

# ...AND IT'S GOING TO GET BETTER!

National Strategy for Quality Improvement  
in Health and Social Services (2005-2015)

For leaders and providers

Strategy

IS-1162E

# National Strategy for Quality Improvement in Health and Social Services

⋮  
**Aims of the strategy**  
⋮

## Quality services:

- are effective
- are safe and secure
- involve users and allow them to have influence
  - are coordinated and integrated
  - utilize resources appropriately
- are available and equally distributed

⋮  
**Action plans**  
⋮

Strengthen  
the user

Strengthen  
the provider

Improve  
leadership  
and  
organization

Strengthen  
the role of  
improvement  
knowledge in  
education

Monitor  
and evaluate  
services



## WHO HAS PARTICIPATED?

This strategy was developed by the National Directorate for Health and Social Affairs, Norway, commissioned by the then Ministry of Social Affairs and the Ministry of Health in cooperation with the Norwegian Board of Health, an external resource group and several other actors in health and social services. The people responsible for developing the strategy in the National Directorate for Health and Social Affairs were Senior Adviser Anne-Grete Skjellanger (ask@shdir.no) and Senior Adviser Per-Arne Stolanowski (pst@shdir.no) under the management of Director of Department Frode Forland (frf@shdir.no).

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SKORRIGER



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3.

# INTRODUCTION





### The need for continual improvement

## 3 INTRODUCTION

### 3.1 Why do we need a new quality improvement strategy?

Health and social workers have always been concerned about improving services, and in this way they have contributed to making Norwegian health and social services among the best in the world (1;2). However, services must be developed and improved continually because:

- Society, knowledge, skills and technology are continually changing and developing.
- Users' expectations and demands to participate change
- Services do not always function in the way that is intended
- Services are not so safe and secure as they ought to be and as they can be
- Services are sometimes poorly coordinated
- There is room for improvement in terms of utilization of resources and distribution of services

### 3.2 Previous projects

For these reasons it is necessary to continue with the systematic work to improve services that was begun with the "National Strategy for Quality Development in the Health Service 1995-2001" and the plan of action "Evidence and Bridge-Building 1997-2001" for social services.

The aim of the National Strategy for Quality Development in the Health Service 1995-2001 was that "everyone who provides health services shall establish comprehensive and effective quality improvement systems by the year 2000". The introduction of internal control was one of the stages to achieve this. In implementing the strategy, it was also stressed that the services should develop a quality improvement culture and should work to improve the services continually. The quality improvement adviser programme for hospitals and municipal health services,

quality improvement projects in health services and process improvement in psychiatry were some of the most central target areas. The Strategy was completed in 2001.

Evidence and Bridge-Building was based on two large programmes directed at social services:

Development Programme for Social Welfare Office Services 1991–1994

Improvement Programme for Social Welfare Office Services 1994–1997

The aim of both these programmes was to improve the quality of services through organizational development, training, professional development and improvement of the living conditions of the users of the services. Evidence and Bridge-Building was directed at primary social services. The aim of the plan of action was to initiate pilot schemes that would stimulate improvements in the country's social welfare offices. Some of the measures used were: various training programmes for service development, establishment of professional fora and counselling in all the municipalities.

### **3.3 Provisions for the Strategy**

#### **Political provisions**

Government policy and provisions for quality improvement work are laid down in a series of documents. The most central documents are the annual state budgets (Proposition to the Storting no. 1) for the Ministry of Health and Care Services and the Ministry of Labour and Social Affairs. A fundamental value is that services shall be characterized by respect for human dignity, and care and responsibility for each individual, irrespective of age, gender and race, and irrespective of disease, affliction or life phase.

The Norwegian Government places the user and the patient in the centre in its policy for health and social services. The central values for health and social services are quality in the process and the result, security, availability, and care and respect for users. Information, participation and quality improvement are necessary for correct and effective treatment – and for the safety of the users. Good cooperation between the different levels in health and social services is needed to ensure that everyone feels that the services are for them, independent of whether it is the health trusts, the municipalities, the county municipalities or private actors that provide all or part of the service. Services at all levels must cooperate actively to achieve this.

#### **The demands of the authorities**

Health and social services must be provided in accordance with current laws and regulations. There are five main acts that regulate health and social services:

- Municipal Health Services Act
- Social Services Act
- Specialized Health Services Act
- Mental Health Care Act
- Dental Health Services Act

In addition, there are three other important acts:

- Patients' Rights Act
- Supervision of Health Services Act
- Health Care Personnel Act

Several regulations pursuant to these acts have also been produced, which clarify the provisions. Many of these are directly related to quality improvement work, such as the Regulation Relating to Quality Improvement in Nursing and Care Services and the Regulation Relating to Internal Control.

### **3.4 The agreement between the Norwegian Government and KS (the Norwegian Association of Local and Regional Authorities) and other projects**

**The agreement between the Norwegian Government and KS**

The Norwegian Government has made an agreement with KS on quality improvement in nursing and care services up to the year 2006. This agreement provides the framework for quality improvement work within nursing and care services.

KS have also received a grant to carry out a project on leadership and quality improvement in the health and social sectors - "Great with People". This project is important for the strategy's focus on improvement of leadership and organization. Another important project in this area is the National Leadership Development Programme for Health Trusts under the auspices of the Ministry of Health and Care Services.

All the regional health authorities have their own quality improvement projects that complement this strategy within the authorities' areas of service provision.

There are several national projects for improving services, for example in the areas of cancer, mental health, alcohol and drug addiction, and poverty. This strategy shall support these other projects and use the experience gained from them.

### **3.5 Definition of quality**

**The concept of quality**

The concept of quality can be defined in many ways. The definition is dependent on each individual's subjective understanding of the concept.

Norwegian Standard (NS-EN ISO 9000:2000) defines quality in the following way:

**"the degree to which a set of inherent characteristics fulfils requirements".**

In this strategy we have chosen to define the concept of quality in more concrete terms. The definition of quality is based on meeting the demands of society, meeting legislative requirements, and providing users with the best possible services from a professional perspective. For health and social services, high quality means that the services:

- Are effective
- Are safe and secure
- Involve users and give them influence
- Are coordinated and continuous
- Utilize resources efficiently
- Are available and evenly distributed

### **3.6 Responsibility**

With this strategy, the National Directorate for Health and Social Affairs has drawn up guidelines for work with quality improvement in the next few years. It is an overall strategy that shall be a common feature for services, including municipal health and social services, county dental services, specialist health services and private services.

The strategy will be implemented in close cooperation between the Directorate and the county governors, the regional health authorities and the municipalities.

The municipalities and the county municipalities are independent administrative units that have responsibility for developing, formulating and organizing adequate services. The National Strategy for Quality Improvement in Health and Social Services expresses the expectations of the national health and social service authorities for how municipalities and county municipalities should organize their quality improvement work in the coming years. The strategy represents an invitation to a united effort to improve quality in health and social services in the country.

