Spain)
Vicente Sanchis-Bayarri (Spain)
Madeleine Scheidegger (Switzerland)
Arda Teunissen (Switzerland)
Francesca Trundle (United Kingdom)



Finland is facing challenges due to budget cuts, to the increase of the elderly population and demand of care, as well as to the movement of a growing flow of professionals from rural areas to cities.

Nevertheless, the priority, say HOPE Exchange Programme participants, is offering patients an appropriate level of care. For this reason, measures on organisational innovations were introduced in the spheres of health services, human resources and use of technology. The first category includes mobile clinics (home hospital), mobile dental care and home rehabilitation.

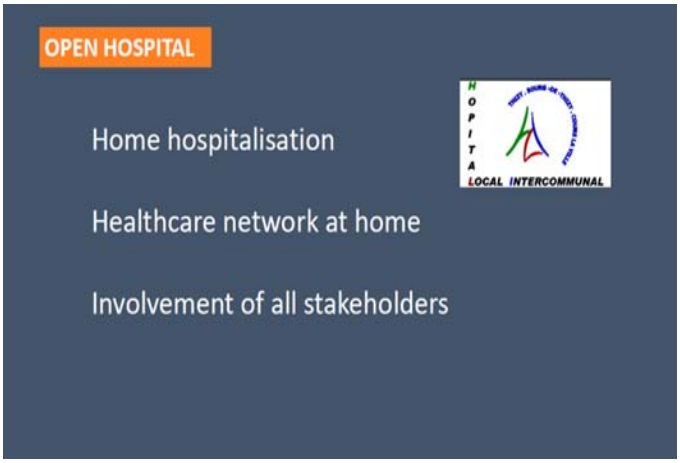
Thanks to the aforementioned platforms, in particular the movement of citizens to the larger cities in the south of Finland, initiatives on human resources were necessary. Nurses often play crucial roles in municipalities of the North when it comes to primary health care. In addition to that, the responsibilities and perception of their role is constantly changing.

Furthermore, especially in certain areas, the integration between healthcare and social care is becoming more and more common (e.g. Eksote – South Karelia Social and Health Care District and Siun Sote – North Karelia Social and Health Project). As a consequence, the switch of competences from physicians to other professional categories set a new scenario: nurses acquired new tasks (e.g. triage) and paramedics' role was strengthened in emergency care.

Innovations related to the use of technology were implemented to support patients in their care, for example by medication reminder and 24/7 dialysis kiosk (allowing patients to be treated at their convenience).

FRANCE

HOPE National Coordinator	Cédric Arcos
Exchange Participants 2015	Manfred Berger (Austria) Ludo Vereecken (Belgium) Jacqueline Riekhof (Germany) Lamprini Giasyrani (Greece) Rita Castanheira (Portugal) Roberto Carlos Delgado Bolto (Spain) Domingo Diez Bernardo (Spain) Francisco Gomez Luy (Spain) Elia Maria Ortuño Pascual (Spain) Rafael Velasco Velasco (Spain)



In France, several organisational innovations, based on a new way to deliver health services, have been put in place.

The first kind of innovations regards the cooperation between public and private hospitals. The concept leading these changes consists in intending the hospital as part of an open network. Examples of cooperation between public hospitals are UniHA - which consists in a centralised purchasing system involving 58 hospitals - and AGEPS (General Agency of Equipment and Products for Health) which is aimed at supporting the purchasing of medical products used by the 38 hospitals and holding of hospitals in Paris.

Cooperation between private and public hospitals is a strengthened practice in France: public hospitals share with private doctors diagnostic devices (medical devices and ultra sound machines). In the city of Melun, the construction of a new building, which will be shared by a private hospital and a public one, has already started. The shared use of technical resources will produce economies of scale.

An example of cooperation with patients was also given: in the Institut Paoli Calmettes of Marseille, a patient committee was created in order to improve the communication between the medical staff and patients.

