



**Neue Wege in der Pflege – weg vom System hin zum Menschen!
Eksote model**

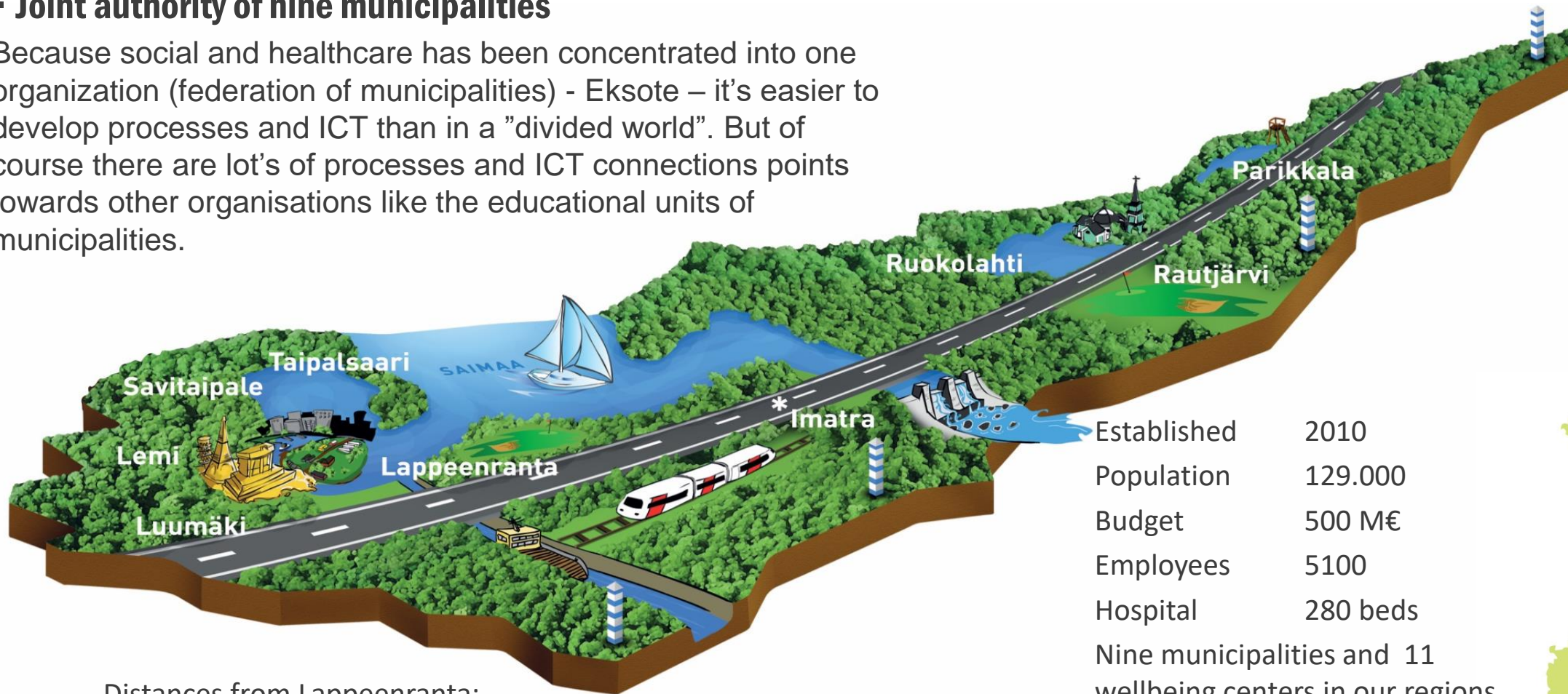
Merja Tepponen Director of Development, Eksote

South Karelia Social and Health Care District, Eksote



- Joint authority of nine municipalities

Because social and healthcare has been concentrated into one organization (federation of municipalities) - Eksote – it's easier to develop processes and ICT than in a "divided world". But of course there are lot's of processes and ICT connections points towards other organisations like the educational units of municipalities.



