STRATEGI- OG HANDLINGSPLAN

for forskning, innovasjon, utdanning og kompetanse 2018 – 2022

HELSE MØRE OG ROMSDAL

INNHALD

FØREORD

Arbeidet med strategi- og handlingsplan for forsking, innovasjon, utdanning og kompetanse (FIUK-planen) for Helse Møre og Romsdal HF (HMR) har involvert over 60 fagpersonar. Representantar frå klinikkane og stabsavdelingane i HMR, tillitsvalde, brukarar, kommune- og utdanningssektoren har kome med verdifulle innspel- og også peika på utfordringar som ligg føre oss i åra som kjem.

Planen er eit «levande dokument» med ulike delplanar som skal sjåast i samanheng. Planen skal brukast og den skal evaluerast, og resultata og utfordringane skal omtalast i ei årleg FIUK-melding.

Takk til alle som har teke del i dette store dugnadsarbeidet der vi for første gong får ein felles strategiplan for forsking, innovasjon, utdanning og kompetanse i HMR. Ei spesiell takk går til gruppeleiarane og gruppa av medarbeidarar som har vore med å arbeide fram planen.

Planen har vore ute på høyring og vi rettar også ei stor takk til dei som tok seg tid til å kome med innspel. Desse har blitt diskutert og tatt omsyn til ved revisjon.

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Handsama i styret for Helse Møre og Romsdal HF 21. februar 2018.

FORKORTINGAR

AIO: Anestesi, intensiv og operasjon
AR- og VR-simulering: Augmented Reality og Virtual Reality / Utvida (AR) og virtuell (VR) verkelegheit
FIUK: Forsking, innovasjon, utdanning og kompetanseutvikling
Hemit: Helse Midt-Norge IT
HF: Helseføretak
HMN: Helse Midt-Norge RHF
HMR: Helse Møre og Romsdal HF
HNT: Helse Nord-Trøndelag HF
HR: Human Resources / menneskelige ressursar
KP: Kompetanseportalen i HMR
LIS: Leger i spesialisering, spesialistutdanninga for leger
NOU: Noregs offentlege utgreiingar
NTNU: Norges teknisk-naturvitenskapelige universitet
NTNU TTO: Norges teknisk-naturvitenskapelige universitet Technology Transfer AS
OU: organisasjonsutvikling (i HMR)
RegUt: Regionalt utdanningssenter
RHF: Regionalt Helseføretak
SO: Regionalt samarbeidsorgan for utdanning, forsking og innovasjon
SUFI: Samarbeidsutval for forsking og innovasjon
SUU: Samarbeidsutval for utdanning
UH-sektoren: Universitets- og høgskulesektoren

INTRODUCTION

Helse Møre og Romsdal HF (HMR)'s strategy and action plan in the area of research, innovation, education and competence (the FIUK plan) shall clarify the direction and content of HMR's work in these four effort areas at organizational and clinic level and in a collaborative perspective. The work is a continuation and local adaptation of Helse Midt-Norge RHF's (HMN) strategic plans for research, innovation, education and competence[1]. A central goal is to see the four effort areas in context. The contribution to the FIUK plan is also anchored in recent research and key contributions such as HelseOmsorg21[2], Strategy 2030 Helse Midt-Norge[3], Task document 2017 Helse Midt-Norge RHF (2017)[4], The Husebekk Committee's recommendation[5] and the National Health and Hospital Plan (2016-2019)6.

THE FUTURE SAY HEALTHCARE SERVICES

Research and projections show some significant developments that will affect the future of health and care services. A decline in oil revenues will mean fewer resources for several important areas – including the healthcare sector. More elderly people will lead to an increased need for healthcare services, at the same time as there will be fewer people of working age. Basic conditions such as demographic development, industry development, immigration and regional differences will leave their mark on society in general[7].

In the future, there will be an increased struggle for competence, and an increased focus on restructuring and automation of working life. Working life – and the healthcare service – must to a greater extent prepare for less access to resources – both people and money. There will be major changes in the need for competence[8]. Lifelong learning[9], which focus on the ability to educate, adapt and acquire new skills throughout life, is becoming more prominent than today[10]. Professions will disappear and new ones will appear. Innovations such as digital platforms and artificial intelligence will receive a lot of attention[11], and there will be more focus on using statistics and quality indicators to ensure even better and knowledge-based healthcare services. Research, innovation and working with knowledge will become central, and it will be important to collaborate and share competence and knowledge[12]. The users, the education sector, private industry and the voluntary sector must be included more in the development of what is referred to as the patient's healthcare service [8]. This is a point we have taken into account when drawing up the FIUK plan.

SPECIAL NOTES

The FIUK plan points to the future. In order for it to be brought to life and gain value for the clinics, the employees, patients and relatives – and society as such – the organization must show will and effort in how the various points in the FIUK plan can be implemented in a good and credible way.

It is important to invest in your employees, and in those you will recruit into the specialist healthcare service. It is the people in the organization and their competence and willingness to work that will lift the organization into the future. Collaboration with others is important, and in order to achieve the best possible success with the development of the healthcare service of the future, one must interact closely with patients, relatives, educational institutions, the private and public sector and the pharmaceutical apparatus.

Competence development and recruitment of health personnel with the right skills is, to date, poorly coordinated in the organization. It should be clarified in more detail whether HMR should focus on establishing its own knowledge and training center in order to co-ordinate, rationalize and develop good and forward-looking services within research, innovation, education and competence in the organization. Such a center can be central to the development of overall recruitment strategies as the various FIUK components and labor recruitment are closely linked. The knowledge and training center, which can be physical and/or virtual, may have the purpose of bringing together existing professionals in the FIUK area as well as HR competence, especially for further development and collaboration on recruitment, development of electronic platforms, research and innovation strategies, education, courses and conferences, e-learning, simulation, ordered tasks, statistics and analysis in the area of competence and more. Such an environment will be able to help with clinical analyses, support with special competence in the FIUK area / recruitment strategies. The "Training Center" will be able to organize groups that can help the clinics plan their recruitment and competence needs in a knowledge-based way. Such a center will be future-oriented and in line with the focus area that has recently been put on the agenda in Midt-Norge.

RHF13. It will also make it easier to coordinate and strengthen collaboration with partners outside HMR. Not all mandate points for the FIUK plan were answered. This is mainly due to a lack of time in the working groups. Management in the organization should therefore consider setting up its own working group with the task of sorting out the points in the mandate that were postponed (cf. Chapter 3).

HOW TO READ AND USE THE FIUK PLAN

The FIUK plan can be used both together and as four individual strategy plans with defined action plans (Chapter 1 Strategy and Chapter 2 Action Plans). Chapter 3 of the plan (Background) contains the mandate for the work, background and basis of analysis as well as a short summary. If you want more insight into the background to the work with the FIUK plan, you can read chapter 3 first.

In order for managers and employees in HMR to get involved and use the FIUK plan, it is important that they feel that the plan is related to "their organization" and "their workplace". If one is to succeed in putting the FIUK plan into practice, employees at all levels must therefore take responsibility for creating a good and motivating climate for research, innovation, learning and recruitment for the benefit of the future of their health services.

Notatar:

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STRATEGY

CONTENT

NAME	INSTITUTION
Sn. manager: Solveig Roth Hoff Jr. manager: Katarina Mølsæter Rune Midgard Lise Reindal Eli Otterholt Arne Gotteberg Finn H. Andersen Erland Hermansen	Klinikk for Diagnostikk Academic department Clinic for medicine and rehabilitation Clinic for women, children and youth Clinic for mental health and drug abuse Sunnmøre Regional council (SRR)*14* Clinic for acute treatment Clinic for surgery

DEFINITION RESEARCH

In this strategy we have chosen the following definitions: *Medical and health-related research: activity that is carried out using scientific methodology to acquire new knowledge about health and disease*[15].

Health service research is a multidisciplinary scientific field where one studies how social factors, financing systems, organizational structures and processes, health technology and staff behavior affect access to health and care services, the quality and costs of health and care services, and finally – health and well-being[16].

SHORT ABOUT RESEARCH

Research is an important instrument that can be used in a targeted manner to meet future challenges in the healthcare service. Through research activities, they acquire both special and general competence, which provides a good basis for being able to use new knowledge and implement this in the assessment, treatment and follow-up of patients. This competence is also decisive for how we can organize, develop and ensure the quality of our healthcare service.

Midt-Norge's focus areas include clinically relevant and patient-oriented research, research

on quality and patient safety, and healthcare research included collaboration, logistics and service development as part of the most relevant for HMR.

