



Strategy document for the South-Eastern Norway Regional Health Authority

- Strategic development plan 2009 – 2020

Hamar, Norway, 18 December 2008

Contents

1	Introduction.....	3
1.1	<i>Basic principles</i>	3
1.2	<i>The purpose of the strategy document</i>	6
1.3	<i>The goals and focus areas of the strategy - motivation</i>	7
2	Comparison – from vision to priority area	10
3	Quality and priorities	11
4	Patient care	13
5	Research	25
6	Development of knowledge and good practice	26
7	Organization and development of shared services	27
8	Mobilizing staff and managers	29
9	Sustainable development through proper financial management.....	30

... the needs of the patient shall determine the content and structure of the service.

... the patient is not a medical problem but first and foremost a human being who is in need of our services.

South-Eastern Norway RHA User Committee

1 Introduction

1.1 *Basic principles*

Legislation and health policy

The activities of the South-Eastern Norway Regional Health Authority (RHA) are founded on legislation, primarily the Health Authorities and Health Trusts Act, the Specialized Health Services Act and the Patients' Rights Act. The operating framework is further defined in the charter. National health policy and the tasks for the regional health authorities are spelled out and elaborated in the National Health Plan 2007-2010, commission documents and corporate meetings.

The task is to provide good quality health care to the individual. At the same time, the substantial societal assets that the specialized health service represents: staff, expertise, equipment and buildings, are to be managed properly and with a view to the future.

Vision and fundamental values

The vision of the South-Eastern Norway RHA is to create:

Good quality and equal health services for everyone who needs them, when they need them, regardless of age, place of residence, ethnic background, gender and financial means.

The quality of the health service is measured in the encounter with the individual patient. The health service is responsible for ensuring that the fundamental ethics and morality of the welfare state are followed and for managing society's resources. The South-Eastern Norway RHA seeks to have values-based operations. At the South-Eastern Norway RHA the three national values "quality", "security" and "respect" have been translated into the following standards for its activities:

- Openness and involvement
- in the way we work, in our processes
- Respect and predictability
- in the way we encounter one another
- Quality and knowledge
- are the basis of our activities and should be the basis of our decisions

The South-Eastern Norway RHA and the community

Openness and honesty are essential for trust and proper communication internally as well as externally. Proper communication is crucial for succeeding – and for employees to see new opportunities for themselves and for the RHA's activities.

Hospitals in Norway are – and should be – in the public eye. The South-Eastern Norway RHA acknowledges that its credibility rests on active, open and honest communication.

Internal communication

The South-Eastern Norway RHA is facing major changes and reorganization. In a phase like this one it is essential that everyone knows and carries out their responsibility to inform and involve. At the same time it is necessary for staff and management at all levels in the group of health trusts be familiar with and have good factual knowledge of various plans for change and priority areas. In this way, the group of health trusts can stand united and coordinated, communicating on the basis of insight and knowledge.

Communication is a matter of sharing knowledge and creating understanding. The active participation and involvement of staff, based on the Working Environment Act and agreements, is spelled out in 12 principles for codetermination. Participation in processes all the way to decisions is a key prerequisite for building loyalty within the organization – and for engendering trust in relations with the outside world.

Staff are the most important players for enabling the South-Eastern Norway RHA to reach its overarching objectives. For staff to be able to perform their duties and exercise their rights as employees it is important for the information to be tailored to them.

69,000 employees of the South-Eastern Norway RHA are the main target group, and the information they are given is to enable them to be active in processes relating to the professional, organizational and administrative priorities in the region. Strengthening the communication with the target group can also make it an important channel for other target groups, particularly patients and their families.

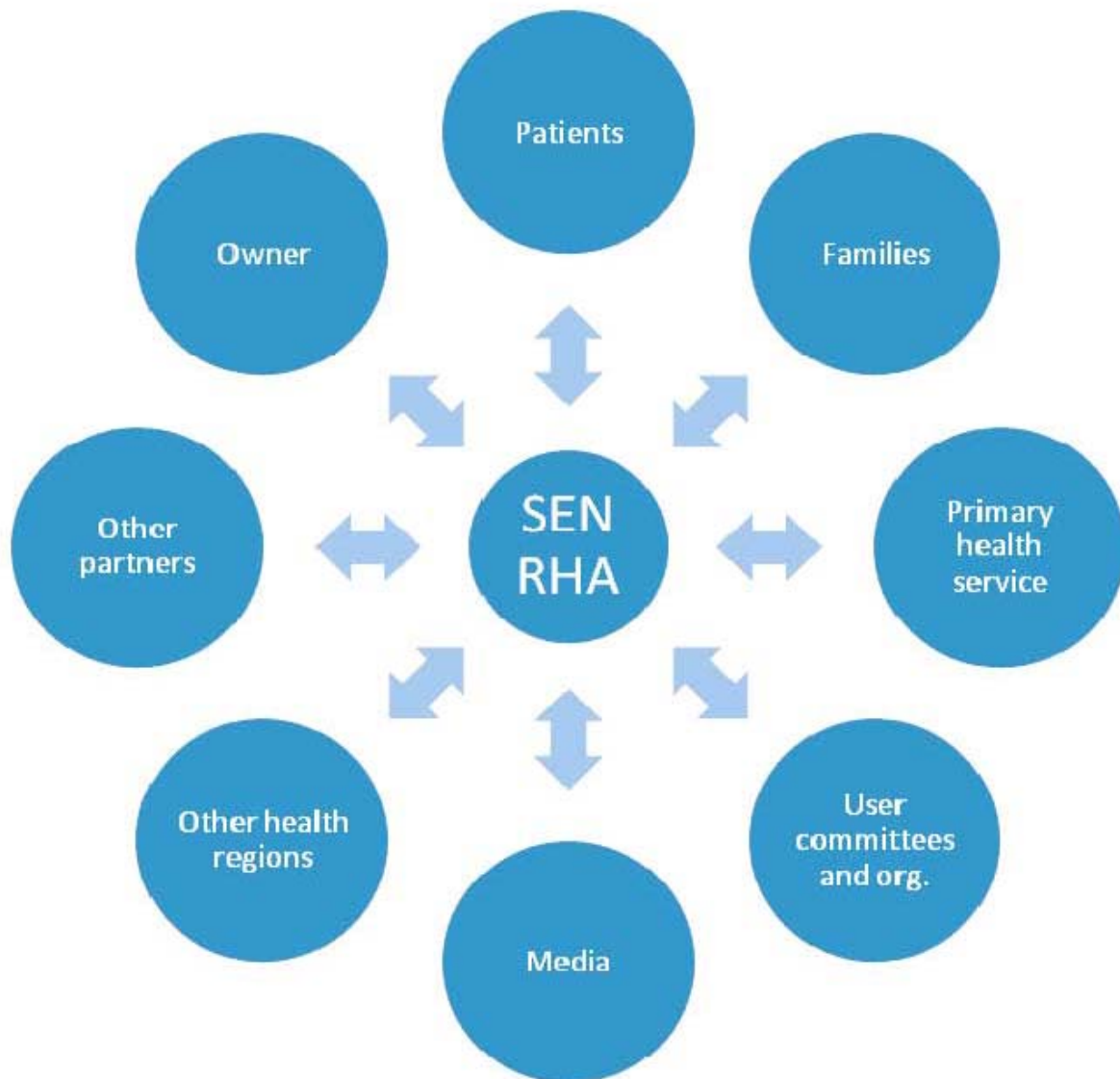


Figure: Schematic diagram illustrating the various players and interaction
 Communication with the outside

The South-Eastern Norway RHA relates to a large number of very different external target groups. The emphasis is on two-way communication and for there to be openness in processes and decision-making.

