

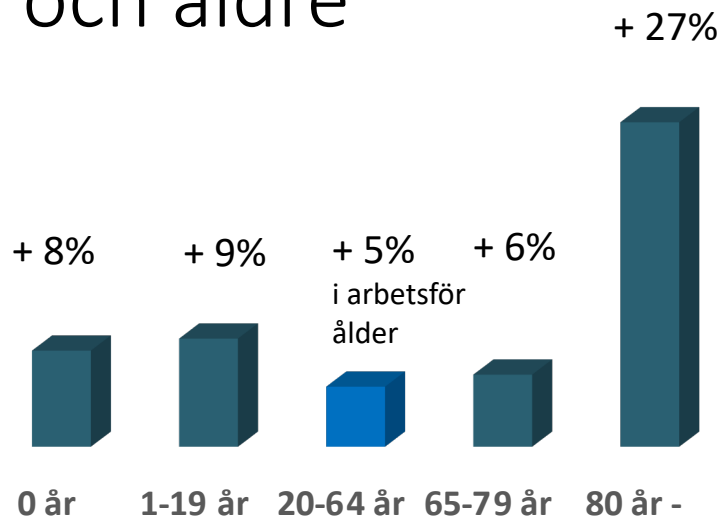
# From forced changes to (hopefully) successful development with support of CARF standards



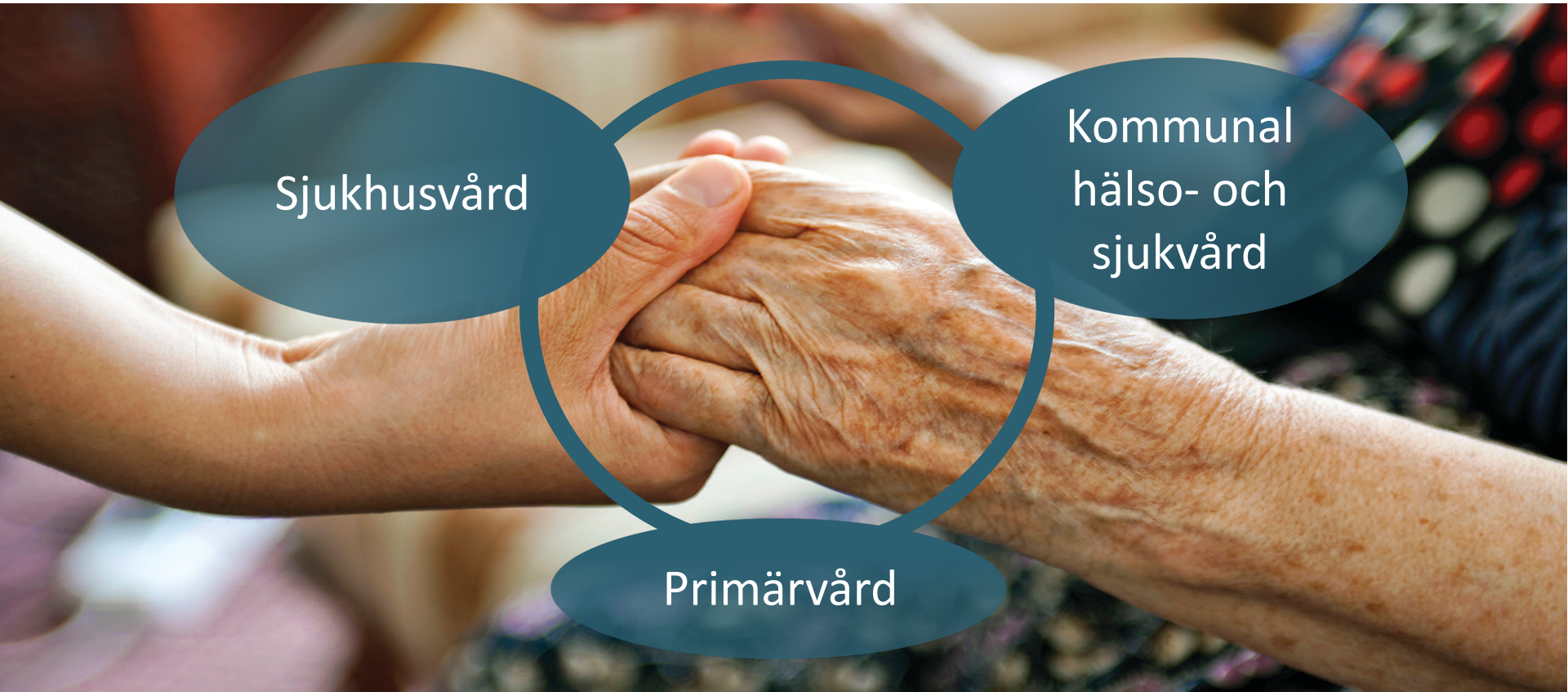
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***Södra Älvsborgs Sjukhus***

