

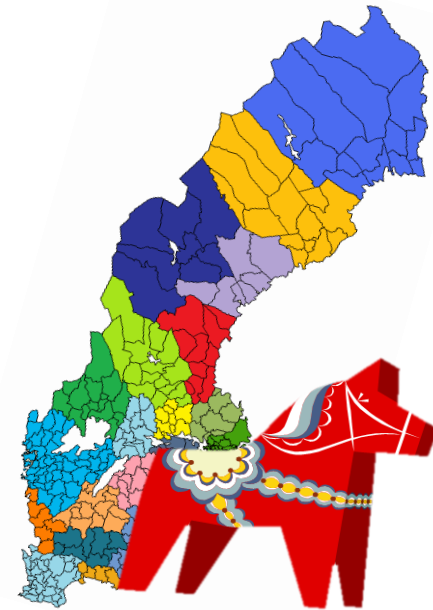


# **Better life for sick elderly people 2010 - 2014**

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# Some facts on Sweden

- **Local government:** 20 county councils/regions and 290 municipalities
  - **Population:** 9 million inhabitants total, between municipalities 2 400 to 864 000
  - **Form of government:** Constitutional monarchy, parliamentary democracy
  - **Life expectancy:** women 83 years and men 79 years
- **Cost for health and medical care:** Approximately 9% of GDP (175 billion SEK or 17 billion EUR)



# I can grow old in security and retain my independence with access to good health and social care.

- **Better life for frail elderly** has been a national effort to improve the health and care of sick elderly people throughout Sweden. All categories of staff working with older people in long-term care, the health centers and hospitals and their managements have been involved. Coordinated care for 300 000 persons.
- Swedish Association of Local Authorities and Regions and the Swedish government – agreement





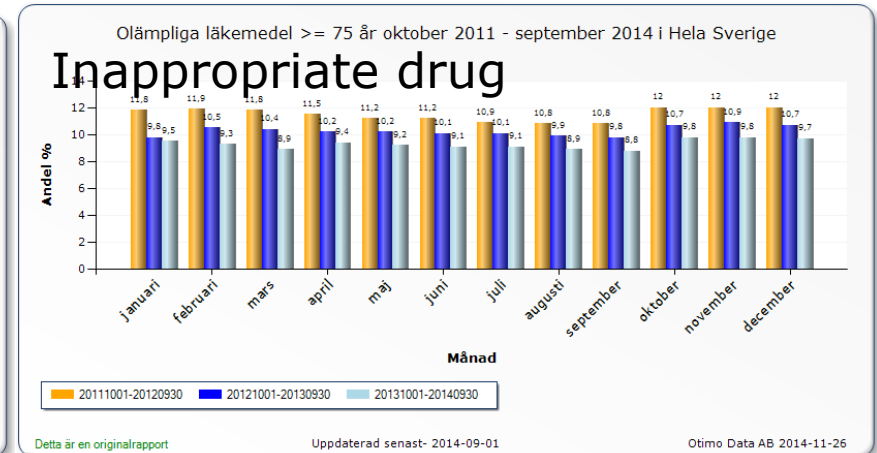
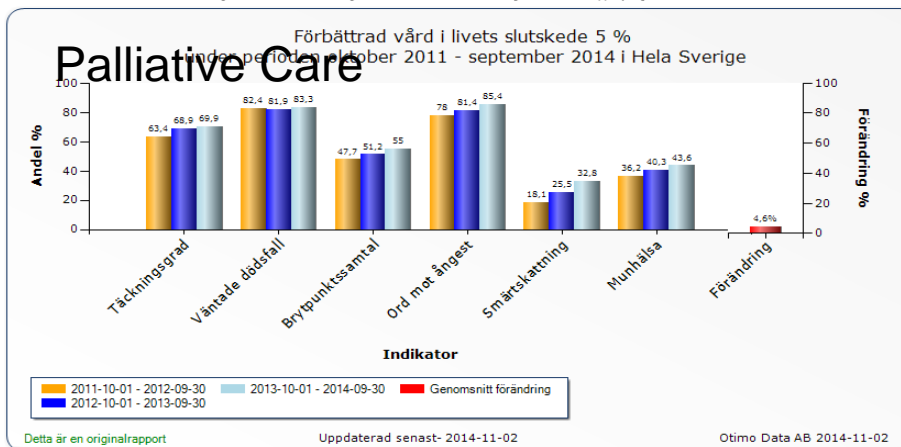
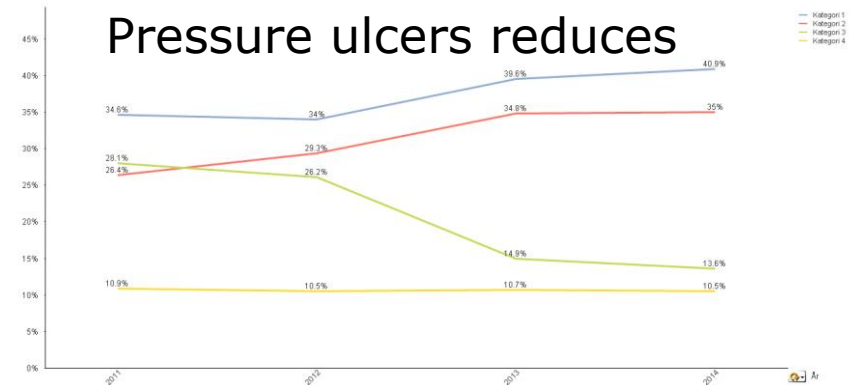
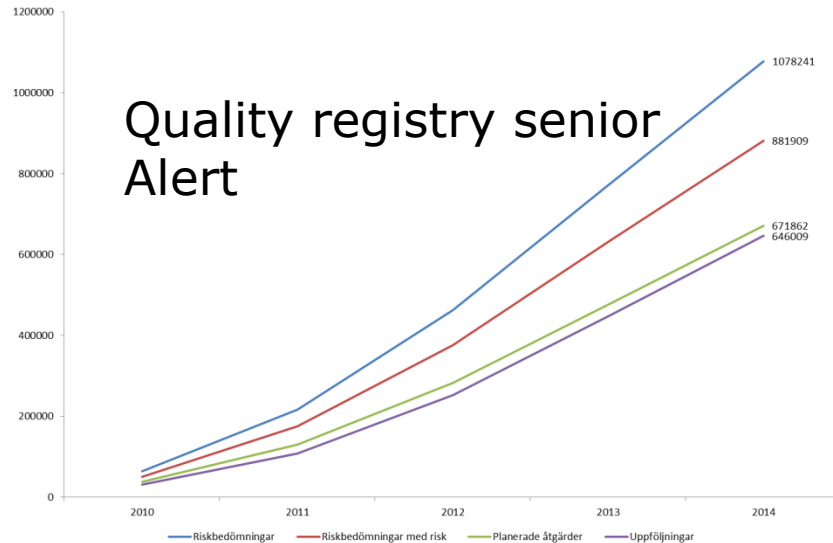
# It is possible to carry out major improvements in a short time