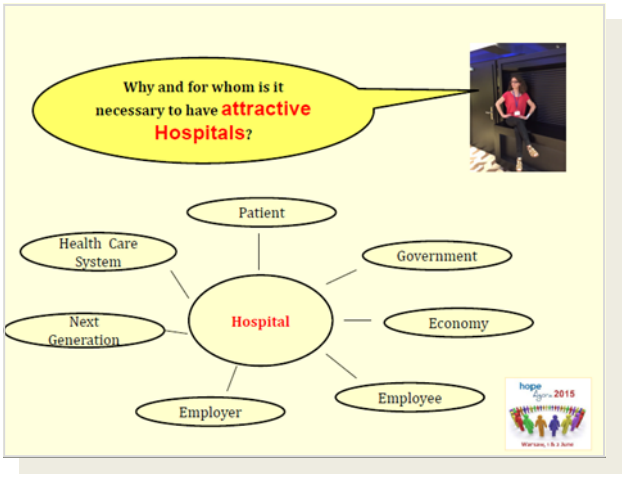
Initiatives related to the centralisation of care, consisting in the unification of several departments dealing with the same organ or disease, have already been implemented. The so-called *Pôle Femmes – Mère – Enfant* of the Centre Hospitalier de Niort, which merged the services of gynaecology, obstetrics and pediatrics, is an example of such practices.

Instead, the choice of decentralisation of health services was led by the need to reduce the economic burden represented by hospitalisation. Hospitalisation at home and healthcare network represent solutions, used to decrease the average length of stay and to maintain a high level of quality care. In the first case, hospitals offer external services to rural regions (Hospital of Roanne in the village of Cours la Ville) while in the second a multidisciplinary team of professionals assist the patient at home (e.g. patients affected by Alzheimer).

The measures implemented to improve patient safety and quality of care were defined by the participants of the HOPE Exchange as Medicine 4P (personalised, preventive, predictive and participatory). These were addressed to prevention (children obesity), better use of anesthesia, and stronger participation of patients in the definition of care.

GERMANY

HOPE National Coordinator	Peer Köpf
Exchange Participants 2015	Sonja Kessler (Austria) Erica Pataky (Austria) Manuela Zaraj (Austria) Paula Piirainen (Finland) Claire Mirambeu (France) Kyriaki Katsimente (Greece) Dušan Stojić (Serbia) Montserrat Diaz Calvet (Spain)



In Germany, the activities put in place related to organisational innovations regard recruitment and retention.

According to the HOPE Exchange participants, the key to make a hospital an attractive place for employees is to offer them what they expect. At this purpose, the initiative implemented in LVR Hospitals is the Familyfriendly Hospital project (*Erfolgsfaktor Familie*), aimed at offering to professionals assistance in finding a qualified person able to support them and their families at home in case of need.

Furthermore, another example is the introduction of different working hour models, as means of organisational flexibility.

LATVIA

HOPE National Coordinator Evija Palceja

Exchange Participants 2015 Maria do Rosário Fonseca (Portugal)
Joaquín Bueno Álvarez-Arenas (Spain)

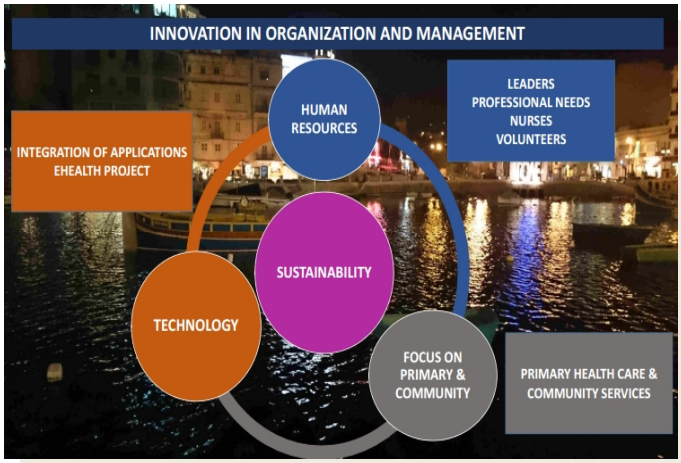
In Latvia, organisational innovations are intended to provide a higher quality level of care for new parents and newborns. Example of this kind is the introduction of a parents' house at the University Children's Hospital where parents of pediatric patients are hosted during the hospitalisation of their child. This project is funded by the hospital foundation and by volunteers.

