

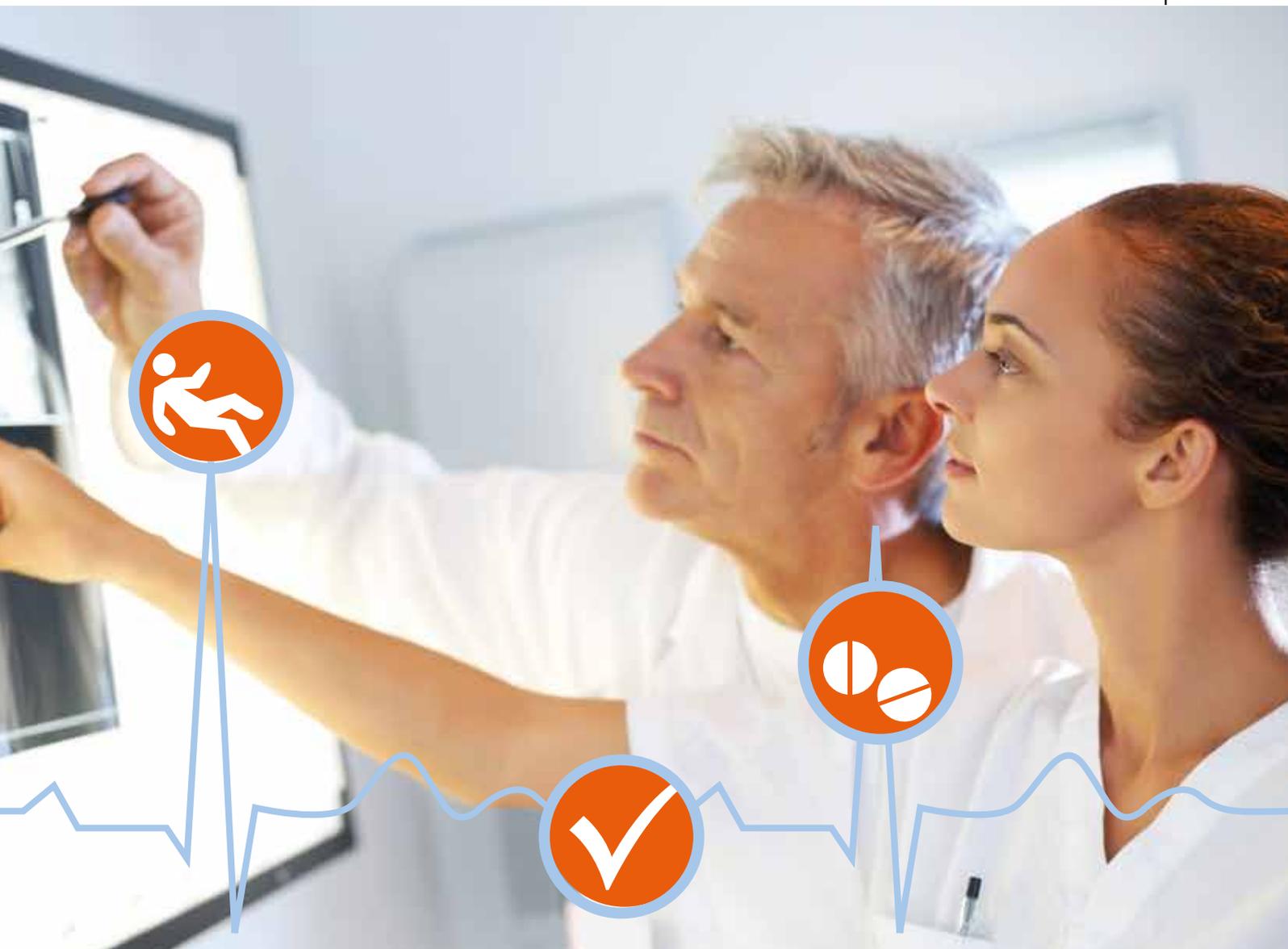


NORWEGIAN MINISTRY
OF HEALTH AND CARE SERVICES

Meld. St. 10 (2012–2013) Report to the Storting (white paper) Summary

High Quality - Safe Services

Quality and Patient safety in the Health and Care Services





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1 More attention on the content of the services

High ambitions

Norway has good health and care services, thanks to strong communal solutions. The Government wants to further improve the services on these advantages and has high aspirations. The services are requested to be of good quality, be accessible within acceptable waiting times, and the services must reach everyone, regardless of social background and place of residence. We have had much success in these areas. The Norwegian health and care services do well in international comparisons of quality of treatment. In several areas, we are among the best in the world. Norway is also better equipped to meet the challenges of an ageing population than most other countries. An important reason for this is the Nordic welfare model, which is based on equality and high employment rates among women. Financial governance and good control of the totality of the economy is another factor in strengthening welfare and developing health care services for the future.