The communication efforts of the South-Eastern Norway RHA rest on the following principles:

- Helping to build trust between the health service and the public in general and between the service provider and patient in particular. The South-Eastern Norway RHA has the responsibility for building, maintaining and deepening this relationship of trust.
- Responsibility for providing the information the public needs for exercising their rights.
- Organizing an active information function vis-à-vis users, the public and the media.
- Creating a culture of openness through active information
- Support and embody its own and national values

Information work in the group of health trusts is based on the central government's communication policy guidelines:

- The communication principle – all information activity is as much as possible to address the needs of both sender and recipient
- The active information principle – the South-Eastern Norway RHA is to engage in active and planned information activities. This requires the information primarily not to be on the authority's terms but be formulated on the basis of the needs and assumptions of the user.
- Integration principle – all information provided by the South-Eastern Norway RHA is to be as coordinated as possible in the group of health trusts, so it appears to the recipient to be integrated. A common, coordinated message tailored to various target groups.
- The line principle – responsibility for information shall be where responsibility lies for the matter the information concerns.
- The principle of information as a responsibility of a manager – it is primarily a responsibility of a manager to discharge the communication responsibilities of the South-Eastern Norway RHA. Managers may not delegate the responsibility for information, even if job tasks are distributed.

Management model and corporate organization

The management structure and organization is to ensure that the South-Eastern Norway RHA can reach the objectives and perform the tasks in an optimal manner set by the owner and board.

On the basis of its vision and fundamental values as well as national health policy, the South-Eastern Norway RHA will manage subordinate health trusts using two primary instruments: *operating agreements*, which are the annual orders for health services with appurtenant budget appropriations, and *decisions issued by health trust meetings*. In addition, on the basis of director meetings, there will be close and ongoing contact between the RHA and the health trusts. The board chairmen of the health trusts are largely employed by the South-Eastern Norway RHA. There is to be close, formalized contact with users and employee representatives at the health authority and health trust levels.

The changes in structure and content outlined in this document will give the health trusts considerable responsibility for realizing the objectives of the group of health trusts. This is supported by the establishment of larger, more robust health trusts and larger areas for planning and developing services on offer.

The RHA carries out its “making sure of” responsibility by active follow-up and a persistent focus on ensuring goal attainment for the group of health trusts as a whole. This means systematic follow-up of particular outcomes and at the level of management and control.

An integrated quality system that addresses all government requirements for internal control ensures compliance with the legal framework. It is the task of the board to see to it that the internal control in the RHA and the group of health trusts is adequately and systematically ensured.

1.2 The purpose of the strategy document

The strategy document is to be the South-Eastern Norway RHA's strategic foundation for:

- Long-term development of the group of health trusts South-Eastern Norway RHA pursuant to the provisions of the Health Authorities and Health Trusts Act and Specialized Health Services Act, national health plan, etc.

- Developing good and future-oriented health services for the population in line with the “make sure of” responsibility
- Rotating strategic focus and prioritizing efforts in a shorter perspective

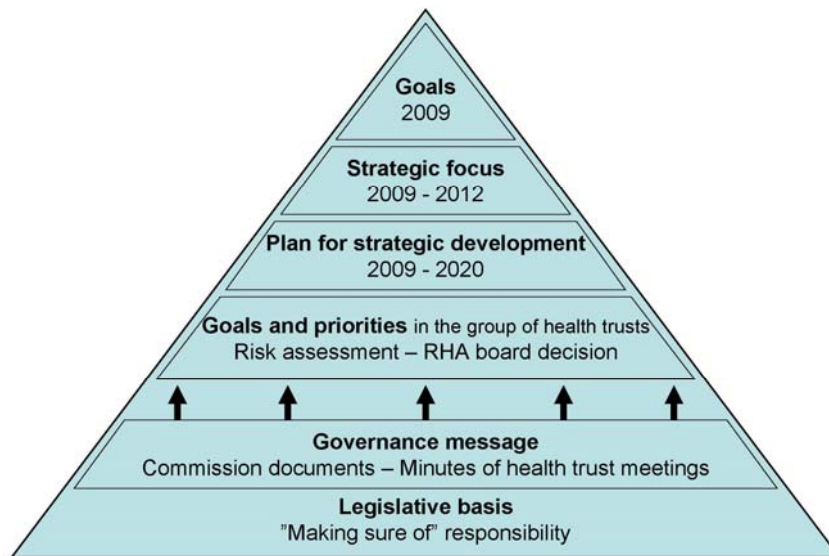


Figure: Schematic diagram for deriving goals and strategies

The strategy document identifies future challenges, including demographic changes, an increase in the number of elderly, future budgets and resource needs. Strategies and goals serve to define future courses of development, priorities, necessary reorganization measures and changes in attitudes.

The strategic perspectives expressed are to capture developments in patient services, property development, investment, etc., so that they constitute an overall goal scenario going forward towards 2020.

The short-term strategic perspective will be 3-4 years. In this connection strategic choices have been spelled out for strategic focus for the period 2009-2012. Each year the strategic focus will rotate with regard to goal formulations to capture management signals from the owner and changes when needed.

Goals for the first years of the plan period express acute priorities based on national policies and regional risk assessments.

At meetings of health trusts held in January 2009 the South-Eastern Norway RHA will obligate the health trusts to follow up this strategy document. The health trusts will thereby be obligated to follow up the board’s decisions within the framework of this reorganization programme.

1.3 The goals and focus areas of the strategy - motivation

Patient care

Patient services include evaluation, diagnosis, treatment, nursing, care and habilitation/rehabilitation. These services also include patient training to improve patients’ and their families’ coping and self-care skills.

The population's needs for services are changing. Going forward there will be more elderly, and the disease picture will be characterized by more chronic and complex conditions. These patients often need proximity to services, continuity and navigability and broad expertise in the treatment system in the form of interdisciplinary teams, for example. Patients will also be completely dependent on a contact person with clear responsibilities and the existence of close collaboration between the municipal health service and the specialist health service, for the individual patient career as well as in planning and implementing the total service.

At the same time, in other areas there will be a need for further specialization in fields that warrant a need for concentrating and bolstering skills. In addition, the specialist health service must be prepared for higher costs for new technologies and medicines.

There are big differences within the region in terms of life expectancy, morbidity and health care accessibility. Equal services are a key objective.

Medical advances in the specialist health service make it possible to treat more patients as outpatients or day patients. There is reason to believe that better adapted patient careers and the changeover to day activity/outpatient care will continue in many fields and thus further reduce the average hospital stay. Better knowledge management and refinements of good professional practice also will make treatment less unequal, which will also yield greater predictability in connection with hospital stays. All together this will be for the good of the patients, who will see higher quality and more curative time in hospital.

There is a need for better coordination both within the specialist health service and not least between the municipal health service and the specialist health service. Better coordination will especially benefit the chronically ill, elderly and patients with mental disorders and substance abuse problems.

Sustainable development involves continuous development of fields together with more efficient use of space, where capacity is adjusted to the need in the catchment area.

Research

Research is one of the four tasks mandated by the Specialist Health Services Act. Research is to benefit patients by producing basic knowhow for prevention, diagnosis, treatment, care, rehabilitation, organization and management of the health service as well as economic development. Research also contributes to the skills and development capabilities in the health service and lays the groundwork for high-quality specialist health services. The South-Eastern Norway RHA is currently a significant player in the field, with considerable research activity and production. The South-Eastern Norway RHA bears a particular national responsibility for developing this area of the specialist health service.

The South-Eastern Norway RHA faces special challenges in coordinating research activities in order to stimulate professional activity, bolstering recruitment and increasing the international impact of the research communities concerned.

