

National network for End-of-life care in Sweden

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Objectives

- Challenges
- What would You do?
- Starting up
- Content
- Introducing methods
- Lesson learnt so far

Sweden – Health care providers

- 21 County councils
Hospital care and primary care (but not home care or nursing homes)
- 290 Community boards
Home care, short stay homes, nursing homes
- 10 000 000 people in Sweden
- 400 000 staff
- 1 000 reporting units
- >90 000 deaths a year (1 – 700 per reporting unit)
- <70 000 expected deaths – take place among all care providers



Area: 447 435 sq km
 People: 10 100 000
 People/sq km: 23

Area: 35 980 sq km
 People: 23 500 000
 People/sq km: 652



Discussion

- Think about how Your Health care is organized
- On what level would You like to form a network?
- Would the answer be different if Your objective is to change the system or if You just want to improve a well defined topic?

Sweden – National Quality Registers

- Collecting patient data representing quality
- >100 different Registers based on disease, surgical procedure or prophylactic/national care plan work
- Aggregated data available in public
- 6 Regional centers to support the Registers
- Support the use of data
 - Reports
 - Yearly conferences
 - Regional conferences
 - Help desk
 - Standard reports on the website
 - Limited query tools on the website
- NEED FOR NETWORKS?

Starting up – palliative care Network

- Introducing idea on Regional conferences
Testing technique locally
- Forming 3 network opportunities. Technical disaster first meeting.
- Stable technique in place – introduction and homework

Discussion - content

- How to mix the groups
By disease – by organisation – by End of Life care
- Topics
Methods for solving medical issues – methods for changing routines and habits

Network participants

- Offer was given at Regional conferences during autumn 2018
- 10 care givers participated equals 1 % of all care givers
- Mixture of communities (7 000 – 32 000 people)
- Specialised Palliative teams
- Hospitals showed some interest but did not participate this time

First meeting – organize your workplace

- Networking - NOT giving a digital lecture
- Presentation of members and what to come
- Importance of time for local work
- Finding Your own data
- Mandatory to work with pain assessment and oral assessment
- Finding a way to share results with coworkers at home



Urval

☐ Spara urval för alla rapporter

PERIOD



Från

År 2018 Månad September

Till

År 2019 Månad September

KÖN



ÅLDERSGRUPP



VERKSAMHET



Filter

- ☐ Jämtlands län
- ☐ Jönköpings län
- ☐ Kalmar län
- ☐ Kronobergs län
- ☐ Norrbottens län
- ☐ Skåne län
- ☐ Stockholms län