In the regional research strategy, it is considered an overall goal that "the research in Helse Midt-Norge RHF should be internationally competitive, and strengthen clinical practice and patient treatment."[17] In order to achieve this goal, one of the regional plans has stated, among other things, that the research activity in and around all health organizations must be strengthened by recruiting new researchers and increasing research production. We have therefore drawn up a strategy and action plan which focus on how we can strengthen research activity in HMR and how we can create research of good quality.

In the coming period, we must focus on both quantity and quality. We want more people to become active in research activities, while at the same time we must stimulate a robust professional environment and internationally competitive research groups.

We must also work towards a stronger culture for research in the organization. It is not the case that everyone must actively engage in research, but all employees must be aware of the research that takes place at HMR and see the utility of it. Research must become a natural and integrated part of our working day.

Collaboration with others is important to be able to create more and better research. Here we have to think both internally within the health organization, across departments, clinics and professions, and externally towards the municipal sector, university, college, county council, industry and other health organizations. User participation in research is required by law, and is important to ensure research in areas that are important to our users and strengthens the chances that the research results will be useful in clinical practice.

This strategy and action plan must be seen as a start to build a solid foundation for research in HMR. Furthermore, the plan must be seen as a "collaboration document" where HMR should be an important engine, and collaboration partners who contribute with research in various areas of society outside of their own organizations. It is important that the plan is constantly evaluated and further developed.

OVERALL GOAL FOR RESEARCH
The research in HMR must be internationally competitive, and strengthen clinical practice and patient treatment.

In order to achieve these goals, HMR will in the coming period focus on the following strategic initiatives:

RESEARCH STRATEGY

RESEARCH CULTURE
Research must to a greater extent become an integrated part of the business in Helse Møre og Romsdal

We will: Increase the number of active researchers through general focus on research in HMR

Clinics actively engaging in research must be a requirement, and among other things by introducing research activity as a quality indicator in the organization.
The threshold for starting research can be high for many, and we must therefore also focus on small projects as a gateway to research. In this context, investment in scientifically carried out quality assurance projects is important to promote a research culture in the organization. Quality assurance projects have a double positive effect as, firstly, they ensure that patients receive good quality treatment and secondly, they give employees an insight into what research entails. This can mean that employees get inspiration and motivation to start larger projects.

In the work to build a research culture, we must become good at marketing our research activity both internally and externally. Both the management, the employees and the patients must be well acquainted with the research that takes place in the organization, know the positive effects of this type of work, and see that this is useful for everyone. Interest in research must be emphasized when hiring new colleagues.

HIGH-QUALITY RESEARCH
High-quality research is a necessary and important prerequisite for good health and care services

We will: Increase research competence in HMR

Those who work with research must have access to good training and guidance, necessary infrastructure and good working conditions. Clinical research department, biobank, other important infrastructure as well as access to trained research assistants are important to ensure good completion of clinical studies.

RESEARCH GROUPS
Research groups are important to be able to build a robust research environment.

We will: Establish organized research groups

Organized research groups are important for building a robust research environment, promoting collaboration and making research more competitive in terms of internal and external funding. We will draw up guidelines for the establishment and operation of research groups, and work to ensure that these can receive support from the FIUK section for start-up and possible operating support based on productivity. The research groups can advantageously be organized across disciplines/clinic/level and also include external collaboration partners.

COLLABORATION
Collaboration in research, both internally and externally, to the best for the patient

We will: Collaborate in research locally, regionally, nationally and internationally

It is important to strengthen collaboration in research both internally within the health organization and externally with the municipal sector, universities, colleges, industry and other health organizations with the establishment of regional and national research networks. We must develop meeting places where those interested in research from various sectors can meet, present research projects and discuss new ideas. Collaboration with other sectors could give rise to more versatile research activity for the benefit of the patient and staff, while at the same time we stand much stronger if we pool our resources and further develop knowledge and technology, which is all available in our region. Collaboration with the municipal healthcare service is an important focus area in the collaboration perspective of the development plan for HMR. When it comes to collaboration with the municipalities within research, we must initially work to establish forums that can ensure good contact between researchers in the specialist healthcare service and collaboration partners in the municipalities. We must also work for early and good involvement of the municipalities in collaborative projects, and give the municipalities the opportunity to leave their mark on the project. Students associated with the enterprise are a great resource, and HMR should collaborate with the University and College sector (UH sector) on planning, guidance and implementation of bachelor's and master's theses.

USER PARTICIPATION
User participation ensures that more research is done in areas that are important to the users

We want: Increased user participation in research projects in HMR

The users are a resource, which should be involved to a greater extent in all stages of a research project, from the idea phase to implementation in clinical practice.
User involvement ensures that more research is done in areas that are important to users, and can make research more accessible to the public. User representatives can also contribute to the interpretation of research results, especially considering what these results mean in practical life. It is important that researchers communicate at the users' level, so that they can understand the content of the research.

FINANCIAL RESOURCES
Financial resources are essential to support the ambitions

We need: Adequate access to financial resources

Sufficient financial resources are essential if research activity is to be increased, and it is important that the research budget for Helse Møre og Romsdal follows up the ambitions in the regional strategic plan[18] and the guidelines/marked funds for research contained in the annual commission document from the state/HMN. Use of economic resources for research must be visible when presenting key figures. We will also encourage research projects in HMR to seek external funding to a greater extent.

At the same time as the healthcare service must be of high quality, it must be financially viable. It is therefore important that we have the highest possible degree of utilization/gain of allocated funds and investments also within research, which requires good systems for overview and follow-up of ongoing projects.

«Research must increasingly become an integrated part of business in Helse Møre og Romsdal»

NAME	INSTITUTION
Sn. manager: Christer Jensen	Academic department
Jr. manager: Fredrik Møller-Christensen	Academic department
Britt Valderhaug Tyrholm	Collaboration section
Dag Arne Lihaug Hoff	Clinic for medicine and rehabilitation
Anniken Standal Remseth	Clinic for surgery
Anne Lise Sagen Major	The health platform
Inka Schmaus	Clinic for women, children and youth
Magne Storvik	Clinic for mental health and drug abuse Clinic for acute treatment
Jacob Devold	Kristiansund municipality
Siv Iren Stormo Andersson	The Health innovation center, KSU
Bjarte Bye Løfaldli	

DEFINITION INNOVATION

In this strategy we have chosen the following definitions:

The working group's interpretation is that innovations develop products, services or organizational forms; innovations require creativity, experimentation and the ability to see needs, and can provide radical solutions that contribute to value creation. HMN has its own definition: *"Development of new products, services or organizational forms that contribute to a stronger healthcare service, in the form of increased quality, improve work processes, increase safety for patients and employees, and in this way contribute to value creation"*[19].

SHORT ABOUT INNOVATION

Continuous improvement is HR's main strategy for the organization's quality improvement and ability to change20. Through continuous improvement, high quality services must be provided, as well as freeing

capacity, time and financial resources to be able to invest and further develop the service.

Innovations go a step further and involve greater risk to reach a given goal when the path ahead can be unknown. Innovations develop new products, services or organizational forms; innovations require creativity, experimentation and the ability to see needs; innovation can provide radical solutions that contribute to value creation. If all employees work together for innovation and development, it could lead to the development of a natural culture of innovation in the organization – an organizational culture that the strategy needs. An innovation culture will be able to accelerate the processes around continuous improvement.

In order for employees to get involved, everyone must feel ownership of innovations, and awareness of the meaning of their own contributions must be emphasized by both managers and colleagues with the aim that "we can do each other good".

Efficient collaboration is a necessary prerequisite for successful innovation work. Groups will have greater resources to problem solving and making decisions. Structured research-based innovation work can give managers and employees a better ability to carry out the innovation. A new organizational model in the organization could lead to increased dialogue and collaboration across units.

The innovation strategy must support management and increase its search for better solutions, methods and routines, as well as make employees more aware of how we think and work. Successful innovation work comes through creative interaction between all employees. Innovation work should not only focus on finding new solutions, but it is equally important to maximize the value of the solutions we already have. The results must provide positive value for the patient.

The aim of the innovation work is to create satisfied patients and improve the quality of the services in the organization. A good approach would therefore be to focus on what problems the innovation work should solve, and for whom. Patient innovation is about patients' and relatives' needs, experimentation and experience, and how this can be used as a basis for innovation.

OVERALL GOALS FOR INNOVATION

Innovation projects in HMR will strengthen specialist healthcare services internally and in a broad collaborative perspective, and thus could lead to positive consequences for patient treatment both in the organization and at municipal/individual level. Continuous improvement and innovation must be an integral part of everyday life and the culture in the organization.