It is necessary to build up research activity of good quality in all health trusts to lay the groundwork for good quality and modernization in the entire health service. Interdisciplinary research, translational research¹ and innovation are essential for enabling research results to be implemented. The necessary infrastructure must be coordinated, accessible and optimally

¹ *Research that helps to enable findings from basic and epidemiological research to be applied in clinical research and helps to enable clinical research findings to be used in clinical practice and in organizing the health service.*

utilized. It is important to ensure high standards of research ethics, in individual researchers, research management and at system level. This requires proper strategic research management, proper guidance and supportive research administration.

Development of knowledge and good practice

Making the best knowledge easily accessible is important for ensuring good practice and good quality in patient care. At the same time, the entire patient career must be viewed as a coherent process, in which all links in the chain are crucial for the patient's perception of good health care. This represents an opportunity to attain proper and equal treatment, ensure quality of treatment and make the service more predictable. There is a big potential for quality improvements in the health sector. Establishing knowledge-based practice, patient career thinking and hospitals as learning organizations can avoid a large number of mistakes and reduce costs while improving quality.

Today there are big differences among health trusts with regard to treatment and length of hospital stay for the same diagnosis. That is why it is important to ensure high quality throughout the patient career, from prevention to active treatment, rehabilitation and collaboration with the municipal health service. The lines of treatment are to be based on the best knowledge and be safe. Longer stays in hospital than necessary for active treatment involves risk of loss of functioning, infections and other complications.

Organization of development of shared services

Support functions and shared services must support and improve core activities and work processes. For that reason, stronger regional control must be put in place to improve quality and make the most of economies of scale in the areas of ICT, staff and support functions. Economic resources need to be freed up for patient care, while improving the quality of administrative functions with regard to technology, organization and processes. The need for more efficient use of space and flexible organization and use of space means a greater demand for professionalism. There is a need to realize gains from standardization, operations development, shared infrastructure and operation in connection with ICT and purchasing/logistics.

Mobilizing staff and managers

The South-Eastern Norway RHA is Norway's leading "knowledge company" with 69,000 employees, the organization's most important resource. Each one represents valuable knowledge and experience. The manner in which human resources are managed, developed and applied is the key to realizing the long-term goals and meeting the long-term challenges the RHA faces. Developing good working environments is crucial for ensuring future recruitment and inspiring trust in reorganization processes.

Sustainable development through adequate financial management

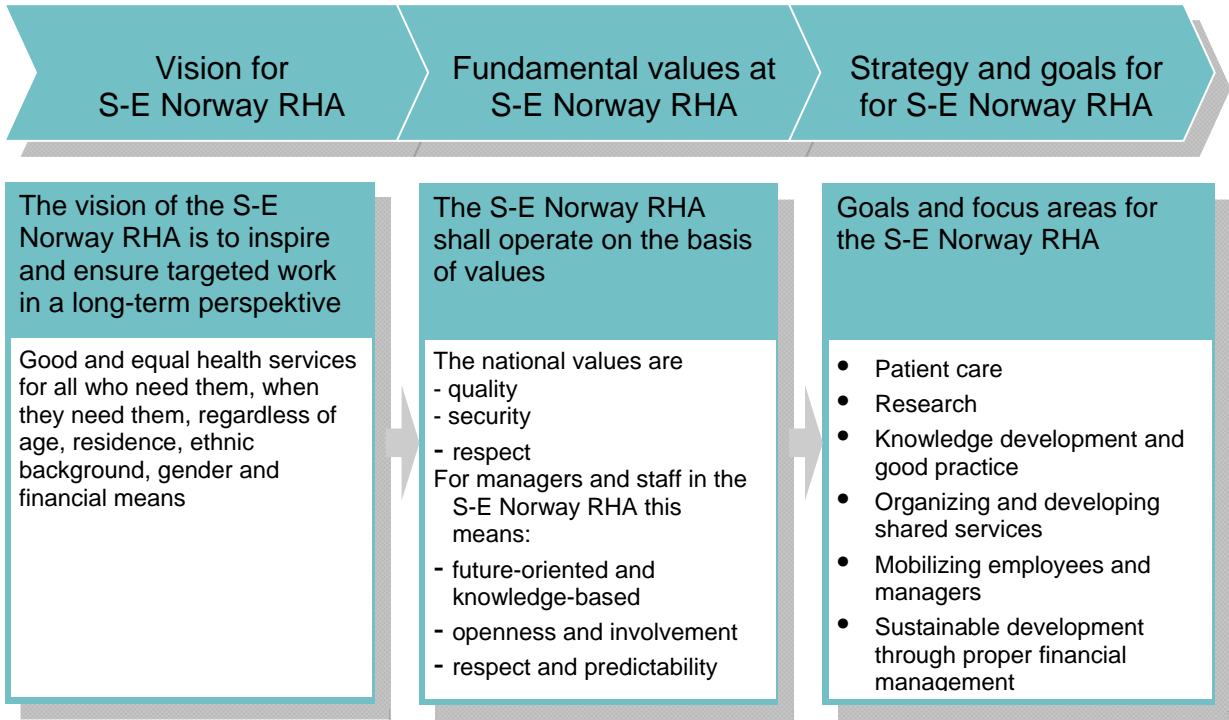
There are no grounds for planning based on the assumption that budgets will increase substantially over current levels. For that reason sustainable development needs to be created by focusing on quality in treatments offered, good capacity utilization, proper coordination, solutions that operate efficiently and proper financial management.

Establishing manoeuvring room for further enhancements requires implementing measures to reduce the average hospital stay. Such reductions must involve assessments of various patient and age groups and differentiating hospital stays in relation to the specific needs of each group. Many patients whose needs are currently met by admission to hospital will in the future be offered outpatient and day-patient treatment.

Today, unnecessary admission to hospital poses an increased risk of infection and loss of function due to inactivity. Improvements in the quality of services offered must be made through more efficient lines of treatment and better collaboration with the municipal health service.

The assumption is that the future structure and professional organization of health trusts will provide the basis for proper utilization of capital resources and efficient use of space.

2 Comparison – from vision to priority area



A comparison of the strategic focus for 2009-2012 and goals for 2009 is included at the end of the document.

3 Quality and priorities

Future development and reorganization in the South-Eastern Norway RHA primarily involves improving the quality of the services and ensuring correct priorities.

The target scenario for quality is linked to the National Quality Strategy. Because good quality according to this module requires a correct balance of the six dimensions, correct priorities are an aspect of good quality.

Quality must be an overarching principle for all strategy development in the South-Eastern Norway RHA. This paramount goal cuts across the six priority areas.

Our quality goals mean that the services must...	This means.....
Be effective (lead to an improvement in health)	Professional considerations and decisions connected with the choice of quality level must be based on relevant, reliable and up-to-date knowledge and experience. Results must be able to be documented.
Be safe and reliable (avoiding unintended incidents)	The probability of error and undesirable incidents is to be reduced to a minimum through risk management and dealing with nonconformances. Selecting the quality level must take patient safety into account.
Involve users and give them influence	The patient's experiences and views are important factors in developing the quality level in the health service. At the same time, the patient's responsibility for his/her own life and health must be emphasized. At the individual level, weight is to be given to summary case records of patients and individual plans. At the system level, users and their organizations are to be involved in planning and evaluation health services.
Be coordinated and characterized by continuity	All measures are to be coordinated and characterized by continuity. Work on patient careers, an interdisciplinary approach and patient responsibility are to be emphasized.
Utilize resources properly	The right service is to be offered to the right user in the right way at the right time. User needs, the seriousness of the condition, expected health benefits and benefits of the treatment as well as costs (criteria for prioritizing) must be taken into account when setting the quality level of treatment measures.
Be accessible and fairly distributed	Users with identical needs are to have services with the same content and quality. Accessibility is to be emphasized.