# Varför omställning? Vi blir allt fler och äldre



# Ett gemensamt ansvar för patientens bästa



Sjukhusvård

Kommunal  
hälso- och  
sjukvård

Primärvård

# SÄS nov 2021:

- Omställningen handlar om långsiktig hållbarhet
- Resurserna kommer inte kommer räcka till om vi behåller samma arbetssätt som idag
- Hela regionen ställer om (men SÄS har kommit lite längre)
- Fokus på kärnuppdraget

2023-05-31



- The "switch-over" is about long-term sustainability
- The resources will not be enough if we keep the same way of working as today
- The entire region is changing (but SÄS has come a little further).
- Focus on the core mission



Adaptation

Adjustment

Readjustment

Revision

Shift

**Switch-over**



Assignment: *“Switch-over”*  
(*omställning*)

# Rehabilitation medicine Borås - *Early 2022*

- Just left behind the pandemic
- Staff resignations and difficulties to recruit new personal
- Saving reductions on paramedical personal
- "Outpatient"- rehabilitation has been halved

## ■ The message from the leadership:

- *"switch-over" can be the solution and has to be prioritized **before** all other development work*

# Where were we at that point...

- Staff situation
  - Worry, irritation, resignation
- Identity crisis
- Forced to change focus of our programs
- "Omställning" becomes "swear" word

***Then.....*** we get the task of leading the "Switch-over" work for Rehabilitation Medicine, SÄS



- Can we turn this hopeless feeling to instead **strengthen** our **core mission**?

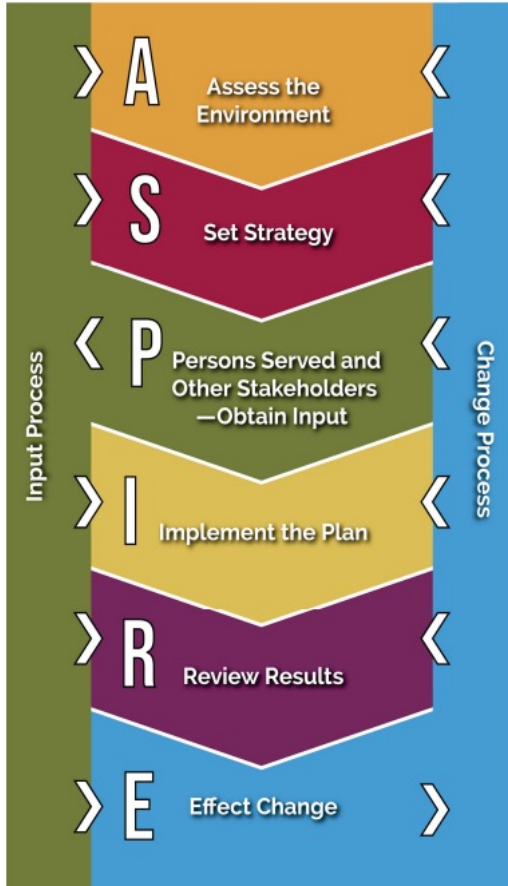
# Our identity

- Searching for a feeling of safety, something to lean on!
- How do we know we don't lose our identity when we are changing our way of working and even in some way our way of thinking?
- If we do it that way, can we still call us Medical Rehabilitation unit?
- Change the basic of how we always have seen Medical Rehabilitation.

# Thank God for CARF!

- The CARF standard manuals!!!!
- And the support of the persons in CARF organization
- We looked at the standards in a new way!

## ASPIRE to Excellence® Quality Framework



### Set Strategy

# “Switch-over” - working group

## C. Strategic Planning

### Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

- 1.C. 1. The ongoing strategic planning of the organization considers:
- Expectations of persons served.
  - Expectations of other stakeholders.
  - The competitive environment.
  - Financial opportunities.
  - Financial threats.
  - The organization's capabilities.
  - Social determinants of health.
  - Demographics of the service area.
  - The organization's relationships with external stakeholders.
  - The regulatory environment.
  - The legislative environment.
  - The use of technology to support:
    - Efficient operations.
    - Effective service delivery.
    - Performance improvement.
  - Information from the analysis of performance.

