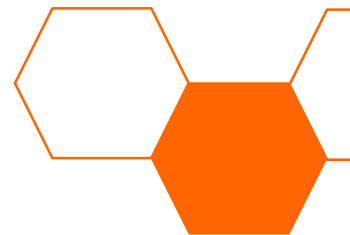


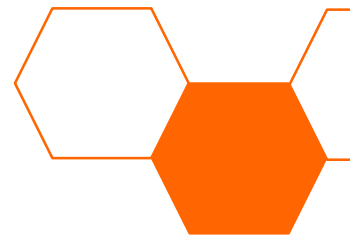
# HÄLSOSTADEN Ängelholm

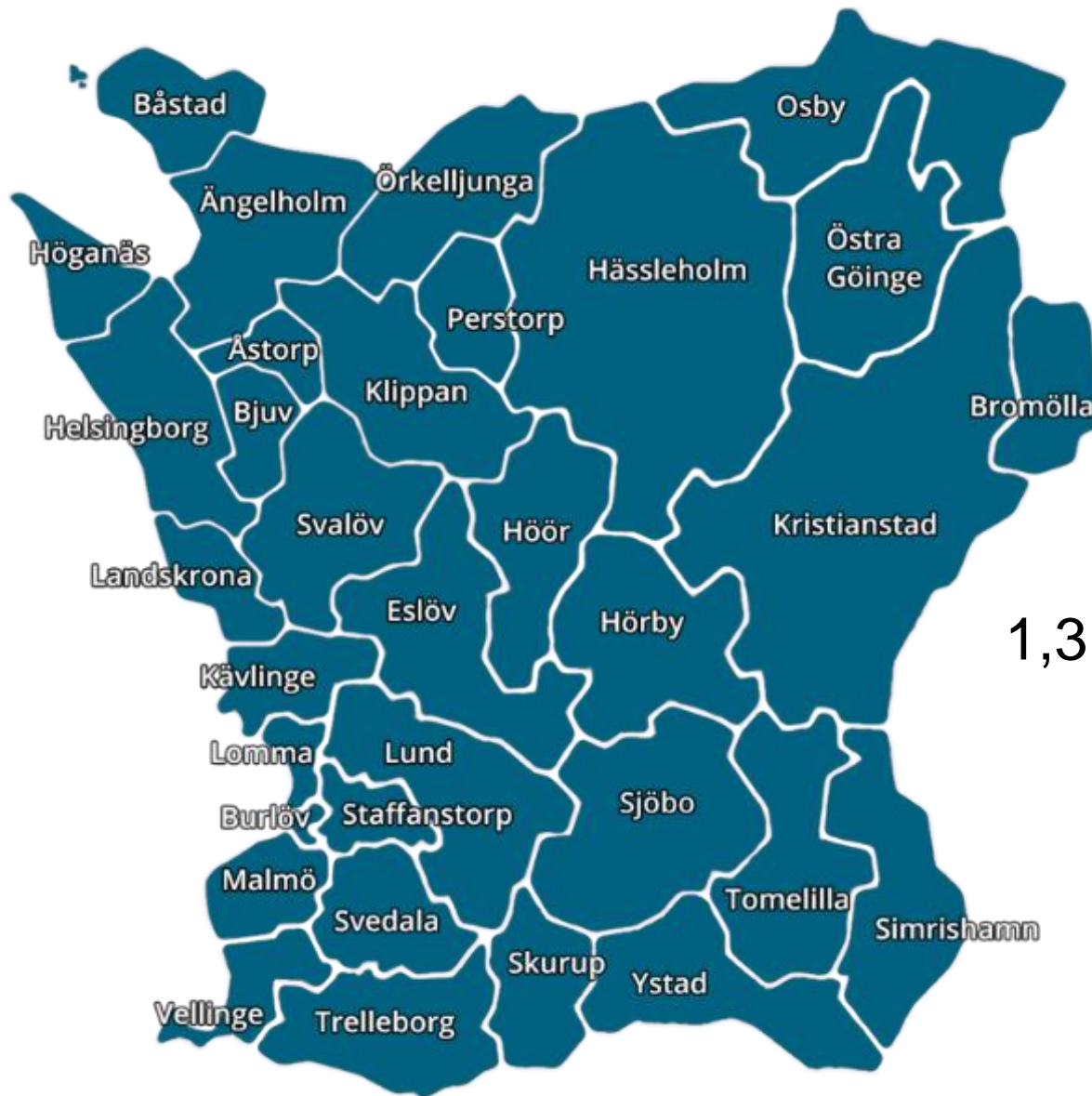
*Sensible care*

Carl-Johan Robertz  
CEO, MD









1,3 million inhabitants

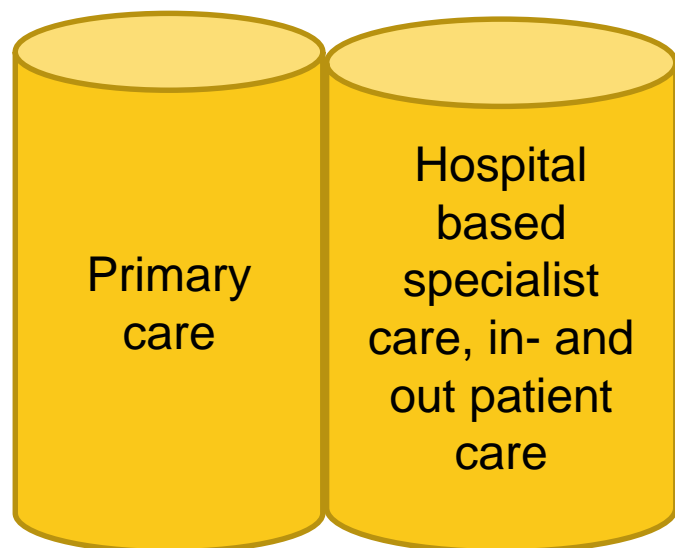
1 healthcare  
organization

33 municipalities



# The healthcare system

County council – Region  
Skåne



Municipality – 33 in Skåne



# Healthcare in Skåne

- Nine hospitals whereof one university hospital
- 150 primary care centers



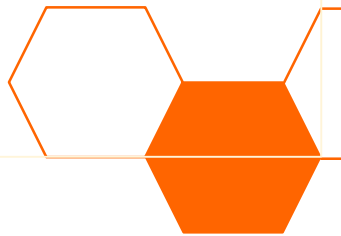
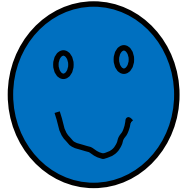


