## C4: Integrating care





## Adapting to a changing world: equity, sustainability and wellbeing for all









CARPE DIEM! – Patient safety strategy implementation into Finnish integrated services system reform

Andreas Blanco-Sequeiros Eeva-Liisa Peltonen Tuija Ikonen







### FINNISH SOCIAL AND HEALTH CARE SYSTEM

Andreas Blanco Sequeiros, deputy director general Department of Governance of Healthcare and Social Welfare The Ministry of Social Affairs and Health 16.5.2023





### **Facts about Finland 2020**

|   | Finland | EU27  |
|---|---------|-------|
| nographic indicators  |         |       |
| Population size (millions)                                    | 5,5     | 447,2 |
| Share of 65 and over (%)                                      | 22,3    | 20,6  |
| Life expectancy at birth, males (years)                       | 79,4    | 78,5  |
| Life expectancy at birth, females (years)                     | 85      | 84*   |
| Total fertility rate*   | 1,35    | 1,53  |
| Infant mortality rate*  | 2,1     | 3,4   |
| e on social conditions and employment                         |         |       |
| Children at risk of poverty or social exclusion (%)           | 15      | 23,7  |
| Youth unemployment ratio (15-24)                              | 11,2    | 6,4   |
| Unemployment rate   | 7,7     | 7,2   |
| In-work at-risk-of-poverty rate                               | 3,1     | 9,4   |
| At risk of poverty or social exclusion rate for elderly (65+) | 14,7    | 19,8  |

## **Everyone is entitled to adequate social and health services.**





The public authorities shall guarantee for everyone adequate social, health and medical services and promote the health of the population.

The Constitution of Finland (731/99), 19 §



### Goals of the Finnish social and health care

- To maintain and improve people's health and wellbeing, work and functional capacity.
- To maintain and improve social security and promote inclusion of individuals, families and communities.
- To reduce health and social inequalities.





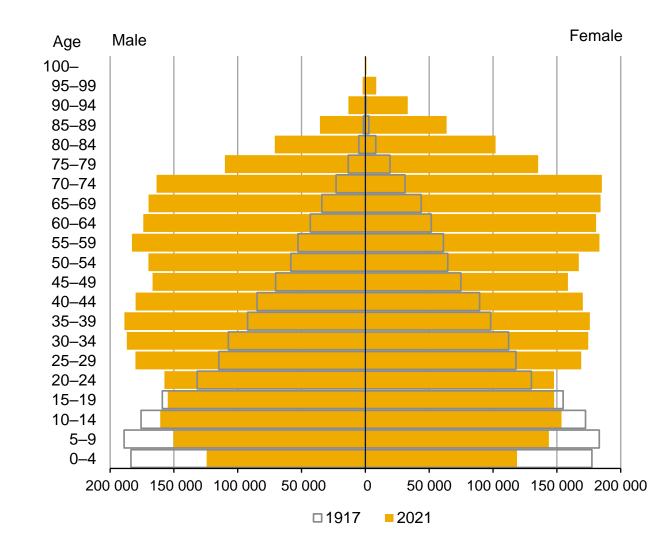
### **Challenges for Finnish social and health care**

- A growing need for services especially among the ageing population.
- Waiting times for services vary in different parts of the country.
- Our costs are rising and the economic growth is slow.





