

# Innovation dialogue 9th mars 2018

## Baltic Fracture Competence Centre

Result  
Anders Jönsson, Kerstin Hinz  
Mölnåls Hospital



# Agenda 10:15-14:30



- Presentation
- About BFCC
- Goal for today
- Innovation dialogue
- Lunchbreak
- Innovation dialogue

# Participants

## Sahlgrenska University

### Hospital

David Hengst

Johanna Larsson

Jonos Solyom

Julia Lindhage

Pia Fredriksson

Tina Larsson

### Patients

Alexandra Logothetis

Anders Tillander

## Industry

Fredrik Dorch, Stryker AB

Lars Öster, Swemac Innovation  
AB

Malin Nilsson, Bonesupport AB

Markus Olsson, Smith &  
Nephew

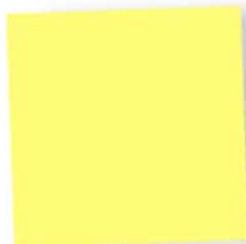
### Facilitators

Anders Jönsson

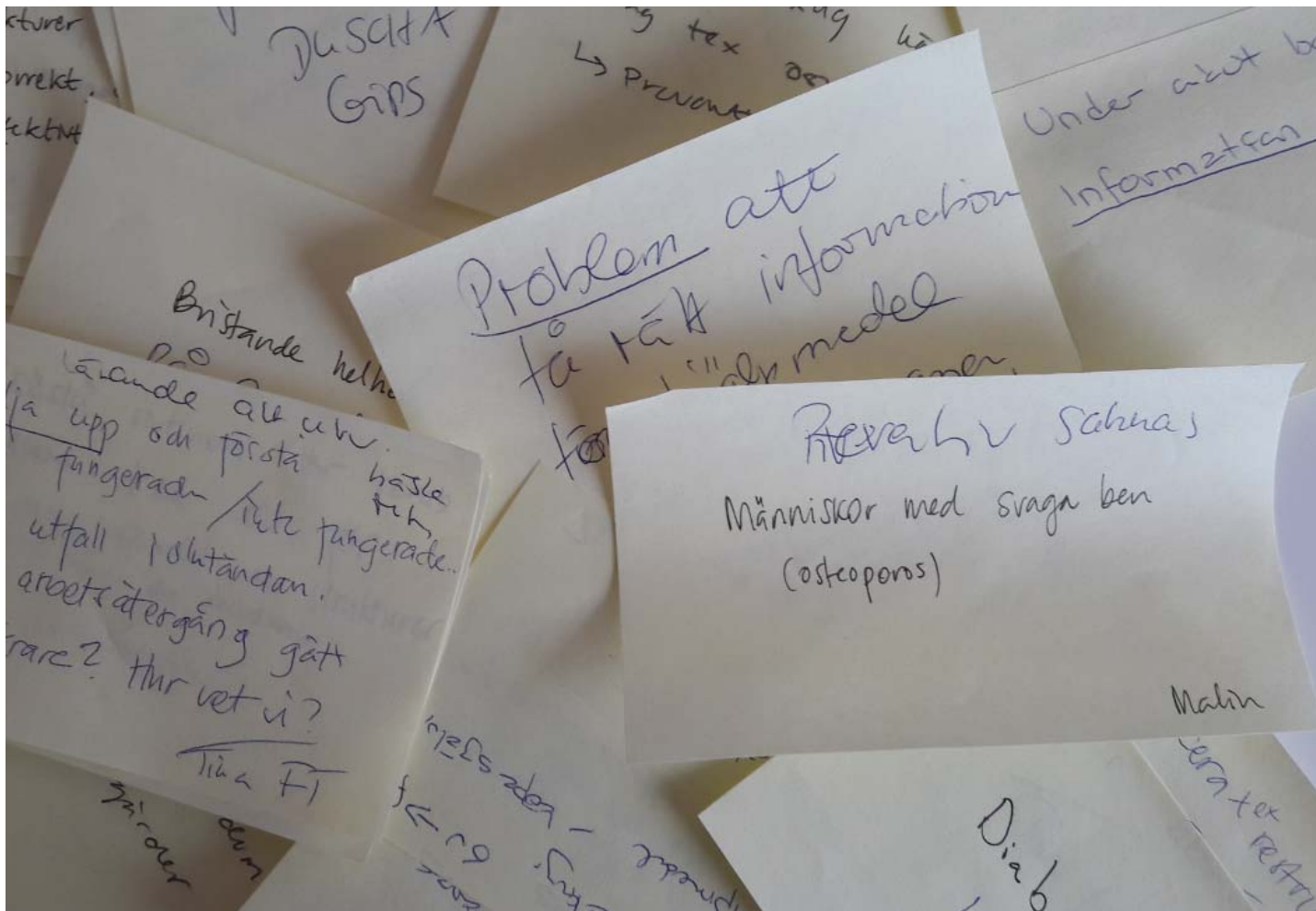
Kerstin Hinz

# Which problems do we have?

- Write one Post-It for each
- Leave it with your name



# Brainstorming



# Problems

- 1. • Bristande info om behandling<sup>metod till patient</sup>
- 1. • Kompetensbrist läkare på akuten Bister
- 1. • Kravställning vid upphandling
  - För få undersökningsrum på akuten Måndal
  - Lärande inom VGR
- |||| 0 SSK-brist leder till fördröjt behandling för endå patienter
- Smärtstillning efter pris och inte efter patientens behov
- || att säkerställa
- Bristande kompetens vård om behov metan

- 1. • här patient har ätit innan operation
- 1. • Säkerställa kompetens för operationsstedskap, svårt att ~~ha kontakt med leverantör~~