The regional health authorities are run according to a state ownership model according to legislation, current steering documents and regional health authority meetings. Responsibility for quality improvement work in specialist health services is managed according to the state ownership model. The strategy also represents the national authorities' expectations about the way quality improvement work should be organized in specialist health services.

When services are provided by other actors, requirements for quality and quality improvement work are laid down in the contracts that regulate the services. In addition to the requirement for adequate services according to the legislation, private providers of health and social services are expected to work with quality according to the guidance in this strategy. The same demands for quality apply to both private and public service providers.

**Good leadership is necessary to achieve high quality**

### **3.7 Good leadership is a necessary condition**

Health and social services are diverse, with a large degree of variation in complexity, size and tasks. When working with quality improvement, focus must not just be directed towards service provision, but also on how services are provided, how they are organized, and how they are managed. Municipalities, county municipalities and health trusts are responsible for organizing services and for facilitating good contact between users/patients and service providers. They have been given professional and administrative leadership on all levels of the services. Responsibility includes recruiting professional staff, continually maintaining and updating the skills of the personnel, and adapting materials and structural and cultural conditions to good service provision. Work with quality should not be separated from daily tasks, but should be an integrated part of the daily work. Thus development and improvement of quality is dependent on clear guidelines, clarified roles and good leadership.

### **3.8 What status does the National Strategy for Quality Improvement in Health and Social Services have?**

How important is it that the Directorate has a national strategy for quality improvement in health and social services? It is not compulsory for the municipalities, county municipalities or regional health authorities to follow the guidelines given in the strategy. At the same time, the Directorate wishes to stress the fact that health and social services provided by the municipalities, county municipalities and regional health authorities are part of our national services. The Directorate has clear expectations that municipalities, county municipalities and regional health authorities will follow up the intentions of the national quality improvement strategy. The Ministry will ensure that this happens with the health trusts through its ownership management of the regional health authorities. Follow-up of target areas of the regional health authorities will take place through the ordinary management systems. In general, the quality improvement strategy will contribute to supporting, and at the same time adapting to, other measures in this area. With regard to the municipalities, the Directorate has experienced positive cooperation when implementing previous quality improvement strategies, and looks forward to continued positive cooperation.



4.

# TWO EXAMPLES OF SERVICE FAILURE



## 4 TWO EXAMPLES OF SERVICE FAILURE

A man in his thirties has served a sentence for a drug offence. He has had a drug problem since he was thirteen years old, has a poor basic education and has been unemployed for a long time. His health is poor, partly as a result of his serious drug problem. He has received treatment several times, but has always “dropped out”. His friends are people with drug problems. He has no contact with his family, is homeless and only has a bag with clothes, toiletries and a little money. He wishes to have contact with a social worker and applies for social assistance and a place to live.

A summary of the experience he had with social services is as follows:

- There was no contact between the prison and social services when he was serving his sentence, apart from exchange of applications and decisions about social assistance.
- No individual plan was drawn up for him and no group was established with responsibility for him.
- He did not know who his general practitioner was.
- He had to explain what his needs were again at an open desk in the town hall in the municipality.
- He was told that no one could talk to him or deal with his application until the end of the weekend. He could come back the following Monday, and could sleep at the railway station.
- On the Monday he was shown to a cabin and was given NOK 57 (approx. EURO 5) per day. A member of the administrative staff informed him of the decision. The waiting time for a meeting with a social worker was four weeks.
- The municipality had no follow-up care. He was referred to the municipality’s service for people with alcohol and drug problems. There was a waiting list for new clients.
- After a short time in the cabin he was offered a council flat in a poor part of town. It was impossible for him to rent a flat privately because of his poor reputation.
- He was granted NOK 1000 (approx. EURO 125) for clothes and NOK 4000 (approx. EURO 500) to buy second-hand furniture.
- He started to use drugs again. Social services regarded him as difficult and often turned him away because of his behaviour. He often received social assistance not as cash, but as requisitions. When he finally got an appointment with the service for people with alcohol and drug problems, he did not turn up.

- In the end, his health was very poor.
- He complained about inadequate social assistance and about the way he had been treated. The time taken to deal with complaints was about eight weeks. The time taken for the county governor to deal with cases was about 10 weeks.

**A woman in her early fifties was diagnosed with cancer of the colon. A short summary of the experiences she and her relatives had with the health services is given below:**

- She waited three weeks for the result of the test for whether the cancer had spread.
- She explained her medical history over and over again to new members of staff.
- She waited over a day before she was given pain relief.
- New tests were routinely taken daily, without an explanation of why they were taken.
- Her relatives overheard a loud discussion among the staff about who should care for her that day, because she was so demanding.
- She was moved back and forth between different hospitals, because they needed space for patients who required active treatment. Finally she was told that she had to be moved to the local nursing home. Her family then chose to care for her at home.
- After a short time, the home nursing services said that it was not professionally acceptable to provide care at home for a patient who was so serious ill. If this was to continue, her family had to sign a statement that they were medically responsible for the patient.
- On one of the last days before the woman died, her relatives found her unconscious on the floor. She had tried to get out of bed, had broken her hip, and was badly hurt.
- Her family asked the hospital to take measures to prevent this happening again. The answer was that the hospital did not have the capacity to do this, and that the family should sit with her and look after her 24 hours a day.

In both these examples, the services failed in many areas. They were not effective or dependable. They were not focused on the user. They were not well coordinated. Resources were not utilized in an appropriate way.

There can be many causes for such deficiencies, and the causes can be complex. Examples of possible causes are: tight budget, inadequate leadership and organization of the work, lack of knowledge and skills, inappropriate attitudes, resistance to change, or a culture that is not user-friendly.



5.

WHAT DO  
WE WISH TO  
ACHIEVE WITH  
THIS STRATEGY?

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## 5 WHAT DO WE WISH TO ACHIEVE WITH THIS STRATEGY?

This strategy aims to ensure that users and patients of health and social services receive services that are of high quality. The strategy also aims to ensure that the authorities' policy for high quality is implemented, and that quality improvement work initiated in different areas within health and social services is coordinated and strengthened. The strategy has been inspired by similar strategies in other countries, by the work of the Committee on Quality of Health Care in America, Institute of Health Care Improvement, and by the World Health Organization.

### 5.1 Vision

#### **....and it's going to get better**

Health and social services in Norway function very well in many areas. However, we acknowledge the fact that services can have faults, omissions, deficiencies and undesirable variation. The vision does not suggest that services are poor, but reflects the desire for continual development towards improvement. The vision is based on four decisive conditions. All the time we must:

- Strive to make use of the best available evidence
- Check whether what we do actually does contribute to achieving our goals
- Change direction if this is not the case
- Take the needs and wishes of users into account when services are evaluated and improved.