Furthermore, at Pauls Stradins University Hospital, parents share the same room and bed after delivery. This practice, according to the data, which has emerged from the conference, facilitates breast feeding and prevents postpartum depression.

An initiative aimed at assisting patients at home is the telephone assistance provided by health professionals to patients asking for consultations (University Children's Hospital). Nursing consultations on diabetes allows resources optimisation in the treatment of chronic diseases through the task-shift from nurses to patients and their families.

MALTA

HOPE National Coordinator	Michelle Galea
Exchange Participants 2015	Aurora Mesa García (Spain) Andrés María Romero Nieto (Spain)



The challenges Malta is facing in terms of organisational innovations pushed the country to implement measures impacting the health services provision, the role of human resources and the use of technology. The growing necessity of providing care closer to patients, made policy makers and professionals aware of the fact that the continuity of care and a personalised approach to care represent a priority.

Regarding the provision of health services, it was necessary to promote the strengthening of primary care and the shifting of some services to community care. These actions stimulated the empowerment of the role of nurses, who are now trained on new activities in specific areas, as well as their presence at the community care level. The participants on the HOPE Exchange Programme foresee an increase in the recruitment of this professional category.

The growing importance of community care stimulated a multidisciplinary approach consisting in the introduction of specialised teams involving professionals with different backgrounds (paramedics, social workers and nurses). According to the HOPE Exchange participants, these initiatives need to be consolidated.

In order to facilitate the information flow and to better manage data related to patients it is necessary to commit more on ICT structures and to invest on e-Health initiatives.

NETHERLANDS

HOPE National Coordinator Hans de Boer

Exchange Participants 2015

Andreas Pak (Austria)
Tina Skriver Enevoldsen (Denmark)
Kaspar Bo Laursen (Denmark)
Minna Helenius (Finland)
Jarkko Raatikainen (Finland)
Vincent Errera (France)
Guntars Kniksts (Latvia)
Vanessa Albano (Portugal)
Nenad Miljkovic (Serbia)
Joaquín Cayón de las Cuevas (Spain)
Cristina García Yubero (Spain)
Sergio Moreno (Spain)
Lyndsey Abercromby (United Kingdom)
Jacky O'Sullivan (United Kingdom)
Dimitri Varsamis (United Kingdom)

In The Netherlands, organisational innovations concerned mainly health services provision and the initiatives implemented were mostly aimed at decentralisation of care.

In particular, the HOPE Exchange Programme participants outlined the impact produced by the Out of Hours GP Care. When patients require out of hours care there are several options to access it. They can ask for a telephone consultation with a doctor's assistant or a triage nurse and on the basis of their request they get an appointment, a home visit or they are advised to go to the GP during normal working hours.

They can also go to the hospital by themselves. In this case, according to the triage, they are addressed to the emergency room (ER) or to the GP post, which is a "parallel" structure composed by GPs (on average 150), entitled to use the hospital facilities if needed (diagnostics).

The main outcome of the Out of Hours GP Care was an overall reduction of the ER activity and in particular a decrease of self-referred patients and patients attending the emergency department (respectively 13% and 99,5%). It was also noticed that one of the consequences is an increase of the emergency department hospital admissions (20,2%).

It is also necessary to mention a further form of decentralisation of care, consisting in visits provided at the patient's neighbourhood.

The patient council on the other hand is a form of innovation consisting in empowering the patient, who acts as a partner in the decision making process and in the definition of care plans.

Concerning the use of technology, a portal where all medical data of patients are collected was introduced in the University Medical Centre Utrecht. Patients can ask for e-consultations and receive feedback by a doctor or a nurse within 24 hours. They can also access treatment reports or discharge letters.

The patient owned health record is a further tool, which allows patients to share information with professionals working for any healthcare provider and to access information regarding their care.

Infotainment is a device, which gives patients the possibility to use extra services such as TV/radio, internet and social media.

POLAND

HOPE National Coordinator Bogusław Budziński

Exchange Participants 2015

Ann Vilhelmsen (Denmark)
Eija Eskola (Finland)
Marie-Odile Cousin (France)
Konstadinos Segredakis (Greece)
Laura Callejo Gonzales (Spain)
Dolores Cuevas-Cuerda (Spain)

HOPE Exchange participants in Poland identified as innovation introduced in the country the adoption of new clinical pathways for pregnant women giving birth at Szpital Miejski.