INNOVATION STRATEGY

THE HEALTH PLATFORM

Seamless collaboration between all links in the treatment chain. "One citizen – one journal"

We will: Prepare employees and managers on the Health platform through service innovation. This is about digitalization, restructuring and changing employment processes and culture

For the first time in Norway, a record solution will be established, that can be used by all levels of the healthcare service. For the patient, this will mean easier contact with the healthcare service – regardless of whether it is the municipal healthcare service or specialist healthcare service. The health platform will be introduced in Helse Midt-Norge, and is a national pilot for the goal "One citizen – one journal". The healthcare service as we know it today, has undergone many changes, but the digital age will still place entirely new demands on adaptability and technological knowledge. HMR must prepare to receive and utilize the new technology and enable itself to reap benefits in terms of quality and efficiency. This requires, among other things, that the entire organization in terms of management/personnel receives knowledge and training about the utility of modern technology and how they can acquire digitization skills. By means of support for decisions, knowledge support and process support, a modern ICT system will be able to facilitate the work of all employees in the organization – and primarily health personnel. It will be easier to notify of deviations and increase quality and patient safety. Besides, modern ICT systems will provide the opportunity to launch new services that can contribute to making the work delivered to patients and relatives, more efficient. It will be easier to retrieve research data, quality indicators etc.

CHRONIC AND MULTI-ILL PATIENTS
Making use of unfullfilled potential and increasing one's mastery will be able to produce positive results for the patients

We will have: Innovative patient processes for chronic patients and multi-ill patients supported by the patients' own resources, preferences and opportunities for mastery

The group of patients with chronic diseases is growing21. Some are, and will be, heavy users of healthcare services at various levels for many years, often for life.
It requires good collaboration between different parties at different levels of administration. A report from Helse Vest showed that 10 % of patients spent 44 % of their days in hospital at Nordfjord Hospital22. It is documented that many in this patient group have several diseases which give a complex picture of the disease23. One goal is not to focus on treating one diagnosis at a time, but to see the various diagnoses in context.
Technological development will make it easier for the patient group to take greater responsibility for their own illness. Technology that can share information between user and treatment, for example through the health platform, will be able to contribute to the patient being able to master their illness at home, better and for longer. Treatment personnel will be able to monitor information and intervene when needs arise in a way that is more seamless than today. Greater use of the patient's own mastery potential will have major positive consequences for how we organize services in the specialist healthcare service and how we organize ourselves professionally. The healthcare system at various levels must to a greater extent organize services around the patient with the aim of developing and implementing a more efficient and resource-saving treatment service. This can be done by developing innovative schemes in various areas.

SIMULATING
Simulation in realistic surroundings will provide better quality, communication and patient safety.

We will: Establish and overall structure for development and collaboration in simulation in the

Simulering på tvers av profesjonar i realistiske omgjevnadar vil til dømes trene helsepersonell si evne til god kommunikasjon, betre samhandling

and understanding of each other's areas of expertise. Good communication is in many cases decisive for the patient's life and health, and failure of communication in the treatment chain is a significant factor in adverse events in the healthcare system. Simulation in multidisciplinary teams will be able to increase patient safety, treatment safety and the quality of the service. Simulation can be about practicing a given procedure in order to become safer in the execution. It can also be a means of getting enough volume to maintain competence. In many subject areas there is a limited number of patients, and scientifically it has been shown in many fields that quality is linked to the number of procedures one has carried out. Simulation can and is used to certify employees before they are allowed into clinical practice, where the use of technical equipment in particular should be a focus area for simulation. Simulation will and can reveal weaknesses in organization, premises and equipment.

COLLABORATION ABOUT PATIENT SERVICES

Collaboratioon Samhandling internt og eksternt med fokus på pasientane sine behov vil gje gode helsetenester.

The patients must experience/be cared for in a healthy way, which interaction must take place both internally between departments/sections and externally with municipalities and GPs. Collaboration means that our healthcare services must be coherent and coordinated. The aim of the 2012 collaboration reform is to make arrangements for patients and users get a better service as close as possible to where they live, as well as that disease must be prevented. One goal is that a larger part of the healthcare service should be delivered in the municipalities where the patients live.
Collaboration requires mutual trust, prioritization, effort and resources where, among other things, the health platform will be able to provide new opportunities for innovative collaboration between different partar. It is also important that there is an exchange of knowledge about the patient and the patient's needs between the links, and that one should think about the next link in the chain and hand over the baton with the best assumptions. All parties involved must work together to facilitate the relationship as best as possible for each other. Another perspective for collaboration is between educational institutions,

We need: Innovative collaboration with the aim to improve information flow between collaborating actors internally and externally in the patient

Industry næringsliv and specialist healthcare services when it comes to research, innovation, education and competence development. A large unused potential lies here, it must be put into use.

EFFICIENT USE OF RESOURCES

Enough healthcare personnel in the future lay the foundation for innovation in organization, services and technology.

We want: The innovation culture asnd new thinking to be **an** integrated part of managing and employee development with support from personnel and academic department

More recent research shows that there will be competition for competence in the future24,25. In order to ensure the recruitment of enough competent personnel and sustainable finances, it is important that HMR focuses on innovation and innovative solutions. Innovations and new strategies for recruitment, for interaction internally, between disciplines and out to interaction actors will be absolutely necessary to develop a healthy economy and efficient use of resources. Innovations in working methods, service offerings, purchasing and use of technology etc. will lay the foundation for meeting current and future needs. The concept of continuous improvement has laid the foundation for an increased focus on quality and resource use in the organization, but further innovations must be stimulated in recruitment, how to use the employees' skills, working methods, seamless flow of employees, ambulation, interdisciplinary multidisciplinary teams, interaction in all directions, purchasing, electronic communication with patients and full digitization within the health platform have been introduced. All of this will be able to contribute to the fact that in the future someone with the current staffing will be able to have a robust healthcare service for the patient.

«Enough health personnel in the future lais foundation for innovation in organization, services and technology.»

NAMN	INSTITUSJON
Leiar: Marit Kjersem	Fagavdelinga
Nestleiar: Øyvind Eriksen	HR-avdelinga
Jorun Bøyum	Klinikk for medisin og rehabilitering
Brit Valaas Viddal	Klinikk for diagnostikk
Wenche Lervik	Klinikk for kvinner, barn og ungdom
Stein Pettersen	Klinikk for psykisk helse og rus
Linn Jenny Husøy Morsund	Sunnmøre Regionråd (SRR), Sandøy kommune, eining for helse- og omsorg
Anita Skarshaug Kvendseth	Klinikk for kirurgi
Aslaug Bråten	Klinikk for akuttbehandling

DEFINISJON UTDANNING
I planarbeidet har vi støtta oss på følgjande forståing av omgrepet utdanning:

«Begrepet utdanning fokuserer først og fremst på det som foregår innenfor utdanningsinstitusjoner, men en betydeleg del av profesjonsutøvernes kvalifisering skjer også i arbeidslivet (kompetanse-utvikling/kompetansetileigning – vårt innspel)»26.

Eit godt samspel mellom utdanning og yrkesliv, er som tidlegare nemnt, ei av dei viktigaste føresetnadane for å sikre kvalitet og relevans i profesjons-utdanningane.

KORT OM UTDANNING
Strategi for utdanning skal sikre at rett og kvalitativ god pasientbehandling vert ivareteke av tilsette med relevant og god kompetanse. HMR skal sikre nok helsepersonell med rett kompetanse -rett person på rett stad til rett tid- med fokus på utdanning av personell som kan utvikle HMR sine visjonar og verdiar. Dette skal planleggast som ein del av dagleg drift og syte for at føretaket er attraktivt og konkurransedyktig om å rekruttere fagpersonell, samt utvikle og halde på desse. Stabsavdelingane skal støtte klinikkane i arbeid med utdanningsspørsmål.

HMR vil prioritere eit hensiktsmessig verktøy for god kartlegging og planlegging av utdannings-behova i føretaket. Systematisk planlegging av utdanningsbehovet i føretaket bør implementerast som del av strategi- og budsjettarbeidet i føretaket.

Utdanning og kompetanseutvikling skal vere inkludert i all verksemds- og budsjettplanlegging og i samsvar med HMN og HMR sine strategiar for utdanning og kompetanseutvikling27, HMN sine strategiske føringar, HMR sin utviklingsplan og årlege oppdragsdokument frå staten.

