

# A critical review of reorienting health services



## SUGGESTIONS FOR NEXT STEPS

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GRADUATE INSTITUTE*

HPH VIENNA 2017



# SOLIDARITY HUMAN RIGHTS



# Ottawa Charter 1986



## Reorient health services

The responsibility for health promotion in health services is **shared** among individuals, community groups, health professionals, health service institutions and governments.

They must work together towards a health care system which **contributes to the pursuit of health**. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.

Health services need to embrace an expanded mandate which is sensitive and respects **cultural needs**.

This mandate should support the needs of individuals and communities for a healthier life, and open channels between the **health sector and broader social, political, economic and physical environmental components**.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the **individual as a whole person**.

# Dealing with change



increase in healthcare needs

changing health care needs – chronic diseases

Evolution of medicine and medical technology

Demographics – ageing – migration

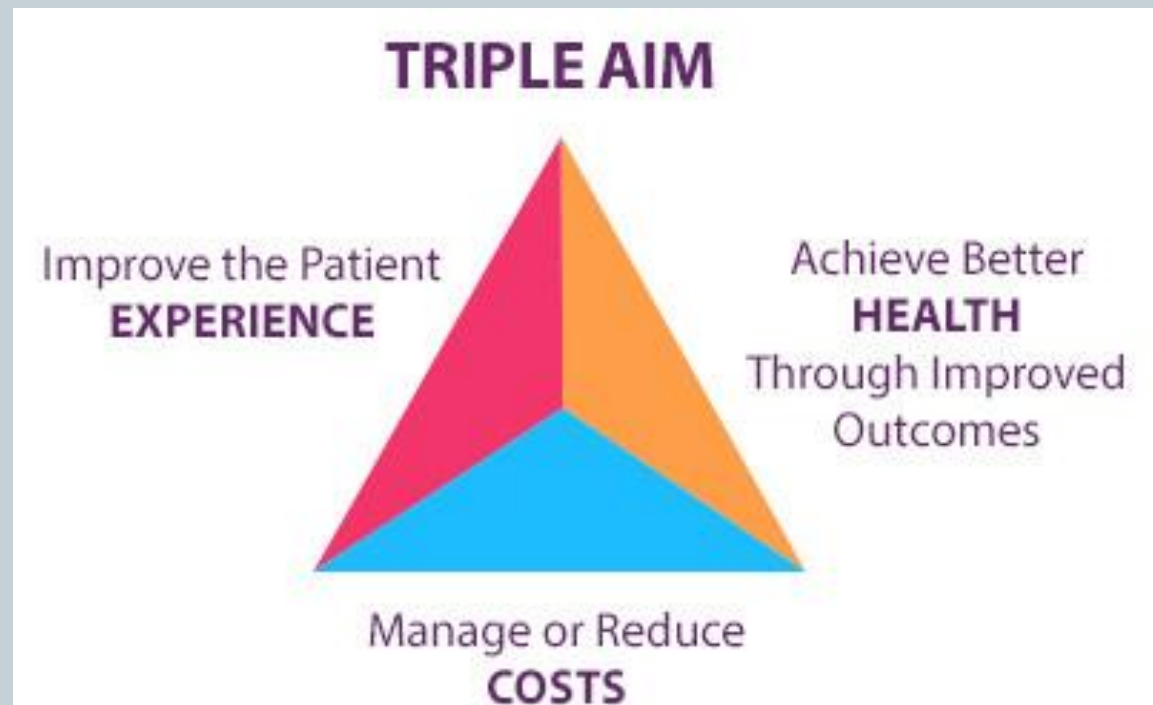
decrease in resources

changing social values

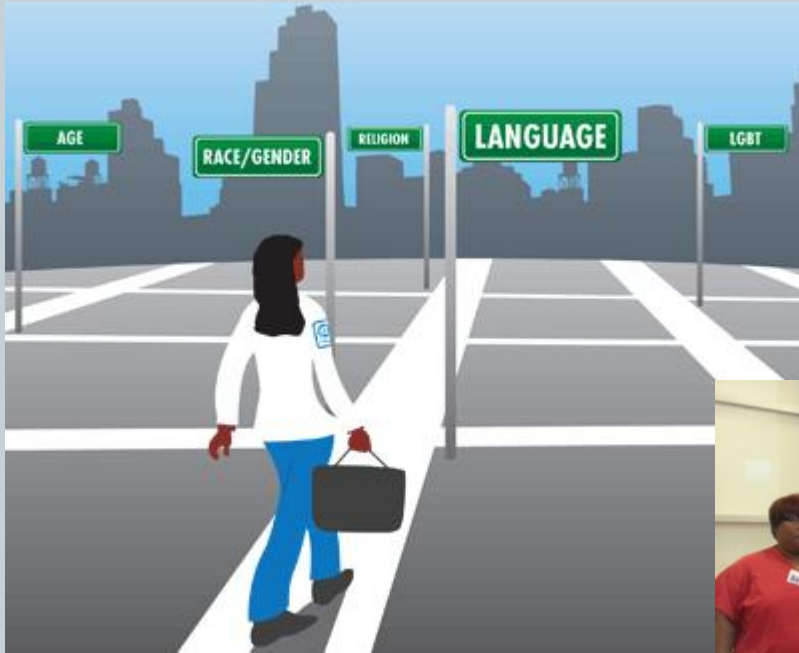
digital society



# Triple aim of health system



# Dealing with diversity

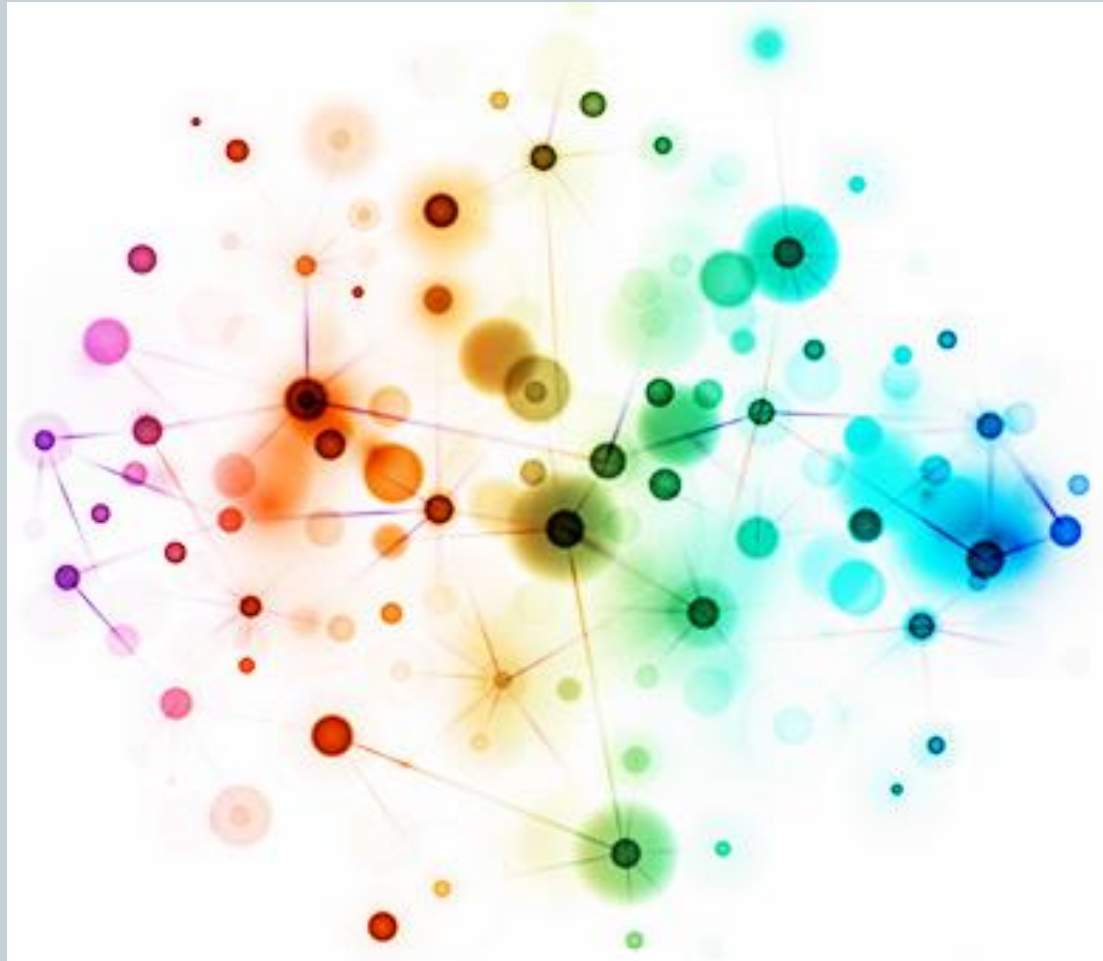


## GLOBAL CARE CHAIN





# DEALING WITH COMPLEXITY



# Rethink the system: learn from the IT Revolution

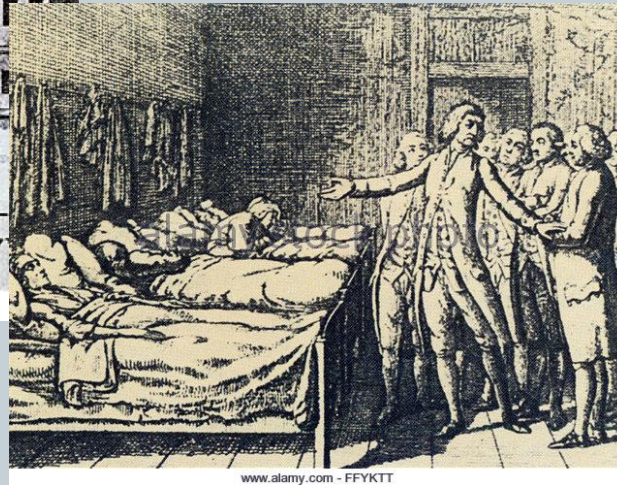


- The user should not be learning the language of the device – the device must learn the language of the user.
- Der Spiegel Nr.41/10.10.11 S 75
- **READABLE SYSTEMS**





# HOSPITALS THEN ....



# REIMAGINE HOSPITALS



- **HOSPITALS WILL BECOME OPEN AND DISTRIBUTED ORGANIZATIONS**