Furthermore, three successful projects were implemented on nutrition and prevention, which led to innovative organisational decisions. The first project was aimed to promote correct nutrition habits from childhood to old age in the city of Zabrze. Participants were people with overweight BMI > 200. The second project focused on obesity prevention in the city of Gdansk. Health professionals worked in cooperation with schools and families. Finally, the last project dealt with cardiovascular disease prevention and was promoted for cross-border population in Lublin province (Poland) at the border with the district of Brest (Belarus).

The success of the projects was determined by the presence of multidisciplinary teams involving professionals with different backgrounds, the integration of healthcare organisations with community and partnership between hospitals and other institutions on the territory and over the border.

PORTUGAL

HOPE National Coordinator	Francisco António Matoso
Exchange Participants 2015	Birthe Roelsgaard (Denmark) Tadeusz Musialowicz (Finland) Renate Snipe (Latvia) Bart van Lohuizen (Netherlands) Esmira Lozić (Slovenia) Antonio José Medina Torrecillas (Spain) Lisa Sohlberg (Sweden) Gareth Corser (United Kingdom)

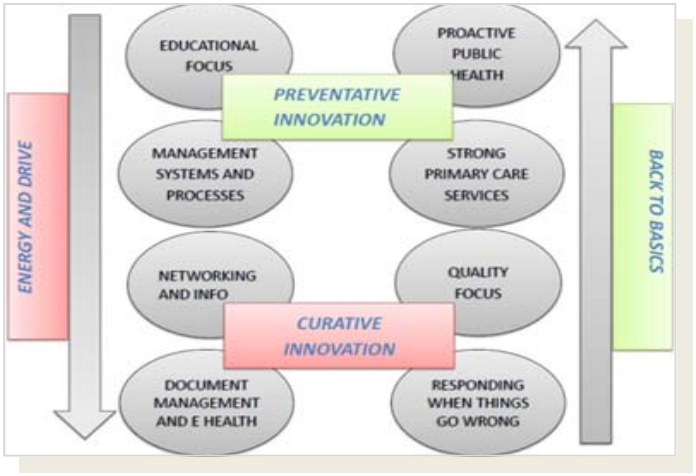
In Portugal, the implemented innovations identified were on education and training of professionals but also on the integration of healthcare data via national portal.

The first measure was put in place through the implementation of simulation centres for independents or teams of professionals or in-training and post graduated. The second project allows professionals working for any health provider (hospital, primary or community care) to share data related to the medical history of a patient with their colleagues.

SLOVENIA

HOPE National Coordinator Maja Zdolsek

Exchange Participants 2015 Kaisu Anttila (Finland)
Aiga Lasmane (Latvia)
Michelle Veitch (United Kingdom)



HOPE Exchange Programme participants in Slovenia reported that the most important examples of organisational innovations are linked to five topics: the decentralisation of health services (home care), the integration of mental health service with community care, the introduction of multidisciplinary teams, the empowerment of patients and families, and the introduction of a primary care online system.

Mental health service is integrated with community care in Idrija and a multidisciplinary team of professionals takes care of patients.

A multidisciplinary mobile team has also been implemented for patients who need palliative care. It consists in a network involving professionals (from hospitals and primary care) and families taking care of patients at home.

In the department of (re)habilitation for children of the University Rehabilitation Institute in Ljubljana, families are admitted to the department together with their children. Professionals cooperate also with teachers.

The last innovation is the introduction of a primary care online system, which allows the introduction of standardised practices, an easier and simpler access to care for patients and a more effective management of the patients' data.

SPAIN

HOPE National Coordinator	Asunción Ruiz de la Sierra
Exchange Participants 2015	Viktoria Hörtnagl (Austria) Dietmar Ranftler (Austria) Anne Broecker (Denmark) Finn Roth Hansen (Denmark) Ivan Damborg (Denmark) Arja Kaila (Finland) Anne Viguier (France) Markus Heickmann (Germany) Inita Sture-Sturina (Latvia) Petrus Bocxe (Netherlands) Sebastian Nowicki (Poland) Paulo Espiga Alexandre (Portugal) Isabel Pereira Silva (Portugal) Jürgen Link (Switzerland) Rebecca Jos (United Kingdom)

Spain is facing several challenges due to the increasing economic burden of the health sector and ageing population. Innovations based on the use of technology allowed the integration of primary and secondary care information in one record. The Government decided to pilot a project in order to combine social care as well.