Strategien skal møte eit framtidig behov for helsehjelp ved å identifisere dei helsefaglege utfordringane i ein demografisk og teknologisk kontekst. Det skal vere spesiell fokus på utdanning for framtidige behov for tverrfaglige samarbeid og straumlinjeforma pasientforløp, og der ein tek i bruk ny teknologi, analyseverktøy og simulering i samband med utdanning og praksisstudiar28.

OVERORDNA MÅL FOR UTDANNING
HMR sine tilsette skal ha relevant kompetanse som er tilpassa føretaket sine mål og strategiar. HMR skal, i samarbeid med UH-sektoren og andre sentrale partar, bidra til at utdanningane er i tråd med helsetenestene og befolkninga sine behov.

UTDANNINGSSTRATEGI

PLANLEGGE OG REKRUTTERE

For å dekke framtidig behov for kompetanse må ein sikre at HMR har eit godt omdøme

Vi ønsker: Ein attraktiv arbeidsplass med godt omdømme

For å sikre at HMR har godt omdømme og står fram som ein attraktiv arbeidsplass, skal alle organisasjonsnivåa ha oversikt over eksisterande kompetanse og kapasitet, samt utdanningsbehovet på kort og lang sikt eitt og fem år fram i tid. Vi skal ha rutinar som sikrar rask og god læring- og kompetanseoverføring. Føretaket sine introduksjonsprogram skal vere forpliktande og gjere nyleg tilsette trygge og raskt inkludert i organisasjonen. Studentar på alle nivå som har praksis i HMR bør bli ivaretekne på ein inkluderande måte.

REKRUTTERE, UTVIKLE OG HALDE PÅ KOMPETANSE

Gode lærings- og fagmiljø for å styrke, utvikle og halde på kompetanse

Vi vil ha: Personalutvikling ved målretta kompetanseheving

HMR skal skape gode rekrutterings-, lærings- og fagmiljø. Årleg revisjon av kompetanseplanar og gjennomføring av planlagt utdanning skal vere med på å sikre og legge til rette for at tilsette får utfordringar som bidreg til styrking og utvikling av erverva kompetanse. Eit tiltak vil vere etablering av årshjul for å sikre at utdanning og kompetanseutvikling er inkludert i all verksemds- og budsjettplanlegging, og i samsvar med overordna styringsdokument, FIUK-strategien og HMR sin utviklingsplan.

SAMHANDLING

Samhandling for gjensidig forpliktande utdanningsløp

Vi ønskar: Samhandling for betre pasientbehandling

Spesialisthelsetenesta har plikt – og tradisjon- for å samarbeide med utdanningsinstitusjonane om utdanning av helsepersonell. Dette er lovregulert og innarbeidd i dagens drift. Samarbeidet mellom føretaket og utdanningssektoren bør vidareutviklast både med omsyn til kvalitet, innhald og organisering av utdanningane, praksisopplæringa og forsking/innovasjon i føretaket sine institusjonar. Samhandlingsreforma og framtidas utfordringar med fleire eldre multisjuke, endra diagnosar, nye infeksjonsdiagnosar, auka innvandring mm. utfordrar oss til ytterlegare koordinering og samarbeid med både utdanningssektoren, kommunehelsetenesta, brukarar og andre viktige partar. Dette inneber blant anna samarbeid om å utvikle og etablere etter- og vidareutdanningar som tek hand om pasienten sine behov for ei heilskapleg helseteneste og straumlinjeforma behandlingsforløp. Spesielle utfordringar vil vere pasientgrupper med kroniske sjukdomar og den multisjuke pasienten. Utviklinga stiller og krav om tverrprofesjonelt samarbeid på ulike nivå. Eitt sentralt spørsmål er for eksempel korleis praksisstudiane blir organisert for å sikre dette perspektivet.

Store endringar i teknologiutvikling, organisering og leiing av helsesektoren vil kome til å stille nye krav til leiarskapet. Utdanningar mot denne delen av helsesektoren vil kome til bli vesentleg og avgjerande for utviklinga og kvaliteten på framtidas helsetenester.

«Gode lærings- og fagmiljø for å styrke, utvikle og halde på kompetanse»

NAMN	INSTITUSJON
Leiar: Bodil M. Haugen Våge	Fagavdelinga
Nestleiar: Arild J. Iversen	HR-avdelinga
Ingeborg Henriksen	Den norske legeforening
Guttorm Eldøen	Klinikk for medisin og rehabilitering
Martin Grotnes	Klinikk for diagnostikk
Elin J. Hansen Ytterbø	Klinikk for kvinner, barn og ungdom
Ole Lorvik	Klinikk for psykisk helse og rus
Karianne Naas Vestavik	Romsdal Regionråd (ROR), Fræna kommune, pleie og omsorg
Siw Andrea Todal	Klinikk for akuttbehandling
Kari Merete Gjengstø	Klinikk for kirurgi

DEFINISJON KOMPETANSE

I denne strategien har vi valt følgjande definisjonar: *«Kompetanse er de samlede kunnskaper, ferdigheter, evner og holdninger som gjør det mulig å utføre aktuelle funksjoner og oppgaver i tråd med definerte krav og mål»29.*

«Strategisk kompetanseutvikling er en kontinuerlig prosess som innebærer planlegging, gjennomføring, og evaluering av tiltak, for å sikre at organisasjonen og den enkelte medarbeider har og bruker nødvendig kompetanse for å nå definerte mål»30.

KORT OM KOMPETANSE

HMR HF sitt styringssystem bygg på prinsippa for total kvalitetsleiing og styring. Dette inneber å ha fokus på pasientane sine krav, behov og forventningar, trygge pasientforløp, leiarskap og kompetente medarbeidarar, forbetring og læring, likeverd og samarbeid31.

Strategi for utdanning og kompetanseutvikling for HMN (2015-2020) peikar på følgjande innsatsområde som viktige i planperioden. Dei menneskelege ressursane er den viktigaste innsatsfaktoren i hel-

setenesta; Kvalitet og omstillingsevne i spesialisthelsetenesta er avhengig av god leiing og medarbeidarane sin kompetanse; Hovudansvaret for utdanning, kompetanseplanlegging og utvikling ligg hos linjeleiinga og toppleiinga; Spesialisthelsetenesta skal vere ein attraktiv arbeidsgjevar for å rekruttere, utvikle, og behalde medarbeidarar og team; For helseføretaket og for kommunane er kompetanse-utvikling og individuelle kunnskapar fyrst og fremst interessante i den grad dei bidreg til at respektive organisasjonar løyser sine oppgåver på ein god måte; Å skape ein «lærande organisasjon» handlar om å utvikle, forvalte og ta i bruk kunnskapsressursar slik at verksemda totalt sett blir i stand til å mestre daglige utfordingar og etablere ny praksis når det er nødvendig. Kjenneteikn for lærande organisasjonar er, blant anna, fleksibilitet i arbeidsmåtar og organisering, og dei er prega av både kompetanseutvikling og kunnskapsspreiing*32*

Føringar tilseier at spesialisthelsetenesta bør bli meir spesialisert, og oppgåver av spesialisert karakter må difor vidareutviklast og reindyrkast i strategiperioden. Effektiv og god diagnostikk, og tilbod om spesialisert behandling til rett tid, er ein føresetnad for berekraft og gode pasientforløp i tenesta. Spesialisthelsetenesta – i samarbeid med andre – bør legge til rette for å jobbe i team. Dette for å betre sjå, forstå og behandle heile mennesket. I tett og nær dialog med samarbeidspartar bør oppgåver og ansvars¬område avklarast og sjåast i samanheng. Behov for kompetanse må identifiserast, og vi må finne fram til gode og hensiktsmessige samarbeidsformer til beste for pasient og pårørande (etter inspirasjon frå Helse Vest)*33*.

OVERORDNA MÅL FOR KOMPETANSE

HMR bør:

- forvalte og utvikle kompetansen til dei som skal yte spesialisthelsetenester i den hensikt å møte innbyggarane sine behov og forventningar til kvalitet no og i framtida.
- utvikle pasienten si helseteneste gjennom å ta i bruk pasient og pårørande sin kompetanse og erfaring i utvikling av tenestane.
- utvikle enda betre samhandling mellom spesialisthelseteneste, utdanningssektoren og kommunar om kompetanseutvikling når det gjeld kronisk sjuke og multisjuke.