### Finnish population in years 1917 and 2021



Source: Official Statistics of Finland (OSF): Population structure

# **Objectives of the health and social services reform**



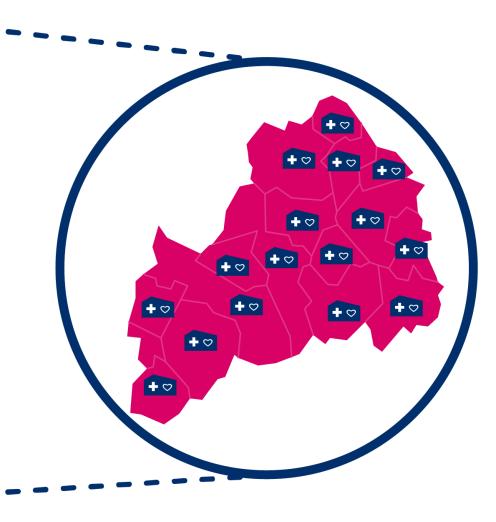
- Reducing inequalities in health and wellbeing
- Safeguarding equal and quality health, social and rescue services for all
- Improving the availability and accessibility of services, especially primary services
- Ensuring the availability of skilled labour
- Responding to the challenges of changes in society
- Curbing the growth of costs
- Improving security

# Wellbeing services county: one decision making, management and funding



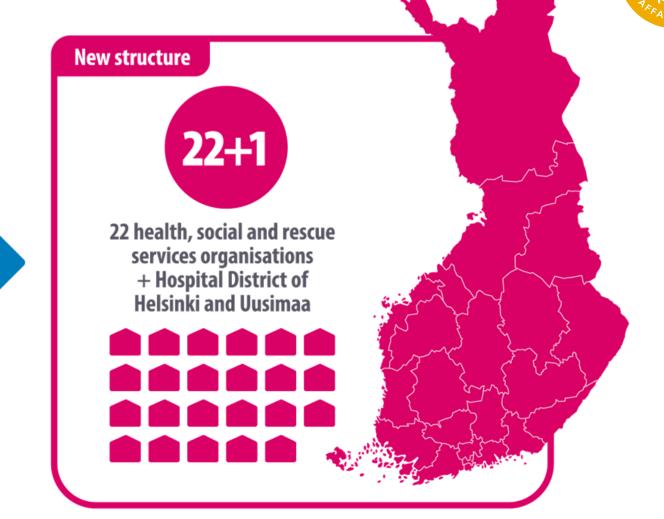
### Wellbeing services county

- Single organiser with the responsibility for organising and providing primary and specialised services
- Having a single organiser allows operational integration and reforms
- Possibility to allocate resources evenly
- Rescue services a separate sector working in parallel with health and social services



### New wellbeing services county structure 1 January 2023





### **Responsibility for organising services in Uusimaa**

#### Helsinki

Wellbeing services county of East Uusimaa

Wellbeing services county of Central Uusimaa

Wellbeing services county of West Uusimaa

Wellbeing services county of Vantaa and Kerava

Hospital District of Helsinki and Uusimaa organisation agreement Hospital District of Helsinki and Uusimaa

- Primary responsibility for the provision of services with the exception of the statutory tasks of the Hospital District of Helsinki and Uusimaa
- Statutory tasks
- Tasks delegated under agreement on organising services in the Hospital District of Helsinki and Uusimaa



# Division of duties under the reform, as of 1 January 2023

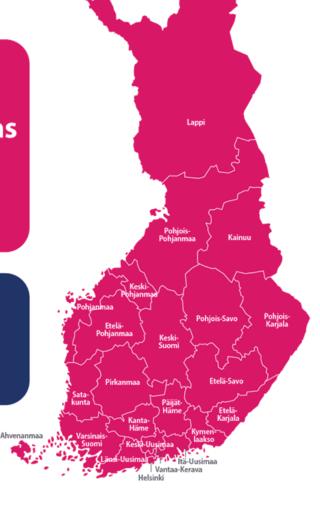
State • guidance and direction • funding

#### **22+1** health, social and rescue services organisations + Hospital District of Helsinki and Uusimaa

### collaborative areas

division of responsibilities in specialised services

**Strong role for the public sector** Private and third sectors complement public services





# Wellbeing services counties' responsibility for organising services



### Responsibility for organising services:

- Having responsibility for their statutory duties
- Deciding on the equal availability of health and social services, defining the need, quantity and quality of services, and determining the way services are provided
- Supervising the provision of services
- Exercising the powers assigned to them as public authorities
- Assuming responsibility also for preventive healthcare and social welfare, training and research, preparedness for incidents and emergencies, security of supply, duties related to the prevention of communicable diseases, etc.