Further examples were identified related to the use of technology are telemedicine (Hospital of Valencia) and the presence in every hospital of a device allowing patients to receive information related to their appointments just by inserting their ID card in the machine.

Another example was the cost-effective solutions to improve non-clinical processes are automated machines for food and laundry.

According to the HOPE Exchange participants the most prominent innovation of the past years is the introduction of simulations for single or teams of professionals.

SWEDEN

HOPE National Coordinator Erik Svanfeldt

Exchange Participants 2015 Nel Nienhuis (Netherlands)
Beata Wieczorek-Wójcik (Poland)

In Kronoberg, measures on organisational innovations concernend mainly health services provision, human resources and the use of technology, although the HOPE Exchange participants pointed out that initiatives involving patients became common too. In particular, the trend consists in paving the way for self-diagnosis and shared decision-making on care.

Health services provision moved towards decentralisation. The idea is to take care of patients closer to their homes. As a consequence, the hospital has become the place for acute patients and the average length of stay has decreased. Examples of this kind are the introduction of home care for some services (rehabilitation, palliative and neonatal care) and of a new professional figure, called "mobile" doctor, who provides care at home to elderly or to parents who had a premature child. Specialised nurses hold a very important position in home care because they are allowed to visit the patient.

Concerning human resources, education and training were identified as solutions aiming at improving the professionals' skills. In particular, e-learning systems based on scenario training records helped the attendants to understand where they made mistakes and where they could improve.

Furthermore, it is necessary to mention an additional successful project, called LINNEA, based on the creation of a multidisciplinary team/network of professionals in charge of caring or supporting at home elderly people with multiple diseases.

A tool, which allows professionals to exploit technology, is the electronic patient record (EPR), on which all information related to the medical history of a patient is recorded. The strength of EPR consists in the fact that all healthcare professionals dealing with the same patient have full access to his/her information, despite working in different places (hospitals, primary care centers and municipalities). "Data can be shared and updated, care is coordinated and continuity is granted" stated the HOPE Exchange Programme participants.

SWITZERLAND

HOPE National Coordinator Erika Schütz

Exchange Participants 2015

Søren Stig Borstrøm (Denmark)
Tiina Kauhanen (Finland)
Silke Lavrijsen (Netherlands)
Elly Schück-Wennemers (Netherlands)
Anita Mujakić (Slovenia)
Janice Morris (United Kingdom)
Cindy Shaw-Fletcher (United Kingdom)

Evidence emerged from the HOPE Evaluation Conference was focused on three main aspects: innovative care pathways, education and training and recruitment and retention measures.

Innovative care pathways are related to colon resection surgery technic and rehabilitation. In the first case, the HOPE Exchange participants recognised the importance of the so-called ERAS (Enhanced Recovery After Surgery) protocol. It consists in a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgeries. A specialised nurse is in charge of guiding the patient in pre-intra-post hospitalisation. In particular, the introduction of ERAS pathways supports professionals involved in the care of patients to clarify how key factors of major surgeries affect patient recovery. In addition, it also facilitates teamwork to provide the best possible care.

Rehabilitation care pathways for acute and long-term patients in Reha Rheinfelden (Rheinfelden) and Schweizer Paraplegiker-Zentrum (Nottwil) focus on the patient's ability to return to normal life. Nurses play a crucial role as they transfer their skills to the patients and their families and hence increase their independence. The approach leading this pathway is multidisciplinary, primarily involving physiotherapists, but also including occupational therapists and speech and language therapists[4] (Bobath concept).

Education and training measures are related to the introduction of the apprenticeship model (FAGE) and of the progression to professional qualification. Recruitment and retention initiatives are aimed at supporting professionals to improve their tasks and to promote flexible working conditions.