### 5.2 Aim

The aim is that services shall be of high quality. For health and social services this means that the services:

- **Are effective**
- **Are safe and secure**
- **Involve users and allow them to have influence**
- **Are coordinated and integrated**
- **Utilize resources appropriately**
- **Are available and equally distributed**

Being met with respect and consideration, combined with being given treatment of a high professional standard, will, for most people, be an expression of high quality. The skills of each individual provider, and the ability to build up a good relationship and to act in a way that is ethically acceptable, will therefore be of paramount importance.

### 5.3 Target groups

The primary target groups for the strategy are leaders, decision-makers and providers of health and social services. Other groups, such as users, special interest groups, professional organizations, teachers and researchers, must also be familiar with the strategy and contribute to ensuring that the strategy is implemented.

6

# WHAT IS HIGH QUALITY?

Availability

## 6 WHAT IS HIGH QUALITY?

In this chapter, the six elements in the concept of quality, that together make up the aim of the strategy, are explained in more detail.

### 6.1 Effective measures

***Quality services means that decisions about treatment, prevention, nursing, care and social services are based on reliable knowledge about the effect of measures***

#### **Examples of ineffective measures and interventions:**

- Routine removal of tonsils or wisdom teeth
- Total removal of the breast for the treatment of breast cancer is no more effective than breast-conserving surgery (3;4)
- Use of previous drug addicts as teachers in the prevention of alcohol and drug misuse can have the reverse of the desired effect. (5)

It is important that measures have the desired effect. Professional considerations and decisions must therefore be based on relevant, reliable and updated knowledge and experience.

Knowledge is acquired through research, education and the experience that the provider gains through guidance, reflection and contact with colleagues, and in interaction with users, patients and patients' relatives.

Systematic documentation of experience and results is necessary in order to be able to systematically evaluate and improve quality.

Knowledge gained from research and practice must be utilized in such a way that it supports all decision-making processes in the service. In order for such knowledge to be used, it must be based on transparent and easily-available sources, containing reliable and valid research results.

In order to ensure that effective measures are used, goal-oriented research and systematic methodology for collating and comparing results and experience are necessary.

Of course, this requires that providers of health and social services have the desire to develop their skills and that they have the possibility to do so. Programmes for developing skills should be continual, adapted to needs and appropriate to the tasks that the providers have.

## 6.2 Safe and secure services

***Quality services means that the probability for errors and adverse events occurring is reduced to a minimum***

### **Facts about safety:**

- Studies in other countries have found adverse events in 4-17 % of all hospital admissions. (6)
- In Norway, it has been estimated that adverse events lead to 2000 deaths and 15 000 injuries per year. According to health personnel, more than half of these could have been prevented. (7)
- From 1990 to 2000, 380 deaths have been reported as a result of bleeding associated with treatment with the blood-thinning medication warfarin. (8)
- Nationally and internationally, there has been little tradition within psychiatry to register adverse events and conditions, such as violence, suicide, wrong medication, overlooked comorbidity and use of compulsion. (7)

In order for users and patients to feel secure, health and social services must be dependable and predictable. Security and dependability are perhaps the most important requirements that users and patients have of the services. The need for dependability is independent of whether safety is threatened by errors and adverse events, or whether the risk is associated with the actual treatment. Thus, work on improving patients' security involves not only work directed at errors and inadequate quality, but also directed at complications and results that can be more predictable. In many situations, there is no clear distinction between what is predictable and unpredictable, and what is preventable. A strategy aimed at making services secure must be directed at the safety of users and patients as a whole.

Security and dependability are also about personal privacy and the duty to provide information and giving adequate advice and counselling.

Organizations that recognise that adverse events and results are most often caused by interaction between people, technology and the organization, and not by individuals, are more likely to be successful in their work to prevent errors. Such organizations learn by identifying the underlying causes of adverse events, and they use this knowledge to eliminate or reduce the danger of the same events happening again. A focus on the system must be balanced with the responsibility of the individual service provider.

A systematic approach involves assessing risk by registering adverse events and conditions. Assessment involves finding out what, where, when and how often events occur, and using statistical tools, such as process analysis, to evaluate trends and measures. In addition it means identifying causes and background factors, by asking why and how things happen. This type of approach finally involves carrying out a risk and vulnerability analysis, by asking what is most dangerous and then giving priority to preventive measures.

Organizations that work systematically with safety do not try to find scapegoats, but they take care of users and providers when errors occur.

### 6.3 Involve users and allow them to have influence

***Quality services means allowing users and patients to influence the services using their experiences and opinions***

#### **Examples of measures to improve user participation:**

- In the social services in the county of Østfold, user surveys are used to adapt services to users' needs.
- Learning and Mastering Centres help patients to master their situation and disease.
- Patients and relatives panels at Helse Bergen HF (Health Bergen Health Trust) and Sørlandet sykehus (Sørlandet Hospital), make it possible to use patients' and relatives' ideas in planning and developing services.
- A user ombudsman has been appointed in the municipality of Fredrikstad.

High quality means that users and patients are seen and taken seriously. In this strategy, users are defined as people who receive services directly or who are affected by services indirectly, such as relatives and children.

User participation is a statutory right. This can take place on several levels – through participation in development of policy, and through influence at the system level and at the individual level.

Users shall participate and have influence both in the planning of services and in the individual consultation. Users experience how services function in practice and can thus often come up with the best suggestions to improve the system. Thus, improvements that can benefit the users are based on users' experience and opinions. Systematic collection of users' experience is therefore an important tool. In the interaction between individual providers and users, we must acknowledge the user's insight into his or her disease or life situation. Users often have more detailed knowledge about their own condition than the provider. Users who are actively involved in decisions about their own life and health have better results from treatment, and function better in their daily lives than those who are not active participants (9).

At the same time it is important to show respect for those who do not wish to be involved in all decision-making processes. A user perspective also involves listening and responding to those who cannot, or who do not wish to, express their needs.

#### **Examples of coordination and continuity:**

- Individual plans give users who need long-term and coordinated services the right to a complete and coordinated treatment plan.
- The practice consultant arrangement aims to strengthen cooperation between hospital departments, GPs and municipal nursing and care services, for the benefit of individual patients (10).
- From Piecemeal to Complete – A Continuous Chain in the Health Service NOU 2005:3 (11)

## **6.4 Good coordination and continuity in service supply**

### ***Quality services means that services are coordinated and provided as a continuous chain***

Users' contact with the services shall constitute a continuous and complete chain of measures.

