

Volume 14, 8 December 2014

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2014; WCIC Conf Suppl; [URN:NBN:NL:UI:10-1-116611](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-116611)

Copyright: 

Conference Abstract

Health care professionals` experiences with the implementation of The Coordination Reform at a University Hospital in Norway. A qualitative study

Aslak Steinsbekk, Norwegian University of Science and Technology, Norway

Kristin Jøraandstad, Norwegian University of Science and Technology, Norway

Erling Tronvik, Norwegian University of Science and Technology, Norway

Correspondence to: **Aslak Steinsbekk**, Norwegian University of Science and Technology, Norway,
E-mail: aslak.steinsbekk@ntnu.no

Abstract

Introduction: The Norwegian Coordination Reform was implemented January 1. 2012 with a changed distribution of tasks and responsibility between primary and specialist health care. For the specialist health care the aim was to concentrate to a greater extent on their specialized tasks.

Aim: The aim of this study was to examine how health care professionals in a university hospital have experienced the implementation of the Coordination Reform.

Method: A qualitative study with three focus group interviews and 3 individual interviews with nurses, physicians and hospital managers.

Results: Lack of information within the hospital concerning the Coordination Reform made the informants feel unprepared for the changes that followed, especially in terms of the new guidelines for notifying the municipalities about patients in need of municipal follow-up after discharge. The informants experienced an increased focus on economy, because errors in the notification process led to less income for the hospital. The impression among the informants was that patients without complex care needs were faster received by the larger municipalities, unlike those with complex care needs. According to the informants this affected their work in relation to use of resources and lead to poorer communication.

Discussion: Other studies on implementation of the implementation of the Norwegian Coordination reform in primary care have found that their main focus is on their ability to receive patients ready for discharge. The reason is that they have to pay the hospital more than \$600 per day if there is a delayed discharge. Both the findings in this and the other studies indicates that the organisations focus is on this topic rather than other aspect of the coordination reform like treating more patients in primary care, health promotion and competency transfer.

Conclusion: The key findings was that the aim for the specialist health care to focus more on their specialist competence and an improved coordination with the primary health care has not yet been achieved according to the informants in this study.

Lessons learned: The economic incentives to reduce the number of patients ready for discharge in the hospitals have overshadowed other central aspects of the Norwegian Coordination reform.

Limitations: The sample only included informants from one large department at one university hospital.

Suggestions for future research: This study indicates that there is a further need for examining health care professionals in relation to the implementation of the Coordination Reform. One interesting aspect concerns the hospitals and specialization – more specialization or are they specialized enough. Another aspect is the work with developing patient pathways and ICT-solutions - what are the effects on communication between the hospitals and the municipalities?

Keywords

Coordination reform; implementation of health reforms

PowerPoint presentation

https://www.conftool.net/integratedcare2014/index.php?page=downloadPaper&form_id=142