- 20000 older people no longer treated with inappropriate drugs.
- Fewer and less severe pressure ulcers among ill elderly in both municipalities and county councils.
- Risk of malnutrition detected and treated - about 25,000 risk assessments each month.
- People with dementia receive the right care - anxiety and aggression decreases.
- At the end of life, a greater proportion of right relief for pain and anxiety.

A glimpse of results and when the report is translated into English I will send a link

# The work has made a difference for sick elderly

## Process measurement and endpoints



# Challenges

- Demography
- Complex needs
- New expectations
- Limited resources
- Always from the senior's perspective



# I can grow old in security and retain my independence with access to good health and social care.

- Sammanhållen vård och omsorg
- Optimal drug therapy
- Care Preventive approach
- A good dementia care
- Coherent health and social care
- Worthy of terminal care



# Important when I get older

[https://www.youtube.com/  
watch?v=7ZShPCy\\_SHk](https://www.youtube.com/watch?v=7ZShPCy_SHk)

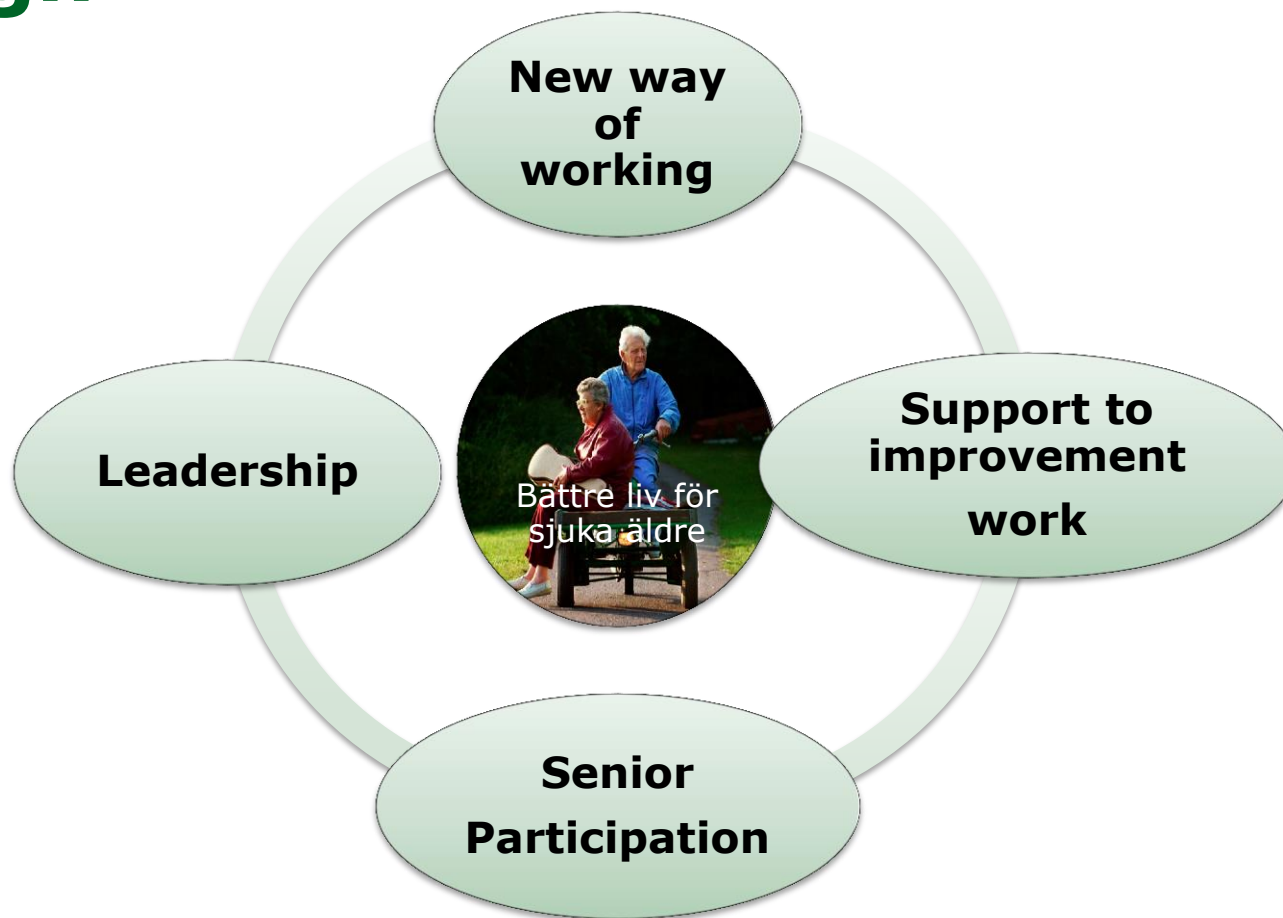


# The story connect head, heart and hands

We have had a journalist who has written the story about the value from the elderly's perspective...



# Design



# Infrastructure for collaboration and improvements

- Structure of common leadership in all county/regions
- Annual Joint Action Plan
- Quality management system
- Systematic monitoring against targets
- National leadership program – Ledningskraft
- Development leader in the support structure for evidence-based practice

Key factors

**Orderliness. Meeting points for dialogue. common goals**

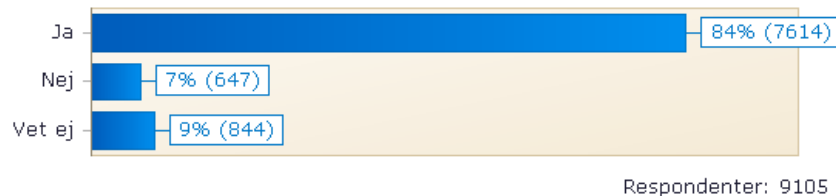
- **Ask the elderly**

Person centered tool with web based questionnaire.