Established	2010
Population	129.000
Budget	500 M€
Employees	5100
Hospital	280 beds
Nine municipalities and 11 wellbeing centers in our regions	
Moving services, eServices	
Home Care and service houses,	
Family and social service,	
rehabilitation	



Distances from Lappeenranta:
to Helsinki 230 km
to St. Petersburg 230 km
to Russian borders 35 km



A little history of Eksote



Why the new regional model Eksote was made



- Traditional arguments :
 - Integration between the acute hospital, primary care and social well-being services;
 - A new and better balance between primary care and hospital;
 - Better coordination in strategy, financing and investments
 - Common use and recruit of staff.
 - Share the resources
 - Strengthen the steering power of the owner municipalities
- Future arguments:
 - Added value comes from data
 - Use of data and data analyzing
 - Artificial Intelligence, robotics, machine learning
 - Create out-of-hospital services and autonomous work

...First steps

Digitality supports the development of the entire service system



A single patient and customer information system

Significant customer benefits: freedom to choose within the region and all services available also in small municipalities



A shared knowledge base

A significant cost and quality factor: complete chains such as rehabilitation and stroke treatment can be managed within the region

Target group-specific reporting and cost monitoring in each service throughout the region.



Online services

Online nurse, scheduling appointments, online health checks, risk tests, and many other services are available to customers 24/7



Light operations control solutions

Process and operations control with own light, browser-based SAS tools: reveals any bottlenecks and helps eliminate them.

New kind of Health-Care Center with social elements



Old model

- Several nurses
- Several doctors
- Concentrating mainly on illness and diagnosis
- Social work and health-care working mainly separate
- Wards



New model ("Welfare center", fi. Hyvinvointiasema)

- Multidisciplinary teamwork
- Remote doctors by appointment
- Some specialized nurses (recipe nurses etc.)
- Social workers
- eServices
- Co-operation with different health and social care associations and companies
- Theme-events, preventive groups
- Rehabilitation at home, living longer at home
- Supported housing/service housing
- Mobil Clinic
- Sport instructor / physical education

Second steps...

