



Innovatsioonist tervishoius

Urmas Siigur, MD, PhD
SA Tartu Ülikooli Kliinikum



Mis on innovatsioon?

- *Innovare* – uuendama, *innovatio* – uuendamine
- **innovatsioon** <-i 21> <s>
mingi teadusliku v. tehnilise avastuse, leiutise vm. saavutuse rakendamine, uuendus. *Tehnilised, majanduslikud innovatsioonid.*
- Kirjandusest võib leida kümneid definitsioone ja sünteesi erinevatest definitsioonidest:
 - Fresh Thinking that Creates Value (30 eksperti aastast 2008)
 - Executing an idea which addresses a specific challenge and achieves value for both the company and customer (15 prohvetit aastast 2016)
 - 60% - idee, 60% - selle elluviimine, 40% spetsiifiline väljakutse, 40% väärtus firmale, 40% väärtus kliendile



Innovatsioon peab:

- Tuginema uutel ideedel
 - Uus maailmas
 - Uus antud turul/tegutsemisalal
 - Uus antud ettevõttes
- Olema rakendatav
- Täitma konkreetseid eesmärke
- Looma täiendavat väärtust
 - Firmale
 - Kliendile
- Olema jätkusuutlik ja edasi arenemisvõimeline



Rattast mobiilse diagnostikakabinetini





Innovatsiooni vormid

- Tooted – käegakatsutavad asjad

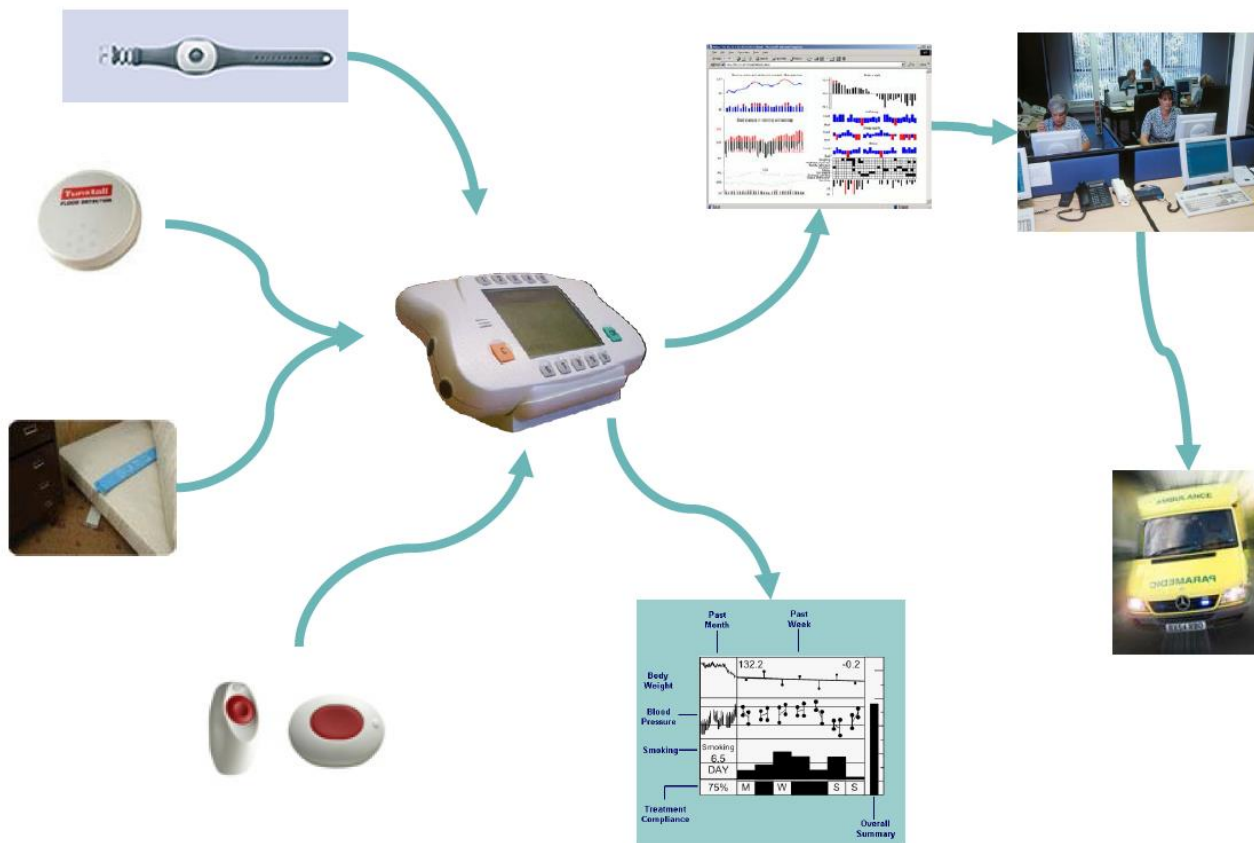


- Teenused – „mitte-käega-katsutavad“ asjad, kus tarbija saab teenusest kasu, kuid vahetult ühtegi asja ei omanda.
- Protsessid – varustus, meetodid ja süsteemid, mida kasutatakse teenuste osutamisel.



Üks kompleksne innovatsioon

Typical remote care model





Innovatsioon tervishoius – milleks?

- Pikendada eluiga ja parandada elukvaliteeti
- Väljakutsed TTO tasemel:
 - Tagada ja parendada teenuste kvaliteeti
 - Suurendada ohutust (*Primum nil nocere*)
 - Suurendada kättesaadavust
 - Tõsta efektiivsust