However, challenges remain in some areas. Adverse events lead to unnecessary suffering and are a major cause of prolonged hospital stays. Infections and medication errors are the two most common causes of patient injuries. From the patients' and users' point of view, there is also room for improvement. This applies to patients' views on the health service, the flow of information and communication, and coordination between different parts of the service. Here, Norway is behind several other countries. This is evident from reports and international comparisons. The Norwegian Board of Health Supervision reports that the lack of quality management and control affects patient safety. There is a need to develop systems and cultures to learn from mistakes. There

is also a need for more knowledge about the quality of the services.

A comprehensive policy for quality and patient safety

High quality health care services are about the quality of individual measures, but also about the service as a whole helping to provide as many years as possible of good health.

This is the first white paper on quality and patient safety that covers all health and care services, including dental health services. The Government wants to focus on the content and quality of the services. The white paper presents the overall framework for the work on quality and patient safety in the years ahead. There is a need for a holistic approach. Many challenges are common to all health and care services. In addition, there are special challenges related to interaction between the specialised and primary health and care services.

A patient-centred health care

A patient-centred health care is an indication of high quality. The health care services have become more patient-centred in recent years, but there is still room for improvement. The Government wants to help patients and users to experience the services as more accessible and coherent. Patients and users shall receive information and support that allow them to contribute in making decisions regarding their own health and treatment and care options, taking into account that patients and users are different and that the individual's needs may change over time. High quality services requires engaging patients and users in planning service delivery and choice of treatment. Patient involvement and engagement leads to greater

confidence and greater satisfaction with the service. Shared decision making can lead to better outcomes for the patient, as well as better utilization of resources.

Shared decision making makes patients and users participate more actively in decisions concerning their own treatment or care. It is, however, important to take into account that all users do not have the same ability or desire to participate actively. Measures to better enable patients and users to take care of their own health improves the quality of life of individuals, and contributes to more sustainable health and care services.

More patient-centered services will require redesign of service delivery and innovation. If the services are to succeed with such changes, new ways of working together, communication skills, decision aid, and changes in culture and attitudes are required.

Quality improvement is a leadership responsibility

The specific work to improve the quality of the health and care services must primarily take place in the health care institutions. Systematic quality and patient safety work is the responsibility of managers at all levels in the services. This work must be supported and demanded by senior management, but especially leaders working close to the patients have a key role.

The Government and health authorities have the overall responsibility for supporting quality and patient safety efforts in the services. The last few years have seen important actions to improve quality and enhance patient safety. Examples of this are the enactment of systematic quality and patient safety efforts, the development of quality indicators, changes in the reporting system for adverse events, the national patient safety campaign and a national healthregistry project. The Government will improve the systems for learning from mistakes, identifying risks, and creating a culture of systematic quality improvement and patient safety.

Today's specialized health and care services imply an urgent need for standardization and collaboration across disciplines and specialities. This will improve patient safety. Health authorities will promote standardization through national

policies and guidelines, measures to enhance knowledge development and competence, development of quality indicators, and systematic quality work. Financial incentives, regulatory changes and educational measures will encourage systematic quality work. The health authorities also have an important task in demanding performance on quality and patient safety.

Transparency leads to assurance and learning

In order to learn from mistakes and improve the quality of the service, we need to measure quality and patient safety, and to be open about results. Employees and managers need to know if services are delivered with too high risk or too much variation in the results.

Transparency also implies that individual employees have the right to express themselves on matters perceived as blameworthy. Health care personnel are important contributors to the discussions about how to improve service delivery. Public debate creates involvement and leads to greater knowledge and provides information for the public about the quality and accessibility of the health and care services. Transparency and freedom of expression are parts of a vibrant democracy. Public debate is particularly important in matters relating to prioritization of common resources. Health care personnel should normally be allowed to voice criticism without this coming into conflict with loyalty to the employer. It is important to emphasize that individual health institutions must strive for a culture in which employees feel that there is freedom to raise such discussions within the organization.