DIAGRAM

TABELL

DETALJER

FÖRKLARING

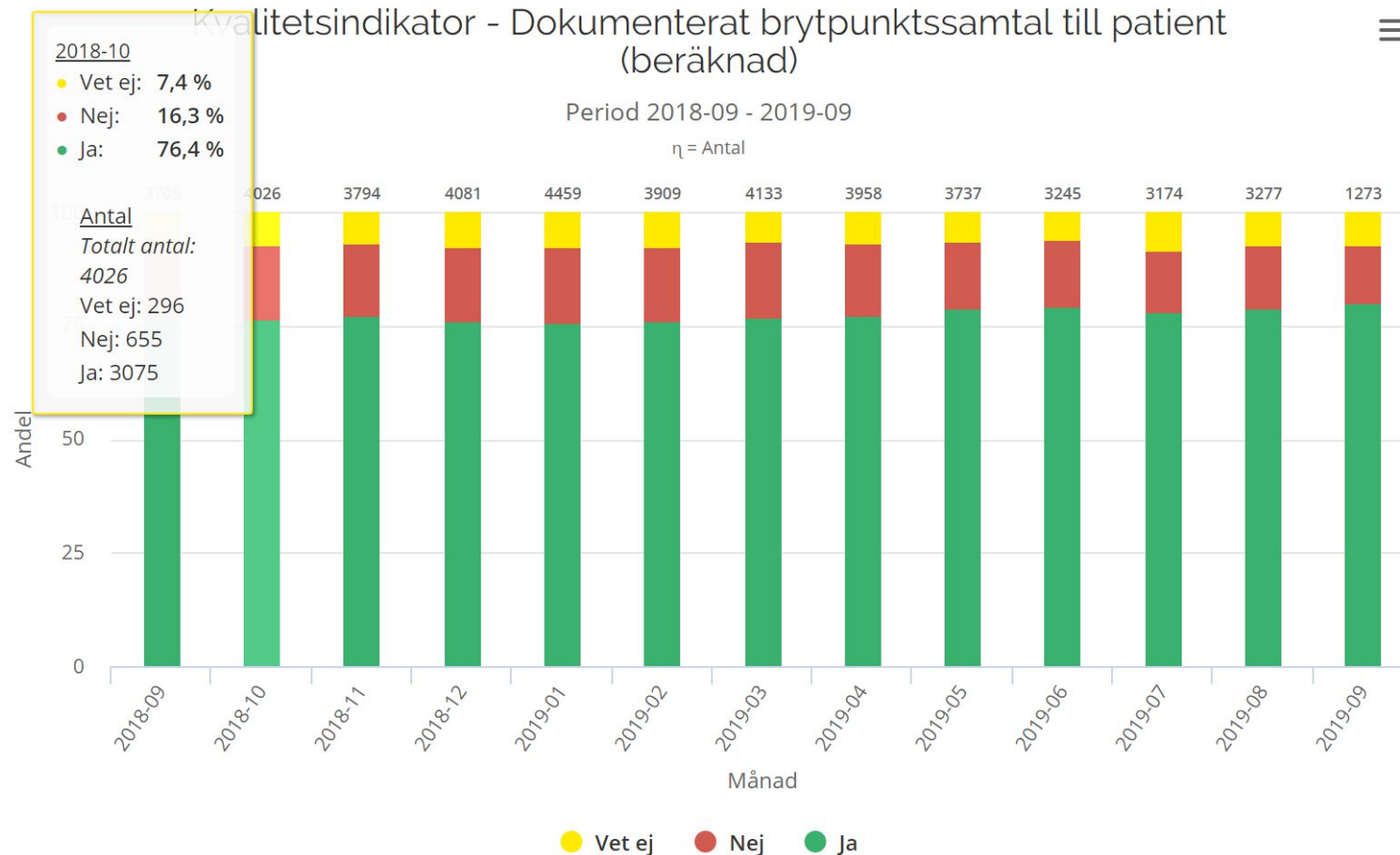
Gruppera på: Månad



Kvalitetsindikator - Dokumenterat brytpunktssamtal till patient (beräknad)