Leading hospitals will not be defined by the physical structures and will be organized so they deliver services at different locations. (IESE 2015)

**VIRTUAL DOCTOR,  
VIRTUAL HOSPITAL**

- Distant follow ups and instant care
- Virtual consultations
- Remote Monitoring System of Chronic Diseases
- Virtual robotic surgery



**HIRSLANDEN**  
PRAXISZENTRUM AM BAHNHOF

**WUSSTEN SIE, DASS  
DAS PRAXISZENTRUM  
AM BAHNHOF IN BERN ...**

**JÄHRLICH 12 000 WALK-IN  
NOTFÄLLE HAT?**

**BEI UNS KÖNNEN SIE  
OHNE VORANMELDUNG  
VORBEIKOMMEN.**

[WWW.HIRSLANDEN.CH/PZBB](http://WWW.HIRSLANDEN.CH/PZBB)

# Sustainable (health care) systems

- Designing systems with inherent “resilience” by taking advantage of fundamental properties such as diversity, efficiency, adaptability, and cohesion.
- Recognizing Health (care) as a social system

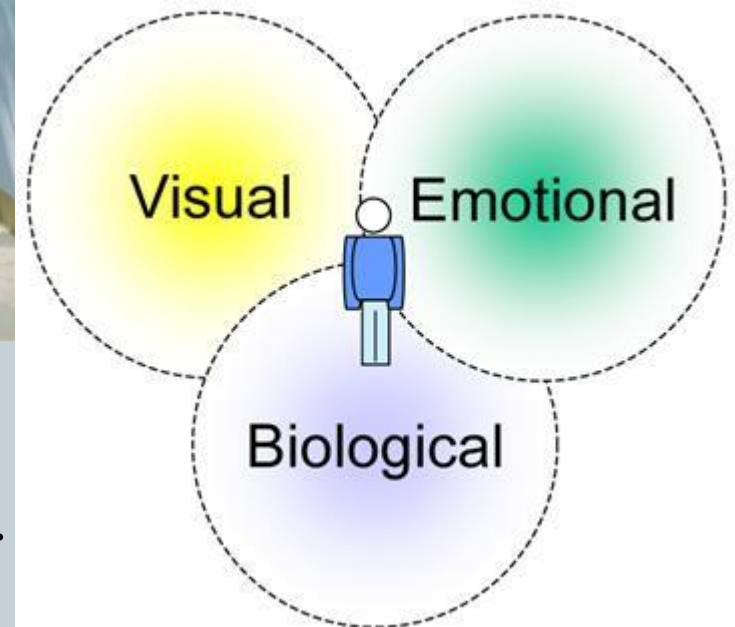




# Hospital as place: Human centric Design



Leading hospitals will systematically redesign the service experience with innovation to become really patient centered.