Systematic quality improvement is part of the ordinary activity of the health and care services, and contributes to more effective services. Quality measurement must be perceived as meaningful by managers and employees, if it is to contribute to learning and changed practices.

The challenge is to ensure that national measures actually contribute to development, learning and quality improvement. Attention must always be directed toward the actual effect of the measures on quality and patient safety. There must also be an emphasis on avoiding unnecessary reporting and extra work.

Prioritization and quality

Norway uses significant resources on health and care services. The Government gives the health and care sector a high priority. There has been growth in allocations to the specialist health services and municipal budgets for several years. Even in a rich country like Norway, the health and care sector must compete with other sectors for labour and other resources. In the years ahead there will be significant growth in the oldest age groups, which will lead to increased demand for care services. At the same time new medical technology leads to new opportunities and increased demand for services, as well as increased costs. Both financial and human resources are limited. A decision to spend more resources in one area means that there will be fewer resources in another. This creates a need for overarching policy priorities.

Prioritization also concerns exploiting the resources in a service or institution in the best possible way. At the same time, the services on offer must be of high quality. This is a challenge. The municipalities are responsible for developing the local services, and are best able to prioritize in accordance with local conditions and needs. The regional health authorities are responsible for the access of the population in the region to specialist health services.

From 2012 a system was introduced for knowledge-based decisions on whether to introduce new and costly treatment methods in the specialist health services. This system involves systematic use of health technology assessments (HTAs) before decisions on introducing new methods are made. The system will contribute to greater transparency in the decision-making process and more knowledge-based decisions. See further discussion in Chapter 8, More Systematic Testing and Introduction of New Treatment Methods.

2 The Government's goals for this work

The government's overall goals for quality and patient safety efforts are:

- a more patient-centred health and care service
- increased emphasis on systematic quality improvement
- improved patient safety and fewer adverse events

The goals of quality and patient safety efforts are in line with the principles presented the Coordination Reform. The reform also aims to create a better balance between prevention and treatment, and improve balance and equality between the specialist health services and health and care services in the municipalities. The white paper on quality and patient safety will help to tailor services to the individual patient and user, and ensure that the service is safe and of good quality. This is in keeping with the Coordination Reform. The scope of the quality concept is discussed under 1.4 A comprehensive approach to quality.

A more patient-centred health and care service

The health and care services must focus on patients' and users' needs and wishes. Their experiences must be used in improvement efforts. Active participation must form the basis for decisions on treatment and care for individuals. The role of the family as a resource will be strengthened.

Increased emphasis on systematic quality improvement

There should be greater emphasis on working with quality improvement at all levels of the health and care services. This work should be integrated in the daily operations of the services. Systems for measuring quality will be improved, and leaders must request and follow up results. Quality work will lead to better health, more satisfied patients and better resource utilization.

Improved patient safety and fewer adverse events

Patients and users must be confident that health and care services have established systems and a culture to report, analyze, learn from and prevent adverse events. The overview of the scope and risk areas must be improved. Events that have or could have led to patient injury should be analyzed and followed up with action.

These goals apply across the priority areas of the white paper. There are additional goals linked to each of the priority areas in the white paper.

3 National measures and instruments

The measures in this white paper represent an overall policy to improve quality and patient safety in the health and care services. In essence, national measures and initiatives are aimed at the health and care services as a whole. In some areas, the measures are aimed at parts of the services.

The entire health and care services

National measures aimed at the service will contribute to more patient-centred health and care services, more emphasis on systematic quality work and better systems to prevent and learn from mistakes. The most important actions to improve work across service levels are to:

- develop decision support tools and self-service solutions, ensure that the user perspective is afforded a more central position in professional guidelines and instructions, and conduct more user experience surveys
- propose changes in health legislation to strengthen the legal position of patients and their families in supervision cases
- establish a five-year national programme for patient safety
- improve the system for developing and implementing national professional guidelines and instructions
- develop and publish more quality indicators, and use them in the monitoring of quality and patient safety efforts
- Conduct a project on measuring and reporting to identify what is reported today and consider simplifying and straightening out procedures
- submit for consultation a proposal for common regulations for internal control, quality and patient safety
- review requirements for qualifications in basic education, and assess the quality and relevance of practical training for health care

personnel, cf. white paper No. 13 (2011-2012) Education for Welfare: Interaction as Key

