



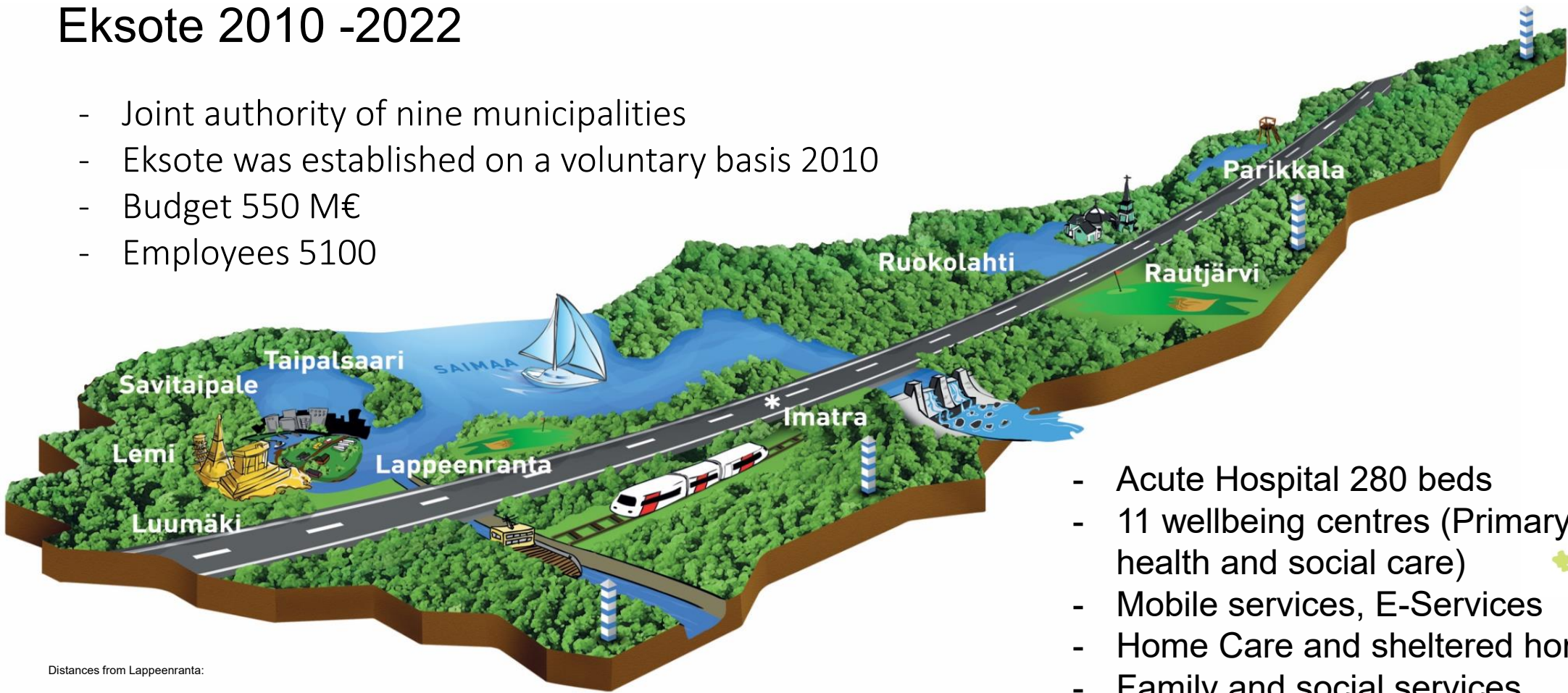
# Sustainable care in the rural environment

## *European Experiences -Finland*

Merja Tepponen, Former Chief Development Officer Eksote and Wellbeing services, county of South Karelia

# South Karelia Social and Health Care District Eksote 2010 -2022

- Joint authority of nine municipalities
- Eksote was established on a voluntary basis 2010
- Budget 550 M€
- Employees 5100