This requires clear allocation of responsibility, authority and tasks. It requires teamwork within the chain of services, between different types of services and on different levels. Users can also influence coordination of services through user groups, where they have a formal channel to the responsible leaders in the organization (health trust, county municipality, municipality).

Further, coordination and continuity requires that the professional groups on different levels cooperate, are flexible, and try to see the needs of users through the eyes of the users.

## **6.5 Appropriate utilization of resources**

### ***Quality services means that resources are utilized in such a way that users and society gain as much as possible***

Appropriate utilization of resources means offering the right service to the right user in the right way at the right time.

When choosing which measure is most appropriate, account must be taken of the user's needs, how serious the situation is, the expected benefit and the costs associated with the measure.

In addition, services should be provided in such a way that the maximum amount is obtained from the available resources. This means that the level of input is decided on the basis of an open, overall assessment of priorities. In this way, waste, overuse and underuse are avoided.

Focusing on appropriate utilization of resources must not lead to rationing at the cost of quality. High quality is effective. Measures taken to avoid errors or to reduce the

#### **Examples of inappropriate utilization of resources in existing practice:**

##### **Overuse:**

- Antibiotics are used too often in the treatment of upper respiratory infections (12;13)

##### **Underuse**

- More patients with coronary heart disease would benefit from using beta blockers (14-16)

consequences of errors, are examples of this. The actual measures have a cost, but making errors, and the consequences of these errors, have a greater cost. Thus the measures reduce costs and at the same time improve the quality of the service. High quality is worthwhile from a socioeconomic perspective. It is important that national financing systems support this.

## 6.6 Available services and fair distribution

***Quality services means that all services are available and distributed in such a way that everyone has the same possibility for achieving a good result***

### Examples of inequalities:

Gender differences:

- Much medical research is carried out among men, and it is not certain that the results are applicable to women (17)

Between user groups:

- In general, alcohol and drug abusers receive poorer health services than other social welfare clients (18)

Fair distribution means that users, as far as possible, have equal access to health and social services, irrespective of gender, social status and place of residence. Users with equal needs shall be offered services with the same content and quality. However, it is important to be aware of the fact that the same service does not necessarily give the same result.

Fair distribution means openness when determining priorities for services. Many decisions about actual priorities are made when users and providers interact.

Services must be available and adapted to users' varying needs. This means, for example, physical availability and understanding of culture and language. An active effort must be made to reach out to individual users.

A central element in relation to availability is to ensure that the services that are needed, and that users have the right to receive, are actually available.

## 6.7 Possible conflicts in aims between characteristics and quality

Quality services means that the services shall be effective, safe and well coordinated. They shall involve users and give them influence. They shall be available and fairly distributed. Resources shall be utilized efficiently. In practice, these aims or characteristics may be in conflict with each other. It is the responsibility of leadership to make conscious choices and to decide on priorities when this happens.



7.  
WHAT IS OUR  
THEORETICAL  
APPROACH?

## 7 WHAT IS OUR THEORETICAL APPROACH?

There is a lot of national and international theory, knowledge and experience about quality improvement. Below some of the material that has been used in developing the strategy is summarized. A description of how this material has been incorporated into the strategy is then given.

### 7.1 Quality improvement theory

During the last fifty years, quality improvement work has developed from a focus on quality assurance to a focus on continual development and improvement. This is illustrated in the table below.

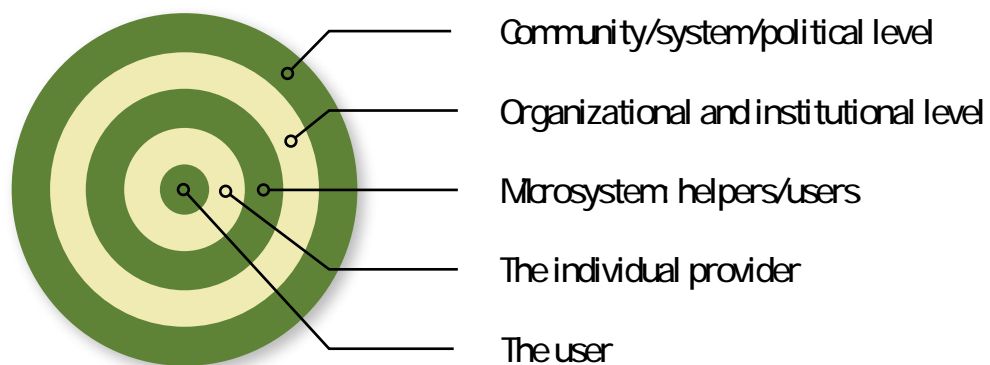
	Quality control	Quality assurance	Continual improvement
Focus	What is done	How it is done	Barriers to cooperation
Measure	Technical	Procedures	Development of people and processes
Measurement	Control	Documentation	User satisfaction
Responsibility	Controller	Quality improvement department	Leaders and staff

During the last ten years, there have been **three main approaches** to quality improvement work in health and social services. Some programmes have focused mainly on **systems** for ensuring quality services (for example

internal control, quality systems or ISO certification). The National Strategy for Quality Development in the Health Service 1995-2001 (see page 9) had this approach.

Other programmes have chosen a more **clinical approach** to the work (for example clinical registers and breakthrough methodology). Others have placed the main focus on the **user** (for example user panels and through user surveys).

In order to ensure high quality services, it is necessary to work with several approaches and measures on different levels: community level and system level, organizational level and institutional level, microsystem level (user and care team), in relation to the individual provider and user. See the diagram below.

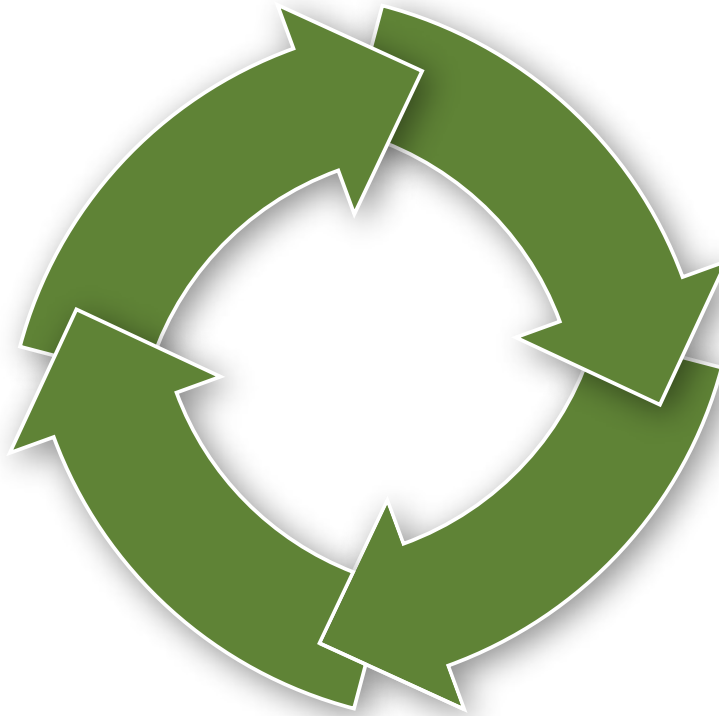


In order to bring about change and to know that the changes are improvements, improvement knowledge is needed. This type of knowledge consists of:

- Knowledge about process and system
- Knowledge about variation and measurement
- Knowledge about work psychology and change psychology
- Experience knowledge

A simple method for developing knowledge in practice is to use Deming's Circle (see next page). W.E. Deming developed this model for systematic improvement, that consists of four main elements: plan, do, check and act.