# BE GREEN



# BE HEALTHY



## Global Green and Healthy Hospitals | Agenda Goals



### Leadership

Prioritize environmental health as a strategic imperative



### Chemicals

Substitute harmful chemicals with safer alternatives



### Waste

Reduce, treat and safely dispose of healthcare waste



### Energy

Implement energy efficiency and clean, renewable energy generation.



### Water

Reduce hospital water consumption and supply potable water



### Transportation

Improve transportation strategies for patients and staff



### Food

Purchase and serve sustainably grown, healthy food



### Pharmaceuticals

Prescribe appropriately, safely manage and properly dispose of pharmaceuticals



### Buildings

Support green and healthy hospital design and construction



### Purchasing

Buy safer and more sustainable products and materials



# BE SAFE - AMR



To reduce potential infections all surfaces are made of solid materials that are often used in kitchen countertops. A light at the entrance reminds staff to wash their hands before entering the room. Information and data can be added to patient records here as well as at a control panel.

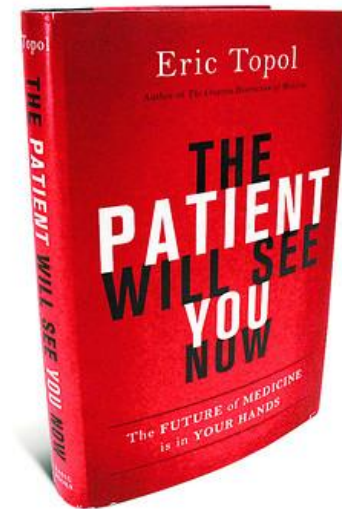


# BE CONNECTED

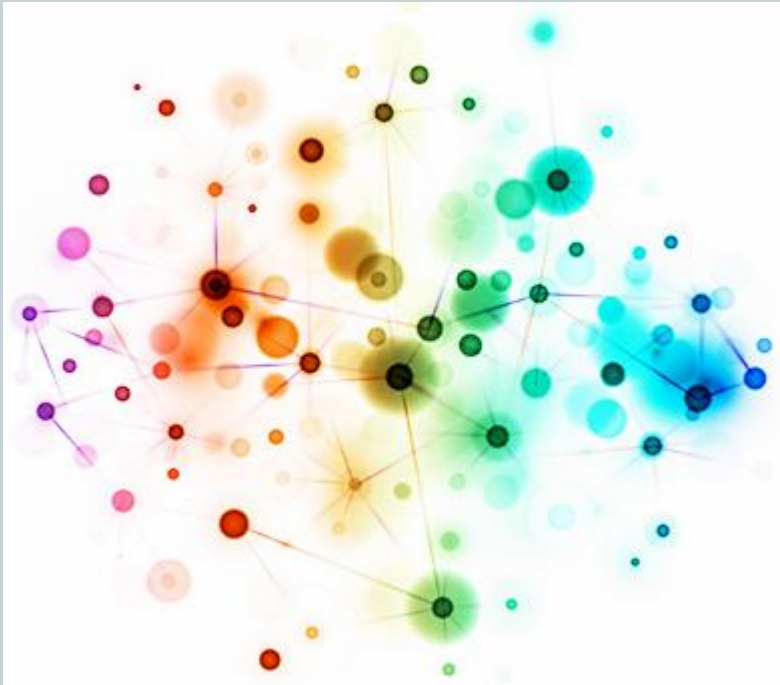


**Patients will take a more active role** in the design of hospital services and participating in activities to **redesign** care processes so patients' needs and views are considered.

