There are various health care providers in Stockholm County Council

- **7 Emergency hospitals**
  (1 University Hospital, 1 private)

- **208 Family doctor clinics**
  (60 % private)

- **16 Local emergency wards**

- **About 10 Psychiatry and abuse units** (30 % private)

- **12 Geriatric clinics** (60 % private)

- **In total, 1500 private specialists and physiotherapists**
Main challenges

- **Silos**
  - lack of holistic view

- **Large variations in treatment methods and outcomes**

- **Re-occurring financial problems**

We must organize ourselves based on patients’ pathways – valuebased healthcare
Plan for the Future in brief

• Plan for the Future – one of the largest investments ever made – an additional SEK 28 billion will be invested in the health and medical structure during the next ten years. This is in addition to investments being made in New Karolinska Solna.

• Expanded care – increased total number of beds and services closer to the people.

• Care in a network – modern tools and more cooperation. Network built around the patient.

• Implementation – main part of the Plan for the Future will be implemented 2014-18.
One owner allows for a true network

1. The individual's health is the focal point at each appointment within the healthcare system, regardless of provider.
2. Regardless of where the individual approaches the healthcare system, support is offered to make sure appropriate care is provided.
3. Sufficient and adequate information together with expertise is provided throughout the entire healthcare system.
4. The individual's overall needs is the starting point for the care offered.
Expansion of care outside emergency hospital setting

- **More beds** – greater total number of beds, particularly outside the emergency hospital setting.

- **Advanced home care, etc.** – Investment in advanced home care, specialized rehabilitation and palliative care.

- **Elder care** – specific investments in geriatrics, etc., with 7,300 more geriatric in-patient treatments by 2019.
New Karolinska Solna
- for the most seriously ill

- **Most serious cases** – New Karolinska Solna (NKS) becomes a hospital for the most seriously ill and injured patients. The emergency room is adapted to this function.

- **Highly specialized care** – NKS’s function will be focused on highly specialized and research-intensive care.

- **Single rooms** – the hospital is designed so that patients do not need to be moved unnecessarily or be exposed to the risk of infection from other patients.
What was the trigger?

**Principle**: Transform – don’t transfer!

The new Karolinska University Hospital project
Karolinska – a university hospital on two sites undergoing major new development

NKS – North site

NKH – South site

Completely new hospital ready 2016/2018

New OR/intervention/ICU ready 2019
Karolinska University hospital in figures

- 1,7 million patient visits per year
- 106 000 patient episodes
- 15 800 staff
- ~2 000 staff active in research
- ~2 500 scientific publications together with Karolinska Institute per year
- ~43 000 student weeks per year
- 1,7 billion euro yearly budget
Karolinska Solna-site today and in 2018
Nya Karolinska Solna – from idea to a new hospital in 16 years

- Decision to build NKS (April)
- Decision on PPP (Juni)
- PPP process starts (Oktober)
- Future Health Plan established
- Assignment in 2012
- The hospital is completed 2018-2019

- The idea is presented to the county council
- “3S-Study”
- The SNUS-study
- Decision to build a new university hospital
- Architect competition
- PPP-agreement signed
- Construction starts
- Political decision on Future Health Plan and casemix for NKS
- Opening of the new hospital

- Assignment in 2012
- Political decision on Future Health Plan and case mix for NKS
- Opening of the new hospital

- 2001
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
Change in several areas
Karolinska implementing value-based healthcare as core strategy to meet the future of academic medicine

Outcomes that matter to patients
Cost of achieving outcomes

VALUE↑
Valuebased healthcare at Karolinska based on five main elements

- Well-defined patient groups and Patient Flow Captains
- Multiprofessional and multidisciplinary teams co-design optimal pathways with patient representatives
- Transparent measurement of outcomes and cost
- Multi-toolbox improvement approach to better fit with academic medical center innovative way of working
- Holistic and consistent operating model being developed
Value based healthcare at Karolinska

Well-defined patient group with a patient group captain

Patients participate in the interdisciplinary team that defines quality/resource and way of working

Continuous measures and follow-ups of quality and cost along patient flow

Based on fresh data, improvements are initiated

Decisions are made as close to the patient as possible

Patient group

Patient flow

Management team

Measurement

Improvement

Decisions

NEW BUSINESS MODEL

7 themes and 5 functions

Medical services for children and women

Cardiovascular

Neuro

Cancer

Trauma and Reparative Medicine

Inflammation and Infection

Ageing

Emergency

Perioperative Medicine & Intensive care

Healthcare professions

Karolinska University Laboratory

Imaging and Function
Karolinska will be organised based on the patient’s journey

Integrating patient care, research and education

* Patientflödeschef
Patient groups are core

A multi-disciplinary team is created based on the needs of each patient group
Patient groups are clustered into patient areas

Patient areas is the aggregated level of several patient groups for better synergies and collaboration.

Patient areas have a clear logic in staff competences.

Patient area

Patient area

Patient group

Patient group

etc.
Themes is the highest organizational level under hospital level

Themes are clustered patient areas, following a clear care logic
A new key role: Patient flow captain
Digital scorecard as basis for continuous improvement

Administrative Support

Nursing Manager

PI/teacher

Physician Neurosurgery

Physician Responsible for outpatient clinic

PFC: Patient Flow Captain

Physician Neuro-radiology

Patient Representative

Occupational Therapist

Physiotherapist

Business Developer

Controller

Note: PI, principal investigator (Research Group Leader)
## What’s new in the new organization model?

<table>
<thead>
<tr>
<th>Current</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Logic</strong></td>
<td><strong>Patient groups</strong></td>
</tr>
<tr>
<td>Medical specialities</td>
<td></td>
</tr>
<tr>
<td>Focus on processes and budget targets</td>
<td>Focus on value for patient</td>
</tr>
<tr>
<td>Profession based</td>
<td>Competence based</td>
</tr>
<tr>
<td>Staff and economy but not necessarily patient quality</td>
<td>Coherent responsibility for integrating care, research, education, finance and staff</td>
</tr>
<tr>
<td>No structure or incentive to collaborate with other clinics</td>
<td>Interprofessional and interdisciplinary teams with common goals</td>
</tr>
<tr>
<td>One clinic owns its wards</td>
<td>No one owns – all is common resource</td>
</tr>
<tr>
<td>Unclear interface K/KI, some patient groups are not R&amp;E</td>
<td>Collaboration based on two parallel line organizations (K/KI) at all levels</td>
</tr>
<tr>
<td>Lacking quality data and long report cycles</td>
<td>Proactive and data driven decisions based on short report cycles on results</td>
</tr>
</tbody>
</table>
If the person you are talking to does not appear to be listening, be patient. It may simply be that he has a small piece of fluff in his ear.

- Winnie the Pooh