MOBILE SOCIAL AND HEALTH CARE SERVICES – A MOBILE CLINIC



I First 2010
Mallu Mobile Health Care Clinic



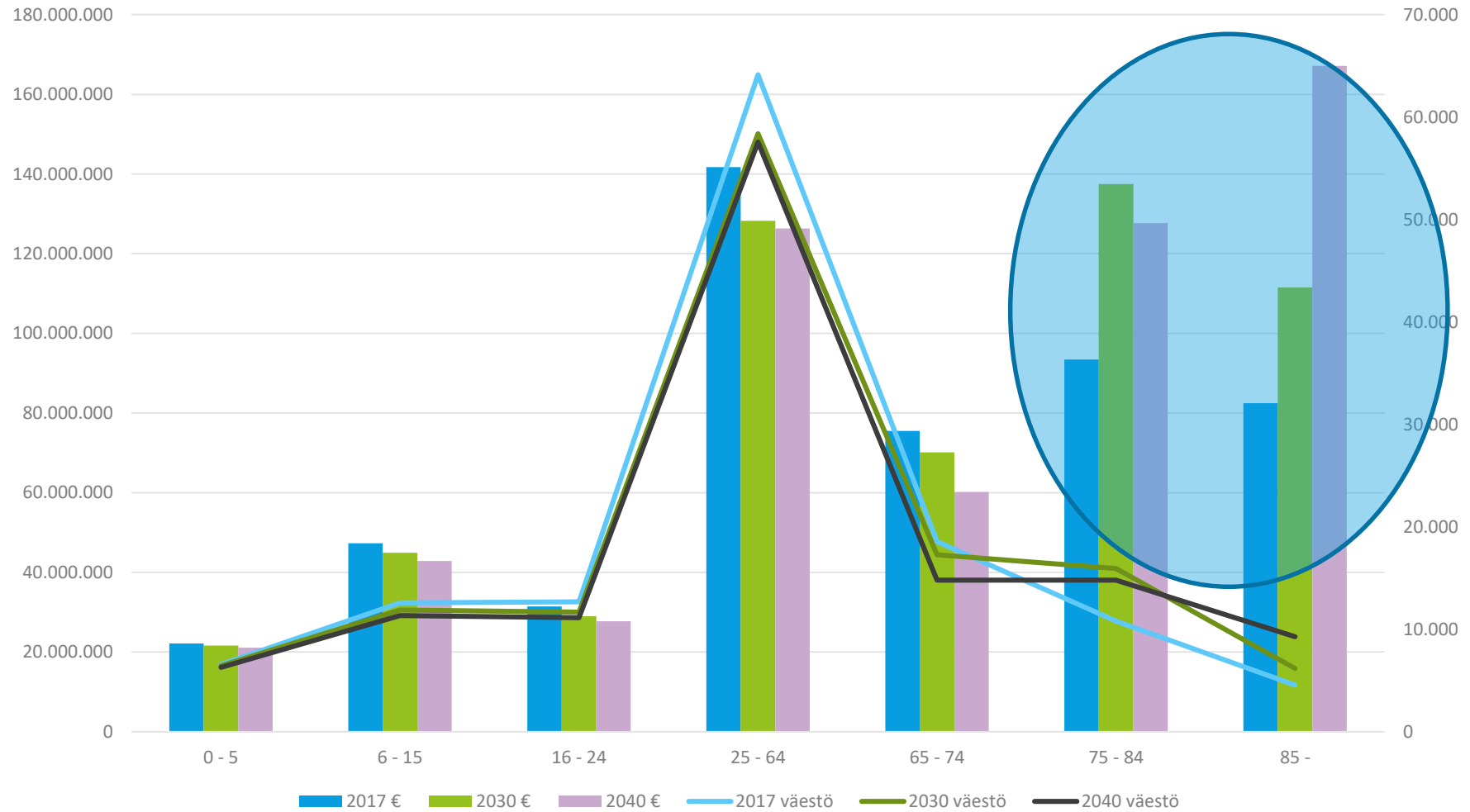
II Second 2014
Laboratory Malla



III third 2016
EMS Home Mobile Clinic

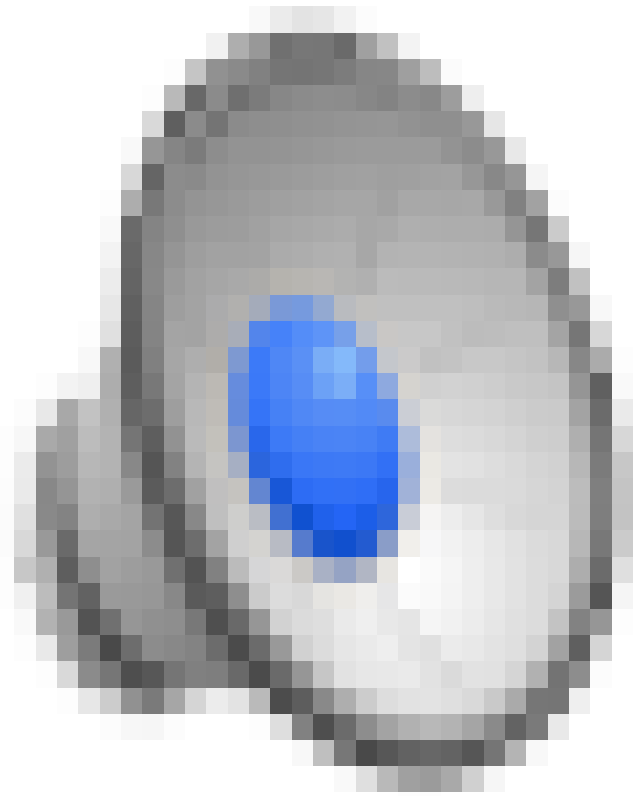


The development of costs and population change in South Karelia during 2017-2040





Eksothe in practice, the current situation



Integrated regional Service Network

24/7
116117



Acute Care Hospital with Extensive selection of emergency medical care



Teleconsultations and online-services

24h/h
Care

24/7 nursing home and service House

Low threshold service clusters for children, youth and families, adults, elderly and disabled; multidisciplinary services, "one-door"



Mobile work
Mobile clinic

Promotion of well-being and health, service instructing

Near-by-services such as social and health care centres (wellbeing centres), maternity clinics, school health care, home care 24/7, multidisciplinary home rehabilitation, stand-by urgent care, housing services (short- and long- term), assistance services



Yksityiset palvelut

Eksoten hyväksymät yksityiset hyvinvointipalvelut ja hinnat yhdestä osoitteesta!