 - Vähendada raiskamist
 - Alandada kulusid
- „uued või oluliselt parendatud tooted, teenused, protsessid. Uued organisatsioonilised mudelid, teenuste osutamise mudelid, kliendi- ehk patsiendisuhted ja turundusviisid“.



Tervishoiu innovatsiooni eripärad (1)

- Suur osa tervishoiualastest innovatsioonidest on kombinatsioonid „kõvadest“ ja „pehmetest“ elementidest, organisatsioonilised ja tehnoloogilised aspektid on põimunud.
- Riske vältiv kultuur ja ülim imperatiiv. Tõendust võib o dokumenteerida.





Tervishoiu innovatsiooni eripärad (2)

- Tervishoiu rahastamine. Maksjad ja teenuseosutajad on eraldatud, viimased omakorda tasanditi liigendatud esmatasandist kuni sotsiaalhoolekandeni. Selle tulemusena võivad innovatsiooni kulud ja kasu jaotuda süsteemis vägagi ebahühtlaselt.
- Innovatiivsed lahendused, parandades küll teenuse kvaliteeti, tarbijamugavust ja ravitulemusi, kipuvad olema kallimad, kui olemasolevad (tervishoiu inflatsioon).
- Tervishoiusektor on innovatsioonikeskkonnana väga kompleksne. Huvirühmade paljusus võib takistada otsuste langetamist.



Tervishoiu innovatsiooni eripärad (3)

- Innovatiivse lahenduse kulu on enamasti üsna konkreetne. Ühiskonna „võit“ aga samas valdavalt kaudselt arvestatav ja mitte üheselt mõõdetav.
- Tervishoid on ülimalt politiseeritud valdkond ja eksperte terviskorralduse alal on piiramatu hulk.

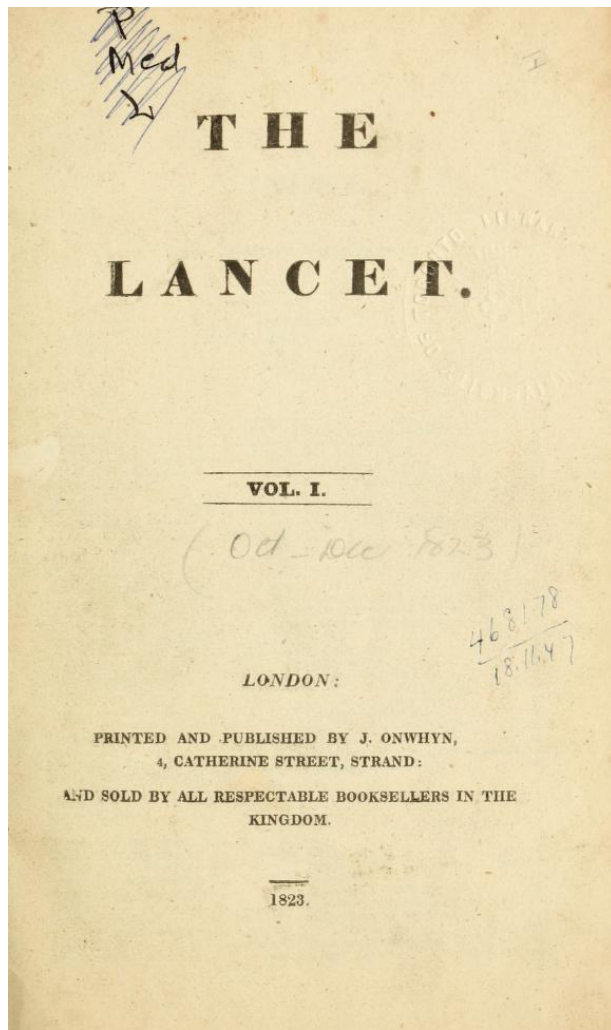
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LUGEJA KIRI | Sünnitamine ei vaja haiglat

- Meedikutel on oluline roll arendustes, samuti suureneb patsientide ja avalikkuse osa teenuste ümberkujundamisel, uute teenusemudelite rakendamisel. „ÄGE!“.