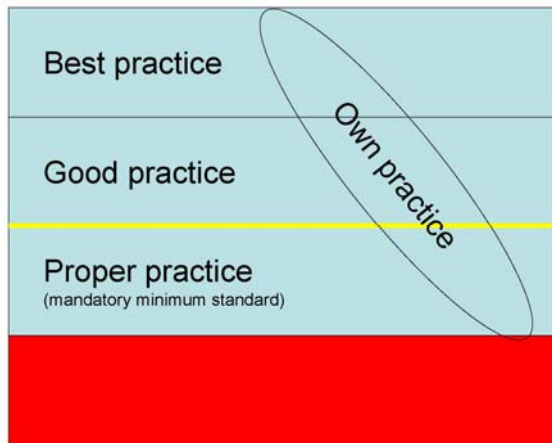


Figure 1 Quality levels of practice

The quality of practice may vary on the basis of the quality standards set and followed in the area/work process, but must never be below the what is proper care (mandatory minimum standard of care) in the relevant area (red zone in Figure 1).

The figure illustrates the necessity of greater awareness that quality levels are based on choices where there will not always be harmony between various interests, possibilities and needs.

In choosing a professional quality level for safe and effective services, employee input must be assured, while at the same time user needs and resource concerns are addressed. When there is agreement between user needs and professional standards for good or best practice, care should be provided in accordance with them, if it represents proper resource utilization seen relative to other patient groups' needs. However, there are situations where the user wishes care different from what the profession believes is good or best practice, because it may mean better accessibility and better relations with the patient. Thus, the minimum standard of care may be satisfactory and in accordance with the patient's wishes and needs.

Nor is the individual therapist free to provide care in accordance with best practice in every case. The health trust operating constraints and resource use priorities may mean that the standard of care must be lowered where there is a less resource-intensive alternative that meets the standards for proper medical assistance.

In light of this, quality objectives need to be operationalized and models for prioritizing and choice of quality levels developed. Quality and priorities will be far-reaching for all priority areas and have a great deal of importance for the overall achievement of goals in the coming years.

4 Patient care



Clear division of roles/differentiation among hospitals – establishment of hospital areas

Background/rationale

The purpose of organizing the specialist health services in larger catchment/hospital areas is to enable more decentralized provision of services as well as to ensure better coordination of the services within a hospital area. Larger catchment areas will result in a patient base that will do more to ensure high professional quality and good overall resource use for services that would otherwise have to be centralized in order to be provided properly. A large percentage of patients will be able to be treated at the level of locally based specialist health services (lowest effective level of care – known in Norway as the LEON principle), and most patients will be able to be treated within the catchment/hospital area.

Locally based specialist health services include services for ordinary and multiple illnesses, where there is a need for proximity and broad expertise. Services for rarer conditions for which there is a need for concentration of expertise to ensure adequate specialized knowledge are defined as specialized services.

The organization and distribution of services shall be easier for users to navigate and more easily accessible. This will also facilitate better integrated treatment chains, coordination between general and mental health care and drug and alcohol treatment, stronger collaboration between large and small hospitals (on call duty, rotation, etc.) good patient careers and support proper coordination and allocation of tasks with local authorities. Appropriate ICT solutions need to be put in place as support.

Strategic choices

1. Organizing the specialist health services within a hospital area to give hospitals clear roles in providing integrated patient care with the right treatment in the right place (lowest effective level of care – LEON).
2. The services within a hospital area are to be differentiated between locally based and more specialized services. Normally, the hospital area should cover 80-90% of the

population's needs for services, which means that the most common specialized services going forward are available in all hospital areas.

3. Hospitals within a hospital areas are to establish common routines for admission, treatment, discharge and conferring on medical issues and enable patient follow-up and monitoring to be performed as much as possible by primary care doctors and the municipal health service. The municipal administration, primary care doctors, private contract specialists and hospital specialist within a hospital area should jointly develop routines and medical guidelines to ensure this.
4. As a rule the hospital area should coincide with the structure of the health authority/health trust. A health trust is to have management that guides all aspects of development in both a long- and short-term perspective. Where more than one health trust is included in a hospital area, a binding structure of agreements is to be put in place between the health trusts to ensure that professional and organizational principles are followed and gains realized. The same requirements are to be set for developing the totality of patient care that are set in hospital areas where activities are organized in a single health trust.
5. The hospital areas form the basis for future revenue sharing and investment in buildings, equipment and ICT in the region.
6. Private players are included in the division of tasks and functions within their particular hospital areas. The adopted strategy for the South-Eastern Norway RHA (cf. Board item 020/2008) shall apply.
7. Private providers of specialist health services shall be subject to the same requirements for reorganization, organization and operating efficiency as the health trusts.

Efforts going forward

- Decisions to make structural, organizational or management changes are to be followed up in collaboration with management, users and health trust employees. Reorganization agreements and the 12 principles for participation are key instruments
- To ensure broad and professionally adequate locally based care in the hospital area and to maintain and develop employee skills, schemes are to be put in place for sharing nursing skills, rotating specialists, reciprocal visiting between "sister departments" and enabling specialists to enter into regional/area-wide call-duty schemes.



Quality and patient safety are essential

Background/rationale

Providing the public with good, safe and effective health services is both required by law and an ethical obligation. One of the best instruments in efforts in patient safety and quality is the knowledge and skills of health personnel and their pleasure in doing a good job. Managers must enable employees to use their talents and knowledge and users of services to participate in good care. Comprehensiveness and easy comprehensibility must be ensured through an interdisciplinary approach, interaction and proper patient careers. What proper professionalism and good practice are must be defined, complied with and improved through leadership, quality management and internal control. A goal is to prevent undesirable incidents as a consequence of system failure or human error.

Strategic choices

1. Uncover critical areas through **risk management** and putting proper **internal control** in place, including dealing with nonconformances so that recurrences are prevented, the organization learns from its mistakes and the damage is limited. Refinement of systems for dealing with nonconformances in a cost/benefit perspective is an important measure.
2. Through proper control and management the South-Eastern Norway RHA will motivate employees to bring about positive attitudes and a good corporate culture. The

reorganization programme and encouragement of openness and a good reporting culture are key elements of this effort.

3. Patient safety projects, user satisfaction surveys, professional audits, management training and methodology taken from certification and accreditation will be used to improve management and professional practice as well as avoid errors/nonconformances.

Efforts going forward

- Further development and greater currency of methodologies from certification and accreditation as a means of implementing internal control
- Implement recommendations for good practice for dealing with undesired incidents and nonconformances, including improving the health trusts' electronic systems for uncovering and registering nonconformances.
- Ensure coordination and good patient care through summary patient records in connection with discharge interviews and transfers between institutions
- Manager training in internal control and risk management
- Pilot testing or implementation of successful patient safety projects, including measures for safe handling of medications
- Use of regional professional audits and pilot testing schemes for patient care teams
- Professional development and coordination through the establishment of regional professional councils



Development of services and communication shall be in accordance with the needs of users

Background/rationale

The patient's understanding and insight into their own illness and health is a unique source of knowledge that must be used to improve patient care. Patients must be given enough information and the opportunity to have the control over decisions that they want. Patient and therapist should be given the opportunity and encouragement to take decisions together.

Patients and their families must be able to participate actively in programmes of treatment. Knowledge of the course of disease and diagnostics are shared between doctors and patient. Importance is attached to the patient's responsibility for their own life and health throughout the process, with emphasis on prevention and coping in a life-course perspective.