The "planning" phase consists of identifying the problem, collecting information, analyzing the causes, and recommending solutions. The "do" phase consists of testing out recommended solutions in practice. The "check" phase consists of evaluating whether the changes have led to improvements. The "act" phase consists of adjusting and standardizing solutions.



**Improvement demands critical reflection of today's practice**

- Arenas for reflection, where providers can exchange experience about what influences practice in a positive direction, were established in the social service as a part of "Evidence and bridge-building" (19)
- Further education groups give GPs the possibility to evaluate and develop their own practice. Comparison of practices in the peer groups provides the basis for learning and quality improvement work.
- Norwegian Quality Improvement of Primary Care Laboratories (NOKLUS) contributes by providing local laboratory profiles, information on clinical themes and Internet-based courses (20).

Quality improvement work also demands that time and resources are allocated to this work, and that certain demands are made of the culture in the organization. A quality improvement culture in the health service has the following characteristics:

- Users and their relatives are in focus with regard to the activities of the individual provider
- The work is organized in such a way that a satisfactory outcome of treatment is the primary aim and that meeting the needs of the users is paramount
- Users and relatives are regarded as important partners for cooperation
- A common interest for both leaders and service providers to be up-to-date with new knowledge that is relevant for service provision
- A form of leadership that promotes open dialogue, in which development, reflection and learning are important elements
- An organizational flexibility, that ensures that new knowledge is implemented, including theories and methodology for quality improvement
- Good management systems that ensure high quality services.

## 7.2 The strategy's approach to quality improvement work

Today, the Norwegian authorities use the following means for setting the scene for improving the quality of services:

- Legislation lays down requirements for clear allocation of organizational responsibility, for adequate services and for internal control
- Education and authorization of personnel ensures that those who work in the services are qualified for the tasks they perform
- Financing arrangements aim to promote effectiveness and quality
- Supervision aims to raise the level of safety in the services
- Research, reviews of existing knowledge and evaluation of methodology aim to improve the knowledge base for provision of services
- Prioritization of resources can strengthen preventive and curative measures for vulnerable groups

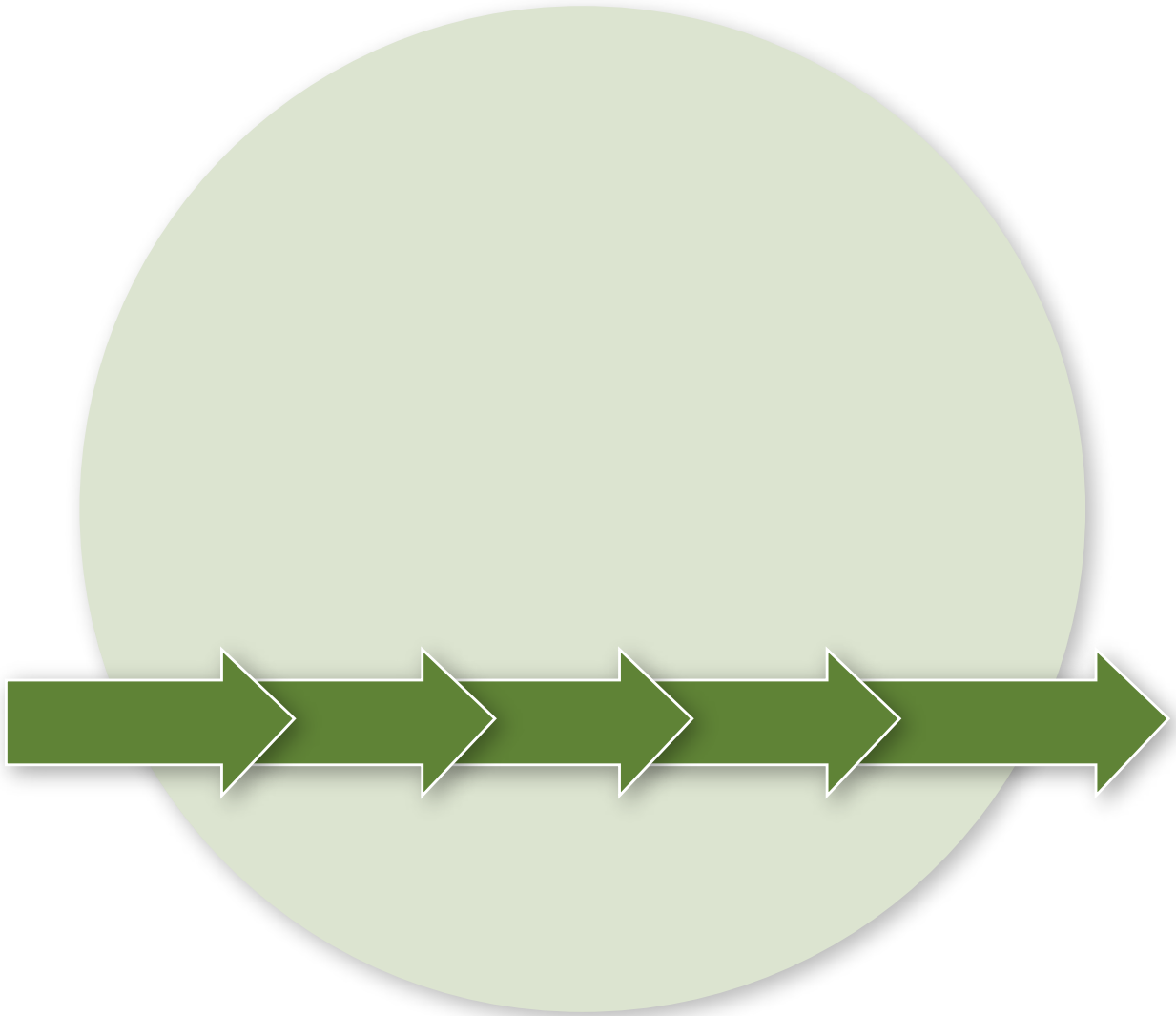
In addition, through this strategy, the authorities wish to increase motivation, create commitment and set the scene for working towards better and better health and social services in the years ahead. The strategy is directed at measures and means on many levels, as shown in the figure on page 28. It shall also create synergy between what is already established and what is initiated.