www.yksityisetpalvelut.fi

Yksityiset Palvelut

eksote

Private services

ENTITY OF SERVICES PROVIDED AT HOME



ACUTE HOSPITAL MODELS

- Centralized and digitalized consultation models
- Co-ordination - out of hospital services
- Enhanced and centralized homing



MOBILE EMERGENCY MODELS

- Mobile urgent assessment and treatment unit
- Home hospital services
- Multiprofessional co-operation



SUPPORTING LIVING AT HOME

- Home rehabilitation
- Early interventions
- Clinic van, mobile lab van
- Palliative and end of life care

Temporary services provided at home

Enhanced home care and palliative care

Continuous home care services

Foreseeing and preventive home care

JOINT COORDINATION



AMBULANCE SERVICE

- Eksote provides ambulance services throughout the region.
- 43% of all the interventions in paramedical care are evaluated/ assessed and treated at the scene, so that there is no need for transport to hospital.
- All procedures are done on the basis of physician´s consultation and general guidelines.

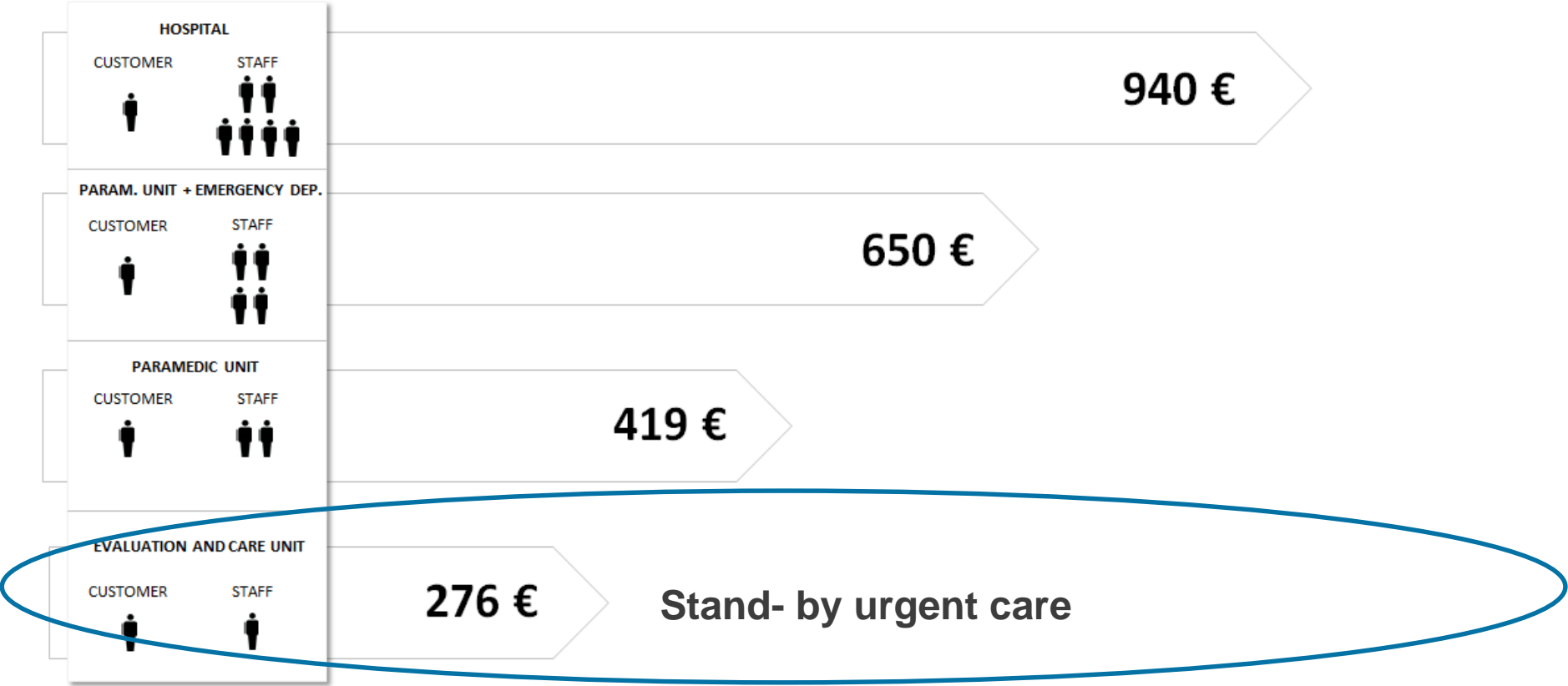




- Concept takes the emergency care know-how and tools to where they are needed
- Paramedical evaluation and care unit to reinforce the prehospital services.
- Estimation, examination, medication and care.