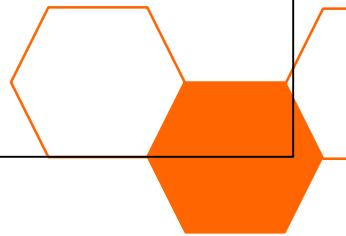
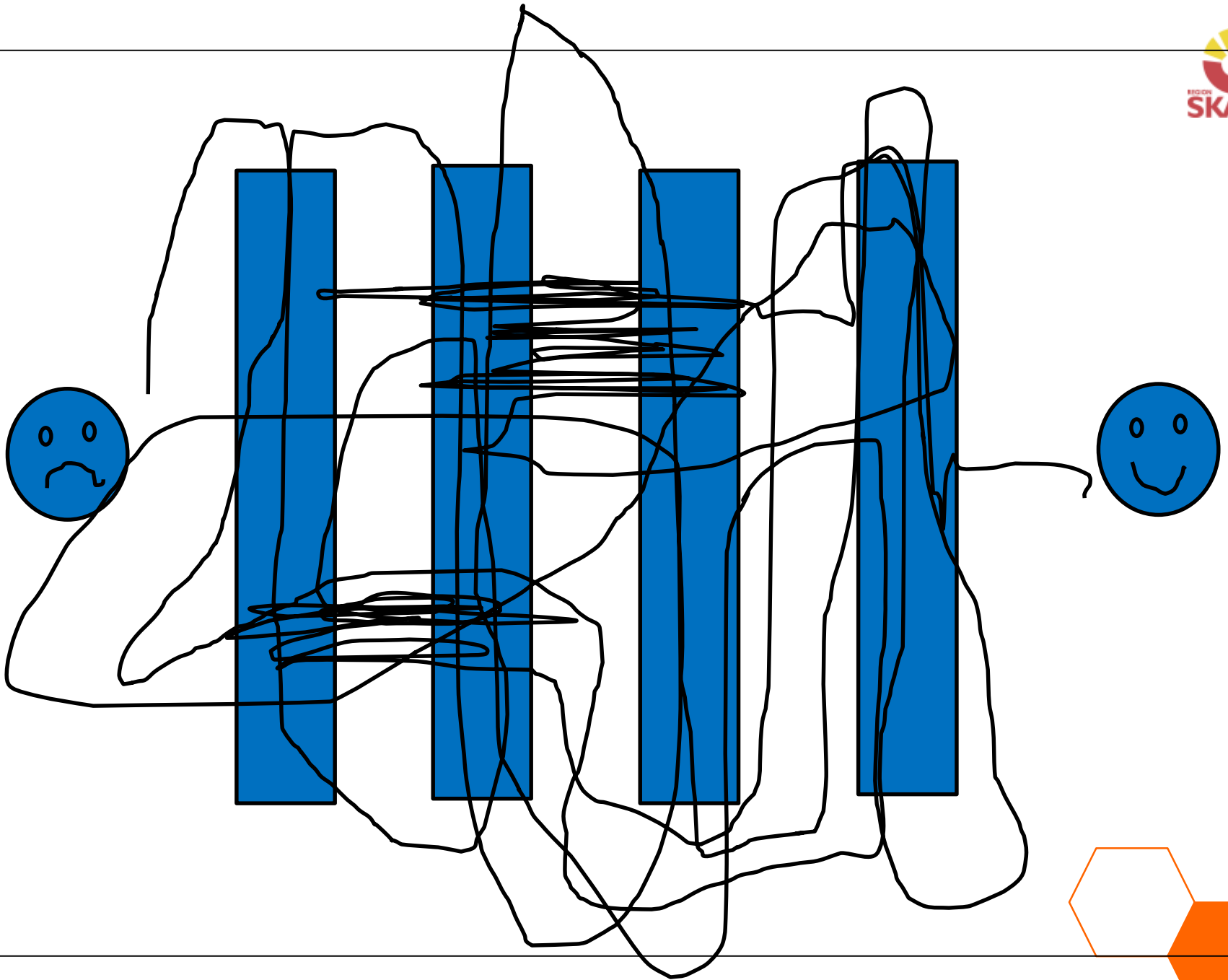
M  
U  
N  
-  
C  
-  
I  
P  
A  
L