Experience has shown that all the three approaches described under 7.1, are important in quality improvement work, and the strategy therefore aims to combine them. Thus the strategy has three elements:

- 1. Services of a high professional standard**
- 2. Supplied in a sympathetic way**
- 3. Within a system that promotes continuity**

**Quality is created in the interaction between the provider and the user**

The strategy is based on the user as an important provider of the premises for high quality services. This applies both to the organization of the services and to the individual interaction between users and providers, where high quality is created and tested. The strategy focuses on how this interaction can be improved by strengthening leaders/providers and users. It is based on the assumption that better cooperation between service providers, between different professional areas, professional groups and levels of service, will lead to better services. It is based on the professional skills of the providers. The aim of the strategy is to develop the skills of professionals in the field of quality improvement.



8

# WHERE ARE WE HEADING?

THE FUTURE OF  
SUSTAINABLE  
BUSINESS

## 8 WHERE ARE WE HEADING?

In order to realize the vision of the strategy of better health and social services, certain strategic directions have been chosen. These choices have been made on the background of political provisions, values and norms, and an analysis of needs and the possibilities for achieving the results.

Health and social services are very complex. Because of the great variation in complexity, size and tasks in the municipalities, the county municipalities and the state health trusts, different measures and solutions are needed. Therefore, those who are responsible for services on different levels have to choose measures and solutions according to both central provisions and local needs.

**The following shall be taken into consideration in all work associated with the strategy, and shall direct national and local quality improvement work:**

- User participations should be ensured in all quality improvement work
- The work should be directed towards areas where there are many deficiencies in the services, or where there is considerable variation
- Measures that can lead to significant improvements should be given priority
- New ideas should be encouraged, within the existing budget
- Development of ideas and models that are applicable to many different services should be given priority
- Measures for which lasting changes can be documented should be implemented
- Local commitment and enthusiasm should be stimulated and exploited
- The work should have the support of leadership and should include providers and users
- Cooperation between different services and different levels in the health and social sectors and with other actors should be ensured with all quality improvement work

# 9. HOW DO WE GET THERE?

## 9 HOW DO WE GET THERE?

In order to achieve the goal of high quality health and social services, the following target areas will be focused on:

- Strengthen the role of the user
- Increase the competence of the provider
- Improve leadership and the organization
- Strengthen the role of improvement knowledge in education
- Assess and evaluate services

These target areas have been chosen because measures in these areas, both collectively and individually, will help us to achieve high quality services. The characteristics of high quality (see Chapter 6) will be incorporated in the development and implementation of the measures. The target areas are directed towards the people who are involved: users, providers and leaders. At the same time, the strategy focuses on the framework for services, through systems, organizations and processes. Working groups responsible for developing action plans for each target area will consider the potential measures listed in this chapter.

## 9.1 Strengthen the role of the user

In order to achieve high quality, it is necessary to plan and develop services in cooperation with users. In order to develop and improve services, user participation should be ensured both at the individual level and at the system level. In order to achieve satisfactory user participation, the providers' attitudes to users are important. Routines for collecting and using the knowledge and experiences of users need to be established. By strengthening the role of the user, the scene is set for real influence both at the system level and at the level of individual interaction.

A user perspective also involves listening to the expectations of the population as a whole, not just those who have used the services. Users have the right to receive adequate information about what they can expect of health and social services.

### Potential measures:

- Develop effective methods for involving users in decision processes
- Improve users' access to information about quality and safety
- Instigate measures to improve cooperation between users and providers
- Develop Internet-based services that also ensure users' rights
- Further develop training and instruction programmes for users in cooperation with user organizations
- Establish user-orientated arenas for cooperation
- Instigate measures that ensure respect and participation for users who are in a vulnerable life situation
- Instigate measures to improve provision of information about health and social services to users
- Evaluate methods for improving user participation

## 9.2 Increase the competence of the provider

The quality of the service as a whole is no higher than the quality of the service that the individual health care worker provides to the individual user.

High quality services are ensured by having professionally competent providers at all levels, who manage to take users' needs seriously, and who manage to use reliable knowledge to provide services of a high standard within a system that promotes completeness.

In order to achieve this, providers need to have a good education, easy access to information and tools for supporting decision-making. Information and communication technology (ICT) must be utilized to ensure that relevant documentation follows the user through the system. ICT must also be utilized so that current evidence is available as support for decision-making when services are provided.

In order to provide services of a high professional standard, providers also need to have good communication skills and possibilities to cooperate, exchange information and evaluate their own work.

### Potential measures:

- Ensure that new and relevant knowledge is used in the service, and quickly benefits users
- Establish professional tools for supporting decision-making, such as electronic and Internet-based information systems
- Create arenas for cooperation and reflection for providers from different services and from different levels
- Develop training programmes to improve multi-disciplinary teamwork
- Give providers knowledge and skills about safety and information about risks associated with their work
- Ensure that services are supported by guidelines that are based on a reliable knowledge base, through a national programme for professional guidelines
- Develop communication skills

### 9.3 Improve leadership and the organization

The quality of the services that are provided is an important leadership responsibility. Leaders also have responsibility for ensuring that quality improvement processes take place in the organization. In addition, every individual leader must contribute to ensuring that users experience the services as a complete continuous chain.

Health and social services shall be controlled from within. Internal control is a statutory requirement. Experience from other branches has shown that internal control, used in the correct way, is very useful for ensuring high quality services. Internal control involves having a system to ensure that aims, tasks and responsibility are clearly communicated, and that the organization has a system for dealing with deficiencies and for learning from experience.

It is the responsibility of leadership to ensure that "the right person is in the right place", and that providers have the necessary knowledge and skills. New knowledge and experience from providers and users must also be continually used.

Leadership must develop an organization and a culture in which systematic quality improvement work is part of a continuous process. This requires a system that contributes to development, implementation, evaluation and improvement of services.

Leadership must also clarify what is expected of each individual worker, both in relation to individual work and as part of the organization. Each individual worker shall participate in systematic quality improvement work, and this work must be recognized and rewarded.

#### Potential measures:

- Encourage leadership models that promote systematic improvement
- Develop awareness about the importance of the culture for quality improvement work and the interaction between people, technology and organization
- Improve safety in the services, with a focus on the areas where there is a danger of deficiencies occurring
- Use internal control and quality improvement systems
- Encourage quality improvement and research
- Reward good leaders and use them as role models
- Develop arrangements that ensure that there is a continuous chain of services between different services and between different levels

## 9.4 Strengthen the role of improvement knowledge in education

Providers and leaders in health and social services need to have skills in different areas. In addition to basic skills and special skills they also need skills in quality improvement work. Knowledge about quality improvement work is important, in order to be able to improve the system. Quality improvement work must be an integrated part of all professional work and thus an integrated part of professional training.