- propose a new authorization scheme for health personnel who have qualifications from outside the European Economic Area

Municipal health and care services

The new Health and Care Services Act emphasizes the municipalities' responsibility for systematic quality work. Many municipalities will need assistance in this work. The Ministry of Health and Care Services will systematize instruments and measures to support the municipalities in this work. The Ministry will in cooperation with the municipalities seek to further develop management data, statistics and quality indicators, and help municipalities develop knowledge and expertise on systematic quality improvement. Key measures are to:

- examine the establishment of a central health registry with unique personal data from the municipal health and care services
- regulate local political processing of quality requirements
- establish and develop networks, venues and competence centres as information support for health and care services in the municipalities
- further develop the management training in health and care services in collaboration with the Norwegian Association of Local Authorities (KS)
- enhance the partnership with the Norwegian Association of Local Authorities through a new quality agreement
- ensure that the municipal perspective is given a central place in the national measures aimed at the entire health and care services, including the five-year national programme for patient safety

The focus areas of Care Plan 2015, the quality initiative for substance abuse and mental health and measures to increase the capacity in terms of primary care doctors, psychologists in the municipalities, extended services in health centres and school health services and extended rehabilitation services in the municipalities, will help to lay a better foundation for systematic quality work.

The specialist health services

Better control of finances in the specialist health services has led to greater attention on quality and patient safety in the management of the hospitals. National quality indicators have been developed, the reporting system for adverse events has been changed, a system has been adopted for the introduction of new methods in the specialist health services and a national system has been established for the organization and management of national services. The key national measures to carry out and further develop this work are to:

- implement a national pilot scheme with quality-based funding in the specialist health services
- place even greater emphasis on the quality of management of the regional health authorities
- propose changes to the act relating to patient and user rights
- convert the emergency group for particularly serious incidents under the Norwegian Board of Health Supervision to a permanent investigation unit for handling notifications of serious incidents
- conduct a broad review of serious incidents and suspected offences in the health and care services

- develop and simplify the notification scheme for adverse events
- establish a set of national principles for experimental treatment, and introduce the adopted system for health technology assessment of new methods in the specialist health services
- introduce a national manager platform for the health authorities and strengthen the work on the national management development programme

These measures are discussed in more detail in the context of the six priority areas in Chapters 4-9.

4 A broad approach to quality

Quality is made up of elements that change over time and are emphasized and valued differently, depending on point of view and individual perceptions. The concept of quality is value-laden and subjective at the same time, and different elements can often conflict. Quality not only concerns the effect of treatment, but also dignity, perspective on life, proximity to home and family, risk of harm and other unintended effects, and various treatment options. There will often be inadequate knowledge about several elements of the quality concept. This means that quality is difficult to measure.

Standards Norway defines quality as “the degree to which a set of inherent characteristics fulfil requirements” (NS-EN ISO 9000:2005). The key point in this definition is that quality concerns the relationship between what is actually provided and what is required or expected. For the patient’s or user’s experience of quality, it is not only the service that is provided that has meaning, but also the requirements and expectations they have towards the service. “Requirements” are specified needs or expectations that are usually implied or obligatory. The term “quality” may be used with adjectives such as poor, good or excellent.

Six dimensions of quality in the health and care services

Standards Norway’s definition is general and can be applied to all sectors of society. What this means for the health and care services is described and specified in the National Strategy for Quality Improvement in Health and Social Services “... and it’s going to get better!”, which was published as a guide by the then Norwegian Directorate for Health and Social Affairs in 2005. The purpose of the guide is to ensure that government policies for good quality are implemented, and that quality efforts are coordinated and strengthened. The guide gives the concept of quality a content based on societal constraints, legislative requirements and professional assessments in order to provide the best possible services to users. Six dimensions of quality are formulated that state that the services must:

- be effective
- be safe and secure
- involve users and give them influence
- be coordinated and characterized by continuity
- utilize resources properly
- be accessible and fairly distributed

These dimensions or characteristics are largely congruent with quality strategies in other countries and in international organizations such as WHO, OECD and the EU, and the quality dimension of the Institute of Medicine in the USA.

The guide discusses quality and different approaches to quality efforts. The preface emphasizes that the guide can be used as a source of inspiration for local improvements. Target groups are defined as managers, decision-makers and practitioners in health and social services. There is no specific guidance on what measures the central authorities should take to support the efforts. The guide, however, includes a discussion of possible measures to strengthen quality work in the following areas: 1) strengthen the user, 2) strengthen the practitioner, 3) improve the management and organization, 4) strengthen improvement knowledge as a study subject, and 5) monitor and evaluate the services.