A learning and activity centre (LMS) is an important venue for users, their families and professional personnel. The centres offer information and training in the form of courses and support groups, and they are also a venue for professional development for employees and a place where professionals can become better at teaching. Regional LMSes are to help to make the quality of training programmes for patients and their families the best they can be.

Peer work can also be a part of learning and coping strategies. Self-help groups are a kind of support community where all participants are responsible for sharing their experiences with the group. The new knowledge that is produced is a result of encounters between the various experiences.

Strategic choices

1. The user perspective is to be strengthened through the use of suitable instruments.
2. The learning and activity centres are to be further developed as venues for interaction and user participation.

Efforts going forward

- Encourage user organization training of user representatives and peers and contribute to skills development programs for user representatives in the RHA and health trusts.
- User participation is included in manager training
- User expertise as integrated process elements on a par with medical and accounting aspects
- The role of learning and activity centres as a health education resource environment in the health trusts is to be strengthened



Binding coordination with local authorities to be bolstered and developed further

Background/rationale

Coordination in planning and developing patient care is essential for ensuring coherent services of good quality where treatment takes place at the lowest effective level of care. Coordination requires mutual trust, prioritizing, input and resources from both levels of services. The objective is to create continuous lines of treatment also beyond the specialist health service's area of responsibility.

Strategic choices

1. The focus for coordination will be systematic and structured measures that work and that are solidly based in local authorities and health trusts.
2. Health dialogues and specific binding agreements with local authorities that ensure coordination and sharing of expertise and information
3. Step up efforts on good treatment chains and patient careers
4. Systematize and integrate good projects (nursing homes, rehabilitation) into ordinary operations
5. Strengthen binding collaboration with nursing and care services and primary care doctors
6. Mutual transfers of expertise and guidance through mobile services, collaboration on learning and coping skills services and visiting practitioner schemes, etc.

Efforts going forward

- Develop a regional action plan for coordination
- Individual plans and rapid transfers of information for referrals and summary patient records (upon discharge), including development of shared infrastructure for information
- Further refine good patient careers. Establish lines of treatment that include patient care teams, patient training, rehabilitation and the primary health service
- Systematized binding cooperation with the municipal health service on discharges
- Further develop collaboration with other players, such as the Norwegian Labour and Welfare Administration
- Put in place new kinds of organization in the form of common solutions with the primary health service, such as a common emergency ward or unit
- The collaboration with the City of Oslo on establishing a new large city emergency unit will continue.



The specialist health service is to have a clearer role in prevention

Background/rationale

Prevention and coordination with the municipal health service is one of the most important strategies that can reduce pressure on the specialist health service in the future and help to ensure that the highest priority patients are given the care they need. While local authorities and the specialist health service are aware of what is necessary for implementing adequate prevention, responsibility for purely preventive measures have traditionally been placed at municipal level. The specialist health service has often concentrated its preventive efforts on preventing a disease that has already occurred from worsening and becoming a chronic condition.

Developments in medicine have made better diagnostics possible, which means that many diseases are diagnosed early so that complications of the disease can be prevented or postponed by deploying targeted measures.

In several areas the specialist health service can make substantial contributions to targeting preventive efforts to prevent the occurrence of illness and injury. (Examples of this range from research on connections between lifestyle and disease to the fact that registering accidents upon admission to hospital can provide important data to the highway administration on accident-prone stretches of road.) Also in fields like rehabilitation, mental health care and drug and alcohol dependency the municipal health service depends on adequate systems for transferring knowledge from the specialist health services in order to provide proper preventive services.


Because the health service is a labour-intensive activity, health institutions are often key enterprises in their local communities. This means that preventive activities for a health trust's own staff can have a noticeable influence on the general health of the area where the institution is located. Health-promoting efforts for health trust staff can be a good starting point for increasing the specialist health service's primary preventive efforts, while yielding benefits for the employees.

Strategic choices

1. Individually tailored efforts early when risk is identified
2. Better tailoring of preventive efforts to key target groups in close collaboration with the municipal health service.
3. Increased reciprocal transfers of knowledge between the specialist health service and the municipal health service

Efforts going forward

- "*Standarder og indikatorer for forebyggende og helsefremmende arbeid på sykehus*" (Standards and indicators for preventive and health-promoting efforts at hospitals) is to be employed as a tool in preventive activities
- The learning and activity centres are to be developed as a venue for coordinating prevention
- The health trusts are to bolster their role in preventive work and HSE vis-à-vis their own employees
- Strategies for prevention are included in the development of coordination measures
- Funding systems as an incentive to preventive efforts and training patients and their families



Locally based care for the majority of patients

Background/rationale

To ensure services that are aimed at meeting the needs of patients with chronic and complex conditions, local hospitals and other locally based specialist health services are to be strengthened. A special approach and special expertise are required for meeting these patients' needs, in terms of diagnostics, treatment and follow-up. Broad expertise and proper coordination with the local authorities are essential. Equal care for different ethnic groups must be ensured.

Strategic choices

1. Locally based specialist health services, local hospitals and the local hospital function at more specialized hospitals are to serve the majority of the patients in the hospital's catchment area in need of care from the specialist health service.
2. Locally based specialist health services are subject to the same quality standards as other specialist health services. To uncover and correct faults, the health trusts are to ensure that the volume of the services provided locally is large enough to enable comparison of results with other hospitals.
3. Locally based specialist health care will include the following:
 - Day and overnight services in internal medicine
 - Services for the elderly
 - Elective surgical services
 - A broad spectrum of outpatient services in partnership with more specialized hospitals
 - Diagnostic services
 - District psychiatric centre / child guidance clinic / the local hospital function for mental health care
 - Mobile specialist health services
 - Services in the area of interdisciplinary specialized drug and alcohol treatment, i.e. the part of drug and alcohol treatment taking place in the specialist health service and requiring both social work and medical expertise.
 - Locally based rehabilitation services in partnership with the municipal health service
 - Learning and activity centres in a close partnership with the local authorities, user organizations and the more specialized hospitals in the hospital area
4. Local conditions, especially travel time to more specialized hospitals, must be taken into account when designing the emergency and elective functions of the individual local hospital and when assessing the need for other locally based specialist health care, e.g. district medical centres. The need for emergency functions at local hospitals is to be viewed in a close connection with prehospital services and the municipal emergency unit.
5. Locally based specialist health services outside of hospitals, local hospitals and local hospital functions at more specialized hospitals need to develop broad expertise and interdisciplinary capability. Activities need to be organized in a way that ensures an integrated and broad professional approach to patients with undetermined and complex conditions, including mental and addiction-related illnesses.
6. As part of the local hospital function, integrated services are to be developed in the area of interdisciplinary specialized drug and alcohol treatment, i.e. both mobile and outpatient services, as well as day and overnight treatment.
7. The district psychiatric centres perform the local hospital function for mental health care and are to meet the population's general needs for such services. District psychiatric centres are to locate their services as close to the population as possible, preferably sharing premises with general hospital functions.
8. In line with the guidelines in the National Strategy for Habilitation and Rehabilitation, the health trusts are to develop locally based rehabilitation services in partnership with the municipal health service, to help to give disabled patients and other patients day or

overnight services close to home. Mobile rehabilitation services are to be part of the local hospital function.

9. As part of the locally based specialist health service, learning and activity centres are to be established in close cooperation with the municipalities in the catchment area, user organizations and the more specialized hospitals in the hospital area. The learning and activity centres are to be an active part of the health trust's illness-prevention efforts.