KOMPETANSESTRATEGI

KAMPEN OM KOMPETANSEN

Vi er mer enn noen gang avhengig av riktig kompetanse til rett tid på riktig sted

Vi veit at: Kampen om kompetansen blir markant

Ulike dimensjonar i arbeidet med kompetanseplanlegging må få tilstrekkeleg merksemd gjennom systematisk kartlegging og målretting av rekrutterings-, utdannings- og opplæringsbehovet av tilsette i føretaket. Ein må sette fokus på evaluering av eiga verksemd. Ein bør legge vekt på meir aktiv samhandling med utdanningssektoren, kommunane og andre sentrale samarbeidspartar. I tillegg til strategisk og målretta rekruttering av arbeidskraft med rett kompetanse, bør det setjast fokus på opplæring av både tilsette- og ny-tilsette leiarar om korleis drive målretta kompetansebygging for dei gruppene av tilsette ein har ansvar for.

LEIARANSVARET

Det er behov for å tydeleggjere leiaransvaret når det gjeld strategisk kompetanseplanlegging og utvikling i føretaket

Vi vil gjere det å forvalte og utvikle tilsette sin kompetanse til ei hovudoppgåve i føretaket

Systematisk arbeid med kompetanseplanlegging og utvikling er både eit leiar- og arbeidstakaransvar. Planar for rekruttering og det å behalde og utvikle kompetanse i organisasjonen bør vere ei hovudoppgåve og eit ståande oppdrag for leiarar og tilsette på alle nivå. Leiinga stimulerer til kompetansefremjande tiltak, og etterspør oversikter, planar og behov i organisasjonen i den hensikt å prioritere og planlegge for investering i kompetanseutviklande tiltak. Leiarar på alle nivå må få auka kunnskap og kompetanse på korleis ein arbeider med strategisk kompetanseleiing. Tilsette må bidra til at dette skjer.

KVALITET I ETTERUTDANNING OG INTERN OPPLÆRING

Spesialisthelsetenesta er ein sentral arena for læring og kompetanseutvikling for både studentar i praksis og for tilsette

Vi ønskar å: Kvalitetssikre læringsarenaer for tilsette med føremål å sikre kompetansen nærast pasienten

Intern opplæring og etterutdanning skjer både gjennom uformell og formell læring/opplæring. Lover og forskrifter, teknologi og utvikling i behandlingstilbod bidreg til behov for auka fokus på kvalitet i opplæringa, pedagogisk kvalitet, struktur og dokumentasjon. Det blir viktig å legge til rette for kompetanseutvikling på fleire nivå og fleire område. Enkeltpersonar sin kompetanse, spesialisert kompetanse, kompetanse på å jobbe i team på tvers av forvaltningsnivå, det å utvikle og oppdatere kompetanse gjennom trening/ opplæring er viktige satsingspunkt. Ein bør sikre at ny struktur for legar i spesialisering – LiS – blir implementert på ein profesjonell og kvalitativ god måte34.

KOMPETANSE- OG VERKSEMDSPLANLEGGING

Kompetanseutvikling er ein del av verksemdsplanlegginga og dannar grunnlaget for prioritering og budsjettarbeidet

Vi ønskar at kompetanseutvikling skal vere basis og gjennomsyre all verksemdsplanlegging og organisasjonsplanlegging

For at HMR på best muleg måte skal sikre rett kompetanse på rett stad til rett tid er det behov for tilgang på data og analysar som grunnlag for vurderingar knytt til strategisk kompetanseplanlegging på ein slik måte at dette kan knytast til framskriving av kompetanse- og kapasitetsbehov. Kompetanse og kompetanseplanlegging vil også avhenge av korleis ein vel å organisere tenestetilboda i føretaket. Strategisk kompetanseplanlegging bør, med bakgrunn i no-situasjon, oppdaterast årleg og danne utgangspunkt for dialogar og drøftingar i leiarlinjene. Kompetanse bør risikovurderast. Utfordringsbileta må definerast med bakgrunn i dette. Vi treng vidare ei synleggjering av planprosessen og kartlegging av behovet for kompetanseutvikling, utdanning og organisasjonsutvikling. Bruk av årshjul med gode og transparente fagprosessar og at leiarar kjenner ansvar for dette er svært viktig.

KOMPETANSE- OG ORGANISASJONSUTVIKLING

Korleis oppgåver og funksjonar vert fordelte har innverknad både for effektivitet og kvalitet på tenestane i sjukehus

Vi må skape ein læringskultur gjennom kompetansebygging på tvers

Ny kunnskap og nasjonale strategiar må implementerast planmedvite og i større grad få konsekvensar for forvalting av kompetanse både på individnivå og samla sett i organisasjonen. Korleis oppgåver og funksjonar i føretaket vert fordelte har betyding både for effektivitet og kvalitet på tenestane. God meldekultur og «lære av» arbeid, implementerings- og konsensusarbeid bør få større fokus. Trendar når det gjeld alder og kompleksitet i sjukdomsbilete gjer at pasientar treng oppfølging og tilsyn frå fleire typar fagpersonar,som til dømes av tverrfaglege team. Det bør oppmuntrast til jobbgliding som noko positivt og kreativt. Kvar avdeling bør sjå på dette og finne sine tiltak, som gjerne må vere innovative. Det finst eksempel på at dette kan bidra til meir effektive tenester og auka kvalitet på tenestetilbodet.

BRUKARANE SIN KOMPETANSE

Det finst eit potensiale for betre tilrettelegging av dialogen med pasientar og pårørande

Pasienten sin kompetanse og erfaring er like viktig som helsepersonell sin fagkompetanse i utviklinga av tenestetilbod

Det er, og vil verte viktig å ha med pasienten og brukarorganisasjonane sine perspektiv i alle delar av verksemda, og ein bør sjå på ulike måtar å ivareta dette. Pasientar og brukarar må få kompetanse til å meine i dialog med spesialisthelsetenesta, og enkelte brukarorganisasjonar held kurs for sine medlemmer. Pasientar og brukarar har ein kompetanse i seg sjølv, i form av erfaringar, som kan

kome helseføretaket til gode. Alle avdelingar bør ha årlege møter med brukarorganisasjonar og dei bør inviterast til å delta i kliniske studiar. Veit vi kva pasientar og brukarar vil ha i framtida?

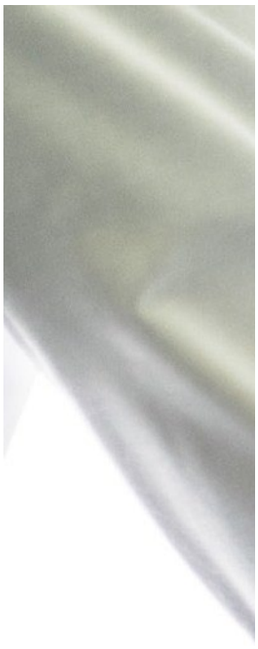
SAMHANDLING OM KOMPETANSEUTVIKLING OM KRONISK SJUKE

Det er behov for å auke fokuset på overføring av kompetanse mellom spesialisthelseteneste og kommunar

Vi ønskar at: Helseføretaket skal lytte til kommunehelsa sine behov og bidra til kompetanseutvikling til beste for pasientane

Kompetansebygging mellom tenestenivå i helsesektoren handlar mykje om å skape møteplassar for kunnskapsoverføring og nettverksarbeid med det føremål å sikre pasienten helsehjelp på lågast effektive omsorgsnivå. Det er – og blir – konkurranse om arbeidskraft – spesielt sjukepleiarar, og det er problem med rekruttering av fastlegar til kommunane. Pasientar med multidiagnosar, høg alder, kompliserte og samansette problem, gir behov for poliklinisk oppfølging. Dagens pasientar og brukarar har lett tilgang på helseinformasjon. Det er vesentlig at pasientar og brukarar opplever å møte kompetent helsepersonell på lavast mulig effektive nivå.