UNITED KINGDOM

HOPE National Coordinator	Tracy Lonetto
Exchange Participants 2015	Veronika Holzgruber (Austria) Lise Aakerman (Denmark) Mervi Luoma (Finland) Gilles Evrard (France) Asimina Papanikolaou (Greece) Maurice Beekwilder (Netherlands) Freekje Savenije (Netherlands) Alfonso Antequera (Spain) Silvia Quemada (Spain) Franziska Gabriella Oser Hefti (Switzerland)

According to data provided by NHS - National Patient Safety Agency (NPSA), in one year, an average of 30,000 patient safety incidents are related to staffing problems.

Safe staffing has become a priority at Derby Teaching Hospital NHS Foundation and a software called Allocte SafeCare, aimed at giving an overall view of the level of professionals needed, was adopted in five wards. This software allows a constant calculation between patient acuity and available staff, providing information on the optimal level of nurses in terms of cost-effectiveness. It captures and reports on safe staffing to support every stage of healthcare workforce planning and delivery.

Concerning organisational innovations involving patients, the HOPE Exchange participants identified the Recovery Colleges, which are structures implemented two years ago to offer comprehensive, peer-led education and training programmes within mental health services. Courses[5] are co-devised and co-delivered by people with life experience of mental illness and by mental health professionals. Their services should be offered to service users, professionals and families alike, with people choosing from a prospectus the courses they would like to attend.

ANNEX

MEASURES ON INNOVATIONS IN ORGANISATION AND MANAGEMENT EMERGED FROM HOPE EXCHANGE PROGRAMME 2015

Country	Health Services	Human Resources	Use of Technology	Patients' Empowerment/ Involvement	Patient Safety & Quality of Care
Austria	Decentralisation of health services Reduction of the number of hospitals				
Belgium	Centralisation of care Decentralisation of health services Optimisation of processes (bed side scanning, robot for pharmacy)	Multidisciplinary team (wound care team)			
Denmark	Centralisation of care Decentralisation of health services Optimisation of clinical-pathways Reduction of the number of hospitals Transition/integration of health care to/and social care	Empowerment of nurses' role Tasks shift from physicians to nurses	Tools to connect professional Tools to connect professional and patients (telemedicine)		
Estonia	Reduction of the number of hospitals Transition/integration of health care to/and social care		Collection or integration of medical data (Medical Record Tablet App)	National patient portal	
Finland	Decentralisation of health services Transition/integration of health care to/and social care	Empowerment of nurses and paramedics' role Tasks shift from physicians to nurses	Tools supporting patients in their care (24/7 dialysis kiosk; medication reminder)		
France	Centralisation of care Decentralisation of health services Optimisation of procedures and processes	Multidisciplinary teams		Patient committee	4P Medicines
Germany		Recruitment and retention			

Latvia	Decentralisation of health services (home care)	Tasks shift from physicians to nurses			Parents' house Parents of a newborn sharing the same room and bed after delivery
Malta	Decentralisation of health services (strengthening of primary care) Transition/integration of health care to/and social care	Education and training Empowerment of nurses' role Multidisciplinary teams			
Netherlands	Decentralisation of health services		Collection or integration of medical data Tools to connect professional and patients (patient owned health record) Tools supporting patients in their care	Patient council	
Poland	Optimisation of clinical pathways Partnership with institutions on the territory and/or over the border Transition/integration of healthcare to/and social care	Multidisciplinary teams			
Portugal		Education and training (simulations)	Collection or integration of medical data (national portal)		
Slovenia	Decentralisation of health services Transition/integration of health care to/and social care	Multidisciplinary teams	Collection or integration of medical data (primary care online system)		Involvement in palliative care
Spain	Optimisation of processes	Education and training (simulations)	Collection or integration of medical data Tools to connect professional and patients (telemedicine)		
Sweden	Decentralisation of health services	Education and training Empowerment of nurses' role (home care) Multidisciplinary teams	Collection or integration of medical data (electronic patient record)	Self-diagnosis Shared decision making	
Switzerland	Optimisation of clinical pathways	Education and training Multidisciplinary teams Recruitment and retention		Tasks' shift from nurses to patients and families	
United Kingdom		Solutions for planning HWF			Recovery colleges

FOOTNOTES

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