Distances from Lappeenranta:

to Helsinki 230 km

to St. Petersburg 230 km

to Russian borders 35 km

- Acute Hospital 280 beds
- 11 wellbeing centres (Primary health and social care)
- Mobile services, E-Services
- Home Care and sheltered homes
- Family and social services, disability services
- Rehabilitation

# Wellbeing services county of South Karelia started in 2023

- The organization of public healthcare, social care and emergency operations was reformed in Finland.
- The responsibility for organizing these services was transferred from the municipalities to the wellbeing services county in 2023. With the reform, a total of 21 self-governing wellbeing service counties will be established in Finland. Before the 2023 reform, there were more than 200 organisations with responsibility for social, health and emergency services in Finland
- **Eksote with emergency services is now one of the wellbeing services county**



# History: Why the new regional model Eksote was made

- Traditional arguments:
  - Integration between the acute hospital, primary care and social wellbeing services
  - New and better balance between primary care and hospital care
  - Better coordination in strategy, financing and investment
  - Common use and recruit of staff
  - Share the resources
  - Strengthen the steering power of the municipalities linked to the county
- Future arguments
  - Added value comes from data
  - Use of data and data analysis
  - Artificial Intelligence, robotics, machine learning
  - Create out-of-hospital services and autonomous work

# How we developed an Integrated Regional Services Network

- **First step:** digitality support the development of the entire service system
  - Common single client information system
  - New data information system: a shared knowledge base, shared integrated data model
  - Online services: online nurses, online scheduling appointment
  - Online operations control system
- **Second steps**
  - Near-by services: New type of Health care centre with social elements and mobile clinic and services, low threshold service clusters (for children and youth and families, adult, elderly and disabled).
  - 24/7 Home care services and rehabilitation, promotion of health and wellbeing, Sheltered Homes.

# New kind of Health-Care Center with social elements



## Old model

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



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

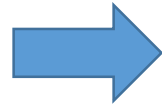
- Multidisciplinary teamwork
- Remote doctors by appointment
- Some specialized nurses (recipe nurses etc.)
- Social workers
- eServices
- Co-operation with different health and social care associations and companies
- Theme-events, preventive groups
- Rehabilitation at home, living longer at home
-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

# Mobile services were developed especially for rural areas

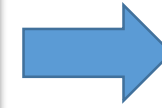
- Mallu Mobile clinic 2010,
  - nurse and dental care
- Malla laboratory van 2014
- Stand by urgent care 2016
  - Prehospital and acute care
- Another
  - The learning environments
    - Sampomobiili and Lablanssi;



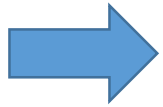
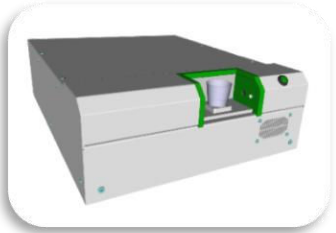
# Smarter homecare



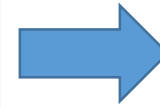
Remote visits accomplished in 2021  
meaning 5.7% contacts made by home care



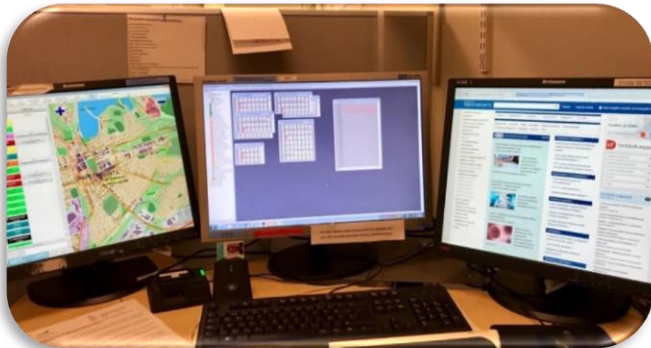
Savings 500€  
/month/ supported  
person



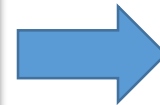
Medication robot: Potential users  
approx. 36% of persons supported  
through home care



Up to 400-500€ /month savings per  
supported person



Coordinator has up to date  
information and situational  
awareness of service  
resources and service needs



Previously people encountered  
paramedical services, emergency staff  
and finally were admitted to hospitals.  
Now approx. 70% of these interventions  
are treated more customer oriented and  
more cost efficient.