P  
R  
I  
M  
A  
R  
Y

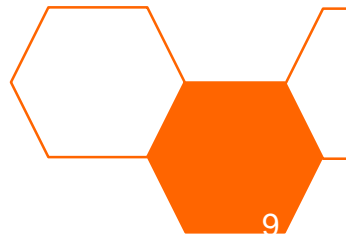
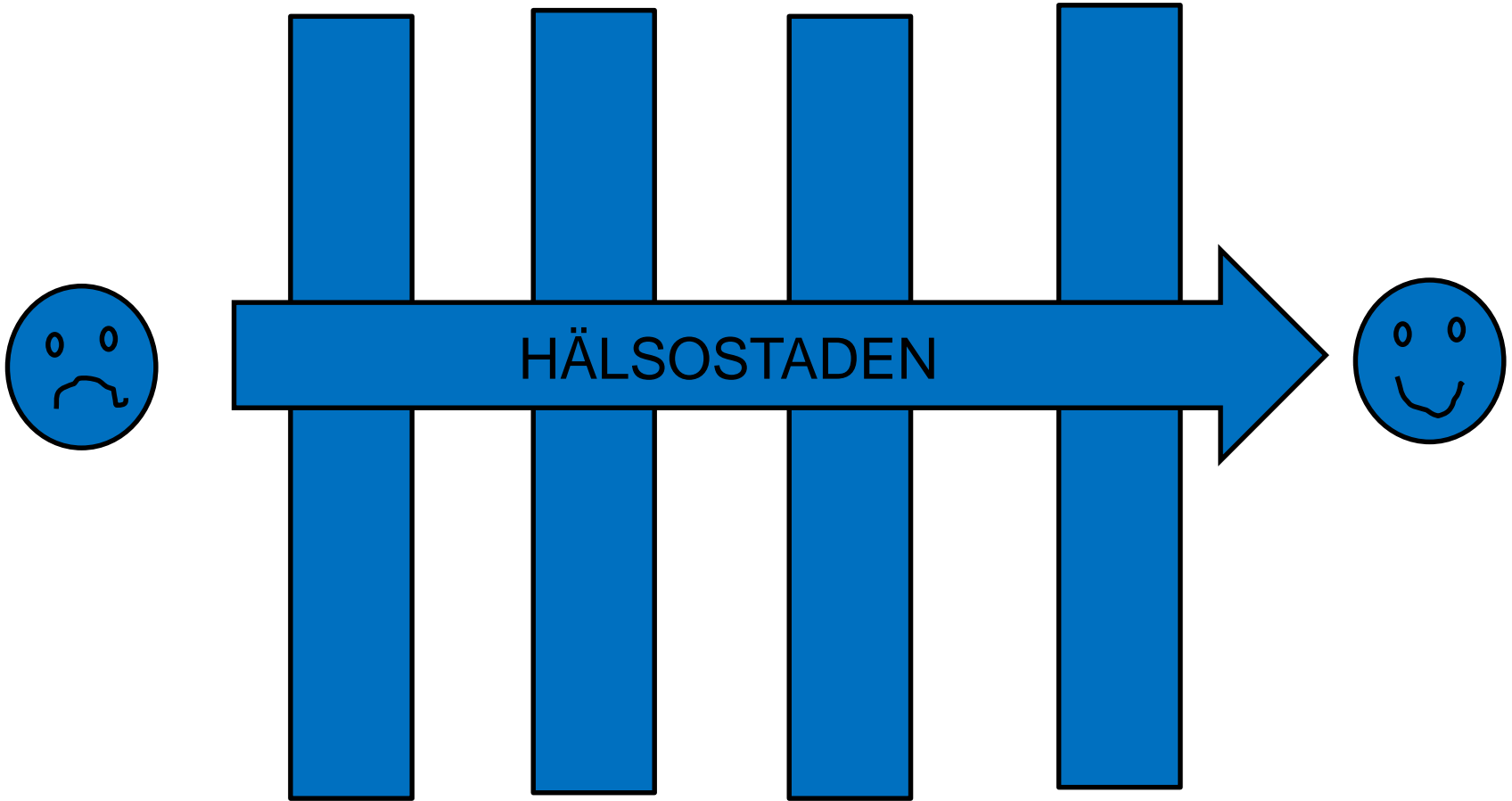
E  
M  
E  
R  
G  
E  
N  
C  
Y

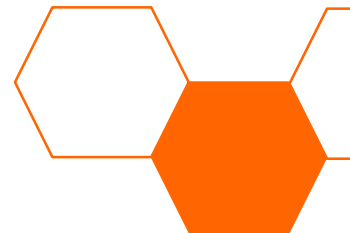
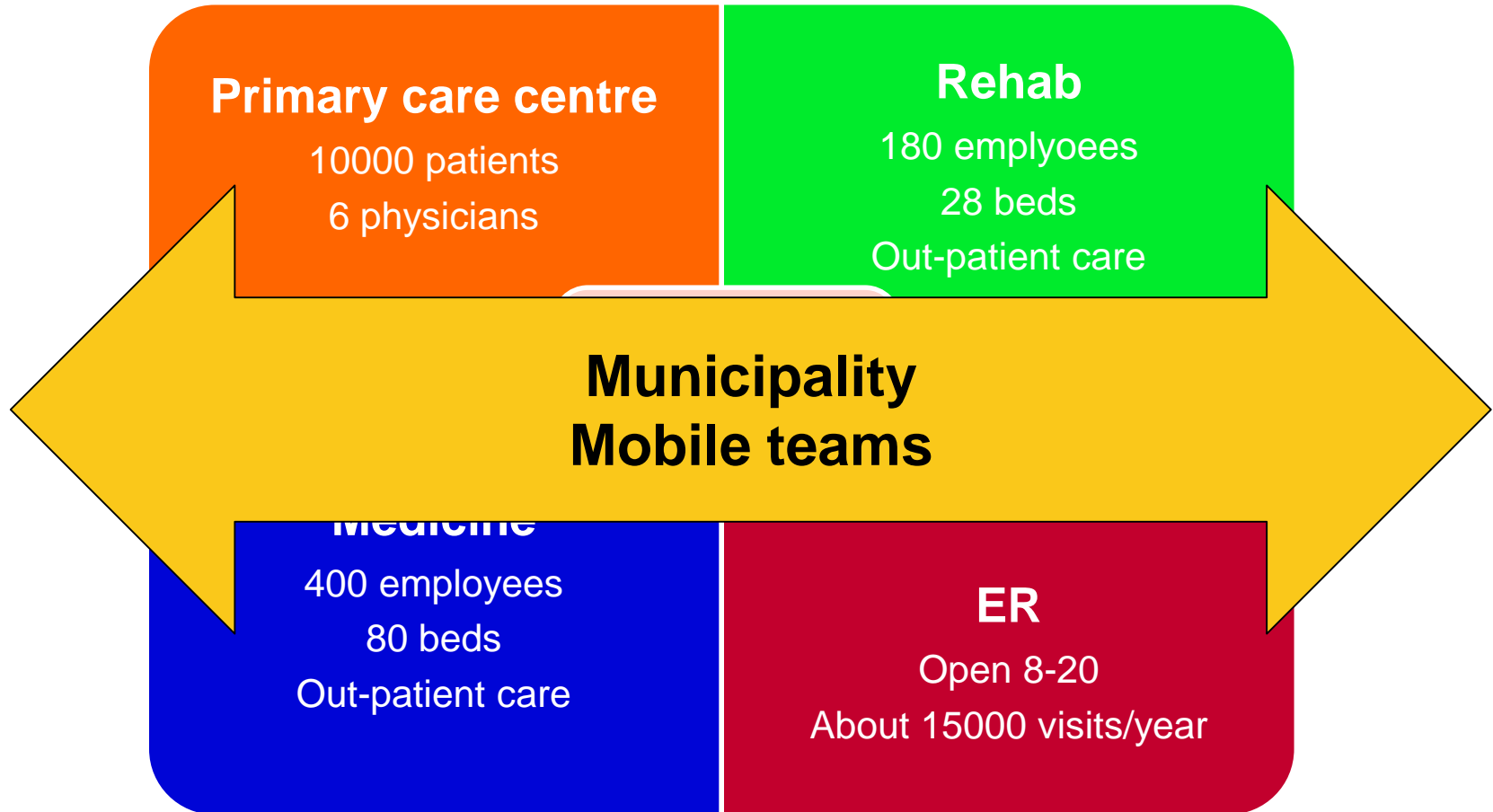
W  
A  
R  
D  
S





