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Local Swedish Flow Model Gains Attention Across the World

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With a user-friendly graphic tool, every employee can follow each healthcare process straight from the intranet. The Flow Model has revolutionised work at Blekkingsjukhuset, the hospital of county Blekinge, and gained attention around the world.

_ The tool is graphically attractive, easy to use and the model really works as a management tool for everyday hospital work. That is why it is so successful, explains Caroline Hydén, expedition manager at the hospital's orthopaedic department, recalling her presentation of the model at the international PCS/I (Patients Classification Systems International) conference in Singapore in October last year.

_ There simply was not time to answer all the curious questions I got from the audience and as I got off the podium, people started standing in line to talk to me, she remembers. Exporting the model to the Netherlands One of the persons who approached Caroline Hydén was Jacob Hofdijk from Partner of CaseMix, consultant to the Dutch Ministry of Health. A Dutch delegation came to Blekinge for further discussions on how the Flow Model could be implemented in the Netherlands. These discussions took place in December last year, resulting in the Dutch determining to apply the model to a pilot department, linking it to a classifying system for diagnoses and treatments.

_ The model is of great interest for the Dutch healthcare system as we are shifting towards demand-driven care. The interesting dimension of the Flow Model is the process orientation which is so vital for good quality health care, says Jacob Hofdijk.

Blekkingsjukhuset is a small hospital in the south east corner of Sweden, serving a population of approximately 150,000 inhabitants. Whenever a citizen uses public healthcare, he or she enters a healthcare process, which may involve one or several departments of the hospital, plus caretakers outside of the hospital, for instance primary healthcare, psychiatric healthcare and healthcare given by the regional municipalities.

A Management Tool

The Flow Model provides Blekkingsjukhuset with a powerful tool to follow the patients' way through the healthcare system, to find the bottlenecks and make it possible to redistribute resources to improve the accessibility to the hospital and each of its departments – all in order to live up to the Swedish national guarantee of getting specialized healthcare within 90 days.

_ Previous models concentrated on the task of reporting to the national data base of waiting times for healthcare. With the Flow Model we wanted to create a model that not only did that, but above all provided a management tool for the hospital's daily work at keeping waiting times down. If you cannot take care of the patient within 90 days, the model also shows you the reason why. Is it the department routines that cause the delay? Is it the patient? Is it the referring doctor? Or anything else, explains Leif Fransson, investigator of information technology at the county council of Blekinge. Alongside Caroline Hydén, he is the key person behind the model, the development of which started in 1998 as a joint project between the county councils of southern Sweden. A basic model was constructed, but once the project was finished, they felt it possible and necessary to improve the model.

Graphical Visualisation

They decided to use the existing computerised patient administration system to create a graphical visualisation of the most important parameters in the healthcare process. The first step was to make it possible to register new parameters into the system.

Eventually, the Flow Model, with its userfriendly tool, was created from endless hours of work and close communication.

_ The programme we use to display the model is called QlikView. It is named after how it works. You just click and view, says Leif Fransson.

With just a few clicks on the intranet, it is easy for every single employee to follow the process from one single patient or a specific group of patients or the whole stock of patients at the hospital.

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In March 2003, the management group at Blekingesjukhuset decided that all specialized medical departments should implement the Flow Model. As with any major implementation, this was accompanied by initial difficulties.

Learning from the Beginning

_ One mistake we made was that we thought that all the users had enough knowledge about our patient administration system. We thought that we had to teach them only five or six new functions. Reality showed us something else. In some departments we had to start from the very beginning with a basic instruction of the most elementary functions, says Caroline Hydén.

_ Another problem was that all departments in the beginning had different ways of making their registrations in the system. To make it possible to compare data, the management group of the hospital decided that we had to work out a system where the same health problem had the same code, regardless if the department was, for example, internal medicine or orthopaedic, she continues.

What the management group also were wise enough to decide was that the code should be in letters, not in numbers, so you could easily see the health problem in question, while viewing the model.

_ Since every single employee has access to the facts and figures, they need to understand the meaning of them, stresses Leif Fransson.

The Attitude of Department Heads Important

An observation that was made during the one and a half year long implementation process, was how important the attitude of the department head was. It was easy to see that the quality of the result was high in the departments where the head was actively engaged in the implementation. In the beginning, some department heads could not see what they could gain from the system, as it takes at least six months before the input data can be validated and put into use as a management tool for daily work.

Hard Work Paying Off

In 2006, the implementation process has been left behind and the Flow Model is now widely used at Blekingesjukhuset and perhaps, soon, in other places across the country and the world. Apart from Caroline Hydén's presentation in Singapore, Leif Fransson in the same month took the system to the Qlik Tech Global User And Partner Summit in Philadelphia, USA. Several countries apart from The Netherlands have expressed their interest in the model.

_ All the hard work in the beginning of our project is now history, concludes Caroline Hydén. The model is now used in our daily work from the top to the bottom of our organisation. And the time for hiding data is over. We can all see each others processes, number of referrals, reasons for interruptions and we can learn from each other. This has really revolutionised work at Blekingesjukhuset.

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