As part of this target area, and in cooperation with educational institutions, improvement knowledge should be given more attention in basic education, further education and post-graduate education within medicine and the health and social fields. More research in this area should also be encouraged.

### Potential measures:

- Improve knowledge about quality improvement work in basic, further and post-graduate education
- Improve the skills of teachers, in quality improvement work and methods
- Carry out quality improvement projects as part of students' practice period
- Encourage closer cooperation between educational institutions and the services

## 9.5 Assess and evaluate services

In order to bring about improvement, it is necessary to be able to monitor the effect of measures that have been implemented over time. The aim of monitoring and evaluating the services is to obtain information that can be used actively to improve services, and, if necessary, to alter course underway and evaluate whether changes have led to lasting improvement.

This involves measuring, evaluating and monitoring the quality of the services over time, in order to make it possible for the authorities, the services and the providers to evaluate the status and effect of measures within their respective areas.

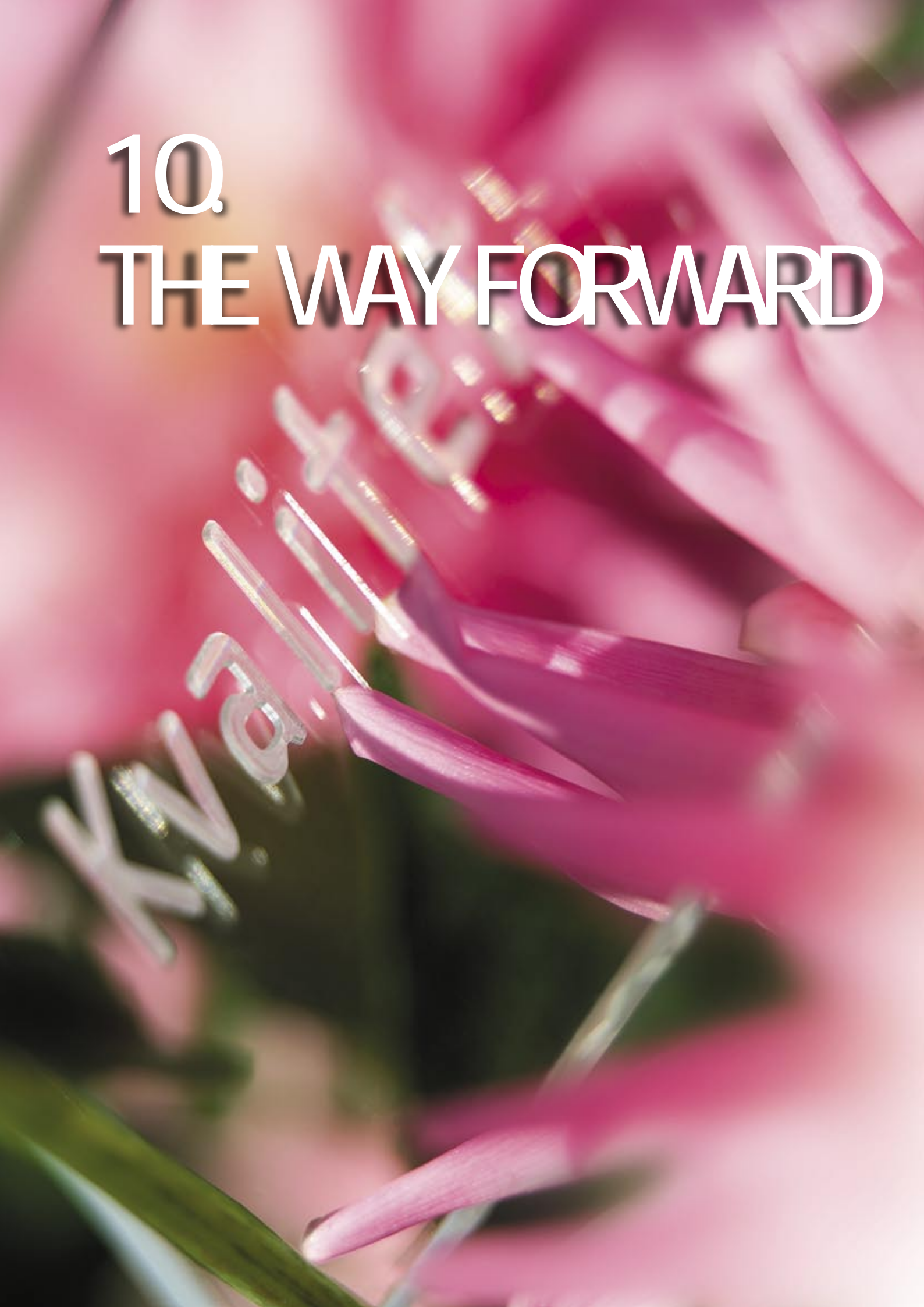
It is also necessary to evaluate areas of the services that are difficult to measure, and to develop appropriate evaluation tools in areas where they are lacking.

### Potential measures:

- Use, develop and evaluate national and local quality indicators and other result indicators
- Support and develop clinical registers, locally, regionally and nationally
- Further develop systems for patient safety
- Develop new tools for monitoring and evaluating services
- Develop methods for interpreting information, converting this into knowledge and reporting this back to the services

10.

# THE WAY FORWARD



## 10 THE WAY FORWARD

### **Working groups**

The strategy indicates the areas to work with in order to achieve the goal of high quality health and social services. A working group has been appointed for each target area with the purpose of making an action plan. The groups have been given the following mandate:

- Define the target area in more detail
- Collect documentation
- Describe what can be done in the target area to promote high quality in the services
- Develop a proposal for measures and specify the roles of the different actors in health and social services
- Suggest projects and measures across several target areas

The working groups have representatives from various professional groups and user organizations, from different service areas as appropriate. Representatives are from specific areas, when different measures are required because of the differences between the areas. The National Directorate for Health and Social Affairs coordinates the work.

### **Website**

A website for the quality improvement strategy shall be made. This site shall be developed and shall function as a tool for leaders and providers of the services. Among other things, it shall contain the legislation related to internal control, descriptions of methods and techniques in quality improvement work, and good examples from practice.

[www.shdir.no/kvalitetsforbedring/english](http://www.shdir.no/kvalitetsforbedring/english)

A close-up, artistic photograph of a fountain pen nib. The nib is the central focus, showing its intricate details and the fine lines of the writing mechanism. The background is a soft, out-of-focus field of pink flowers, creating a dreamy and elegant atmosphere. The lighting is soft, highlighting the metallic sheen of the nib and the delicate petals of the flowers.

11.