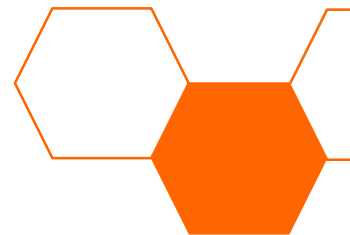






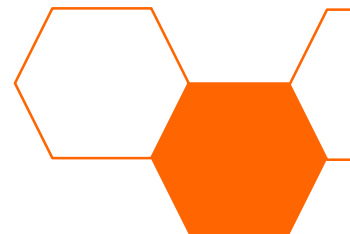
# Sensible care

- **Prevention**
- **Focus on quality of life**
- **Person centered care**
- **Integrated care**



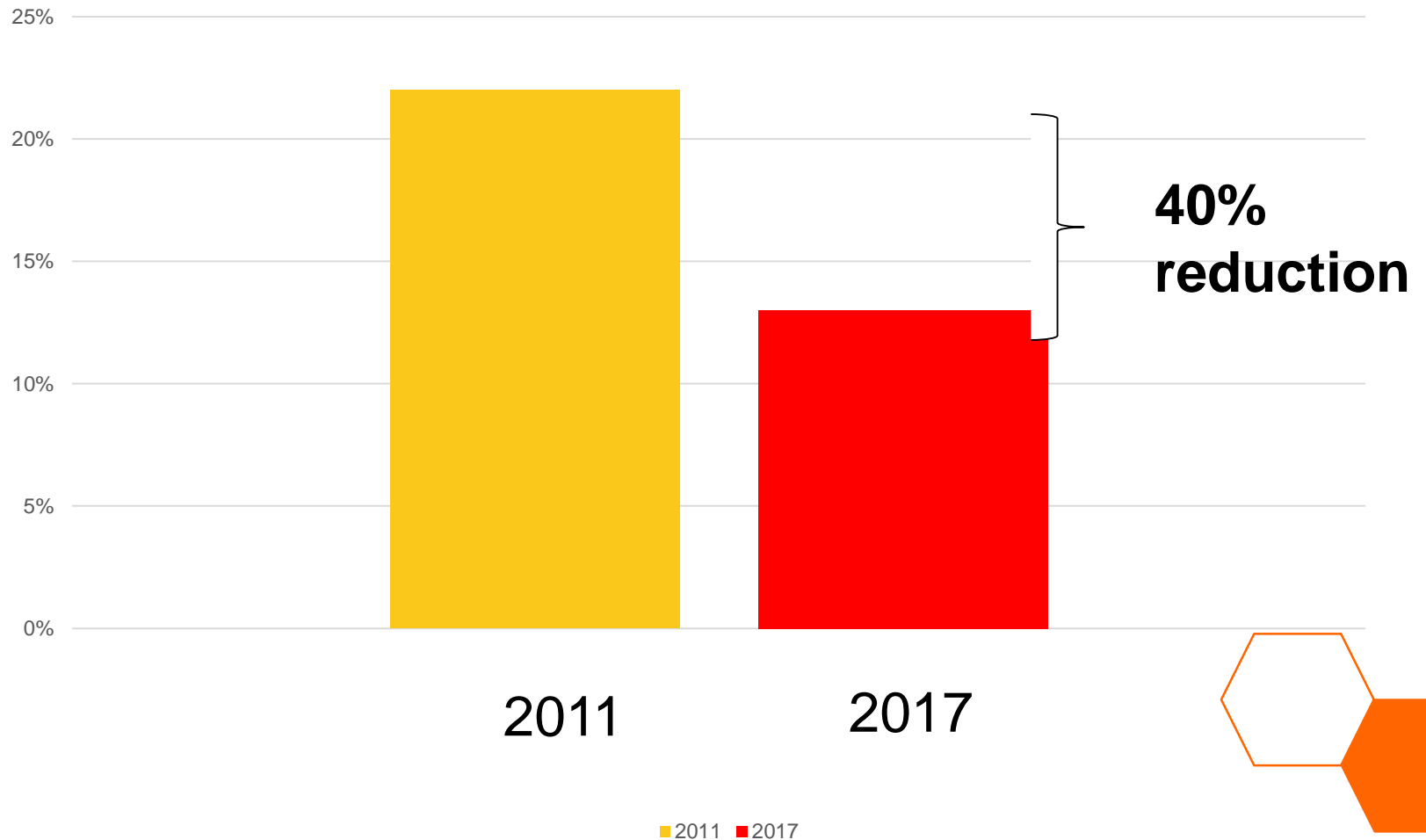
# RESULTS

- 10% reduction of hospital beds
- Annual savings 13 million SEK. 1 million invested returns 1,85 million.
- Patient/relative satisfaction 100%
- Increased workforce satisfaction

