

What we did?

We helped create a new service called PAIK, that is providing social and healthcare services in an integrated and seamless manner.

Social and Health services are not integrated in todays Estonia. That leads to two inefficient systems bouncing people between themselves. The client does not know what services they need, who provides them, who pays for them and how...and do they really need to?

To insure a good result the client must have personal relationships or the service provider must go outside of normal operation. If a person does not have the necessary connections, it is very likely that the experience in bad at best and detrimental to ones long term health. That reduces the years spent healthy and happy and has an adverse effect on service providers budgets.

To ensure the success of the pilot, we undertook a service design process to design tools for complex cooperations. We also designed funding, management and cooperation models with visual identity and promotional materials.



Why this category?



PAIK would be nothing without a community that is ready to take an extra step to help their people in need. It connects the community around you without demanding a close relation between those who are connected. It helps us help our own people and reduces the costs for local healthcare.

Method and process

From September 2016 to December 2017 we went through a service design process with the goal to clarify the as-is situation and propose a new, better model and methodical approach for the necessary changes in the organisation, management, financial and IT systems etc.

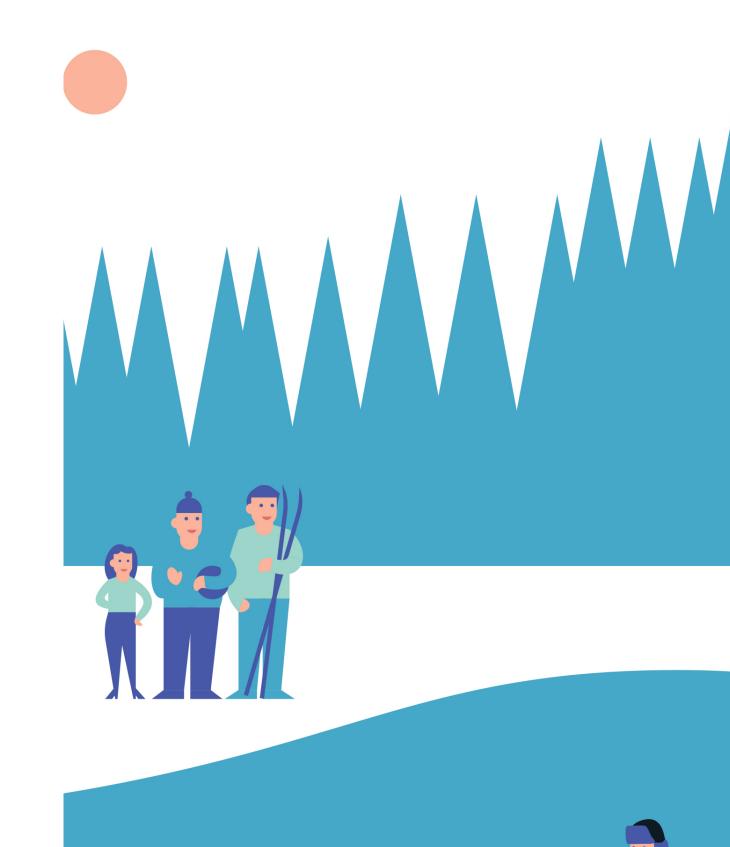
The result is a basis for pilot project as well as other development projects within Viljandi Hospital. Heavily involving service provider and clients, we developed a new model how to analyse client's services and to identify problems within (Missing Triangles model) and how to create custom services and teams to provide them (Task teams model).

In addition a vision of the new organisation and service model was created, that will be the basis for the pilot.

In order to analyse client needs, we mapped out all the services the client is using and should be using. Next we analysed service as a relationship triangle, that helps us identify missing relationships to determine how these entities can work together to provide a better service. So that an elderly in need wouldn't be left without help just because everyone is doing what is mandated but not actually necessary.

In order to develop services based on actual user needs, the service providers clustered into task teams to discuss needs and challenges, find best solutions and test their solutions in real life, then integrated best performing solutions into the normal workflow of the hospital.

The new service model enabled the hospital to develop services based on real client needs and using services already available and creating new ones. the PAI book helps us understand and communicate what services are being provided, how they perform and what changes are needed.



What changed?



The models created help very different service providers understand and describes client needs in a shared language as well as providing a platform for cooperation between different state and local service providers and private sector actors - a common understanding of users needs and a way to answer those needs.

At the same time the organisational, financial and managerial systems support that platform. The client gets what she needs without unnecessary hassle. The state gets to provide right services to right people in the right way.

It's not complicated if there is a room and some tools to work together and to understand together. The goal of this project was to gather the necessary know how and create the necessary environment and tools that could help build such a room.

Today, the result of this process is already being piloted in real life and have preliminary funding agreement with Haigekassa (National Health Insurance).