HOW DO WE KNOW  
WHETHER WE HAVE  
REACHED OUR  
DESTINATION?

## **11 HOW DO WE KNOW WHETHER WE HAVE REACHED OUR DESTINATION?**

Quality improvement work needs to start from where we are today. Goals need to be set and measures need to be implemented that can be expected to achieve the desired results. Whether the goals have been reached needs to be measured, and whether we need to change direction needs to be assessed. This applies both to individual quality improvement projects and to the national programme as a whole. The objective is to assess whether this type of national programme is an effective tool for developing high quality, dependable services.

Therefore, a separate plan for evaluating the strategy shall be developed. Through systematic analysis of the process and the results, factors that have contributed to reaching the goals, or that have hindered the process, shall be evaluated.

### **11.1 Principles**

- The evaluation shall provide information, advice and recommendations that can be used as a tool to direct the work
- Knowledge gained from the evaluation shall be incorporated in assessments throughout the whole strategy period
- The evaluation must take account of the extensive quality improvement work that is continually being carried out locally and regionally, independent of the national programme
- The evaluation shall assess whether the measures have resulted in high quality, such as described in the strategy's aims

### **11.2 Main elements**

- Follow-up of a sample of actors in the service at different levels to evaluate the effects of the strategy
- Evaluation of the central health and social authorities' implementation of the strategy
- Publishing of evaluation reports at regular intervals, in order to allow for management of the process in the desired direction

### **11.3 Implementation**

- Evaluation shall be carried out by external and independent groups with the necessary skills
- Evaluation shall be carried out using working groups and networks with a representative sample of the people involved

# 12 TO YOU, THE USER

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## 12 TO YOU, THE USER

### **Kierkegaard:**

If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there.

This is the secret in the entire art of helping. Anyone who cannot do this is himself under a delusion if he thinks he is able help someone else.

In order truly to help someone else, I must understand more than he – but certainly first and foremost understand what he understands. If I do not do that, then my great understanding does not help him at all.

In order for you, the user, to receive high quality, dependable, effective services, the Directorate has proposed an overall strategy for health and social services. Such a strategy shall help to ensure that health and social services have a common value base, that service supply is coordinated, and that the user is placed in the centre.

People often meet health and social services when they are in a life situation in which they are the most vulnerable. It is when people need help and are dependent on other people's care, thoughtfulness and actions, that quality is put to the test. This strategy provides the framework for high quality interaction between equal partners.

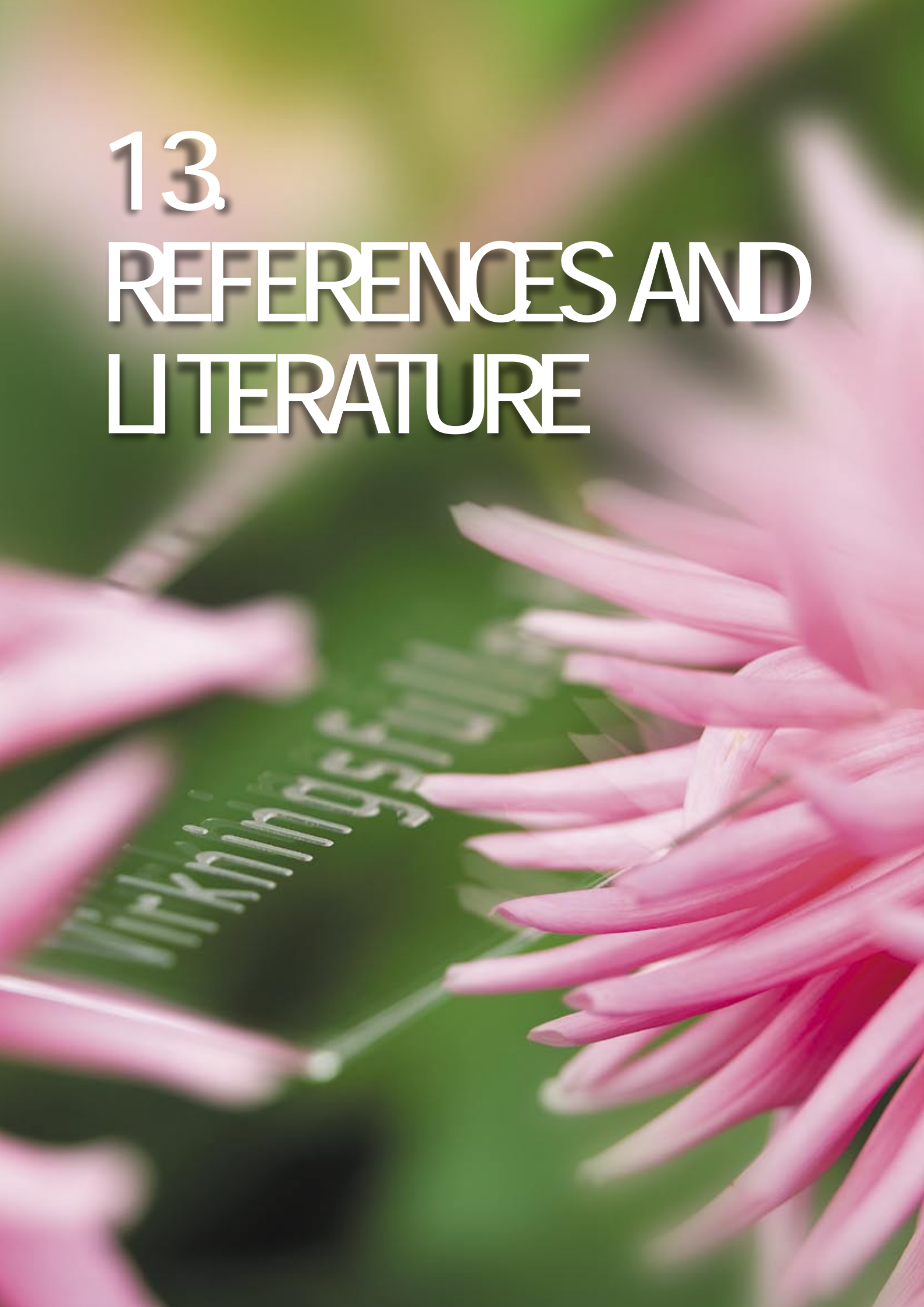
A well-informed, participative user has a greater possibility to achieve a good result in his or her interaction with health and social services. Reliable information shall be available and understandable for ordinary people.

It is important that you, the user, actively make demands and contribute to developing service supply. This can take place through direct contact with service providers, through user organizations or through political and professional activity in the health and social fields.

This strategy sets the scene for allowing the views of users to influence the services. Several user organizations have contributed to the development of this document. In future work with the development of measures, user participation is a separate target area. Users and user organizations are invited to actively participate in this work.

13.

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