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## Conference Abstract

### **Promoting patient safety: An emerging role for intermediate care units in Norway**

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## Abstract

**Introduction:** In line with international trends of integrated care and patient empowerment, the Norwegian Coordination Reform (CR), officially launched in 2012, aims to promote collaboration between health care levels, patient safety, and services closer to the patient's home. With a population spread across great distances, Norway has a long tradition for offering decentralized specialist care, for example through specialists ambulating to local hospitals. One key strategy for ensuring specialized health services outside of the central areas are intermediate care units, specifically Local Medical Centers (LMC).

LMCs are located in between the primary and secondary health services, and are often organized in collaboration between several municipalities and the regional specialist care provider. They offer health services that are co-sponsored by municipalities and specialist care focusing on health care before and after, or instead of, hospitalization. The development of LMCs is fueled by the recent reform, but in their present form they are not well-defined in terms of mandate, organization, and tasks. While the specialist health care level has worked extensively with patient safety measures the last decade, the primary health care level has worked less systematically with this topic and are not represented in national statistics or reporting systems. The current study explores the role of the LMC in patient safety work, and finds that it has a potential for bridging this gap.

**Theory / methods:** Qualitative, semi-structured interviews were conducted with LMC managers and municipal health care providers in one of the four health administrative regions in Norway.

**Results:** The interviews show that the LMCs are in a privileged position as they relate closely to health care providers at both levels. They often work closely with the hospital and recruit personnel from specialist care, thereby bringing in well-established work practices and procedures for patient safety from that domain into the LMC. Their close contact with a variety of primary care services

allows for exchange of both patient safety practices and general patient safety attitudes, which in turn can lead to increased focus and work on patient safety in primary care settings.

**Discussion:** We discuss the emerging role of LMCs as it relates to four areas: information exchange/ICT, quality assurance measures/patient safety systems, competence building, and temporary exchange of personnel. Located in the interface between service levels, LMCs can play an important role in promoting patient safety work at a municipal level and positively influence patient safety culture in primary care services.

**Conclusions:** The study demonstrates that LMCs have the potential of bridging the gap between primary and secondary care levels in terms of patient safety.

Lessons learned: With their position in the interface between primary and secondary care, LMCs can serve a role as quality assurers, local competence providers, and bridge builders in terms of patient safety attitudes and practices. With increased awareness of this role, the LMCs might strengthen this position and make it more explicit in daily practice. Primary care services might use the experience and practices in the LMCs to further their efforts to strengthen patient safety systems.

**Limitations:** Current LMCs are highly diverse and the present study may not capture this heterogeneity.

**Further research:** There is a need for more systematic knowledge about the structure and functions of the LMCs across the country. Further research should explore the role of LMCs in patient safety work across other administrative regions.

## **Keywords**

**local medical centers; intermediate care units; patient safety**

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## **PowerPoint presentation**

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