# SERVICES PROVIDED AT HOME



## ACUTE HOSPITAL MODELS

- Centralised and digitalised consultation models
- Co-ordination - out of hospital services
- Enhanced and centralised homing



## MOBILE EMERGENCY MODELS

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



## SUPPORTING LIVING AT HOME

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

Temporary services provided at home

Enhanced home care and palliative care

Continuous home care services

Foreseeing and preventive home care

JOINT COORDINATION

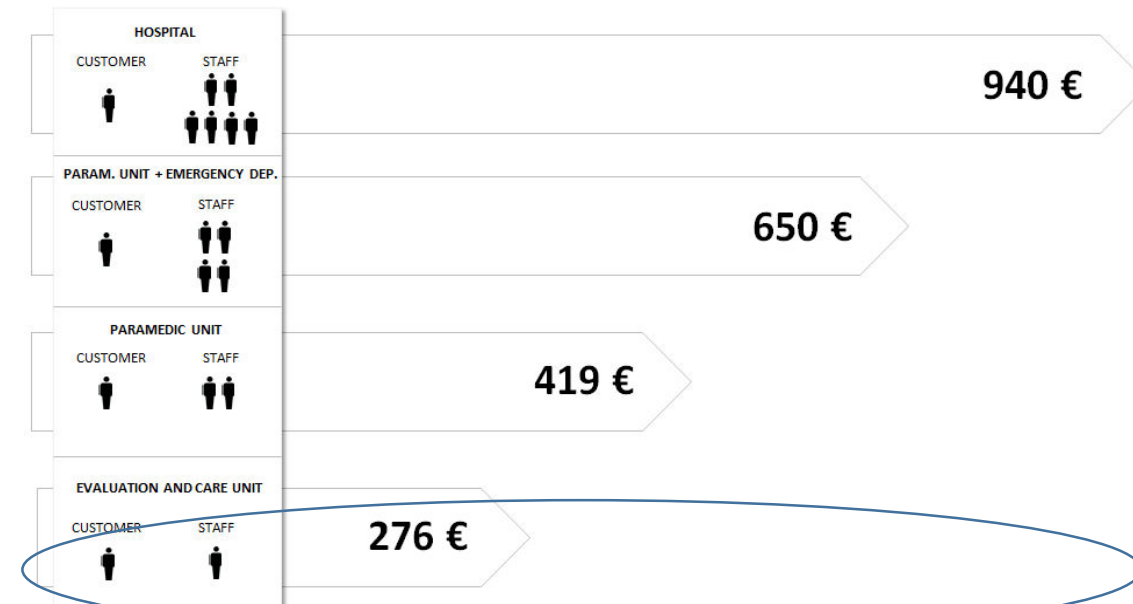


# Stand-by urgent care at home



- Concept takes the emergency care know-how and tools to where they are needed
- Paramedical evaluation and care unit to reinforce the prehospital services. Estimation, examination, medication and care. Possibility to reserve appointments.
- Own physician for consultation and developing service model.
- Plenty of positive feedback from customers/patients and their relatives/close-ones and stake-holders .
- Operation has been developed listening to the personnel
- Financial effectiveness, cost reduction 33%

## THE AVERAGE COST OF DIFFERENT MODELS OF SERVICE PRODUCTION PER DAY



# Find out more about Eksote's services/development

- [youtu.be/w4aasiZLY9Q](https://youtu.be/w4aasiZLY9Q)
- <https://www.youtube.com/watch?v=xgT9q-2KGNM>
- <https://www.youtube.com/watch?v=uGqvjoy6VKs>

Thank you! ¡Muchas gracias!