*case managers will reach out to coordinate care for patients at home*



# Connected Health EcoSystem

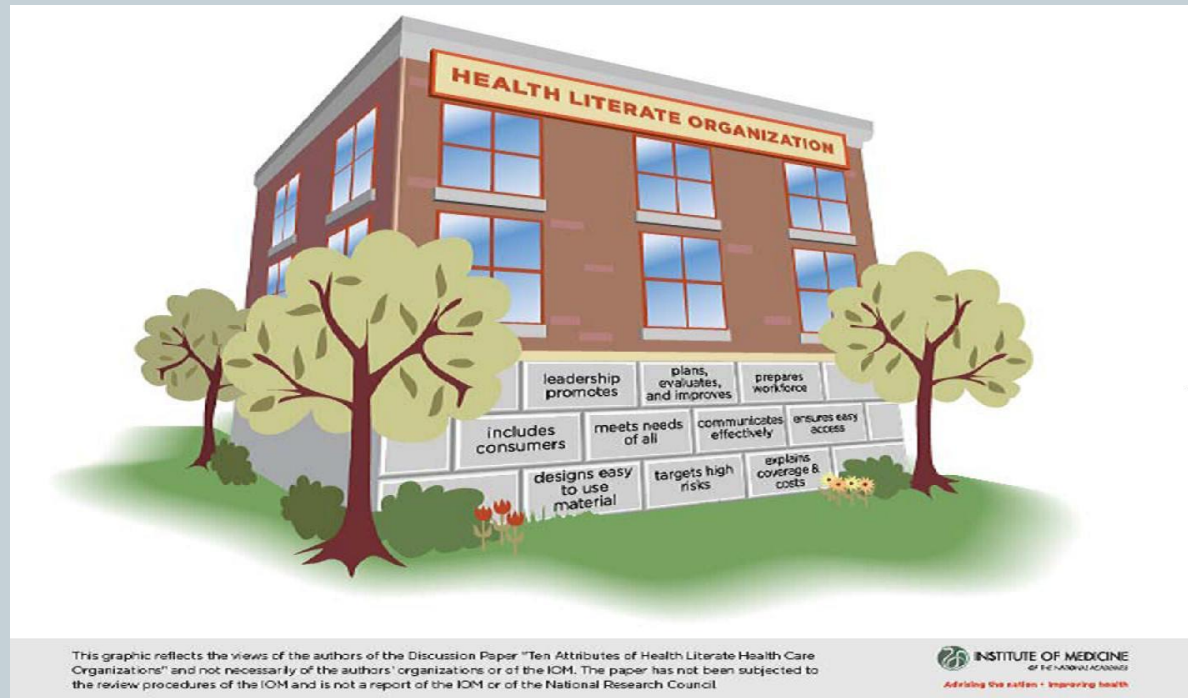


## **Health**

**(wellbeing and care)  
is created at the local  
level in the settings of  
everyday life, in the  
neighbourhoods and  
communities where  
people of all ages live,  
love, work, shop and  
play.**

# Hospital as relationship: Health literacy

- **HEALTH LITERATE ORGANISATIONS – READABLE SYSTEMS** – INCLUDING Health coaches who will focus on patient tracks in a proactive manner, and will be either hospital or primary care-based but with strong links to hospitals' knowledge and professionals



# Be Personalized

New professional roles, for disease-specific case management, healthcare service personalization, team coordination, and **follow-up for patients that will also act as the first levels of contact for patients in specific disease groups.**



**Health coaches will be critical**



# Robots – guide and receptionist





# Patient safety

Patient Centered.