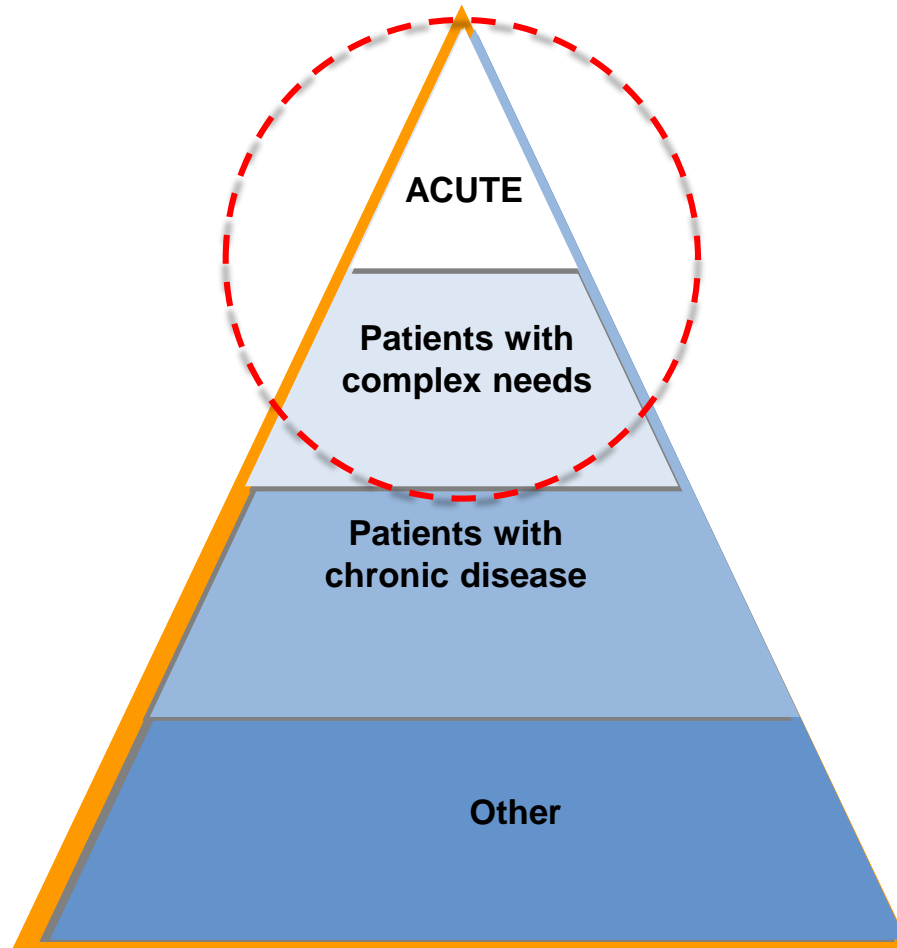


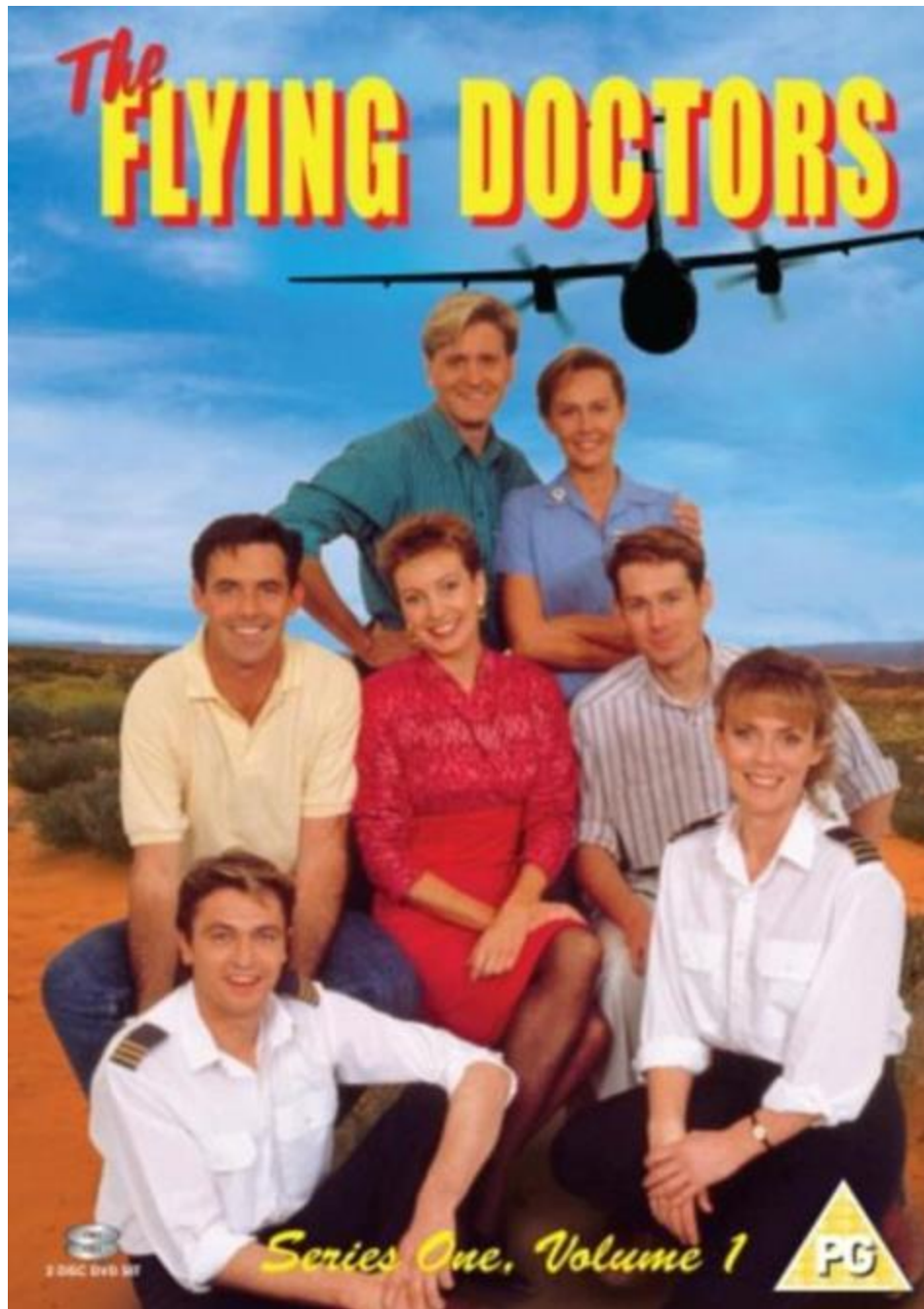
# Re-admitted patients

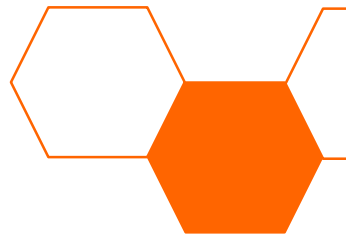
Re-admittance 30 days



# Priorities



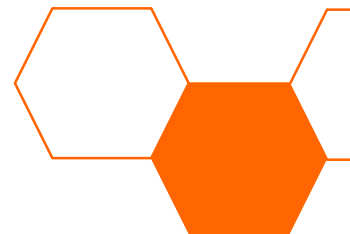






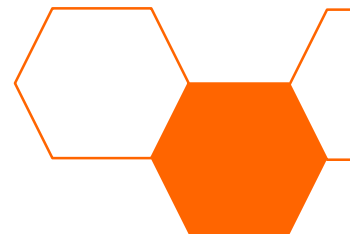
# Why a mobile team?

- To provide safe & coordinated care for patients at home.
- Provide the patients with fast assessments.
- Eliminate the need for unnecessary transports to the hospital.
- Decrease the need of emergency care
- Avoid meaningless hospitalization.



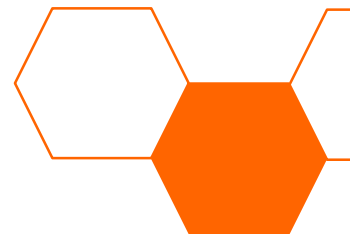
# The Target Group

- Specific efforts on patients with decreased somatic and/or cognitive function, frailty
- Patients in an instable condition and in need of coordinated help
- Patients that fulfill at least 4 of the inclusion criteria



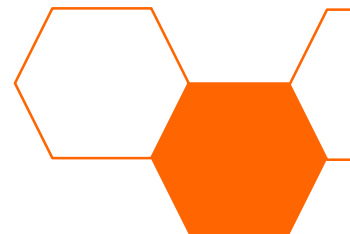
# Criteria of inclusion

- 65 years of age and above
- Unable to handle their own personal care (ADL)
- Has been admitted to the hospital at least once in the last 12 months
- 3 or more chronic diseases
- 6 or more prescribed drugs
- A probability that hospitalisation can be avoided by the teams efforts.
- Patient is already involved with the municipality nurses regarding their health/care
- Exceptions can be made after assessment from the teamphysician.