«Vi er mer enn noen gang avhengig av riktig kompetanse til rett tid på riktig sted»



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ACTION PLANS

CONTENT

ACTION PLAN RESEARCH

GOALS AND SUB-GOALS	HOW DO WE DO THIS?	RESPONSIBILITY
GOAL 1: RESEARCH CULTURE:	increase the number of active researchers through a general initiative	on research in HMR
SUB-GOAL 1A: Promote a general focus on research and professional development, and create a culture where both management and employees see the positive effects of this type of work and that this is useful for everyone	Introduce research activity as a quality indicator so that all clinics must prioritize and make visible this type of work through documented research and quality assurance projects	Clinic
	Targeting for PhD/master's degrees at all departments, and that the number of these should increase gradually	Clinic | University and college sector
	The department and clinic management together with FIUK must have an active approach to bachelor's and master's theses, contribute to finding topics that benefit HMR and collaborate on guiding these	Department | Clinic University and college sector Academic department
	Stimulate to increase the number of patients in clinical studies, among other things by registering clinical studies on the health authority's website. It is important that adequate access to infrastructure and personnel has been arranged	Researc vher Clinic Clinical research post Academic department
SUB-GOAL 1B: Make research activity and other scientific activity visible	Develop a plan for the marketing of research activities, research results, quality assurance projects and other scientific work both internally and in relation to the municipalities, other collaboration partners and the media	Academic department Communication department HMR
	Encourage the departments to teach about research-related topics and present results from research/quality work at professional academic days and at professional meetings in hospitals	Departments Clinic Academic department
	Organize annual research days, preferably together with other local collaboration partners (municipality, university, industry) with a presentation of ongoing research for staff/audience and invite well-known lecturers as attractions	Academic department Research groups University and college sector The users
	Participate in local, regional and national research meetings/conferences	Clinic | Researchers Academic department
SUB-GOAL 1C: Recruit new researchers	Emphasize interest/knowledge of research and development work when hiring and during employee interviews	Department HR department Academic department
	Experience with research must be credited through, among other things, increased salary for Ph.D	HR depart ment Clinic
	Facilitate shared positions between clinic/research and between HMR/UH sector	Clinic | HR department University and

		college sector

GOAL AND SUB-GOAL	HOW DO WE DO IT?	RESPONSIBILITY
GOAL 2: HIGH-QUALITY	**RESEARCH:** Increase research competence in HMR	
SUB-GOAL 2A: Increase research competence	Increase the number of amanuensis positions, and there should be people with amanuensis positions in all clinics and all hospitals	Academic department | University and college sector | Clinic
	Sufficient research supervisors (minimum PhD) in each clinic	Academic department | Clinic
	Arrange and make visible the course *Health research – from idea to project protocol*	Academic department
	Teaching in topics related to research, scientifically implemented quality assurance projects and the establishment of quality registers	Academic department Clinic
	Ensure that personnel in the clinics have time to participate in teaching and research activities	Clinic Academic department
	Stimulate employees to carry out quality assurance projects according to the scientific method	Clinic Academic department
SUB-GOAL 2B: Better infrastructure for research	Local start-up help for employees who want to do research or do a quality assurance project. Help build networks.	Researchers and research groups Academic department
	Regular meetings for those who carry out research	Academic department | Research groups
	Toolbox on the intranet with an overview of available infrastructure in HMR and HMN	Academic dep. The clinics
	Optimizing the use of ICT for research in HMR	Academic department | Hemit | HMN– repr. With research competence
	Equally access to articles as NTNU employees	UH sector | FIUK
	Available infrastructure for carrying out clinical studies in the form of Clinical research post, research nurse or assistant, lab services, Biobank	Academic department Clinical research post Biobank 1
	Statistician in 100 % position	Academic department | HR department
	Own premises for FIUK activity at all hospitals	HMR
	Good overview and follow-up of ongoing research projects	Academic department | local supervisors | Clinic
	System for internal registration of research activities as well as storage of research data and human biological material	Clinic managers | Academic department
SUB-GOAL 2C: Stimulate so that allocated funds/investmentsis used as best possible	Focus on the implementation of a project right from the idea phase	Academic department
	Ensure progress and implementation through timely and good follow-up of ongoing projects	Academic department Clinic

	Continuous registration of projects and reporting of resource use	Academic department| Clinic HR department

GOAL AND SUB-GOAL	HOW DO WE DO IT?	RESPONSIBILITY
GOAL 3: RESEARCH GROUPS: Establish organized research groups		
	Establish formalized research groups, based on defined statutes	Academic dep. Researchers HMR
	Encourage research groups to be put together across disciplines/clinic/level	Management group | Academic dep. Researchers HMR
	Establish infrastructure for the creation and operation of research groups	Academic dep. Researchers HMR
GOAL 4: COLLABORATION: Collaborate on research locally, regionally, nationally and internationally		
Increase collaboration with the municipal sector, HE sector, business and other health organizations regarding research activity	Establish common meeting places, contact networks, research networks, research groups, collaborate on research meetings Collaborate with the college sector on bachelor's and master's theses	Academic dep. | Municipalities University and college sector Businesses | Academic dep. C linic | Researchers/research groups University and college sector
GOAL 5: USER PARTICIPATION: Increase user participation in research projects in HMR		
	Clarify the role between user representative and researcher	HMN | Academic dep., Management group | HMR
	Strengthen clinical research in active collaboration with users	Academic dep. | Clinic
	Stimulate real user participation in research projects and that it is present right from the idea phase	Academic dep. | Research groups Supervisors | User committee
	Collaboration with relevant user organizations	Academic dep. | User committee CEO Academic dep.
	User representative in the research committee. The user representative must contribute to the benefit assessment of project applications seeking funding in HMR	
	Contribute to the training of user representatives	
GOAL 6: ECONOMIC RESOURCES: Adequate access to economic resources		
	The research budget for HMR must correspond to the ambitions in the Regional strategic plan for research in Midt-Norge	Academic dep. | Researchers Leiargruppa HMR | HMN Fagdirektør | Forskingssjef
	Setting up local funds for funding Ph.D. scholarships, post-doctoral projects and other research projects, including the start-up of research projects (seed funds)	Managing groups and HMN Academic director | Research manager Research committee
	Visualize resource use and activity with presentation of "key figures" for research	Academic department
	Stimulate research projects to also seek external funding.	Academic dep. | Research groups Supervisors | Researchers
	Ensure that funds in departmental research funds are used appropriately	Academic dir. Clinic

Notatar:

HANDLINGSPLAN INNOVASJON

GOAL AND SUB-GOAL	HOW DO WE DO IT?	RESPONSIBILITY
GOAL 1: THE HEALTH		
PLATFORM **SUB-GOAL 1A:** HMR HF must be ready to receive and utilize the new technology and be able to reap benefits in terms of quality and efficiency	Establish a training plan to increase digitization competence among employees and managers. It also requires preparation of ICT infrastructure in existing buildings	Academic dep. HR dep.
	Training offer in management programs	Academic d.
	Training offer towards professional academic days to innovate collaboration internally and externally	Academic d.
	Actively using the Idea Reception as a driving force in the innovation work	Academic d.
	Innovative purchases through dialogue where equipment and software support seamless integration with the health platform	Academic d. | Clinic Operation and property
		Academic d.
SUB-GOAL 1B: SNR opens with the health platform	Be an active applicant for project funds that the health platform announces	Academic d.
	Support piloting in old building in Molde/Kristiansund	Academic d.
SUB-GOAL 1C: All municipalities, GPs and contract specialists who apply to HMR HF wish to use the health platform	Collaboration with actors within health logistics to prepare the organization and innovate processes	Academic d.
	Collaborate with Arena for Learning about Welfare Technology (ALV) and the Health Innovation Center in Kristiansund35 regarding projects that can increase the potential of the health platform	Academic d.
	Active participant in existing networks to extract the potential that lies in the health platform	
GOAL 2: PATIENTS WITH CHRONIC AND MULTI DISEASES		
SUB-GOAL 2A: Support innovative projects for patient treatment in municipalities	collaborative projects with collaborative actors	Academic d. Health innov.cent. in Kristiansund
	Include users in projects with a focus on service and user-driven innovation	Academic d.
	Support during innovative service development	Academic d.
SUB-GOAL 2B: Systematic improvement in technology training for chronic patients and increased use of remote monitoring	Service development within communication and training of users and relatives	Academic d.
	Increase the use of telemedicine as a form of communication with patients	Academic d.
	Increase the use of technology data from patients for better training and follow-up	Academic d.
Stimulate networking and innovative		