Although the Directorate of Health’s guide is called National Strategy for Quality Improvement in Health and Social services, it is more a guide in quality work than a strategic document for the health authorities. The Directorate of Health has published the report IS-1914 Quality and Competence, on how services for people with mental illnesses and addictions can be improved. It contains recommendations for quality work in services for people with mental illnesses and addictions.

With the white paper on quality and patient safety, the Government presents an overall strategy to strengthen systematic quality and patient safety efforts in the services. Quality thinking and the six dimensions of the Directorate of Health guide are the basis for the design of measures in the report. The user dimension is developed further in line with the Government's goal of more user-oriented health and care services and the principle of active participation. In the revision of the guide the discussion on the user dimension should be changed so that it to a greater extent includes the goals of active participation and self-care. See further discussion of the patient and user perspective in Chapter 4 A More Active Patient and User Role.

5 The need for comprehensive ICT solutions

In parallel with the white paper on quality and patient safety, the Government will present a separate white paper on digital services in the health and care sector. These two white papers have a number of points in common. In the white paper on digital services the Government discusses the major challenges related to information technology systems in the health and care services, and presents an overall strategy to improve the ability to change and facilitate a more holistic development of ICT systems.

The development of integrated ICT solutions is of great importance for quality and patient safety. The ongoing development work regarding electronic health records will provide easier access to data that can be used in quality and patient safety work. Electronic health records and patient administration systems are necessary for the secure management of and easy access to information about referrals, discharge summaries, medication use, test results, x-rays, and so on. Failure of these systems may result in critical treatment information not being available and delays in treating patients.

The development of ICT systems is rarely characterized by holistic thinking. Many independent stakeholders prioritize ICT solutions according to local needs and goals. This has resulted in several different systems that fail to adequately support integrated patient pathways and electronic collaboration across organization and service levels. Organizing this involves great complexity and means that it takes a long time to implement changes. The electronic exchange of information has increased considerably in recent years. However, too much information is still sent in paper form. Compared with other sectors, the health and care services still have considerable room for improvement when it comes to using the users as a resource. Assistive technology in the home and digital self-help tools are not widely used. Current ICT solutions provide limited opportunities for self-service solutions and direct communication with health care personnel. Patients and users also

have no online access to their own patient records. The Government intends to do something about this.

Comprehensive ICT solutions and digital services should make contact with health and care services easier. Patients and users will get online access to their own health information, the opportunity to perform certain tasks themselves in a secure manner, and the opportunity of electronic dialogue with health care personnel.

To achieve the goal of effective online interaction and a comprehensive range of services, it is necessary to reduce the number of separate IT systems. There is a need for more centralized solutions to ensure that health care personnel have fast and efficient access to necessary information. The Government's vision is that every citizen should have a medical record containing all data. It is therefore necessary to have stronger national management and coordination of ICT development, and an appropriate division of responsibilities and tasks between the stakeholders must be ensured. See further discussion in white paper No. 9 (2012-2013) One Patient – One Record Digital Services in the Health and Care Sector

Systematic quality and patient safety work must take place in parallel with the development of new ICT solutions. New ICT tools are only one of many instruments in quality and patient safety work.

6 Directions and constraints

This white paper focuses on national measures to support the work of health institutions towards quality improvement and patient safety. The white paper does not discuss all factors that affect the quality of the services. It draws attention to the systematic improvement efforts and the work on utilizing available resources in a better manner.

The content of the white paper is organized according to the key instruments, not according to specific target groups, diagnoses or similar. This means, for example, that challenges concerning immigrants and ethnic minorities are not discussed as a separate topic, but are included in the discussion of the challenges and instruments where appropriate. The same applies to gender equality and anti-discrimination in general. The Ministry of Health and Care Services will present a separate strategy for immigrant health in the spring of 2013.