Webbkollen.com



## **Do you feel safe in your health care and social contacts? Hospitals call up**





# New way of working

- Standardized and systematic
- Preventin
- Evidence-based
- Aware of our results
- Continuous improvement

Quality Register- Senior Alert, Swedish Palliative Register, SveDem, BPSD registry and Rikssår  
Decision support - VISAM, Abbey Pain Scale, Geriatric risk profile  
quality Portal



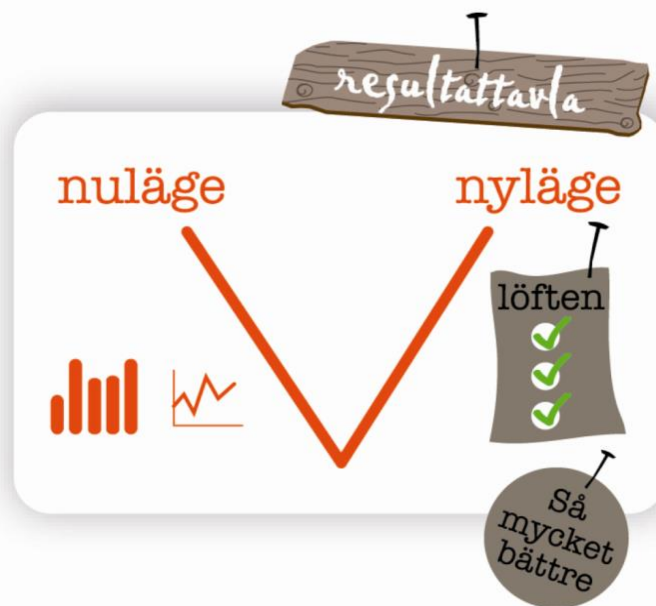
# The practice of leadership - from word to action

- National management program
- Building leadership teams from Primary Care Clinics, Hospitals and Social Care organisations
- Cooperation and integration to reach the goals
- Exchange of experience
- Results



# The key

Always start from the person's point of view and work together!