Efforts going forward

- Decisions to make structural, organizational or management changes are to be followed up in collaboration with management, users and health trust employees.
- The content of local hospitals and more specialized hospitals is to be made clearer and be communicated.
- Mobile services are to be developed
- Learning and activity centres in local hospitals will offer services to all patients groups served by the hospital and be developed as a venue for coordination with the local authority
- District medical centres and other locally based specialist health services outside of hospitals are to be established wherever appropriate
- A action plan for the elderly is to be drawn up



Emergency functions and emergency medical treatment chains are to be reinforced and refined on the basis of national standards

Background/rationale

Decentralized specialist health services and a commitment to binding cooperation with the municipal health service are placing new demands on prehospital services. Bigger differentiation of hospital services requires and increases the need for good, appropriate transport solutions. Fast medical treatment improves treatment outcomes. New technological solutions and good emergency medicine provide new opportunities for early treatment.


Strategic choices

1. The main principle is to coordinate emergency functions for general medicine, mental health care and interdisciplinary specialized drug and alcohol treatment within each hospital area
2. Emergency medical services at local hospitals are to be viewed in the context of and adapted to local conditions. Further development of the health trusts' emergency functions is to take place through proper local processes, with broad-based coordination and involvement within the hospital areas.
3. Emergency units and emergency medical treatment chains must be staffed and organized to ensure quality in the initial triage, diagnostics, treatment and patient flow. There should be closer integration of municipal emergency medical services with the emergency functions of the specialist health service.

Efforts going forward

- As a rule, emergency functions for surgery and orthopaedics are to be united under a single management, preferable at a single site in each hospital area
- Developments towards common emergency units and having more emergency functions in one place to continue
- All health trusts are to put a system in place for documentation and activity registration in connection with emergency units

- A study is to be done of the future organization of prehospital services. The regional strategy will provide the framework for plans by area. Quality, effective and reliable prehospital services with sufficient capacity are to be guaranteed. Particular emphasis will be on coordination, upgrading skills, new technology and differentiated transport services.

 Specialized functions are to be located on the basis of requisite patient volume and professional dependencies.

Background/rationale


Emergency care and specialized care are costly, require interdisciplinary teams and place heavy demands on infrastructure. In some fields and in the treatment of multiple traumas, treatment methods have been developed that result in higher survival rates and better therapeutic outcomes, but that ought to be concentrated in fewer units to maintain adequate skills. The entire treatment chain will have vital tasks for optimum patient care, and with adequate specialization, division of labour and coordination, the service as a whole will be able to offer this.

Strategic choices

1. Specialized functions are to have a catchment area corresponding to one, or if quality- or expertise-related circumstances warrant, several hospital areas, based on optimum patient volume and efficient utilization of expertise and technology. Situating specialized function in the hospital area should address professional dependencies.
2. There should normally be one call-duty line per specialized function. Hospital areas that do not concentrate specialized functions in a single unit must ensure professional coordination of such functions.
3. The construction of new functions within a hospital area must be evaluated on the basis of professional criteria and economic considerations. The construction of functions in hospital areas must not take place at variance with established multiregional functions, which would result in building unneeded capacity relative to need or a greater need for medical specialists that thereby reduces the chances for other regions to build up these functions.

Efforts going forward

- Decisions to make structural, organizational or management changes are to be followed up in collaboration with management, users and health trust employees.
- Professional recommendations and studies are to be followed up and translated into action in further development within the hospital areas.
- Mobile specialist services are to be further developed with regard to local hospital function and municipal health services
- Specialist services in close proximity to patients and “hospital at home” services are to be developed further to avoid/shorten admissions and put in place close contact with medical specialist expertise in the patient’s home

 Regional functions are to be concentrated and streamlined

Background/rationale

There is a growing demand for highly specialized services as well as a need for better resource utilization. Highly specialized medicine requires massive investment in skills and

equipment and has high operating costs. In line with international trends there is a need to develop reference hospitals.

Strategic choices

1. As a rule, regional functions are to be concentrated at a single site in the region. The professional dependencies within highly specialized medicine must be addressed when functions are concentrated.

Efforts going forward

- Location of regional functions and multi-area functions in the areas of general medicine, drug and alcohol dependency, mental health care and rehabilitation to be determined by the South-Eastern Norway RHA
- Interdisciplinary regional professional councils are to be established
- National tasks in the areas of emergency preparedness and trauma are to be addressed and ensured
- The role of Rikshospitalet as a highly specialized university hospital with a large number of formal national functions will be preserved and developed further



Habilitation and rehabilitation services are to be bolstered locally and regionally

Background/rationale

Habilitation and rehabilitation do not enjoy the position and prestige in the health and care service that the overarching health and welfare policy objectives call for. The overarching objective of the national rehabilitation strategy is to change this state of affairs. Rehabilitation work shall help to improve and maintain functional levels, change unhealthy lifestyles, enable the elderly to live on their own as long as possible and help as many as possible to be active participants in daily life, the labour force and social life in general.

Defining needs for overnight and day services, learning and activity centres, outpatient (interdisciplinary) care will be a necessary specification of the care that the specialist health service is to provide. There is an urgent need to standardize this within the new hospital areas to ensure equal treatment regardless of geography.

Depending on how their conditions develop, most patients with a chronic illness or permanent disability need specialist health services several times during a long career. The various services (service providers) constitute the network of habilitation and rehabilitation services. Individual plans tie them together so that the actions or measures are coherent and lead the individual process forward towards its goal.

Modern rehabilitation begins at the acute stage/during assessment, and not long into the hospital stay. Curative medical thinking needs to integrate rehabilitation thinking right from the first encounter with the specialist health service. The same applies to habilitation services.

Strategic choices

1. Rehabilitation services in the hospital areas are to be strengthened through better integration between treatment and rehabilitation. Rehabilitation is a natural part of a patient career. It is the responsibility of the hospital areas to guarantee the specialist health service's rehabilitation services either by offering them at their own health trusts or purchasing them from private rehabilitation institutions. Future organization and priorities are to ensure more equality and availability the areas of habilitation and rehabilitation, so

that more decentralized services result in less variation in care and resource use between health trusts.

2. As part of the effort to put in place adequate capacity and qualified staff in the area of rehabilitation, the hospital areas in collaboration with the local authorities are to draw up area plans for developing rehabilitation and habilitation services in the hospital area.
3. Regional rehabilitation functions are to be concentrated to bolster rehabilitation as a field and ensure further professional development, research and training.
4. Research, training and good interdisciplinary treatment services are to be ensured by organizing the regional functions in close partnership with the other regional hospital functions.

Efforts going forward

- Adequate resources must be deployed in the areas of habilitation and rehabilitation to put in place the right capacity for these services
- User participation is to be bolstered. Users are to play a central role in their own rehabilitation
- Improved use of individual plans and coordinated units to strengthen habilitation and rehabilitation services
- Private institutions are a key resource in habilitation and rehabilitation work. Their function and role in the treatment chain are to be clarified further
- Learning and activity services are to be included in the treatment chain
- The professional quality and status connected with habilitation and rehabilitation services are to be bolstered. There is to be a systematic focus on developing quality
- During 2009 the South-Eastern Norway RHA will draw up a regional plan for habilitation and rehabilitation.



Interdisciplinary specialized drug and alcohol treatment is to be strengthened and integrated into local hospital services

Background/rationale

Drug and alcohol abuse is a serious social problem. The number of young people with serious, multiple addictions is rising. This group also includes persons with aggressive and disruptive behaviour. There is a rising prevalence of a combination of serious mental illness and serious, protracted substance abuse. There is a considerable degree of morbidity and increasing age among those with drug and alcohol dependency.