Accessible services and equitable distribution are central to the concept of quality. Good quality assumes equitable distribution and that everyone has equal access to health services, regardless of diagnosis, place of residence, personal finances, gender, ethnic background and personal situation. Health and care services are organized and financed in a manner that should provide equal access to services. The services are in principle available to all. Patient fees are at a relatively low level, with the exception of dental services for adults. There are good sheltered schemes for groups with special needs, and the social safety net is well developed. This is especially important for people with chronic diseases who require services from multiple sectors over a long period of time. Despite the goal of equal access for all, there are social differences in the use of health services in Norway. A report from Statistics Norway from 2009 on variations in the use of health services concludes that the use of services varies with education and income. The higher the socio-economic status, the greater the use of health services, given the same needs. The Government's overall strategy to reduce social

inequalities in health is presented in white paper No. 20 (2006-2007) National Strategy to Reduce Social Inequalities in Health.

Equal access to health care requires that services are designed so as to address the users' different needs, for example in terms of physical accessibility, cultural understanding and language. Sami patients' needs for adapted services must be sought and made visible both in planning and evaluation, and when decisions are made. Moreover, health services to immigrants must be based on an understanding of language, cultural differences and other factors that may require special adaptation. Good interpretation services with qualified interpreters and responsiveness in the encounter with the patient are prerequisites for equality. In this report such issues are put on the agenda in that user orientation is a recurrent theme.

7 Summary

This white paper presents the Government's overall policy to improve quality and patient safety in the health and care services. The Government's goal is a more patient-centred health and care service, increased emphasis on systematic quality improvement, and improved patient safety and fewer adverse events.

In order to achieve the overall objectives of quality and patient safety, measures should be implemented in the following areas: 1) More active patient and user role, 2) Structures that support quality efforts, 3) Quality improvement in the services, 4) Greater transparency on quality and patient safety, 5) More systematic testing of new treatment methods, and 6) Better quality through knowledge and innovation. The main initiatives are presented in the introduction to this chapter.

Status and Challenges

Chapter 2, Status and Challenges, describes developments in quality efforts in recent years and the challenges the health and care services are facing today. There has been a trend towards increased attention on quality and patient safety as reflected in key policy documents. In white paper No. 16 to (2010-2011) National Health and Care Plan (2011-2015) the Government notes that key framework conditions are largely in place, but that there is a need for a general discussion of how the instruments affect quality and patient safety. There have been several projects aimed at service development and quality improvement both in the municipal health and care sector and the specialist health services. In recent years, quality and patient safety efforts have had stronger organizational support at the national level.

Although the Norwegian health and care services are among the best in the world and key framework conditions to ensure systematic quality and patient safety efforts are in place, there is still considerable room for improvement. International research suggests that Norwegian patients and users are less satisfied with the flow of information, accessibility and coordination between different

parts of the health service than in comparable countries. National surveys show that the service faces challenges in terms of patient injuries. The Norwegian Board of Health Supervision reports that the lack of quality management and control is a challenge to patient safety. There is a need to develop systems and cultures to learn from mistakes. There is a need for more knowledge about the quality of the services.

In Chapter 3, Quality Work in Other Countries and International Organizations, these are mentioned as an important source of knowledge and information for developing the work in Norway. Although challenges vary and the health systems and priorities are different, the countries face many of the same issues and can benefit by learning from each other's experiences.

A more active patient and user role

In Chapter 4, A More Active Patient and User Role, the emphasis is on developing more patient-centred health and care services. This means that the needs and expectations of patients, users and their families should be the basis for decisions and actions. Patients and users should feel that they are being looked after, seen and heard. The term "patient-centred" also implies a more equal balance of user knowledge and experience on the one hand, and professional knowledge on the other.

Patients and users must receive information and support so that they can actively participate in decisions that concern them. They must be met with empathy and treated with dignity and respect, and their values and preferences must be emphasized in designing the service. Patients and users must receive information and support for self-care and coping.

The most important instruments for contributing to a more active patient and user role are the development of self-service solutions, user-friendly information and decision support tools, strengthening patients' and relatives' legal position in supervisory matters and abolishing

the distinction between priority patients and non-priority patients. Also important are strengthening health workers' communication skills, establishing coordination functions in support of patients and users, cooperation with patient and user organizations to improve patient and user training services, and conducting user experience surveys as a basis for further development of services.

Structures that support quality efforts

Chapter 5, Structures that Support Quality Efforts, is based on the National Health and Care Plan in which the Government announces that the white paper on quality and patient safety will assess whether the current systems contribute to supporting the work on quality and patient safety in the services. It deals with how the organization of quality and patient safety efforts, applicable regulations, the financing of health care services and other available control instruments can enhance quality and patient safety.