- 1. • återkoppling Uppföljning av metoder/verktyg mellan vård + företag
- 1. • Samverkan för kompetensutv. vård - leverantör



## More problems

- Att hitta en rimlig Patient vårdplan
  - Descha med gips
  - // Långa väntetider på akuten
  - Individuell anpassad anestesimetod
  - Materialbyte amulans/sjukhus
  - Individuellt anpassad slutenvårdtid
- Diagnostisera <sup>osteoporos</sup> rotfrakturer rätt
- Tillgänglighet för uppföljning

- IT
- ### PROBLEM / UTMANING
- Att hitta bäst practice/rätt
  - // Rätt information / hjälpmedel till rätt patient/verksamhet
  - Infektioner efter frakturbehandling
  - Preventiva åtgärder
    - osteoporos ||
    - fallrisker
    - fysisk aktivitet
  - Frakturbehandling av diabetiker

# Prioritization of two problems





# Problems we choose today

## Problem 1:

- Correct information to the right patient/care provider at the right time taking into account individual needs when checking out inpatient from the hospital

## Problem 2:

- To ensure competence about treatment methods and tools when performing fracture treatment

# Problem 1

Correct information to the right patient/care provider at the right time taking into account individual needs when checking out inpatient from the hospital

- What is the standard / best way of working today?
- What are they trying to accomplish?
- What task do they want to perform?
- Why does not it work now?
- Where do their wishes for something new and better come from?