## Mobile Team

- **Team for admitted patients** ( Mon-fri  
8.00-17.00)
  - Physician from hospital (geriatric spec.)
  - 1 nurse from the emergency department,
  - 1 nurse from the municipality
  
- **Emergency-team** (Mon-fri 13.00-17.00)
  - Physician from primary healthcare center
  - 1 nurse from the emergency department
  - 1 nurse from the municipality



# Patient 1

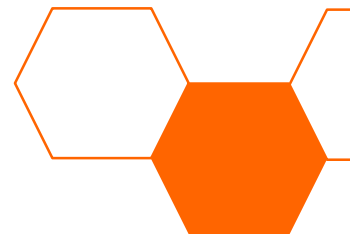
## S.E

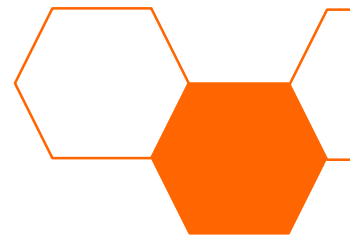
The last 18 months trackrecord:

**63 emergency-visits**

- 6 admissions (totally 20 days)

- Ambulance 3-4 times/week (8 times in 1 week!)





# Action taken

- **In the emergency**

- Multiple cortisone-treatments
- Multiple antibiotic-treatments
- Multiple X-rays
- Several letters to the primary care physician "DO SOMETHING"

-Most commonly: Inhalations, cup of coffee, talk a little, then back home...

- **Mobile team**

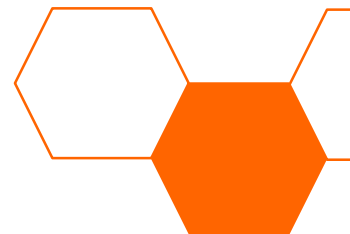
- SIP (Individual coordinated plan)
  - Medication review: continuous cortisone, Pariboy, antidepressive treatment, adequately treated pain, osteoporosis treatment.
  - Diagnosed and treated Alzheimers-disease
    - Oxygen in the home
    - Family support
    - Increased home care



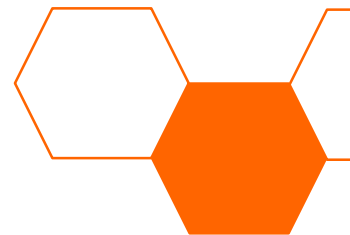
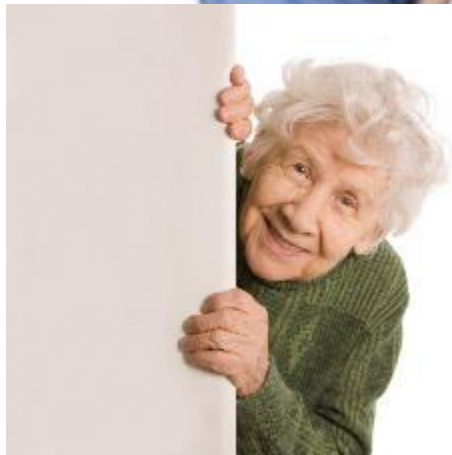
# Results