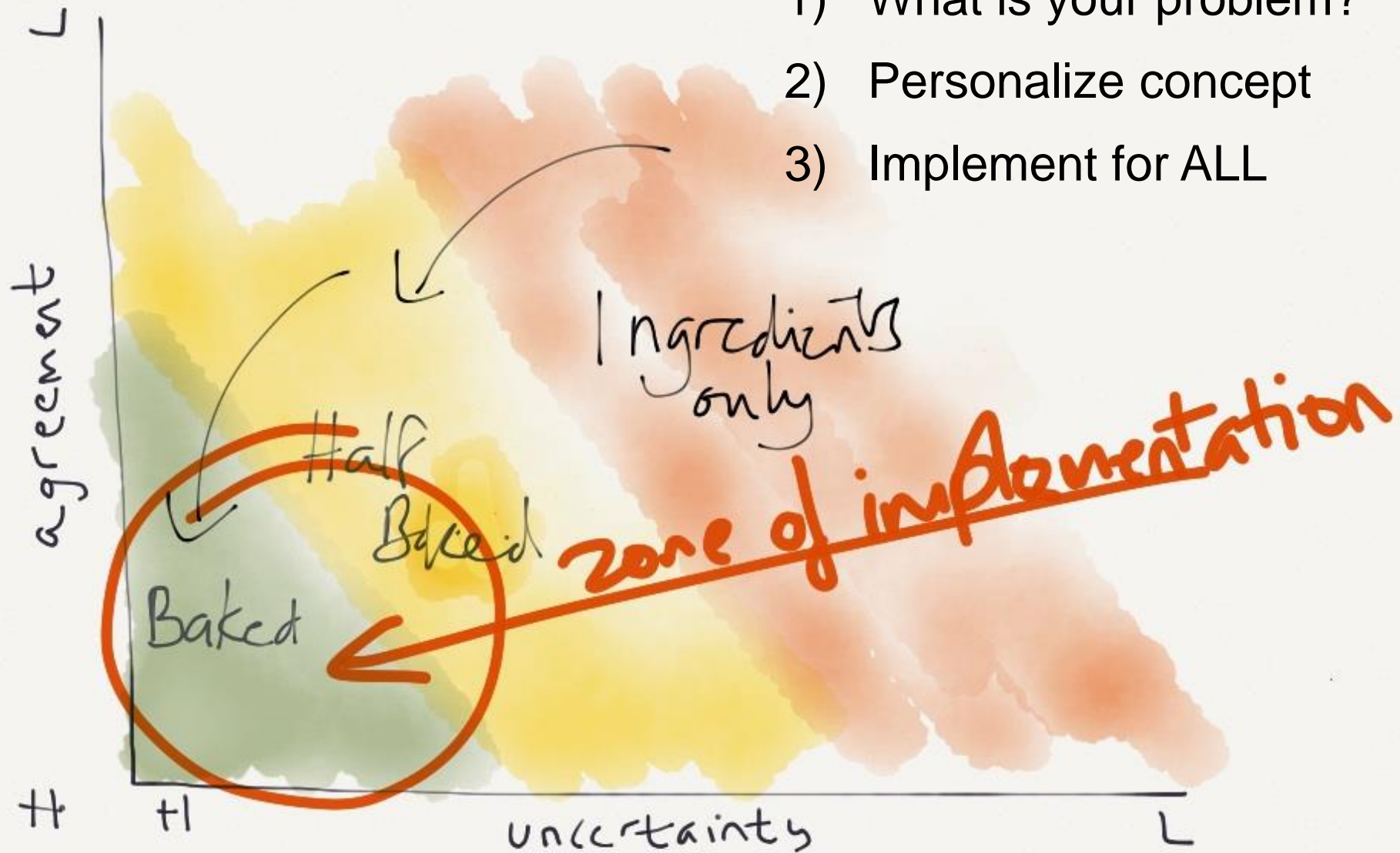
# Design for spread from the beginning

How do we create the conditions for dissemination so it is not just "best practice" – Equal treatment & care