- Paramedics use point of care testing, for example: CRP, hemoglobin, cardiac enzymes, blood gas analyze, electrolytes, carbon monoxide and ultrasound.
- Possibility to reserve appointments.
- Additionally trained personnel.
- Own physician for consultation and developing service model.



THE AVERAGE COST OF DIFFERENT MODELS OF SERVICE PRODUCTION PER DAY



QUALITATIVE EFFECTIVENESS



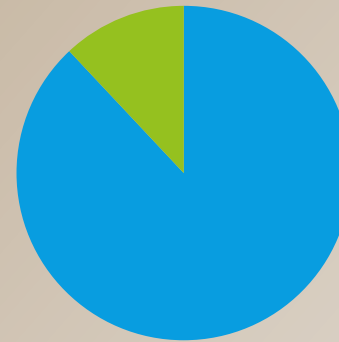
No negative feedback concerning the Mobile on-call unit activity launched in March 2016.

Plenty of positive feedback from customers/patients and their relatives/close-ones.

Operation has been developed listening to the personnel. Personnel is committed and work satisfaction is on a good level.

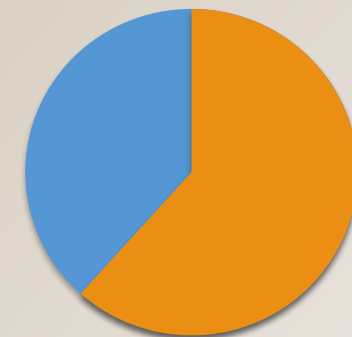
Stakeholder satisfaction has been on a good level since the beginning. The operation has been developed according to stakeholder feedback. Feedback has been positive.

FINANCIAL EFFECTIVENESS



- Attended to at scene/home
- Transportation to E&A

33%
Reduced costs

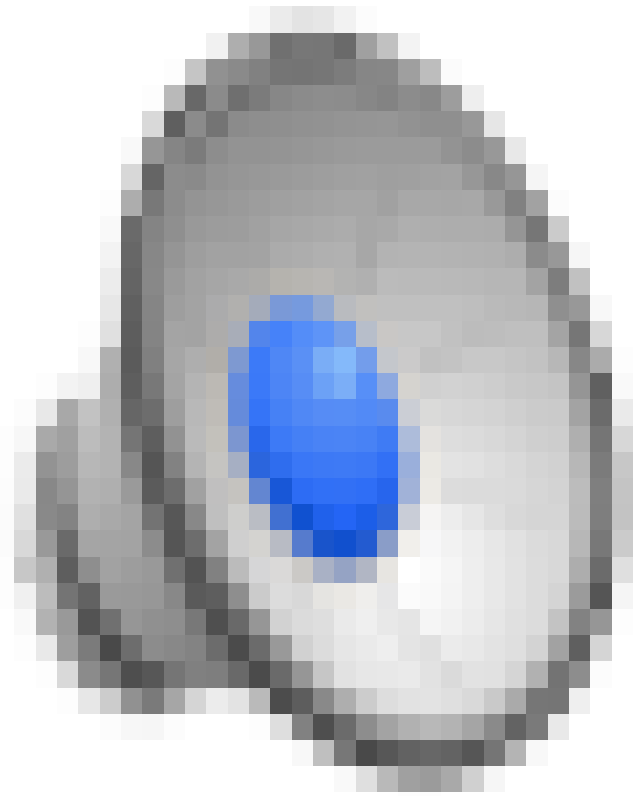




“

I was happily surprised, when a nurse came to my home, contacted a doctor and I got the care that I needed without having to go to the ER.

JENNA KAARTINEN, PATIENT



<https://youtu.be/TujwPblasE0>



Thank you! Vielen Danke!



Four seasons in South Karelia