In the Mobile care team 14 months:

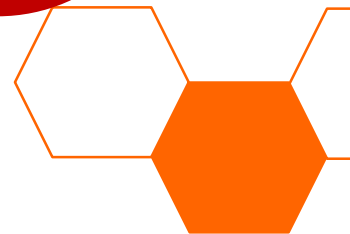
- 2 emergency-visits (weekends)
- 1 admission (night-time, 12h)
- Last 12 months: no emergency-visits, no ambulance-calls!
- 15 homevisits (6 doc, 9 nurse),
- Last 6 months 1 phone call/week.







# Sensible care!



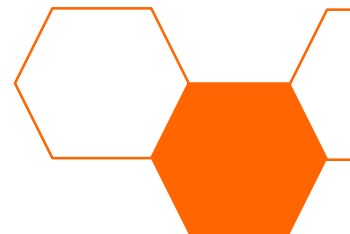
## Mobile teams: geriatricians, nurses from hospital or primary care and municipality

### Emergency team

- 94% prevention of visit to ER
- 73% prevention of hospitalization

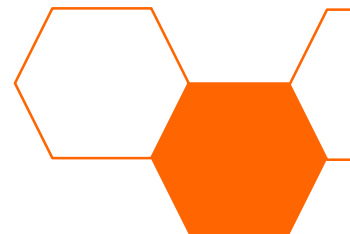
### Chronic team (admitted patients approx 30-40)

- 98% prevention of visit to ER
- 99% prevention of hospitalization



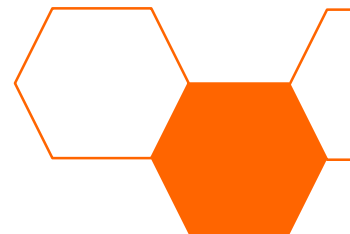
# ICT

- Joint medical record
- National patient overview (NPÖ)
- Enables all parties to access relevant data from primary care, hospital and social care.
- Contact [inera.se](http://inera.se) for more information



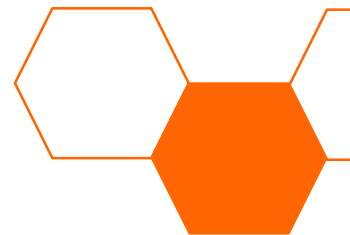
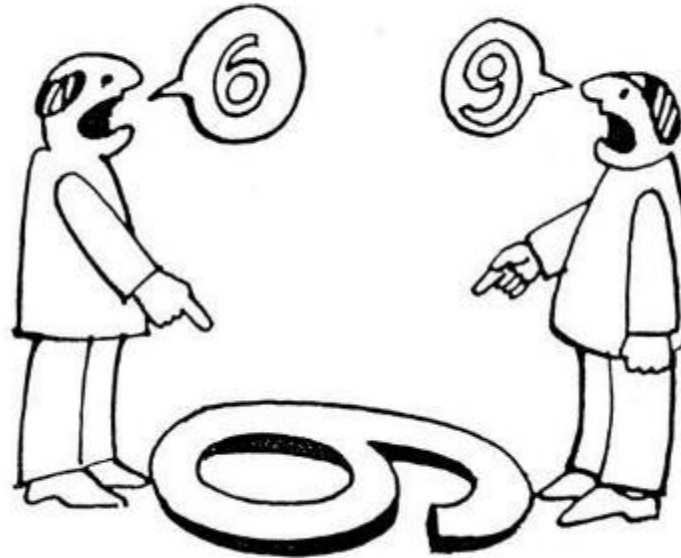
# RESULTS

- 10% reduction of hospital beds
- Annual savings 13 million SEK. 1 million invested returns 1,85 million.
- Patient/relative satisfaction 100%
- Increased workforce satisfaction