In general there is an unmet need for services for the substance-dependent, not least for ethnic minorities, young people and adults with considerable complex needs. Treatment outcomes are generally weak.

The capacity of detox and examination services is too low, which makes optimum capacity utilization and adequate patient flow difficult. There is a further need to increase the share of health personnel in the area of interdisciplinary treatment of persons with drug and alcohol dependency.

The guidelines in the Government's escalation plan for the substance-abuse area will form the basis for further development. Prevention and coordination are necessary strategies. Proper treatment chains need to be developed, and treatment initiated as early as possible.

Strategic choices

1. In connection with the organizational solutions chosen, the hospital areas/health trusts are to help to ensure consistent leadership in the area of interdisciplinary drug and alcohol treatment
2. The hospital areas are to develop action plans for interdisciplinary drug and alcohol treatment, with a particular focus on implementing guidelines, reporting on quality indicators and user surveys, to coordinate efforts vis-à-vis the Norwegian Labour and Welfare Administration.
3. A regional reporting process is to be carried out to clarify which long-term overnight services are to be regionalized in the area of substance abuse.
4. The health trusts are to put in place coordination agreements between the various levels in the area of interdisciplinary drug and alcohol treatment, between such treatment and mental health/general medicine and between interdisciplinary drug and alcohol treatment and the local authorities. Such agreements need to be anchored in overarching cooperation agreements between the health trusts and between health trusts and local authorities.
5. The health trusts are to build up mobile services that can help to lower the threshold to interdisciplinary drug and alcohol treatment for patients, be a key link between outpatient and overnight units and ensure active coordination with municipal services.

Efforts going forward

- As part of the local hospital function, integrated services are to be developed in the area of interdisciplinary specialized drug and alcohol treatment, i.e. both mobile and outpatient services, as well as day and overnight treatment, see above
- A drug and alcohol emergency unit is to be established in Oslo



Mental health services are to be improved on the basis of robust district psychiatric centres

Background/rationale

The quality of the district-based psychiatric specialist health service needs to be improved. It must help to ensure correct diagnoses, treatment guarantees and equal patient care. People with mental disorders will nearly always need easily accessible treatment services located close to where they live. The main activities in the area of mental health care are connected with robust district psychiatric centres in keeping with the plans of the escalation plan.

Strategic choices

1. Mental health care services in the South-Eastern Norway RHA are to be developed further, in keeping with the principles in the escalation plan for mental health. Future organization and priorities are to ensure more decentralized offerings and equal services between hospital areas
2. In connection with the organizational solutions chosen, the hospital areas/health trusts are to help to ensure consistent leadership in the area of mental health
3. In the Oslo hospital area, integrated management is to be ensured by placing district psychiatric centres, emergency functions and overnight services with the local hospitals. Regional functions and most of the research in the area of mental health care are to be placed with the local public hospital to ensure cutting edge professional expertise in the area of mental health and drug and alcohol abuse

Efforts going forward

- As a rule, catchment areas for general medicine, mental health care and drug and alcohol treatment are to be coordinated

- Local hospital services are to be developed in connection with district psychiatric centres, 50/50 division between hospital treatment and district psychiatric centres
- Mobile services are to be developed
- Regional services to be concentrated
- Strategies for good recruitment and the proper distribution of human resources among various services are to be developed

5 Research



Research in the South-Eastern Norway RHA is to aim for the highest quality, be based on collaboration and good resource utilization and benefit patients.

Background/rationale

Medical and health research is one of the four statutory tasks of the specialist health service. The health trusts are responsible for clinical patient-oriented research to be developed on the basis of clinical issues of immediate concern to patients. In addition, the university hospitals have a special responsibility for basic research, technically advanced research and for researcher training and the establishment of network collaboration in the region. The responsibility for engaging in research rests with the management lines. This means that the health trusts are to set aside necessary resources for positions, operating funds and space.

All health trusts in the region (except for hospital pharmacies) are to have a local research committee. In addition the health region has a regional research committee and an administrative network for health trust research managers (administrative research manager network). All health trusts in the region are to aim for high quality in their research through collaboration and participation in professional research networks.

Research in the health region is to have relevance for the content and organization of the health service and contribute to improving health services for the population. The research projects in the aggregate are to help to meet the goal whereby the entire range from experimental clinical research to biomedical basic research and epidemiological, health and health service research is covered.

Strategic choices

1. Medical and health research in the South-Eastern Norway RHA is to provide knowledge, expertise and development capabilities as the basis for high quality specialist health services. Research is to provide fundamental knowledge for prevention, diagnostics, treatment, care and rehabilitation, as well as economic development.
2. Research under the South-Eastern Norway RHA is to aim for world-class quality and be broad enough to improve organization and coordination, resource utilization and recruitment to the specialist health service in the health region.
3. In the longer term (ten years) the resources devoted to research and innovation are to increase to 5% of the health region's operating budget.

Efforts going forward

- The adopted research strategy is to be implemented
- The quality and production of research is to be increased
- The number of research environments in the South-Eastern Norway RHA at the forefront of international research is to be increased
- The use of resources for research in the health trusts is to be increased from the 2008 level
- Adequate, targeted amassing of expertise and recruitment of researches in all relevant professions
- Strengthened and further formalized collaboration with universities and university colleges
- The South-Eastern Norway RHA will function as a national promoter of research and strategic coordination

6 Development of knowledge and good practice



Good knowledge management, integrated patient careers and continuous human resource development are essential for good, high-quality patient care

Background/rationale

The task of the health service is to meet patients in a beneficial way and help them by providing measures that improve their health. Knowing what measures will yield the most benefit is a key factor input.

At the same time, patients' perception of good health care will be coloured not only by their encounter with the individual doctor by the entirety of the patient career and by all encounters and experiences from the initial contact with health personnel until their rehabilitation is completed.

Proper knowledge management and good practice are necessary for providing proper health services of uniform quality that are future-oriented and knowledge-based and marked by openness and involvement, respect and predictability. And health trust staff must be able to base patient treatment and care on the best knowledge, integrated with the experience and preferences of clinicians and users. Research-based knowledge must be able to be used in all parts of the regional health authority wherever relevant and also communicated to the patients as the basis of real participation in their own treatment programme.

Good patient-perceived quality and proper resource utilization can be improved and ensured in several dimensions, e.g.:

- Development of standardized lines/courses of treatment. Good lines of treatment are to be based on empirical practice, the experience of the individual therapist, and involve patients and their families. 60% of the resources in hospitals is currently used to treat 30 diagnostic groups. For these major diagnostic groups in particular, standardized lines of treatment will be relevant. The sharing of knowledge across hospital areas will be a key part of the further development of lines of treatment.
- For rare and complex conditions it is important for proper knowledge management be in place and for tools to ensure treatment based on the best knowledge to be made available to the individual health worker as an integral part of the job.
- Improvement of work processes across patient careers (e.g. through a "lean" approach) to ensure efficient operation and proper quality in the patient's encounter with the hospital.

Strategic choices

1. The South-Eastern Norway RHA shall facilitate better knowledge management, integrated patient careers and good practice by strengthening and developing existing structures, processes, skills and capacity that support health workers and decision makers in applying knowledge and being a part of a constantly improving learning organization.

Efforts going forward

- Development of good, integrated strategies for knowledge management, improvement efforts, human resource development, lines of treatment and good practice will be an ongoing process. Medical communities, employee representatives and user committees are to be involved in the processes together with national resource centres. Experience

from other countries is to be compiled and applied in the design. The strategy is to include such measures with regard to:

- Instruments for human resource development
- Professional venues such as professional groups, quality work and partnerships with colleges
- Support for improvement work
- Measures to develop integrated patient careers
- Existing knowledge tools such as clinical procedures, lines of treatment and electronic patient records
- Existing knowledge services, such as library services, in-house instruction, health trust websites and in-house newspapers
- ICT, including user-friendliness and easy availability with access to the Internet and necessary sources of knowledge

7 Organization and development of shared services



Coordinated management and group development shall free up resources by achieving economies of scale and boosting professionalism.

