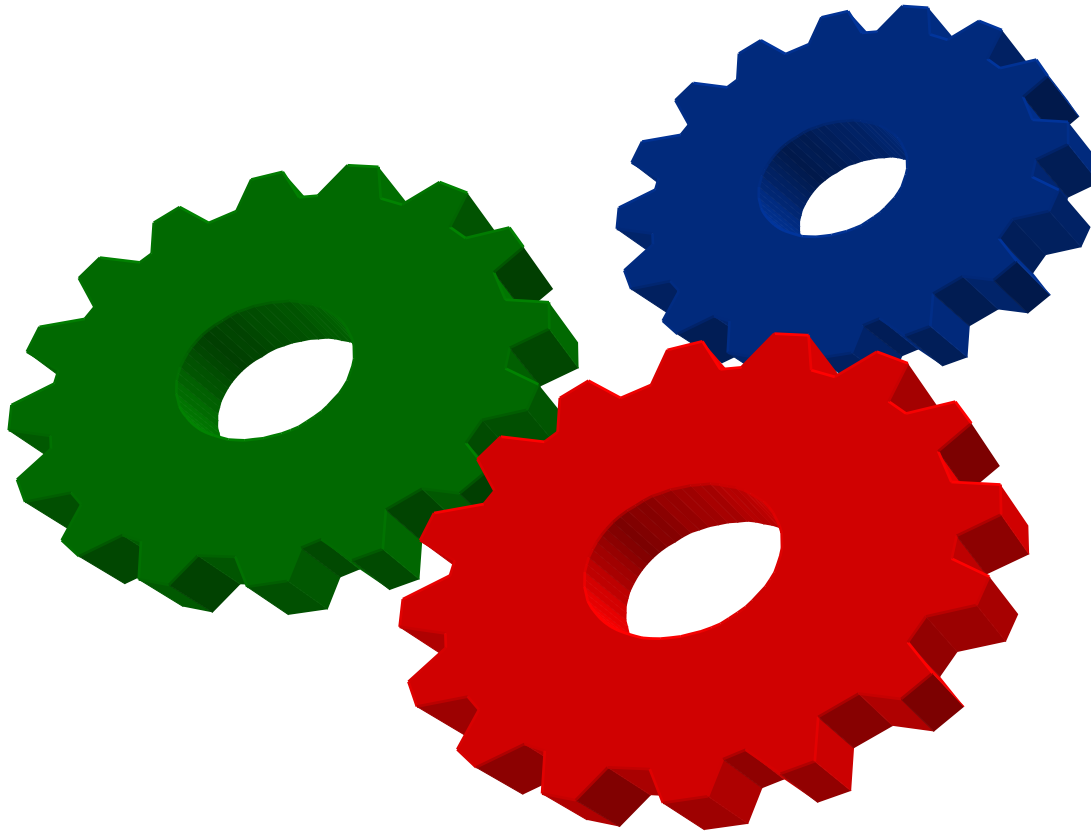


“Helseparken”

**a project for crossing boundaries in treatment,
rehabilitation and care of elderly patients**



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Background



⌘ The relationship between the hospital and primary health care/municipality was difficult

- ☒ Repeated crisis-settings
- ☒ Discussions in the local newspaper
- ☒ Disagreement about responsibility
- ☒ Competition about health workers
- ☒ Different organisations
- ☒ Different economies

Background



⌘ The patients` experiences

- ☒ Several doors in to and out from the services
 - ☒ Disagreement between levels on which services are needed
- ☒ Abrupted treatment "journeys"
- ☒ The patients get lost in/between the systems
- ☒ Premature need for institutionalisation
- ☒ Lack of services for patients with chronic diseases

Background



- ⌘ Both hospitals and primary care meet the same challenges in the future
 - ☒ Demography
 - ☒ More chronic diseases
 - ☒ Difficult recruitment to small places
 - ☒ Need for multidisciplinary and cross-over use of competence
 - ☒ Economy/resources
- ⌘ No one can solve these challenges alone, we have to meet them together and make win-win-win-situations!

Aims



- ⌘ To give elderly patients better quality treatment and care at the right level without increasing the costs.
- ⌘ To improve the cooperation routines/systems between levels and disciplines in primary and secondary care.