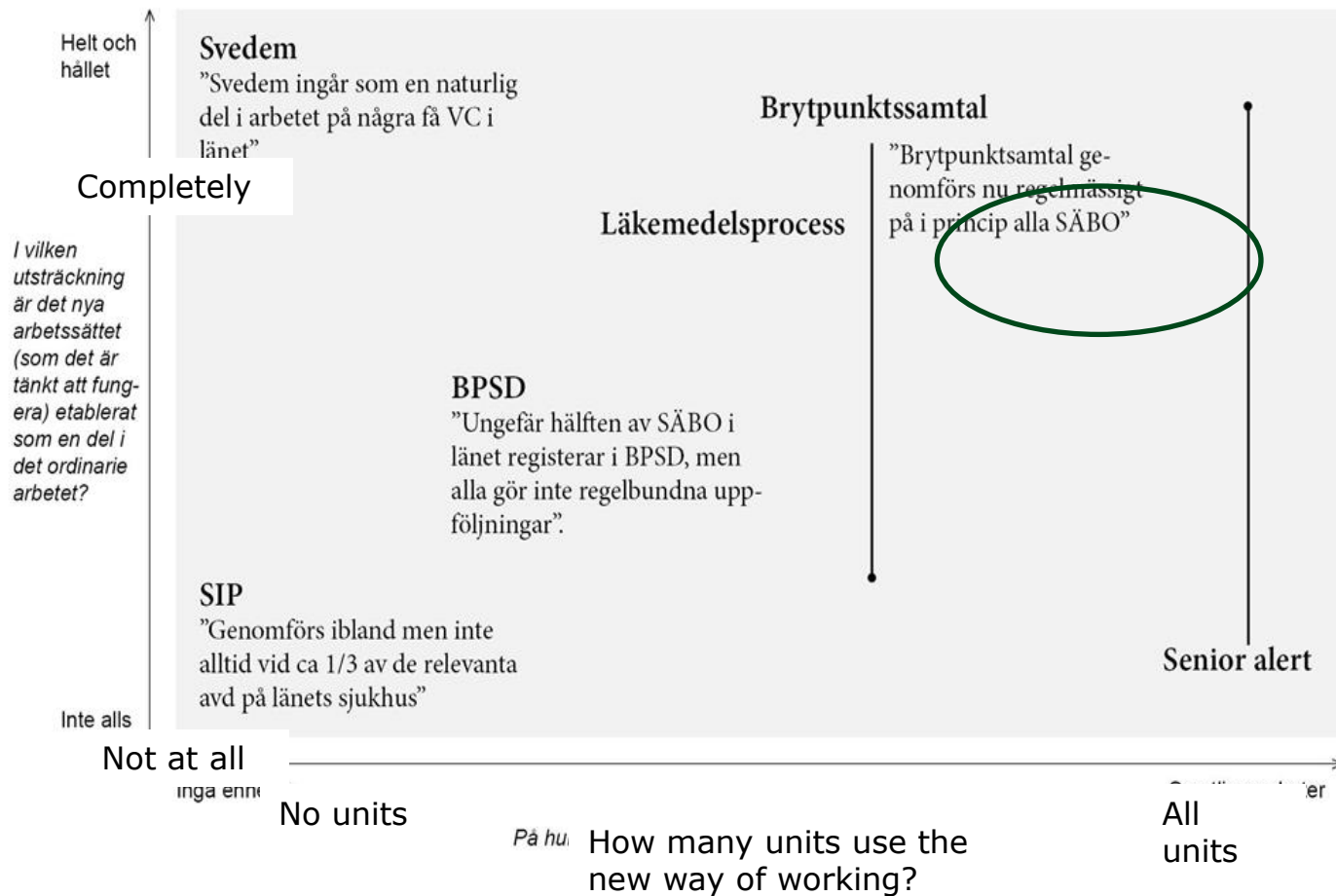




- 1) What is your problem?
- 2) Personalize concept
- 3) Implement for ALL

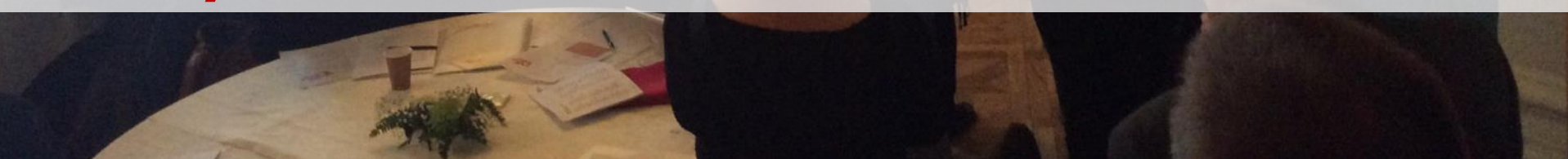


# Show me the number - Feedback systems





**What do we earn on the new ways of working?  
Alternatively, what do we lose on continuing in the  
old way?**





# From somebody to everybody

## We still have more to do...

- Move hospital care to primary care
- Develop healthcare at home