- National and regional guidelines and "knowledge management" (kunskapsstyrning)

- Inputs from:
  - Personnel – strategy week
  - Patients - questionnaire (day rehab)
  - Other stakeholders: Digital survey to community and primary care

- Meeting with CARF

Other important CARF standards that helped during the process:

- **1D:** Collecting input from person serves and other stakeholder
- **1M and 1N:** Specially when we look at demographic data.
- **2B9:** The composition of the team – dynamic process
- **3B:** outpatient standards

# Inputs

- **Patient** questionnaire (day rehab)
  - lack of knowledge in primary care for complex conditions
- Digital survey to **stakeholders** (community and primary care)
  - more cooperation and accessibility
- **Personnel** – strategy week



# Personnel Strategy Week

Questions we asked ourselves (and continue to work on)

- What is it that no one else but us can do?
- What do we do now that someone else could also do?
- What forms of care do we offer?
- Is there a need for new forms of care/program changes?
- How can we provide care closer to the patient's home?
- What different levels of needs exist within each diagnosis?
- Entry and discharge criteria

Method: Most common diagnosis were addressed one at a time

# Specialist rehabilitation

- For which groups can we make the most difference with our specialist competence?
  - Spinal cord injuries (outpatient)
  - Traumatic brain injuries
  - Stroke (working age)
  - Primary/secondary progressive MS?
  - Other diagnoses with major rehabilitation needs

# Plan

- Flexible "outpatient rehabilitation"
  - High/low intensity
- Team composition:
  - Not all professions must be involved all the time
  - Crucial factor: when is specialist competence in rehabilitation really needed
- **Increase availability of our consult services**
  - digital/telephone

# Plan

## ■ Reduction of inpatient care places

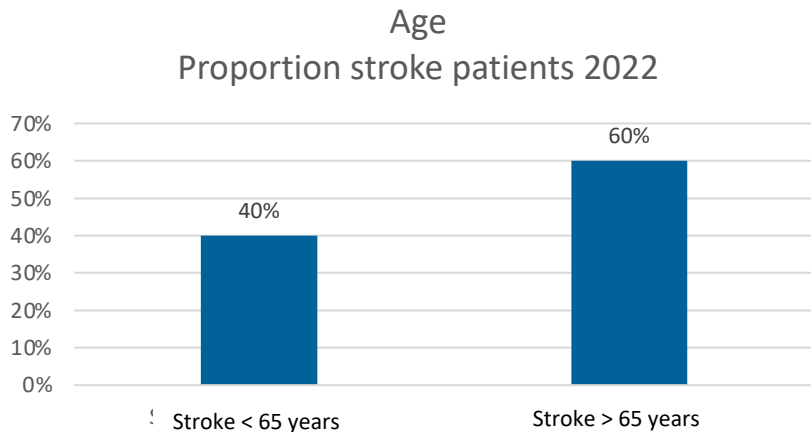
- Accelerated due to lack of resources
- Statistics:
  - effect of blocking the inpatient care beds to avoid patients from acute care unit in rehabilitation bed

## ■ **Intermediate inpatient/outpatient care**

**Crucial  
Statistic**

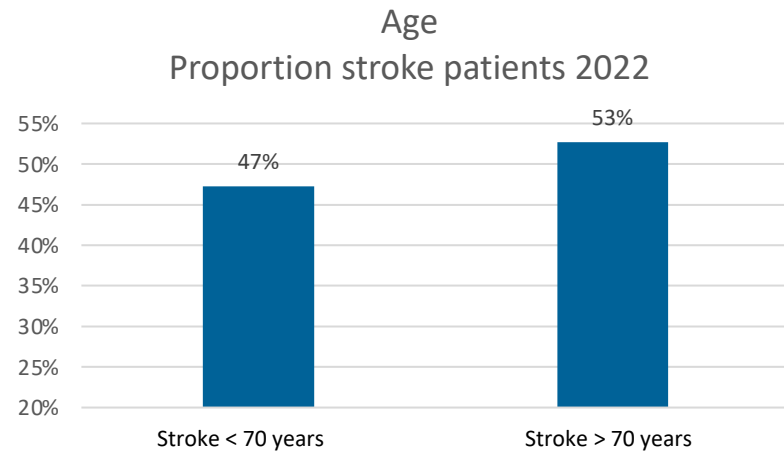
# Stroke patients in rehabilitation ward

**Total 55 stroke patients.  
Youngest 36 år, oldest 89 år**



22 patients

33 patients



# Where are we now?

 **Phase:** *Implement the plan!*





VÄSTRA  
GÖTALANDSREGIONEN  
SÖDRA ÄLVSBORGS SJUKHUS