Patient Safe.  
*It's up to ALL of us!*

- Patient Safety Summit on 29/30 March 2017

## PATIENT SAFETY GOALS



# Co-operation



process-oriented teams and  
integrated care models



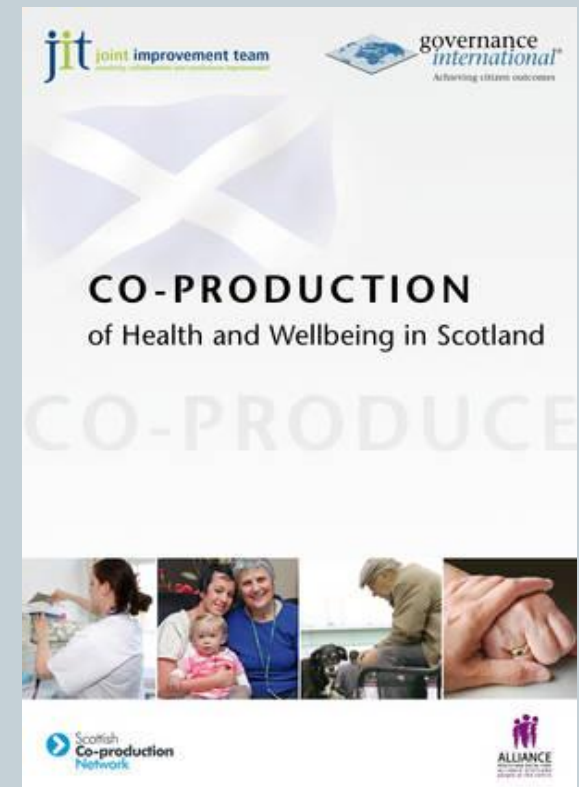
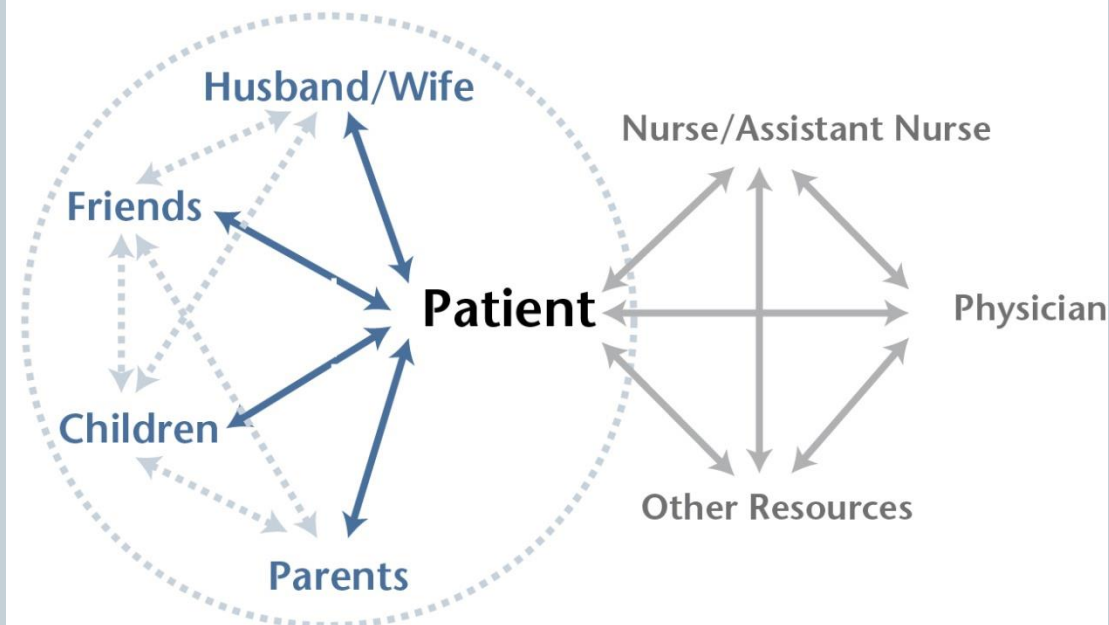
# Democratization

Professionals will work in multidisciplinary and process-oriented teams, **blurring the existing discipline boundaries** between physicians, nurses and other healthcare professionals. IESE 2015