Period 2018-09 - 2019-09

n = Antal

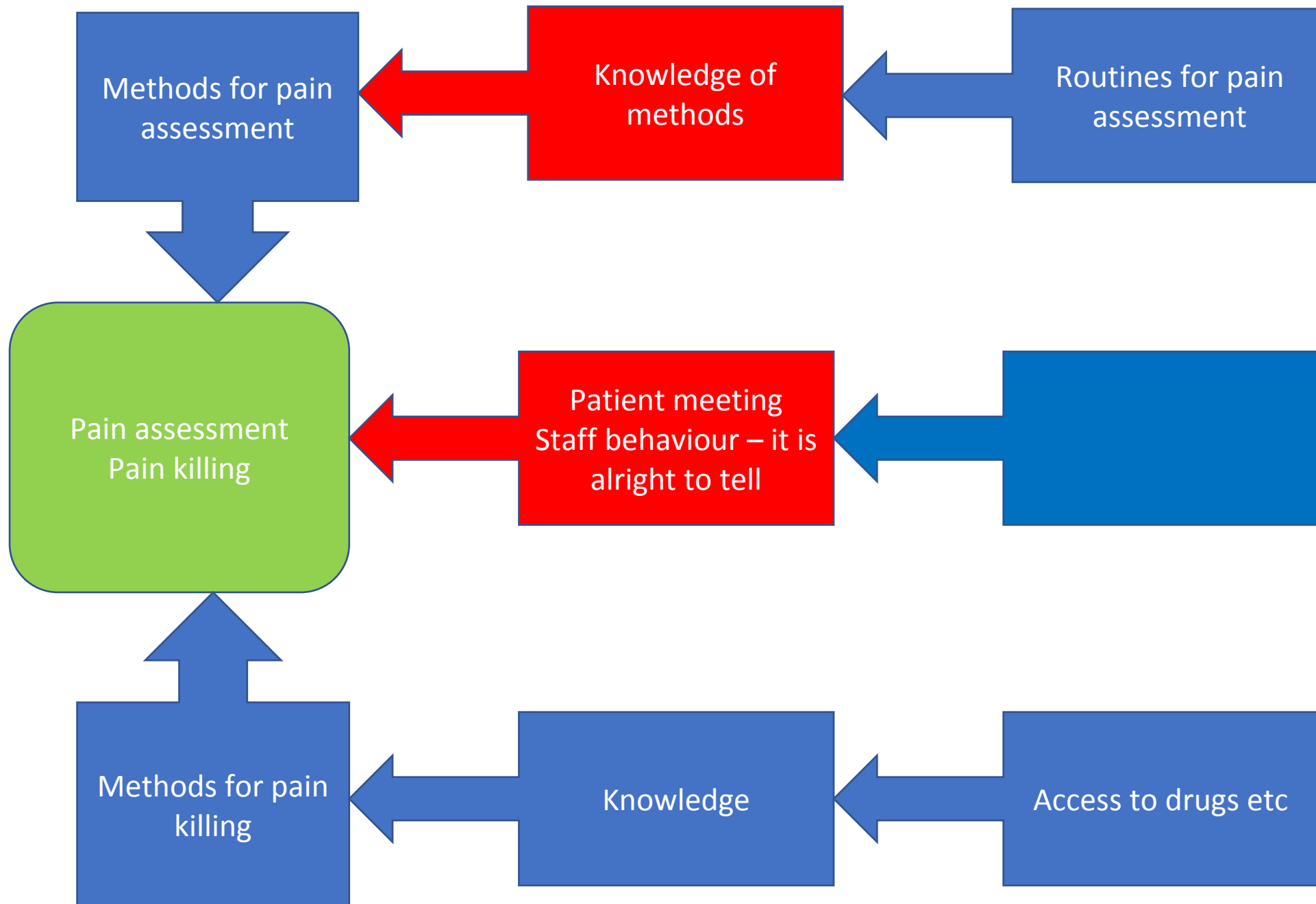


Detta är en originalrapport från Svenska Palliativregistret



Second meeting – introducing new methods

- Catch up and questions
- Introducing drivers
- Make Your own driver diagram



Third meeting - measures

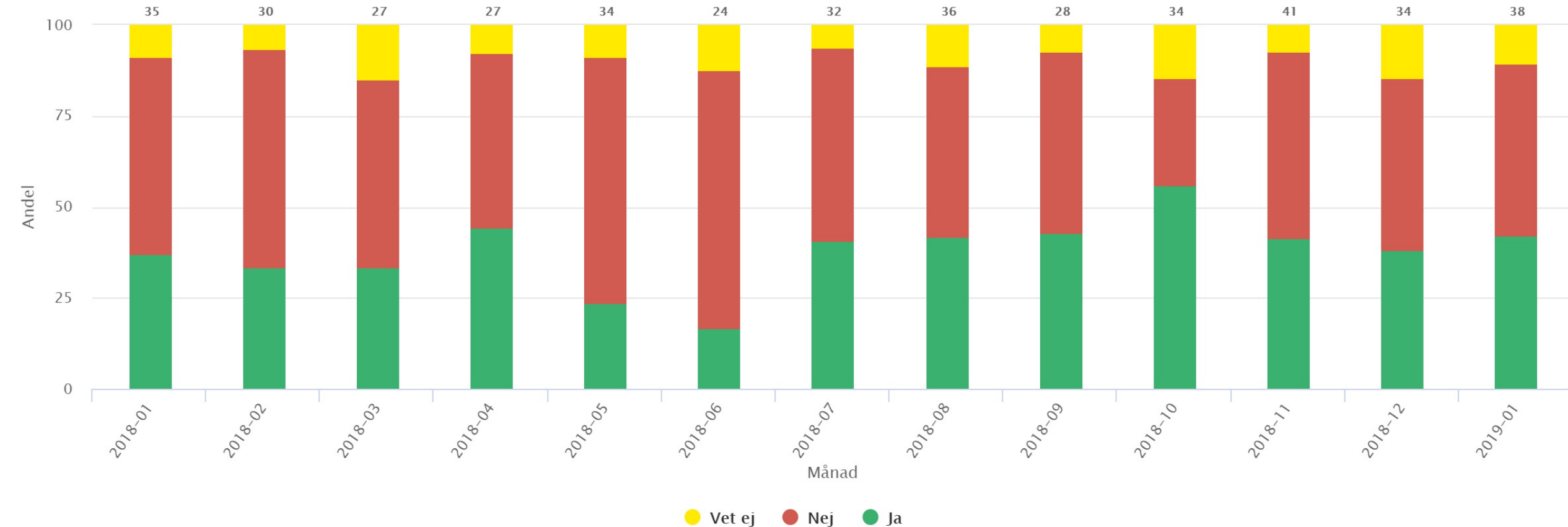
- Catch up and questions
- Seven indicators of good End-of-life care
 - Information about change from life prolonging to End-of-life
 - Pain assessment
 - Oral assessment
 - No pressure ulcers stadium 2- 4
 - Opioids prescribed
 - Not die alone
 - Offering talk to next of kin after death
- Make a plan for intervention (PDSA cycle)