Vanasti oli vist vähe lihtsam?





METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 27th, 1879:

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Dry Bulb	Wet Bulb	Solar Radiation in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Nov. 21	29·81	N.E.	35	33	..	36	32	0·26	Snowing
" 22	29·97	N.	34	33	..	35	31	0·15	Snowing
" 23	30·02	WNW	29	38	25	..	Overcast
" 24	30·05	E.	35	35	..	40	29	0·04	Foggy
" 25	30·21	E.	38	37	..	41	34	0·10	Foggy
" 26	30·20	E.	35	33	..	37	32	0·06	Overcast
" 27	30·11	N.E.	33	32	..	40	31	..	Overcast

Notes, Short Comments, and Answers to Correspondents.

THE RUSSIAN RED CROSS SOCIETY.

THE Russian Red Cross Society has issued a report of its receipts and expenditure during the nine months ending the 1st October, 1879. On the 1st January, 1879, the balance in hand amounted to 1,217,325 roubles, and during the seven months following the receipts amounted to 808,707 roubles, of which 71,937 roubles had been especially contributed for the benefit of towns which had suffered from incendiary fires. The expenditure for the period under consideration amounted to 510,208 roubles, of which 233,964 had been devoted to the sick and wounded, 38,072 roubles to extraordinary expenses, 23,385 to sanitary services organised by the Society in the district within which plague prevailed in the Volga, and 79,985 to the succour of the populations which had suffered from incendiary fires at Orenbourg, Iskontsk, Ouralsk, and Isbit. On the 1st October the balance in hand amounted to 1,455,178 roubles.

Dr. Weekes.—We would prefer not to notice special spas.

PRACTICE BY TELEPHONE.

THE Yankees are rapidly finding out the benefits of the telephone. A newly made grandmamma, we are told, was recently awakened by the bell at midnight, and told by her inexperienced daughter, "Baby has the croup. What shall I do with it?" Grandmamma replied she would call the family doctor, and would be there in a minute. Grandmamma woke the doctor, and told him the terrible news. He in turn asked to be put in telephonic communication with the anxious mamma. "Lift the child to the telephone, and let me hear it cough," he commands. The child is lifted, and it coughs. "That's not the croup," he declares, and declines to leave his house on such small matters. He advises grandmamma also to stay in bed; and, all anxiety quieted, the trio settle down happy for the night.

Experimenter.—The physiological effect of oxygen has not yet received the attention it deserves from the profession. Dr. Cornelius Fox's work on Ozone will give the most recent observations.

Mr. J. F. McKechnie.—We cannot prescribe. The case is one for a general practitioner to deal with. Seek advice at once. X. has forgotten to enclose his card.

THE MEDICAL OFFICER'S STETHOSCOPE.

To the Editor of THE LANCET.

SIR,—A great authority on auscultation has remarked that a new stethoscope requires to be tried on as carefully as a new hat. The reason for this is clear. Some men hear best with a concave ear-piece; others prefer a flat or slightly convex one; but all seem agreed that the ear-piece, whatever may be its form, is the most important part of a stethoscope. Still the shape and size of the chest-end are not without importance; for although medical men generally use the same instrument for all cases, pulmonary as well as cardiac, and for all patients, whether lean or stout, it is, nevertheless, a fact that for the limitation of certain cardiac murmurs, and for the accurate localisation of pulmonary sounds, especially in emaciated patients, a small-ended stethoscope is desirable; whilst for collecting faint, distant, or deep-seated pulmonary sounds, a stethoscope with a large chest-end is to be preferred. It would be inconvenient, however, to carry two stethoscopes about with us. Even one stethoscope of the usual form is an awkward instrument to carry, and many are the devices that have been adopted to overcome the difficulty. In my early days the stethoscope used fre-



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"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."



SUUR TÄNU JA KENA KONVERENTSI JÄTKU.