Design



⌘ Cooperation project between Rana
Kommune and Helgelandssykehuset
avd.Rana

☑ Also support for the Department of health
and Helse Nord

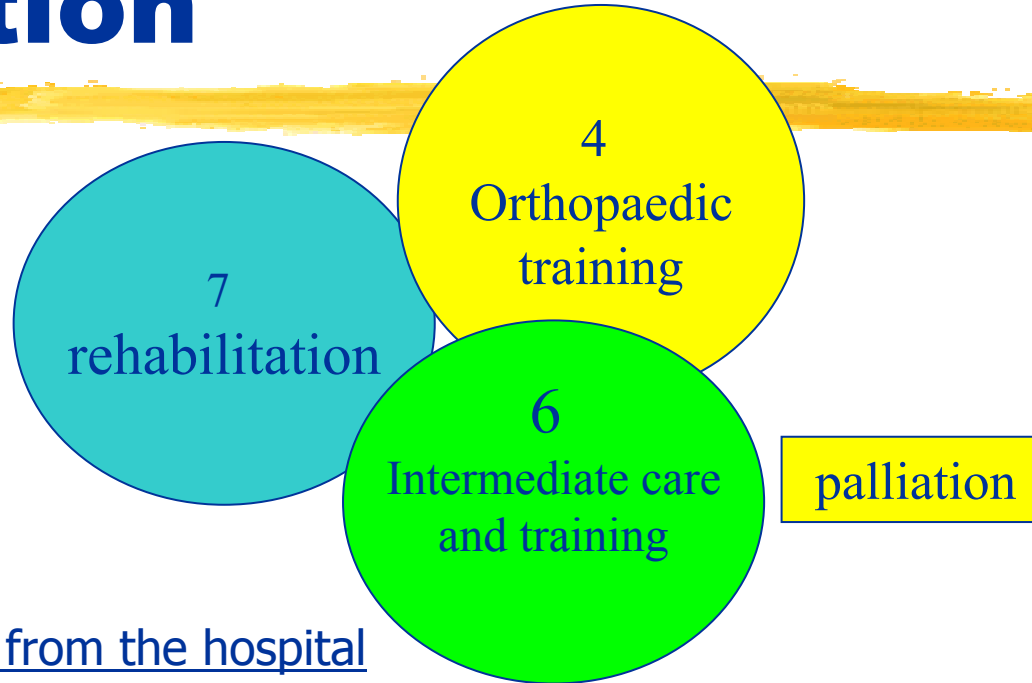
Method



- ⌘ Pre-project: Four multidisciplinary groups worked on how to cooperate and improve services for patients in need for rehabilitation, training, palliation and patients ready to leave hospital, but not fit for home yet.
- ⌘ The report from the four groups was evaluated by SINTEF to clarify the economical implications of the suggestions
 - ☑ The project is good for patients, hospital and primary care
 - ☑ There are some major challenges according to different financial systems

Our solution

Increase the number of short time nursing home places



Pasientgroups: mainly from the hospital

- Rehabilitation: apoplexia, COPD, heart disease
- Orthopaedic training
- Intermediate care and training:
 - Hospital treatment is finished, but not fit for going home yet
 - (Patients directly from home in order to prevent need for hospital)
 - (Patients in need for palliation will be recieved in a special unit inside the hospital)

Our solution



- ⌘ "Helseparken" is located within the hospital building
- ⌘ Hospital level is responsible for the house, cleaning and food ("infrastructure")
- ⌘ Primary care/municipality level is responsible for staffing and for medical- and nursing care, rehabilitation and training
 - ⊞ Close cooperation with hospital staff
 - ⊞ Common intake meetings twice a week
 - ⊞ Criterium: likely to get fit for going home within 3 weeks
 - ⊞ Common "previsits" weekly
 - ⊞ Close contact with
 - ⊞ Home care, GPs, primary care physiotherapists
 - ⊞ Relatives and others

Effects for the hospital



- ⌘ Quicker and better discharge of patients
 - ☑ Gives more patients access to hospital services
 - ☑ Possibility of reducing number of hospital beds
- ⌘ Rehabilitation and training services close to the hospital, but with lesser need for staffing
- ⌘ Competence sharing between hospital staff and primary care staff
- ⌘ Better cooperation and dialogue with primary care

Effects for primary care



- ⌘ Better rehabilitation will reduce/postpone need for nursing home
- ⌘ Better cooperation and dialogue with the hospital
- ⌘ Sharing and exchange of competence
- ⌘ Increasing the number of short time nursing home places
- ⌘ Positive for recruitment of health workers?

Effects for patients



- ⌘ Consistent patient "journey"
- ⌘ Safer services when the dialogue between different levels is good
- ⌘ Better rehabilitation and training
- ⌘ Get fit for still living at home

Results



- ⌘ The project “Helseparken” is still at a planning stadium, and therefore we have no results yet.
- ⌘ Nevertheless we can already register a better dialogue and consciousness concerning cooperation between different service levels locally, as a direct consequence of the planning work.
- ⌘ The project has the potential to improve services to the actual patient groups by crossing boundaries (of disciplines, financial systems, organisations, service levels).
- ⌘ There is also a potential for developing further boundary-crossing projects through the experiences achieved in this project.

Conclusion



- ⌘ “Helseparken” will open in january 2009 for a period of 15 months to start with, and will be evaluated systematically.
- ⌘ We believe that this project will give valuable experiences and results that hopefully can be useful for others than Helgelandssykehuset and Rana Kommune.