#### Wellbeing services counties must

- have sufficient competence, capacity and readiness to take responsible for organising health and social services and their must ensure the availability of health and social services according to their residents' service needs in all situations
- employ all the necessary health and social services professionals and other personnel
- have appropriate facilities, equipment and other necessary operating conditions
- have in place a sufficient service provision system of their own to fulfil their responsibility for organising services

### **Promoting health and wellbeing**



Tasks related to the promotion of health and wellbeing in municipalities, wellbeing services counties and the joint county authority for the Hospital District of Helsinki and Uusimaa:

- Primary responsibility for promoting health and wellbeing in their own activities.
- Setting objectives and defining measures in strategic planning.
- Carrying out an ex-ante impact assessment of the decisions on people's health and wellbeing by population group.
- Designating parties responsible for promoting health and wellbeing.
- Monitoring the living conditions, health and wellbeing of residents and the factors affecting these by area and population group.
- Reporting annually to its council and preparing a wellbeing report and wellbeing plan once during its term.

# **Opportunities for participation and influence in counties**

- Residents and service users will have the right to participate in and influence the activities of the wellbeing services county.
- Participation and influence can be promoted by:
  - arranging discussion and consultation events and setting up resident panels
  - learning the opinions of residents and service users before making decisions
  - selecting representatives of service users to the county's decision-making bodies
  - developing services together with service users
  - organising opportunities to participate in the county's financial planning
  - supporting independent planning and preparation of matters by residents, organisations and other corporations.

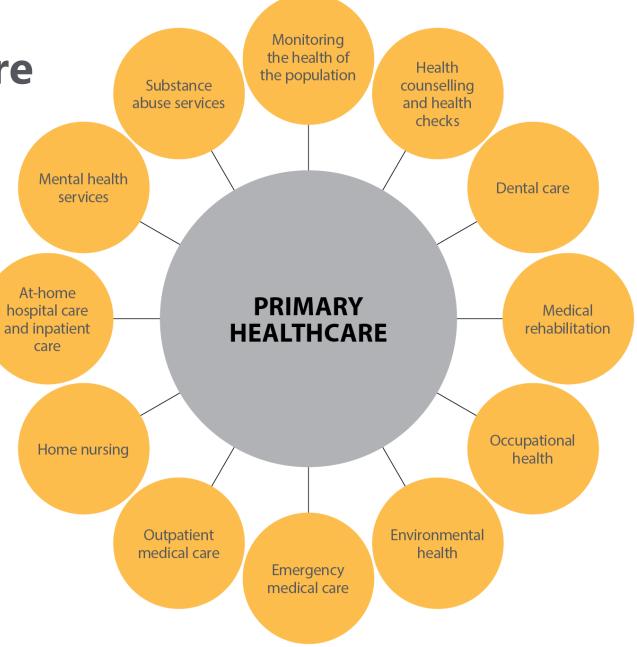


## General social services





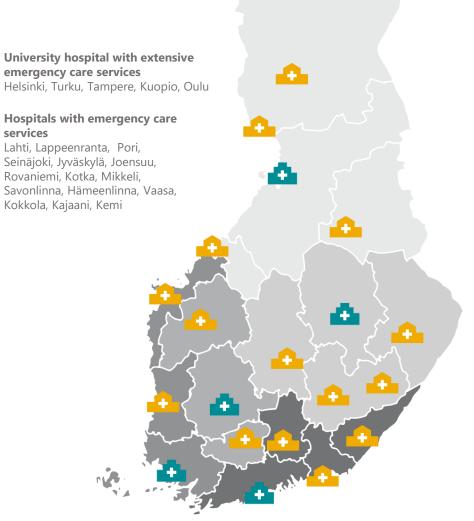
## Primary healthcare consists of





## Public tertiary and secondary (specialised) medical care

- 5 university hospitals provide highly specialised tertiary medical care
- 20 hospital districts provide secondary medical care
- Certain specialities are centralised to ensure highquality treatment
- Largest hospitals also offer on-call social services

