

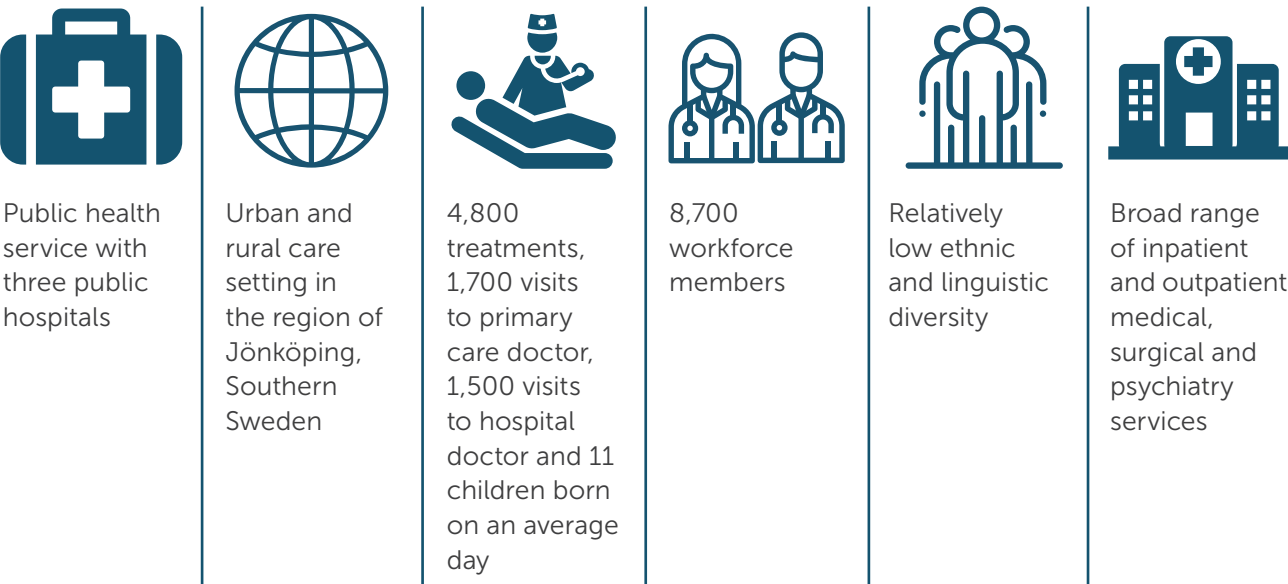
Jönköping Healthcare Service, Region Jönköping County, Sweden

Overview of the organisation

The Healthcare Service is part of the Region Jönköping County – an elected regional health authority serving around 340,000 people in southern Sweden. Services are organised in four health care processes: surgery, medicine and rehabilitation, psychiatry and primary care. The system also consists of three hospitals, each with an emergency room.

Region Jönköping County is best known for its work on quality improvement and developing integrated health and care services – particularly in aged care.

Figure 1: About Jönköping Healthcare Service



Person-centred care at Jönköping Healthcare Service

Jönköping's journey towards person-centred care started over 20 years ago – with the decision of the County Council to pursue a population-based vision for its citizens of 'a good life in an attractive region'. This vision encompasses a commitment to continuous quality improvement as a key business strategy in the delivery of health and social care.

Qulturum is a centre for innovation and development of improvement knowledge in healthcare. It was established in the late 1990s as the meeting place for innovation, creative collaboration, method development and skills development, and it has maintained an important strategic role in driving system level improvement and change. Qulturum initiates and leads large-scale changes on all levels, learning programs, break-through series, sessions, conferences, and consultative support in developing methods for improvement, evaluation and research.

Implementation of person-centred care at Jönköping is still an ongoing journey. The service has worked hard to both maintain enthusiasm and momentum in long-running programs, but also to evolve with leading and innovative practice.

Key features of person-centred care

Jönköping has many attributes across the health service that support the delivery of high-quality, person-centred care. This case study is not intended to be comprehensive account of all these attributes. Rather, it seeks to highlight some key examples that other health services to learn from.