# Shared goal?



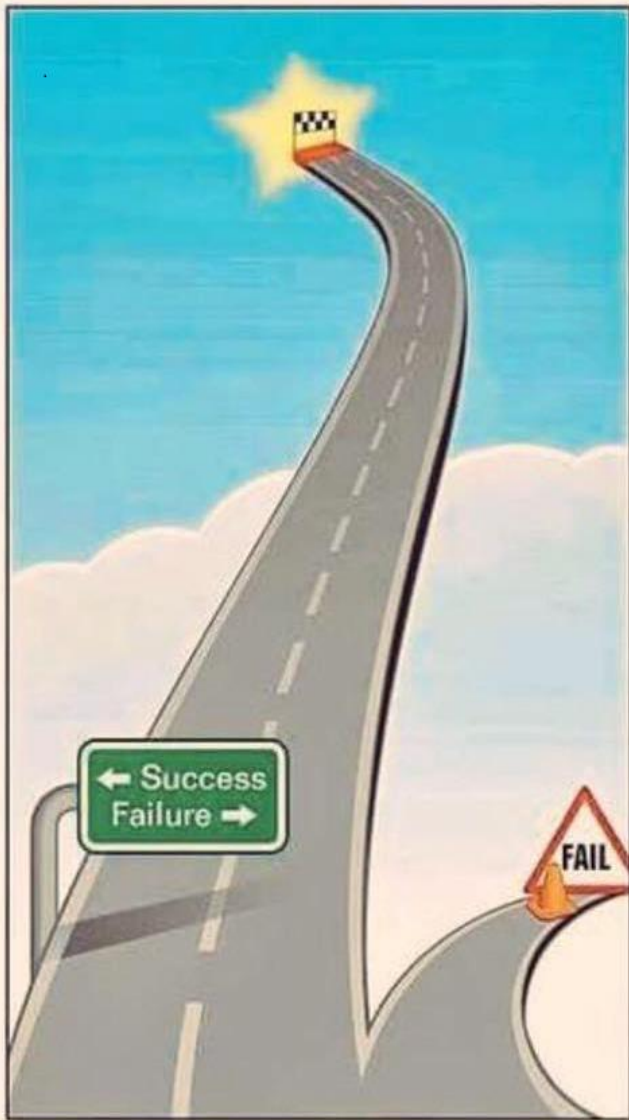
# The Swedish secret weapon



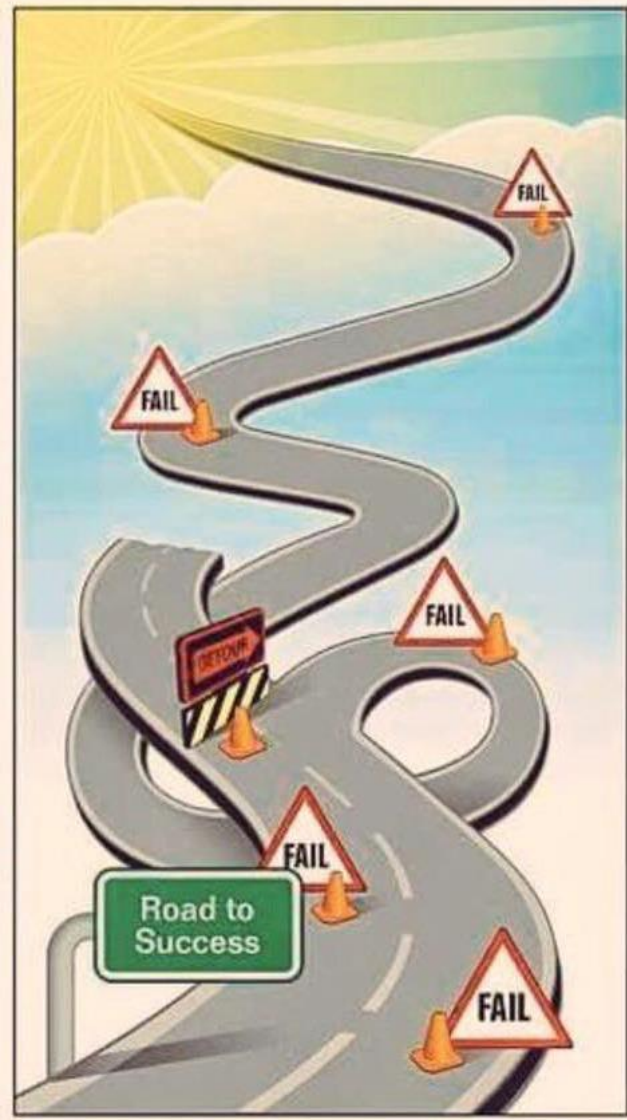
# FIKA



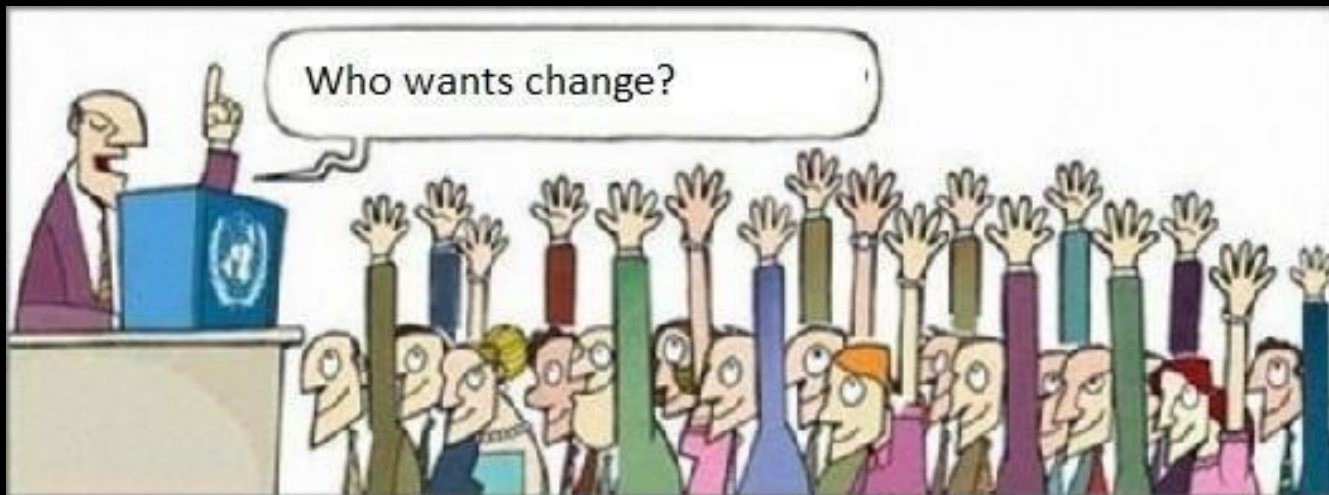




**What most people think**



**What successful people know**



# CHALLENGES

Merging cultures

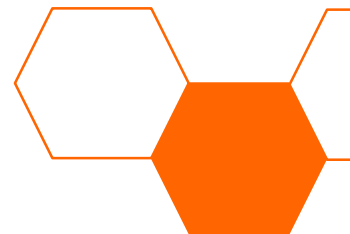
ICT

Scaling up

Financial

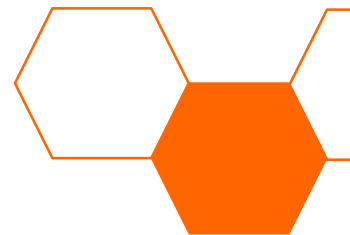
Legal

Giving up power



# Key experiences

- Small organization
- Freedom to act
- Strong support from top management and politicians
- Transparency and relationships
- Win-win-win
- Make mistakes!



# Thank you!

Hälsostaden

Ängelholm

Carl-Johan Robertz

+46 708 392409

[carl-johan.robertz@skane.se](mailto:carl-johan.robertz@skane.se)