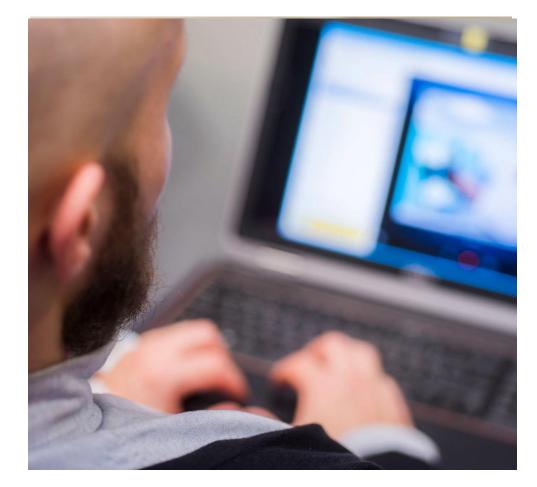






### **Digitalisation: New kinds of services**

- Through digitalisation, services can be provided in completely new ways, and processes enhanced.
- Electronic services also encourage residents to independently maintain their functional capacity and health.
- Basic principle of ICT solutions: client information can be used across the boundaries of organisations and regions.



## Building blocks of the strategy and its implementation by cocreation and networks

**Eeva-Liisa Peltonen and Tuija Ikonen** 







The Client and Patient Safety Strategy and Implementation Plan 2022–2026

### Why and how?

- 1st patient safety strategy 2009-2013
- 2nd patient and client safety strategy 2017-2021
  - A survey of implementation
  - Eight workshops with selected themes
  - WHO Global patient safety action plan 2021-2030



- A draft for open discussion and comments
- 3rd client and patient safety strategy and implementation plan 2022-2026

Vision: Finland - a model for client and patient safety in 2026 – eliminating all avoidable harm Strategic priority 1 Together with clients and patients

> Objective 1.1 Increase engagement to improve safety

Objective 1.2 Promote client safety and patient safety side by side

Objective 1.3 Experiences of clients, patients and close ones guide our service development

Objective 2.3 Improve safety through active leadership

Objective 2.2

Create safety by supporting

wellbeing at work

Objective 3.3

guide our actions and

increase safety

Objective 3.2

Ensure safe remote and

digital services

Safety culture is the foundation of our daily work

Objective 4.3 Harmonise good practices in infection prevention and control

Strengthen and create conditions for national and regional client and patient safety work

through common practices Objective 4.2 Ensure the safe use of medical devices and information systems

Objective 2.1 Ensure safety competence and its development throughout careers

Strategic priority 2

Thriving and competent

professionals

Strategic priority 3 Safety first in all organisations

Objective 3.1 Open data and information

Objective 4.1 Increase medication safety

Strategic priority 4

Enhanced best practices



Strategic priority 1: Together with clients and patients

1.1 Increase engagement to improve safety
1.2 Promote client safety and patient safety side by side
1.3 Experiences of clients, patients and close ones guide our service development



#### Ensure safety competence and its development 2.1 throughout careers

| Level of<br>responsibility   | Measures   | Indicators   |
|--|--|--|
| National level   | <ul> <li>The Ministry of Social Affairs and Health<br/>will recommend inclusion of consistent<br/>competence objectives for client and patient<br/>safety in the basic training of all healthcare<br/>and social welfare professionals, taking the<br/>WHO Patient Safety Curriculum into account.</li> </ul>                  | <ul> <li>Preparatory work launch<br/>in 2022.</li> <li>The curriculum contents<br/>specified by the WHO<br/>included in curricula<br/>starting in 2024 at the</li> </ul> |
| World Health<br>Organization Patient Safety<br>Patient Safety Curriculum Guide<br>Multi-professional Edition | <ul> <li>The Ministry will also recommend that<br/>educational institutions harmonise<br/>pharmacotherapy training and other contents<br/>relevant to client and patient safety on both<br/>healthcare and social welfare programmes,<br/>taking account of the needs of the world of<br/>work.</li> </ul>                     | <ul> <li>Implementation of the<br/>WHO Curriculum content<br/>evaluated in 2025.</li> </ul>  |
|  | Centres of expertise in client and patient<br>safety training will network to plan and<br>develop multidisciplinary training provision in<br>cooperation with higher education institutions<br>and other educational institutions and will draw<br>up a recommendation for competence criteria<br>for each occupational group. | <ul> <li>At least five centres of<br/>expertise established an<br/>criteria completed by 20.</li> </ul>  |