- Increase rehabilitation
- Continue the culture change

What do we not know?

What do we not see?





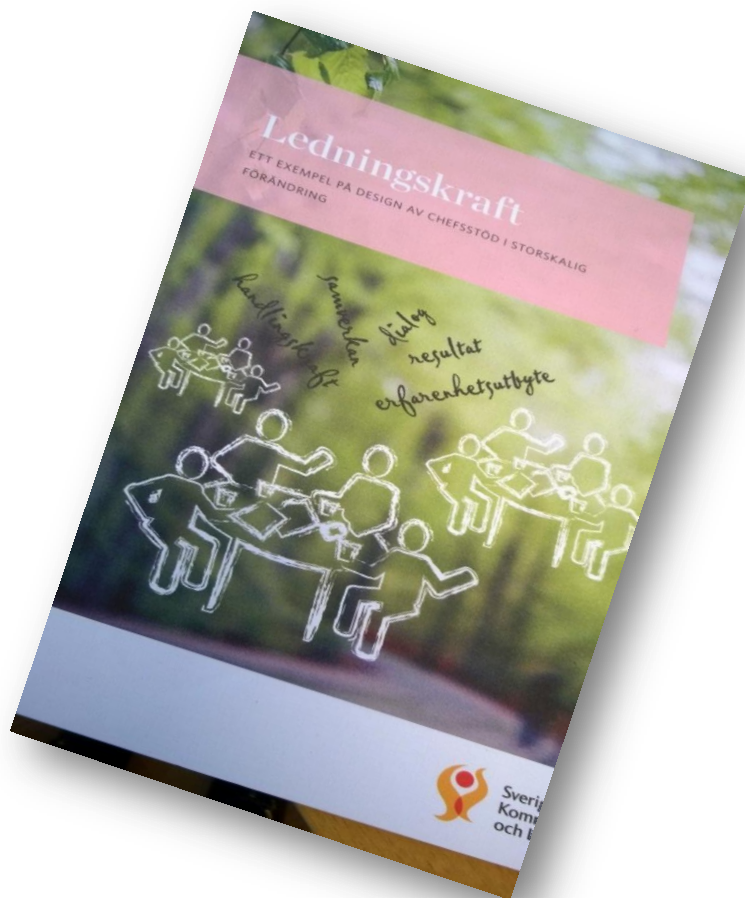
# Many stories in parallel - nationally and locally

Being part of something bigger than just the here and now - everyone needs to create their own story and share it with others ...

To constantly do and simultaneously relate to what others are doing



# How do you share your story?



*Thanks for  
your interest*