# Group 1



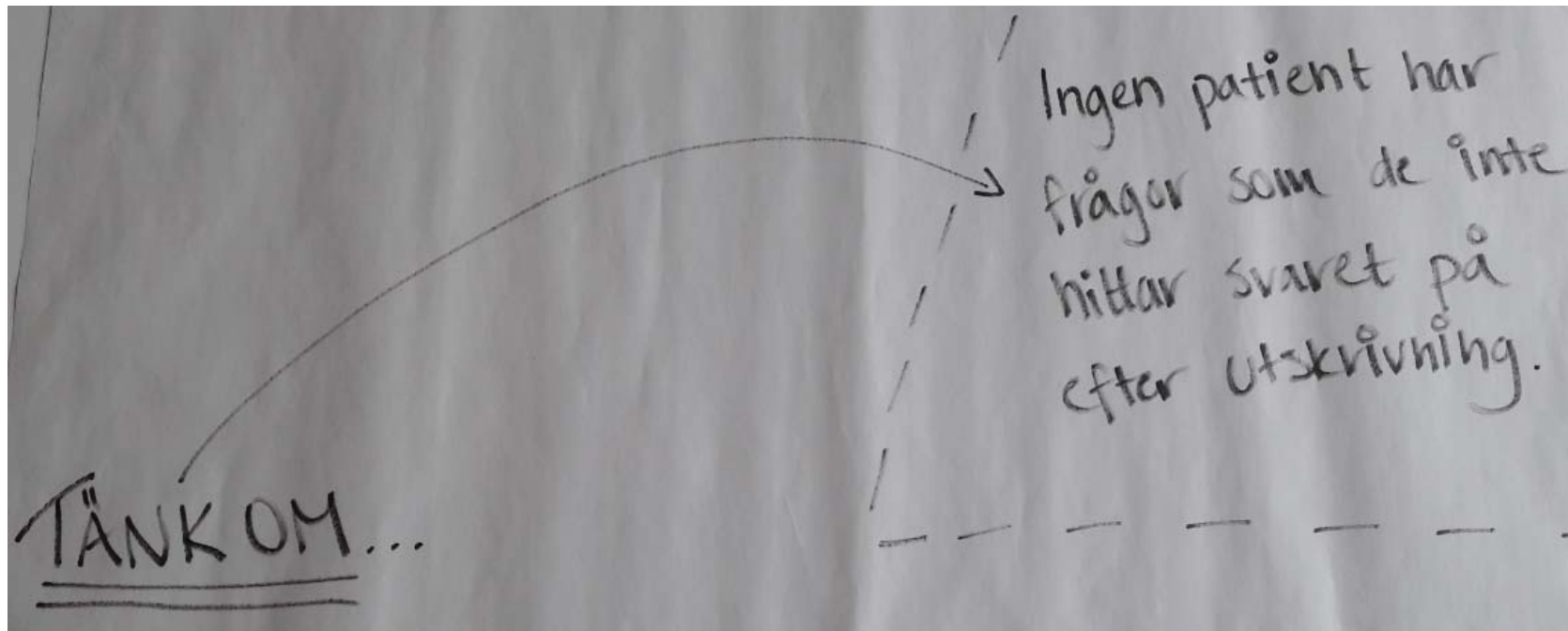
# Problem 1

## Understanding & empathizing in a situation from a patients perspective



## Challenge 1

What if no patient has unanswered questions after checking out from a hospital!





## Problem 2

To ensure competence about treatment methods and tools when performing fracture treatment

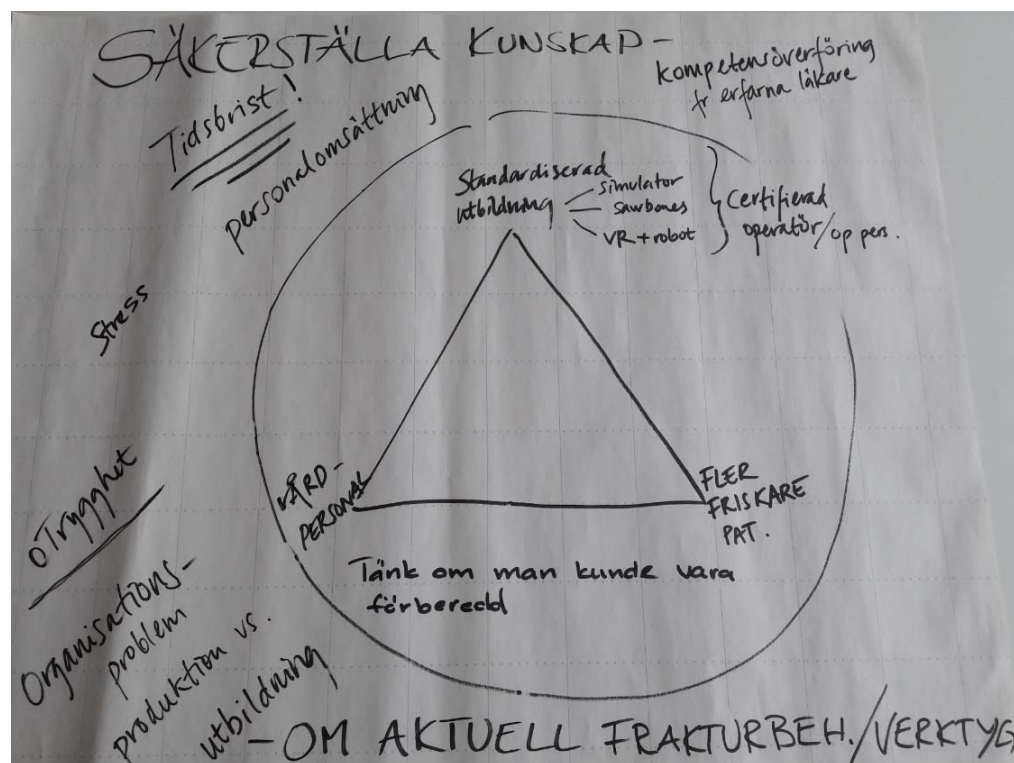
- What is the standard / best way of working today?
- What are they trying to accomplish?
- What task do they want to perform?
- Why does not it work now?
- Where do their wishes for something new and better come from?

## Group 2



## Problem 2

Understanding & empathizing in a situation from a orthopaedic doctors perspective



## Challenge 2

What if you could be prepared when performing an operation!