 The network of centres of expertise will work with universities of applied sciences and universities to develop further study modules or special competencies in client and patient safety and will provide teaching staff with training on the contents of client and patient safety and how to teach them.

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 Available from 2024 onwards.

### **Strategic priority 2: Thriving and** competent professionals

2.1 Ensure safety competece and its development throughout careers 2.2 Create safety by supporting wellbeing at work 2.3 Improve safety through active leadership



Finnish Centre for **Client and Patient Safety**  Current situation of patient and client/customer safety and follow-up procedures in Finland

A suggestion for a measurement framework

 Publications of the Government's analysis, assessment and research activities 2021:68

 Publisher
 Prime Minister's Office

Author(s) Maria Virkki, Riikka-Leena Leskelä, Tuija Ikonen, Kaisa Haatainen, Maiju Welling, Auvo Rauhala, Hanna Tiirinki, Pirjo Mustonen, Vesa Jormanainen, Päivi Rautava, Anniina Cansel, Kaisa Heikkilä, Virpi Inkinen, Jenni Isotalo, Jaana Kalliokoski, Mari Siimar, Olli Sorsa, Vesa Syrjä, Päivi Ylitalo

| Language | Finnish | Pages |
|----------|---------|-------|
|          |         |       |

### Potilas- ja asiakasturvallisuuden tilannekuva ja seurantamenettelyt

Ehdotus seurannan mittaristoksi

Maria Virkki, Riikka-Leena Leskelä, Tuija Ikonen, Kaisa Haatainen, Maiju Welling, Auvo Rauhala, Hanna Tiirinki, Pirjo Mustonen, Vesa Jormanainen, Päivi Rautava, Anniina Cansel, Kaisa Heikkilä, Virpi Inkinen, Jenni Isotalo, Jaana Kalliokoski, Mari Siimar, Olli Sorsa, Vesa Syrjä, Päivi Ylitalo

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Strategic priority 3: Safety first in all organisations

3.1 Open data and information guide our actions and increase safety
3.2 Ensure safe remote and digital services

**3.3 Safety culture is in the foundation of our daily work** 



Finnish Centre for Client and Patient Safety



The European Social Fund funds Virtual Platform for Medical Device Training project from the appropriations of the REACT-EU instrument, as part of the actions taken by the EU in response to the COVID-19 pandemic.

#### How to use QR codes and augmented reality in medical device training Meria Jutila, Hannes Friberg, Riika Saurio and Tuija Ikonen

#### Problem

Safe and competent use of medical devices in patient care has a paramount importance to both the patient and the nursing staff. In order to ensure a sufficient level of expertise in medical devices, training and orientation must be reformed and made more effective.

#### Intervention

Quick Response (QR) codes were tested by healthcare professionals as a method for information search on medical devices.

Augmented reality (AR) headsets were tested by healthcare professionals and education was given about how AR could be used in medical device training.

#### Measurement of improvement

Forty professionals took part in the QR experiment. Most of them (78 %) had not used QR codes before in their work. After testing the QR codes, most of the participants (89,9%) totally agreed or agreed that QR codes are an easy way to search information. Most of the participants totally agreed or agreed that QR codes are suitable for ensuring medical device competence in their work environments.