Person-centred care is articulated and understood across the system

One of the most powerful and distinctive features of the Jönköping Healthcare Service is the extent to which person-centred care can be articulated and understood at a system level. This has been enabled through the long-standing Esther model (the model began in the late 1900s), which created a fictional persona for an elderly patient with complex needs that involve multiple providers. The central idea was that care should be guided by the following questions:

- What does Esther need?
- What does she want?
- What is important to her when she is not well?
- What does she need when she leaves the hospital?
- Which providers must cooperate to meet Esther's needs?

Over time, the Esther persona and program has become common language in the health service to articulate delivery of person-centred care. Providers across the system refer to Esther. 'Esther coaches' (clinical and administrative staff) to drive improvement projects on the ground. Patients see themselves as an 'Esther.' Quarterly events to involve communities in improvement and redesign take place in 'Esther cafes.' The term is also known and used in political discussion.

Recently, the service has been making a gradual shift from first asking 'What is best for Esther?' to focusing first on 'What matters to Esther?' This reflects a move from seeing the patient in the centre, to seeing the patient as part of the team.

Engaged and committed leaders foster a culture of improvement

Jönköping recognises that to create a culture that is dedicated to person-centredness and improvement, there needs to be a personal, active and visible commitment from executive and senior leadership. Jönköping Healthcare Service is fortunate that improvement, person-centred care and customer focus has had consistent senior leadership focus and support for a long time (this focus on improvement has been country-wide and not just in Jönköping).

The service invests in leadership development to drive change, and delivery of this training is an important function of Qulturum. The ongoing support of Qulturum and the involvement of the Executive Director of Qulturum in regional executive groups is a visible symbol of this commitment. On the ground, leaders demonstrate engagement and commitment to person-centred care by opening



each senior leadership meeting with patient stories, continuing support for growing the Esther Coach program (through which individuals receive eight days training in improvement and then commit to implementing an improvement initiative with their manager), and informally ‘asking the question’ when they speak with members of the workforce during rounds and fika (Swedish time for coffee and pastries).

Patients play a prominent role in disseminating patient-centred care and design of new services

Four individuals are employed as patient supporters within the health service. This is a funded role for patients inside the organisation that is complementary to the rest of the health system. This role recognises that everyone is expert in different ways, and that past patients with lived experience can have a particularly strong impact on peer experience of care. The role is not to act as the ‘patient’ in every meeting, rather to actively drive change in practice and co-design of new services.



“Strong patients are the influencers and innovators. We have to be humble enough to shift our behaviour. We are just a part of development in the whole society”

Staff member

Figure 2: Role of patient supporters in design



Role of patient supporters in the design and operation of the Jönköping self-dialysis unit

A patient supporter was instrumental in the design and development of the Jönköping self-dialysis unit, and has now been employed at the unit since 2012. When getting started, patients typically come in during the day and are coached by patient supporters, who have been through the unit themselves before. Patients feel that ‘an experienced patient can explain in a different way than someone who does not have the experience,’ ‘a patient supporter knows what it means to be sick.’ (Poster in self-dialysis unit)

Broader patients and communities are also actively involved in sharing patient stories and co-design of service delivery. One way in which this occurs is through quarterly Esther Cafes, which are open to everyone in health and care services who want to improve life and care for Esther. The cafes feature a story or case study told by Esther, relaying their experience of recent health and social care services, followed by a discussion on what could be done better and sharing best practice. Each café event ends with an actionable list of improvements to be implemented. This involvement builds engagement in and ownership over the health service.

The service understands and responds to the needs of the local population

Region Jönköping County uses population level data and public health trend analysis to better understand the needs of the population overall and track health outcomes. This analysis allows plan to be systematically person-centred, not just at the individual level, and supports more effective use and distribution of resources. It also leads to targeted interventions for particular cohorts, with current focus on:

- Children and young people
- People with mental health conditions
- People living with drug and alcohol addiction
- Older people.