Quality and patient safety will become more important in the partnership with the Norwegian Association of Local Authorities and in the management of the hospitals. Instruments and measures to support quality and patient safety efforts in municipalities will be coordinated and systematized. A national pilot scheme for quality-based financing in the specialist health services will be implemented.

In general, the necessary changes to the regulations have been implemented. The Government will submit for consultation a proposal for a common regulation on internal control, quality and patient safety, amendments to the Dental Health Services Act and a proposal to regulate by law the requirement for local political processing of quality requirements. The emergency group for particularly serious incidents under the Board of Health Supervision will be converted to a permanent investigation unit for handling notifications of serious incidents. A broad assessment will be conducted on how society can follow up on serious incidents and suspected offences in the health and care services. In addition, there is a need for changes in health legislation to strengthen the legal position of patients, users and families in supervisory matters.

Quality Improvement in the Services

In Chapter 6, Quality Improvement in the Services, emphasis is on better integration of systematic quality efforts in general operations. This concerns contributing to quality improvement and learning by strengthening the skills of managers and employees, improving procedures to prevent and learn from adverse events, and the systematic use of clinical guidelines, quality indicators and other expert support. Results of quality efforts should be requested by leaders at all levels.

The key national measures are to establish a five-year national programme for patient safety, improve the system for developing and implementing procedures and national clinical guidelines, improve managers' skills in quality work, develop and simplify the reporting system for adverse events, and stimulate the development of venues and networks for learning.

Greater Transparency on Quality and Patient Safety

In Chapter 7, Greater Transparency on Quality and Patient Safety, it is emphasized that transparency is an important basis for patients' and users' choice of services, and also necessary to give the population information on what the health and care services provide and whether there is a correlation between resources and results. It is necessary to obtain data in areas where this is missing, to make the data available to all who have an interest in them, and ensure that the data is used in practical evaluation and improvement efforts.

To achieve the goal of greater transparency, there must be much stronger emphasis on the development of quality indicators in the years ahead. The government will make a plan for the areas to be given priority, and present guidelines for the progress of efforts to develop new indicators. A project will be carried out to identify and evaluate simplification of reporting procedures. Quality indicators must be used more actively in the management dialogue with the regional health authorities. The National Health Registry project will lead to the use of key health and quality registers as a source of data. A study will be initiated on a central health registry for the municipal health and care services. Patient and user surveys will be developed in addition to indicators based on patient-reported outcome measures.

More Systematic Testing and Introduction of New Treatment Methods

Chapter 8, More Systematic Testing and Introduction of New Treatment Methods, deals with putting in place clearer constraints for the testing and introduction of new methods in specialist services. Currently there is an incomplete overview of the scope of experimental treatment of individual patients and in clinical studies. The Directorate of Health has therefore been asked to consider a registration system on experimental treatment based on the Norwegian Patient Register. Otherwise, the most important national measures are to implement a system for health technology assessment before new methods are used in the specialist health services. In the future it may be necessary to consider how the system can meet the need for method assessment in health and care services in the municipalities. National principles for the use of experimental treatments in patient care will be established.

Better Quality through Knowledge and Innovation

Chapter 9, Better Quality through Knowledge and Innovation, deals with prioritizing research that is relevant to the services, becoming better at adopting new knowledge, using research as a tool in planning and quality assurance, and utilizing patient-centred research for continuous quality improvement. Innovation in health and care services will help improve quality and patient safety through new work practices and ways of providing services. The services' needs for competence will be the starting point for designing the content of health care education, cf. the report on education for welfare.

Existing research efforts will continue and use of the funds will be streamlined by applying knowledge summaries as a basis to identify research requirements and prioritize research projects. The infrastructure for research and innovation will to a greater extent be directed towards testing of new technology and new services. As part of the implementation of the report on education for welfare, the content of basic health care education will be updated and the quality of clinical training will be strengthened. Training in methods for systematic quality work will be included as part of basic, advanced and continuing education for

health care personnel. A new authorization scheme will be proposed for health personnel who have qualifications from outside the European Economic Area

Financial and Administrative Consequences

In Chapter 10, Financial and Administrative Consequences, the emphasis is that efforts to improve quality and patient safety initially should take place within the current financial framework and administrative systems. However, in some areas it may be appropriate to consider reallocation of resources. Any new measures to strengthen the work with quality and patient safety must be presented in the regular budget proposals.

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