Twenty-four professionals took part in the AR experiment. None of them had used AR technology previously in their work. Still, most of them (82,6%) totally or partly agreed that AR technology supports medical device learning. Majority of the participants (96,9%) totally or partly agreed that AR technology is suitable for use in their work environment.

**OF TURKU** 



Key messages These technologies provide uniform and similar knowledge and education about medical devices to all professionals. Improving competence reduces patient safety incidents and increases patient safety as well as well-being at work.

Nevertheless, there might be difficulties in introduction of these technologies because they are not yet widely known in health care. Furthermore, the costs of AR technology could be an obstacle for wider

For more information, please scan the QR code Strategic priority 4: Enhanced best practices

4.1 Increase medication safety through common best practices
4.2 Ensure the safe use of medical devices and information systems
4.3 Harmonise good practices in infection prevention and control



Finnish Centre for Client and Patient Safety

## Implementation of Client and Patient Safety Strategy in Finland

The Finnish Centre for Client and Patient Safety facilitates the implementation of the Client and Patient Safety Strategy among 21 wellbeing services counties

Funded by the Ministry of Social Affairs and Health since 2020

Location: The Wellbeing Services County of Ostrobothnia

Function: to coordinate client and patient safety development and planning among publicly funded service providers



### Facilitating the implementation of the Client and Patient Safety Strategy

| Strategic priority 1<br>Together with clients and<br>patients  | Strategic priority 2<br>Thriving and competent<br>professionals                        | Strategic priority 3<br>Safety first in all<br>organisations                           | Strategic priority 4<br>Enhanced best practices                                    |
|--|--|--|--|
| Objective 1.1<br>Increase engagement to<br>improve safety  | Objective 2.1<br>Ensure safety competence and<br>its development throughout<br>careers | Objective 3.1<br>Open data and information<br>guide our actions and increase<br>safety | Objective 4.1<br>Increase medication safety<br>through common practices            |
| Objective 3.2<br>Promote client safety and<br>patient safety side by side                            | Objective 2.2<br>Create safety by supporting<br>wellbeing at work                      | Objective 3.2<br>Ensure safe remote and digital<br>services                            | Objective 4.2<br>Ensure the safe use of medical<br>devices and information systems |
| Objective 1.3<br>Experiences of clients, patients<br>ind close ones guide our service<br>development | Objective 2.3<br>Improve safety through active<br>leadership                           | Objective 3.3<br>Safety culture is the foundation<br>of our daily work                 | Objective 4.3<br>Harmonise good practices in<br>infection prevention and contro    |

- Active networks of over 300 patient safety experts, managers and leaders
  - Workgroups by themes, research groups, information networks, webinars, annual meetings
- A working group of representatives from patient and client organisations
- For each strategic objective, a multiprofessional workgroup was established
  - To plan 'step by step' activites for each strategic objective
  - To create tools (checklists, models, recommendations) that support implementation
- A programme of actions and activities (= detailed action plan) published
- A self-assessment tool (xls-based) for service providers
  - Testing in three organisations in May
  - To be published in August
- Monitoring and evaluation of the strategy every year
  - First report published from year 2022
- A wide information campaign raising decision makers' and public awareness about the costs of unsafe care and the objectives of the client and patient safety strategy
  - Published in more than 40 local and national newspapers, and actively in social media (LinkedIn, Twitter, FB)

## From the WHO's Action Plan to Self-assessment tool for strategy implementation in Finland





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Finnish Centre for Client and Patient Safety



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### Finnish Centre for Client and Patient Safety

Our aim is to enhance client and patient safety in the Finnish social and health care by research as well as by training and networking client and patient safety experts.

We share information and distribute good practices and tools for client and patient safety improvement.

We organize the implementation of Client and Patient Safety Strategy and Action Plan 2022-2026 together with all 21 Wellbeing Services Counties in Finland.

Our office, affiliated to the Wellbeing Services County of Ostrobothnia, gets funding from the Ministry of Social Affairs and Health in Finland.





## Thank you!

Tuija Ikonen tuija.ikonen@ovph.fi