From official portal – pain assessment

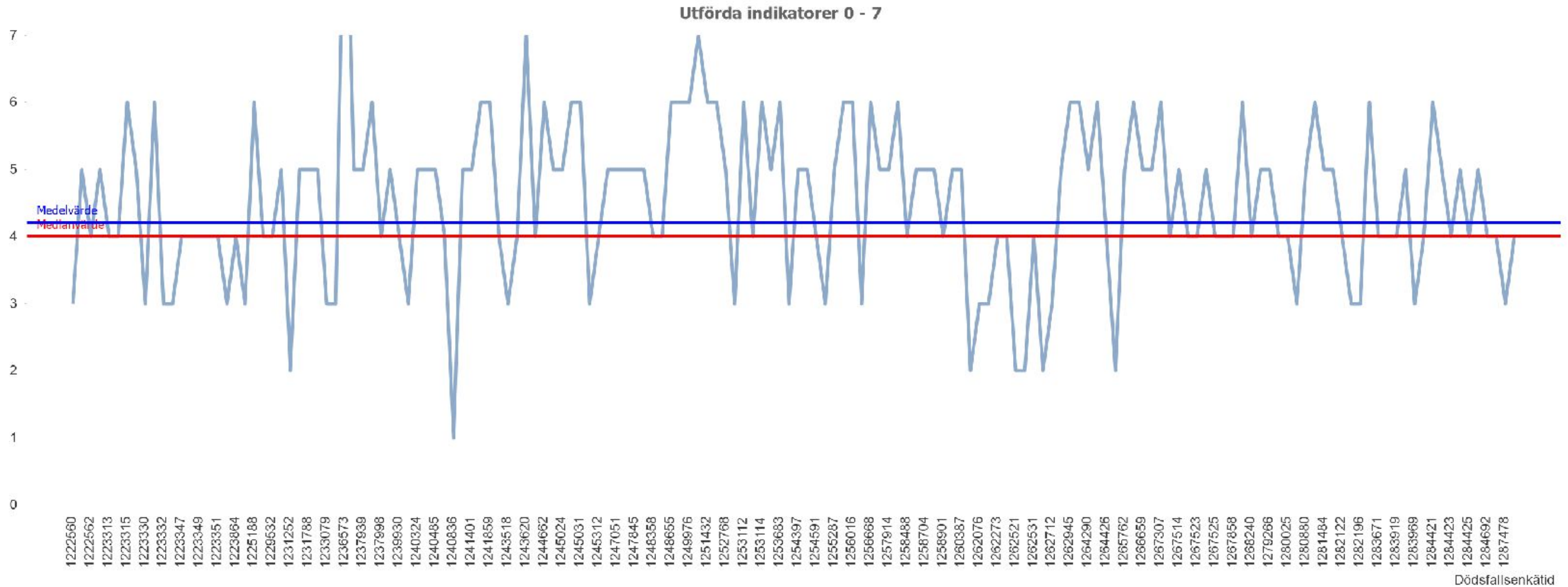
Smärtskattning utförd sista levnadsveckan