# Health system CO production

*The “team” from the patient point of view*





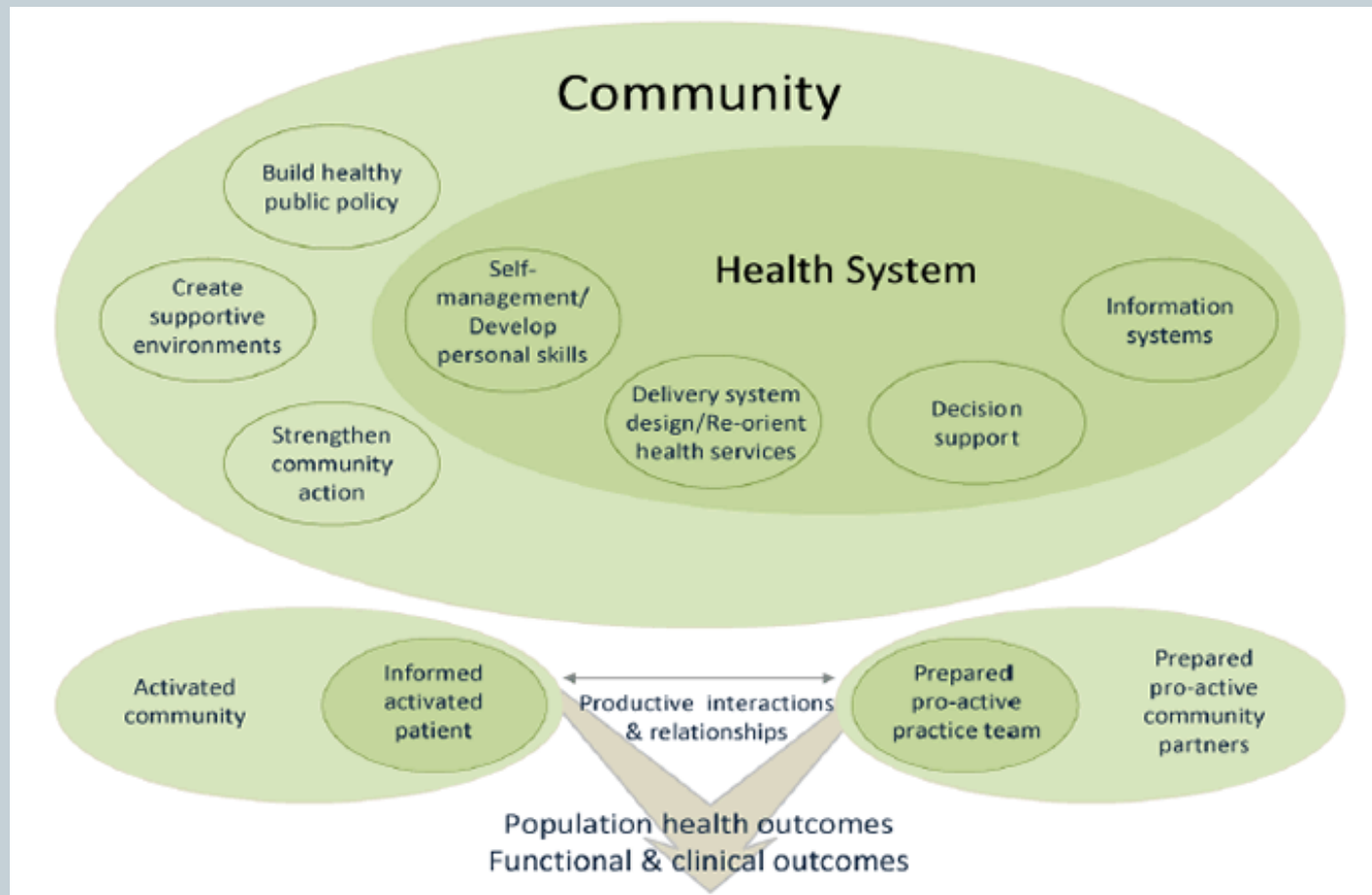
# Co production



- The **health system** supports the patient and her carers – starts with where people live, love, work and play ----
- Health promotion, prevention, integrated care, ambient assisted living, PCMH patient centered medical home are **conceived as a system** not as silos
- The **interface with other systems** – social care – is a quality standard
- Interface through **new technologies**

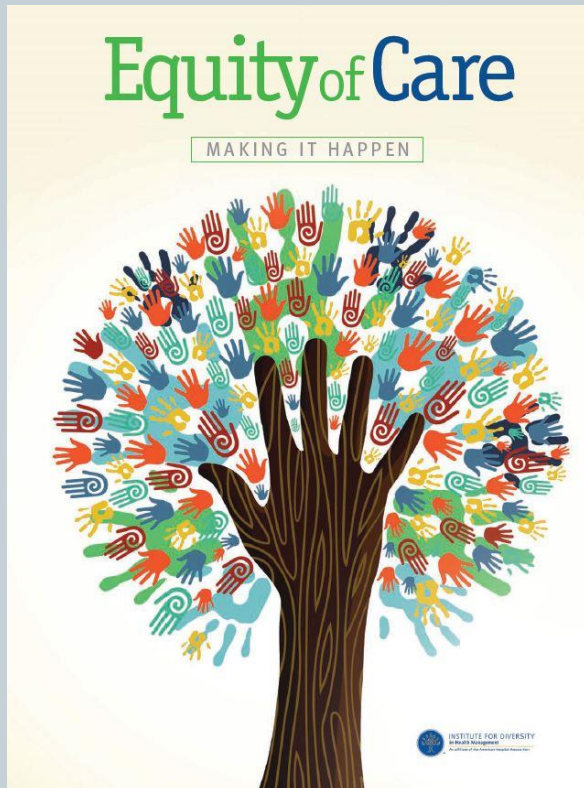


# Community health





# Society - Equity goals



# Democratization



- The concept of '**health citizenship**' refers to health knowledge that integrates the lay knowledge of patients and that this integration is translated into health actions such as clinical communication and the planning of health care, programs, and policy. (Groleau 2011)

**#HealthCitizenship** is a two-way street –  
People get **engaged** in medical  
research & the system makes it  
**easier** for them to do so



# Ottawa Charter



Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.

**Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and**

By ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

# Rule 1