GOAL AND SUB-GOAL	HOW DO WE DO IT?	RESPONSIBILITY
SUB-GOAL 2C: Develop culture for better follow-up and flow of patient groups	The idea reception will receive and systematize innovative feedback from actors	Academic dep.
	Structure data that can be automatically reported and used for continuous improvement	Academic dep.
	Ensure that innovation and continuous improvement are part of management training and focus in development interviews.	HR department
GOAL 3: SIMULERING		
DELMÅL 3A: Establish a project organization that ensures progress in the work with co-simulation	Increase the use of simulation for approval and re-training i use of technology and work processes	Academic dep.
	Prepare center for simulation in connection with clinical research post in collaboration with the emergency clinic	Clinics | Academic dep. Research post
	Gamification36 and simulation as e-learning for employees and patients, as well as in rehabilitation	Academic dep.
SUB-GOAL 3B: Collaborate with external actors on projects within Simulation in the organization	Establish industry contacts around simulation and development of technology, for example through innovation contracts and use of competence brokers	Academic dep.
	Collaboration with educational actors regarding simulation in the training of health workers	Academic dep., University and college sector
	Seek collaboration with external parties to develop AR and VR simulation	Academic dep.
GOAL 4: COLLABORATION		
SUB-GOAL 4A: Digital collaboration both internally and externally	Use existing collaboration networks for better information flow and specific measures and projects	Academic dep.
	Systematize and use feedback from users through the Idea Reception for use in innovation and continuous improvement	Academic dep.
	Development center for home services and the Health Innovation Center as collaboration partner around welfare technology and Home Hospital	Health inn.cent. in Kristiansund
SUB-GOAL 4B: Holistic treatment chain with seamless information flow	Training and development interviews with a focus on innovative interaction and continuous improvement, where for example the HR department is auditing the interview guide for development interviews.	Academic dep. HR department
	Establish change agents in networks and towards the clinics with a focus on patient flow and innovative processes	Academic dep.
	Reuse and implementation of good innovations from other hospitals and parts of the healthcare service	Academic dep.
SUB-GOAL 4C: The health platform as a base for innovative collaboration	Teaching program around the health platform with a focus on possibilities for innovative collaboration	Academic dep. Academic dep.
	Use practice consultants throughout the process up to the introduction of the health platform	Academic dep.

GOAL AND SUB-GOAL	HOW DO WE DO IT?	RESPONSIBILITY
GOAL 5: EFFICIENT USE OF RESOURCE		
SUB-GOAL 5A: Innovation, continuous improvement and new thinking must be an integral part of everyday life	Collaborate with the Health Innovation Center in Kristiansund for piloting a collaboration project	Health inn.cent in Kr.sund | Academic dep.
	Focus on control frequency and alternative interaction with chronic patients, support for innovative projects	Academic dep.
	Offer training in innovation and continuous improvement for managers and employees	Academic dep.
	Widen the reception of ideas within the organization and then towards patients, relatives, collaborating actors and industry	Academic dep.
	Innovative purchases and full digitization to support the introduction of the health platform	Academic dep.
SUB-GOAL 5B: Mobilize patients, relatives and staff as change agents	Network of change agents with special training and support in innovation and continuous improvement	Academic dep.
	Support functions in the academic department for innovation and continuous improvement of services with a focus on health economics, that it should be seamless and flow	Academic dep.
	Active innovation copying from projects in other health organizations	Academic dep.
	E-Health in training, rehabilitation and follow-up of patients	Academic dep.

Notatar:

HANDLINGSPLAN UTDANNING

MÅL OG DELMÅL	KORLEIS GJER VI DET?	ANSVAR
MÅL 1: PLANLEGGE OG REKRUTTERE		
DELMÅL 1A: Alle org. nivå skal ha oversikt over eksisterande kompetanse og kapasitet, samt utdanningsbehovet 1 og 5 år fram i tid.	Kartlegge behov for utdanning og bemanning: • Klinikk/avdeling/seksjon identifiserer utdanningsbehovet ved årleg revisjon av sine kompetanseplanar, jfr. bruk av arbeids- og bemanningsplansystema og kompetanseportalen • Implementere nasjonal bemanningsmodell (tiltak 1.5 i regional strategiplan)37 • Oppdatert og oversiktleg læringsportal på intranett med e-læringskurs jfr. tilgang og samhandling	Klinikk HMN og HMR v. HR-avdelinga Fagavdelinga
DELMÅL 1B: HMR har godt omdøme og står fram som ein attraktiv arbeidsplass	• Fokus på omdømebygging ved å framheve gode læringsmiljø • Inkludere studentane og behandle dei som din neste kollega • Delta på utdanningsmesser, karrieredagar, konferansar, etc.	Klinikk Fagavdelinga HR-avdelinga

DELMÅL 1C:
Sikre rask og kvalitativ introduksjon av nye tilsette
	Etablere gode og forpliktande introduksjonsprogram som er operative og lett tilgjengeleg:
	• På føretaksnivå (på internett)
	  • Gjennomføre introduksjonsdagar for nye tilsette 2-4 gangar i året
	• På klinikknivå, avdeling og seksjonsnivå
	  • Sjekkar ut kva avdelingar/seksjonar som har gode introduksjonsprogram og brukar desse som mal for vidare utvikling i org. («best practice»)
		HR-avdelinga
		Fagavdelinga
		
		Klinikk

DELMÅL 1D: Sikre god læring- og kompetanseoverføring	Sikre og legge til rette for at tilsette får utfordringar som bidreg til styrking og utvikling av erverva kompetanse ved: • Årleg revisjon av kompetanseplanar • Gjennomføre planlagt og relevant utdanning • Utgreie moglegheiter for trainee-stillingar • Etablere ei «fane» for gode læringshistorier knytt til læringsmiljø og kompetanseoverføring på intranett. • Årleg premiering av intern «læringsvinnar»	Klinikk Fagavdelinga HR-avdelinga
MÅL 2: UTVIKLE, HOLDE PÅ OG SAMHANDLE:		
DELMÅL 2A: Innfri krav til kompetanse	Etablere eit årshjul for å sikre at utdanning og kompetanse-utvikling er inkludert i all verksemds- og budsjettplanlegging (FIUK-planen samt strategi for utdanning og kompetanse-utvikling i HMN 2015-2020, årlege oppdragsdokument frå HMN) – sjå lenke til vedlagt forslag til årshjul38.	Fagavdelinga HR-avdelinga Leiargruppa

MÅL OG DELMÅL	KORLEIS GJER VI DET?	ANSVAR
DELMÅL 2B: Sikre og koordinere samarbeid med utdannings-sektoren og kommune. Utvikle og etablere etter- og vidareutdanning i samarbeid med UH-sektoren og kommune	Etablere eit utdanningsutval – med brei samansetnad (også frå kommune og utdanningssektoren/ brukarar) Delta på faste møtepunkt mellom UH-sektoren, spesialist-helsetenesta og kommunane for å diskutere framtidig utdanning- og kompetansebehov: • Regionalt utdanningsutval • Lokalt samarbeidsorgan (kommune, fylkeskom., UH, HMR) • Vere representerte i studieprogramråd for helsefagutdanningane • Ta initiativ til at aktuelle lokale utdanningsinstitusjonar etablerer relevante rettleiingskurs for rettleiarar i helse-sektoren. Viser til forslag til nasjonale retningslinjer for praksisrettleiarutdanning frå Universitet- og Høgskolerådet med høyring i oktober) • Ytterlegare fokus på vidareutdanning av spesialsjukepleiarar • Samarbeid med UH om innkjøp og bruk av relevant utstyr, som for eksempel simuleringsverktøy • Felles samarbeidsprosjekt som er finansiert med samarbeidsmidlar, skal vere godt kjent i HMR • Samarbeid med UH-sektoren om tverrprofesjonell utdanning for å sikre framtidas behov for samansette tenester	HR-avdelinga Fagavdelinga Klinikk HR-avdelinga Fagavdelinga HMN Fagavdelinga Klinikk Fagavdelinga Fagavdelinga HR-avdelinga Fagavdelinga HR-avdelinga Fagavdelinga Klinikk
DELMÅL 2C: Skape solide fagmiljø. Etablere og synliggjere gode læringsmiljø som stimulera til fagleg og personleg utvikling	• Etablere ei «fane» for gode læringshistorier knytt til læringsmiljø og kompetanseoverføring på intranettet • Årleg premiering av intern «læringsvinner» • Målretta funksjonsfordeling • Syte for at det i alle seksjonar har minst ein person som har et definert ansvar for å drive fagutvikling og at dette er beskrive i arbeidsavtalen og sett av tid i turnus • Etablere gode samarbeidsmiljø basert på fagkompetanse på tvers i føretaket • Skaper trygge praksisplassar for studentar ved å skape gode læringsmiljø	Fagavdelinga Kommunikasjon Fagavdelinga HR-avdelinga Leiargruppa Klinikk Leiargruppa Klinikk
DELMÅL 2D: Sikre at all pasientbehandling er kunnskapsbasert	• For å sikre kopling til forsking skal alle kliniske avdelingar etterstreve, og ha minst ein tilsett med master- eller ph.d.-kompetanse. Anerkjenne og definere relevant og ønska vidareutdanning, masterløp og ph.d-løp mot oppgåver, ansvar og vilkår, jf. Kompetanseplan	Fagavdelinga Klinikk Fagavdelinga UH-sektoren Klinikk, Brukarar
DELMÅL 2E: Sikre at leiarane forstår tydinga av å jobbe kunnskapsbasert	Sikre fag- og org. utvikling ved leiaropplæring på alle nivå Følgje opp og implementere pågåande regionale tiltak: • Identifisere kostnadar knytt til praksisopplæring av studentar. Kostnadsutrekninga skal brukast i budsjett-planlegging (tiltak 2.2 i reg. handlingsplan) • Utvikle og implementere eit system for å få oversikt over total ressursbruk knytt til kompetanseutvikling og utdanning og rettleiing av studentar (tiltak 2.3 Reg. handlingsplan)39	Fagavdelinga HR-avdelinga UH-sektoren HMN Fagavdelinga Økonomi