Period 2018-01 – 2019-01

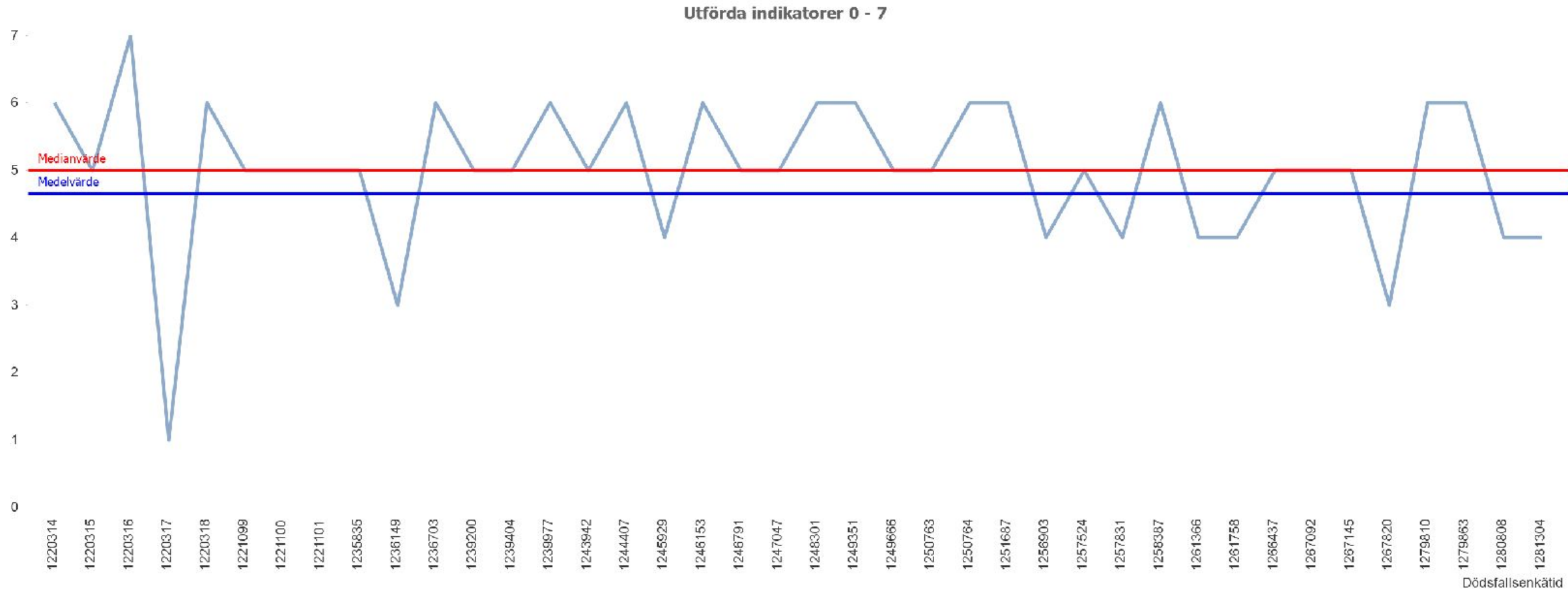
1 observationer



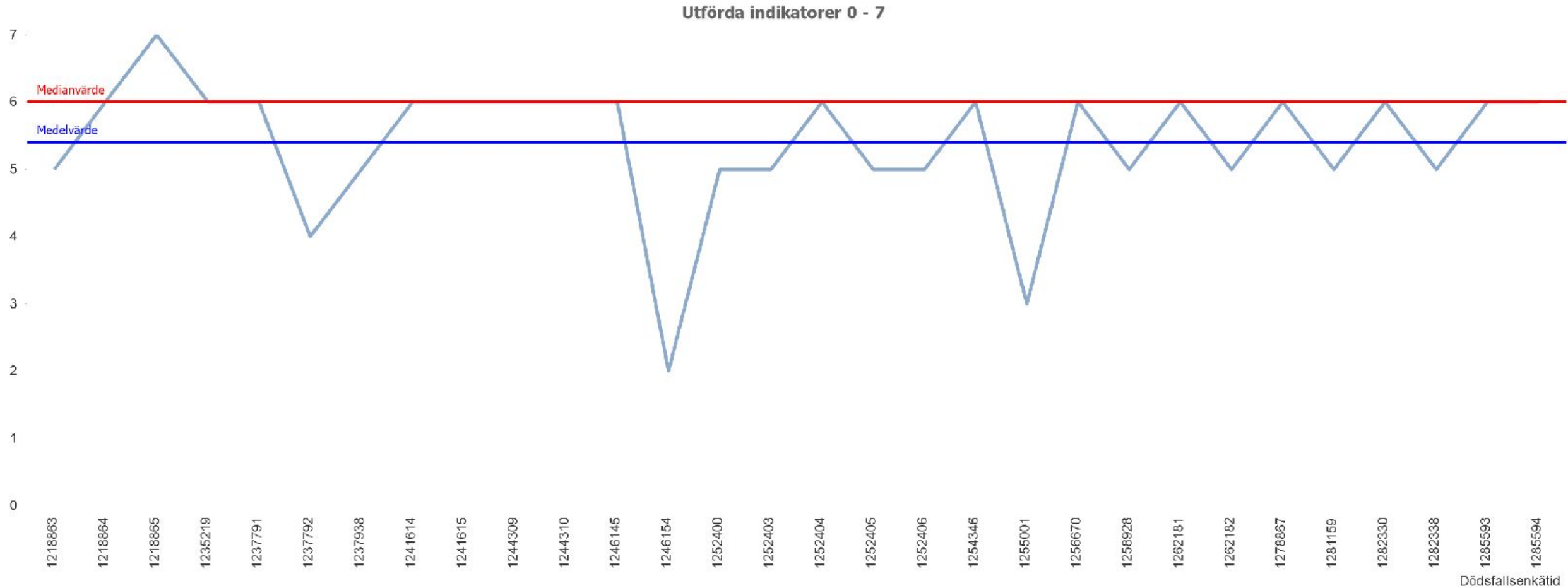
Introducing Run chart



Introducing Run chart



Introducing Run chart



Dödsfallsenkätid

And then....

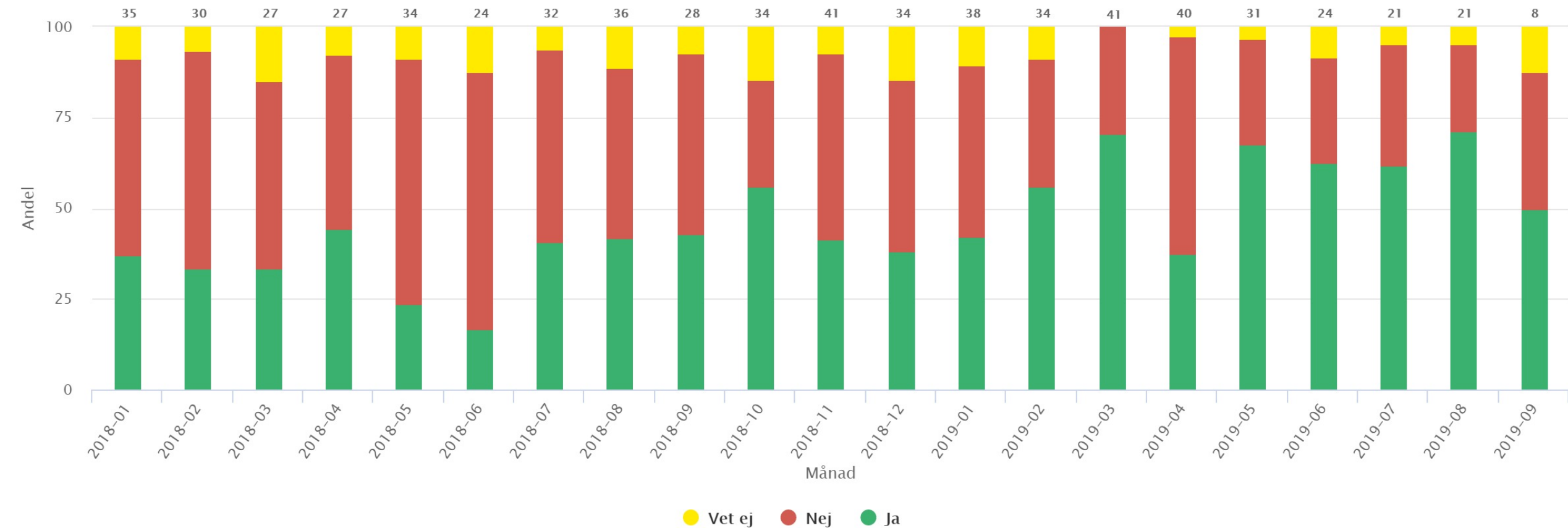
- Year 2019 reduced fundings
- Board of the Palliative Register don't want to continue
- National board of Quality improvement starts a palliative team within the team for Elderly – needs a couple of years to catch up
- Swedish Association of Palliative Medicine starts a group for quality indicators for the new subspeciality Palliative care
- This networking has been forced to take a break – but the members still like the concept

Pain assessment today

Smärtskattning utförd sista levnadsveckan

Period 2018-01 – 2019-09

1 observationer



Conclusions

- Care givers in Sweden need to learn more about improvement work
- Learning from others in a network is a good thing
- Culture (improvement is part of daily care work) and funding are critical parts for sustainability
- Initiative on a micro, meso or macro level is still an open question in Sweden

Thank You – from my garden



Thank You – from my garden