Background/rationale

The South-Eastern Norway RHA must operate within a tight budget, and it is unrealistic to suppose that this will change substantially in the period moving forward. Shortages of capital resources and investment funds and demands for improving efficiency require coordinated management and good resource utilization with regard to personnel, operating finances and capital.

This requires the achievement of qualitative as well as economic gains through better utilization of the totality of resources for administrative support functions. Common solutions for support functions in the areas of accounting, payroll and personnel administration, resource management (work plans systems) and shared ICT systems for recruitment will result in standardization of processes, technology and organization.

ICT is a critical factor input that is intended to support good quality, equality and professional effectiveness in patient care. The goals of organization by profession and coordination require a great deal of ICT support for clinical processes across traditional division between health trusts, municipal health services and other health sector players. This requires substantial investment in technology and real growth compared with current levels and necessitates regional coordination of ICT development, shared priorities and a strong focus on organizational development and realization of gains in core activities.

Improvements of purchasing costs will have a considerable effect on the financial situation in the group of health trusts. It is also important for purchasing to follow issued rules and ethical guidelines. Furthermore, coordinated management of the property areas will increase the flexibility of adapting the property stock to patient needs, medical developments and societal constraints.

Strategic choices

1. The organization of ICT is to support the goals set for the development of the South-Eastern Norway RHA and ensure good quality service, proper operational security and good resource utilization through coordinated regional management, correct prioritizing and realization of organizational gains in the health trusts.

2. A culture is to be developed for continuous improvement in purchasing and logistics through proper organization and broad involvement of employees at all levels in the group of health trusts.
3. Administrative support functions in the group of health trusts are to be standardized in terms of technology, organization and process to free up resources for patient care and improve the quality of administrative functions.
4. A new organization in the property area is to help to professionalize ownership and management of the group of health trusts' property stock, promoting cost-effective and good health services within available budgets. More efficient space utilization is to help to reduce excess floor space capacity.

Efforts going forward

ICT

- Focus on development of activities to ensure realization of gains in core activities when new technology is introduced
- Increased coordination and shared management through a shared model for organization and management of ICT in the region
- A shared service provider is to be established
- Portfolio management is to be put in place to ensure an overview of all parallel projects and prioritizing of new ones
- Electronic support for coordination between health trusts and with the primary health services is to be enhanced
- Infrastructure, applications and agreements are to be standardized
- Professionalization of services and development of shared strategies and action plans
- Architecture to be developed to support changed needs, coordination and standardization

Purchasing/Logistics

- Full support and use of a shared supply structure for the entire group of health trusts
- A shared electronic ordering structure for the entire group of health trusts and measures to improve management of the orderer organization at the health trust level
- Activities for ongoing development and consolidation of purchasing with standardization of products and simplification of work processes as the main focus
- Ensuring the implementation of measures and realization of gains through well managed projects and early handover to operational organization as well as bolstering the deployment of resources at both a regional and health trust level
- Development of strategies and measures for socially responsible purchasing, particularly with regard to ethics and the environment
- Development of a communication strategy and culture work among all employees to ensure loyalty with regard to approved measures

Payroll and personnel functions

- Put in place plans for transferring services and for developing and implementing new services in collaboration with the health trusts
- Concentrate expertise in fewer environments, strengthen services and give employees in this area better opportunities for professional growth and development

Property

- Overcapacity in must be reduced in real terms. Capacity in existing and new locations is to be utilized optimally
- Strategies need to be developed for making space use more efficient. Resources must be freed up and reprioritized
- The existing building stock in the area of mental health care, especially in the large operating units, is to be reviewed
- Disposal of superfluous space is to be planned and implemented

8 Mobilizing staff and managers



Competent and motivated staff – our most important resource and factor input

Background/rationale

The South-Eastern Norway RHA is Norway's biggest knowledge enterprise, with a staff of 69,000. They are the regional health authority's chief resource, and the authority depends on committed employees and their leadership and ability to get the job done. Developing culture, values, skills and clear principles for management and participation will make this possible. The manner in which human resources are managed, developed and applied is the key to meeting the long term goals and challenges the South-Eastern Norway RHA faces, regardless of whatever good objectives, strategies and professional reorganization are decided on.

Strategic choices

1. Ensure skilled and motivated employees and managers, which through commitment and ability to adapt to changes will help to develop the professional environments and which will ensure proper operations and quality in patient care. Methods for change and reorganization efforts are to be developed further. Broad-based participation and codetermination are to be facilitated.²
2. There will be a greater focus on human resources and on developing good systems for recruiting, developing and applying these resources. The individual employee is to have the opportunity to develop (in terms of knowledge, skills, attitudes, motivation and behaviour) for the good of the patient, the South-Eastern Norway RHA and themselves.
3. There is to be a good overview and proper monitoring of resource use and changes in staffing. This requires a focus on resource analysis and management, refinement of work processes, frank discussions with managers and more creative use of technology and human resource management.
4. HSE work is to help to develop operations that promote health. The priority is to design an efficient, inclusive and supportive working environment.
5. High levels of sick leave create a special need for prevention among the Authority's own employees. Prevention is to be integrated into everyday operations, cf. the initiative to reduce the number of staff on sick leave.

Efforts going forward

- Training, knowledge and skills are to be used for the benefit of patients. The right human resources are to be recruited, developed and used in the right manner
- Management capabilities are to be bolstered through staffing plans and targeted management of personnel resources
- Ensuring a working environment that promotes health, is safe and is characterized by security, openness, respect and high ethical standards. Measurement parameters and control systems are to be developed that ensure that HSE is followed up systematically

² Board item 67/2008 no. 6. Reorganization programme. Focus area 5. Mobilizing staff. 12 principles for participation in reorganization provides a detailed description of the principles the South-Eastern Norway RHA wishes to apply for involving staff and managers.

9 Sustainable development through proper financial management



Sustainable development over time requires a better division of labour, better resource and capacity utilization and proper financial management

Background/rationale

It is a general requirement and responsibility for operations' budgets to be balanced, with a view to sustainable development in the longer term. The assumption is that budgets will not be increased substantially over current levels. This means that bringing about sustainable development over time on the basis of a more efficient division of labour, better resource and capacity utilization and tighter financial management is a matter of great urgency.

Proper management of operations involves clearly communicated objectives, traceable decisions and clear priorities. This requires proper leadership and effective discussions on management.

The assumption is that private services will be used in a predictable and appropriate manner, and that all measures carried out need to be evaluated with regard to benefits to the region as a whole and with regard to the consequences for the population in other parts of Norway.

Strategic choices

1. Reorganization is to be based on correct priorities, realizing gains and further development
2. Balanced budgets are essential in all management dialog and manager development
3. Decisions are to be patient-oriented and testable with regard to quality and finances
4. Economies of scale are to be realized
5. Private services are to be used in a predictable and proper manner
6. Planning and resource allocation, including a new revenue model, are to take place in an overall regional and national perspective

Efforts going forward

- Balanced budgets in accordance with management requirements, priority targets and set activity level
- Management at activity level and staffing on the basis of budgets and priorities
- Proper administrative information is to be developed further
- Realization of gains is to have a medical perspective and be integrated into prioritization and budget processes
- A regional funding model is to be developed and implemented