MÅL OG DELMÅL	KORLEIS GJER VI DET?	ANSVAR
DELMÅL 2F: Sikre at tilsette får utfordringar som bidrar til styrking og utvikling av erverva kompetanse	Legge til rette for styrking og utvikling av kompetanse ved: • Medarbeidarsamtale årleg for alle tilsette • Årleg revisjon av kompetanseplanar • Gjennomføre planlagde og relevante utdanningar	Næraste leiar Klinikk

	Følgje opp og implementere tiltak som er sett i verk haust 2017 i regionalt handlingsplan for utdanning og kompetanseutvikling:
	• Prosess og system støtte for adm. av praksisstudiar. (tiltak 1.0 i reg. handlingsplan)
	• Kvalitet og relevans i praksisstudiet (tiltak 1.1 i reg. handlingsplan)
	  • modell for kombinerte stillingar
	  • styrke rettleiingskompetanse
	  • praksisførebuande tiltak (samarbeidsmidlar reg. og lokalt)
		Klinikk
		Fagavdelinga
		UH-sektoren
		
		Fagavdelinga
		Økonomi
		
		Fagavdelinga

	Revidere mål og tiltak for fagopplæring og styrke satsing på lærlingar (tiltak 1.2 i reg. handlingsplan)	HMN
DELMÅL 2G: Utvikle eit godt arbeidsmiljø der det er trygt å melde ikkje ønska hendingar	Kontinuerleg fokus på: • Involvere tilsette seksjonsvis i oppfølging av ForBedring (tidl. Arbeidsmiljøundersøkelsen AMUS) • Utviklingssamtaler som verkty for å identifisere karrierevegar og muligheiter for vidareutdanning, jfr. kompetanseportalen • Identifisere fagområder/oppgaver som kan overførast frå ei yrkesgruppe til ei anna. (jobbgliding) for å effektivisere behandlingstilbodet. • Hospiteringsordningar både for tilsette internt i HMR og mellom kommune og føretak • Livsfasepolitikk	Klinikk Klinikk Fagavdelinga Fagavdelinga HR-avdelinga

Notatar:

HANDLINGSPLAN KOMPETANSE

MÅL	DELMÅL	KORLEIS GJER VI DET?	ANSVAR
Synleggjere leiaransvaret	*«Vi har synlige og ansvarlige ledere som arbeider mot felles mål»*	OU delprosjekt 4: Plattform for leiing. Kven, kva og korleis tenkjer vi leiing i HMR HF	Fagavdelinga HR-avdelinga Klinikk
Kvalitet i utdanning og intern opplæring	Auka fokus på pedagogisk kvalitet, struktur og dokumentasjon	Konseptutvikling, utvikling av lærings-aktivitetar, læringsløp og dokumentasjon.	Fagavdelinga Klinikk
	Synleggjere muligheiter for utvikling og utdanning	Bruke Læringsportalen (LP) i marknads-føring av faglege møteplassar	Fagavdelinga Klinikk
	Systematisk arbeid kompetanseutvikling	Kartlegge behov for kompetanseutvikling	Fagavdelinga HR-avd | Klinikk
	Det finst sentrale opplæringsplanar med kompetansekrav for alle generative fag-/IT område	Bruke mal(EQS) for sentrale opplærings-planar.	Fagavdelinga Klinikk
	Implementere ny struktur for LiS 1 og LiS 2/3 og arbeide for å sikre god utdanning av legar i spesialisering.	Operativ arbeidsgruppe Arbeidsgruppe LiS 1 Arbeidsgruppe LiS 2/3	Fagavdelinga Klinikk
	Alle som er involvert i utdanningsløpet for LiS 1 kan å bruke KP	Leiarar, rettleiarar, supervisørar og LiS 1 får opplæring i bruk av Kompetanseportalen (KP)	Fagavdelinga Klinikk
	HMR HF sine RegUt representantar samarbeider med RegUt	RegUt initierer til samarbeid	Fagavdelinga Klinikk
	Å utvikle kompetanse gjennom trening.	Etablere strukturar og faglege og organisa-toriske rammer for trening, både mulig-heiter for simulering individuelt og i team, samt i virtuelle rom.(Simuleringssenter)	Fagavdelinga Klinikk
	Sikre undervisings- lokalitetar som støttar undervising, ferdigheitstrening og simulering.	Sikre og utvikle eigna areal ved sjukehusa.	Fagavdelinga Klinikk
Kompetanse og verksemds-planlegging	Alle har strategisk kompetanseplan på alle nivå i organisasjonen.	Årleg oppdatering av strategisk kompetanseplan. Årshjul med gode og transparente fagprosessar. Leiarar som kjenner ansvar for det.	Fagavdelinga Klinikk
	Verkty/malar må revitaliserast og utviklast	Etablere arbeidsgruppe	Fagavdelinga Klinikk
	Tilgang på gode styringsdata, samdata og oversikt over kompetanse-beholdning i samtid.	Etablere analyseenhet som bistår klinikkane med analysar.	Fagavdelinga HR-avdelinga Klinikk
	Tydeleggjering av økonomi og ressursar, samt prognostiske data for behovet fram i tid basert på prioriterte område pr klinikk.	Strategisk kompetanseplan med prioritering 1- 5 år fram i tid.	Fagavdelinga Klinikk
	Ein har til ei kvar tid oversikt over behovet for spesialsjukepleiarar	Budsjettering av utdanningsmidlar i samsvar med behovet.	Fagavdelinga Klinikk

MÅL	DELMÅL	KORLEIS GJER VI DET?	ANSVAR
Kompetanse og organisa-sjonsutvikling	Behalde og utvikle kompetanse	Synleggjere systematisk arbeid med arbeids-miljø, utdanning og kompetanseutvikling.	Fagavdelinga Klinikk
	100% faste stillingar for sjukepleiarar	Prosjekt med traineestillingar. Studiedagar for sjukepleietenesta- samordning i HFet	Fagavdelinga Klinikk
	Styrkje fokus på formidling og dialog rundt offentlege/nasjonale utgreiingar/ planar	Utgreie føretaket sitt utfordringsbilete. Anbefalingar for operasjonalisering	Fagavdelinga Klinikk
	Vi har faglege standard som styrer kva slags kompetanse som trengs	Fagleg harmonisering og konsensusarbeid. Kunnskapstranslasjon/kunnskaps-baserte fagprosedyrar. Prøve ut jobbgliding på fleire område.	Fagavdelinga Klinikk
	Vi tek i bruk kunnskap og erfaring vi har for å sikre målretta rekruttering	Utvikle plan for rekruttering Utvikle malar for intervju og dialog med søkjarar. Utvikle plan og verktykasse for omdømebygging. Konkurransedyktig løn	Fagavdelinga Klinikk
	Sette fokus på livsfase- og seniorpolitikk	Utvikle plan og verktykasse for livsfase- og seniorpolitikk, med risikovurdering av erfarings-kompetanse	Fagavdelinga HR-avdelinga Klinikk
Brukarane sin kompetanse	Betre tilrettelegging av dialogen med pasientar og brukarar i planlegging og utvikling av behandlings-tilbod og spesialist-helsetenester	Bruke pasientane sin kompetanse, klager og tilbakemeldingar i planlegging av behandlingstilbod Deltaking i kliniske studiar.	Fagavdelinga Klinikk
Samhandling om kompe-tanse-utvikling om kronisk sjuke	Skape møteplassar for kunnskapsover-føring, nettverksarbeid og -bygging, og felles kompetanseutvikling	Kartelegge behov for felles kompetanse-utvikling når det gjeld kronisk sjuke og multisjuke. Lage planar/årsplanar for faglege møter. Stimulere til faglege nettverk mellom sjukehus og kommunar for helsepersonell	Fagavdelinga Klinikk

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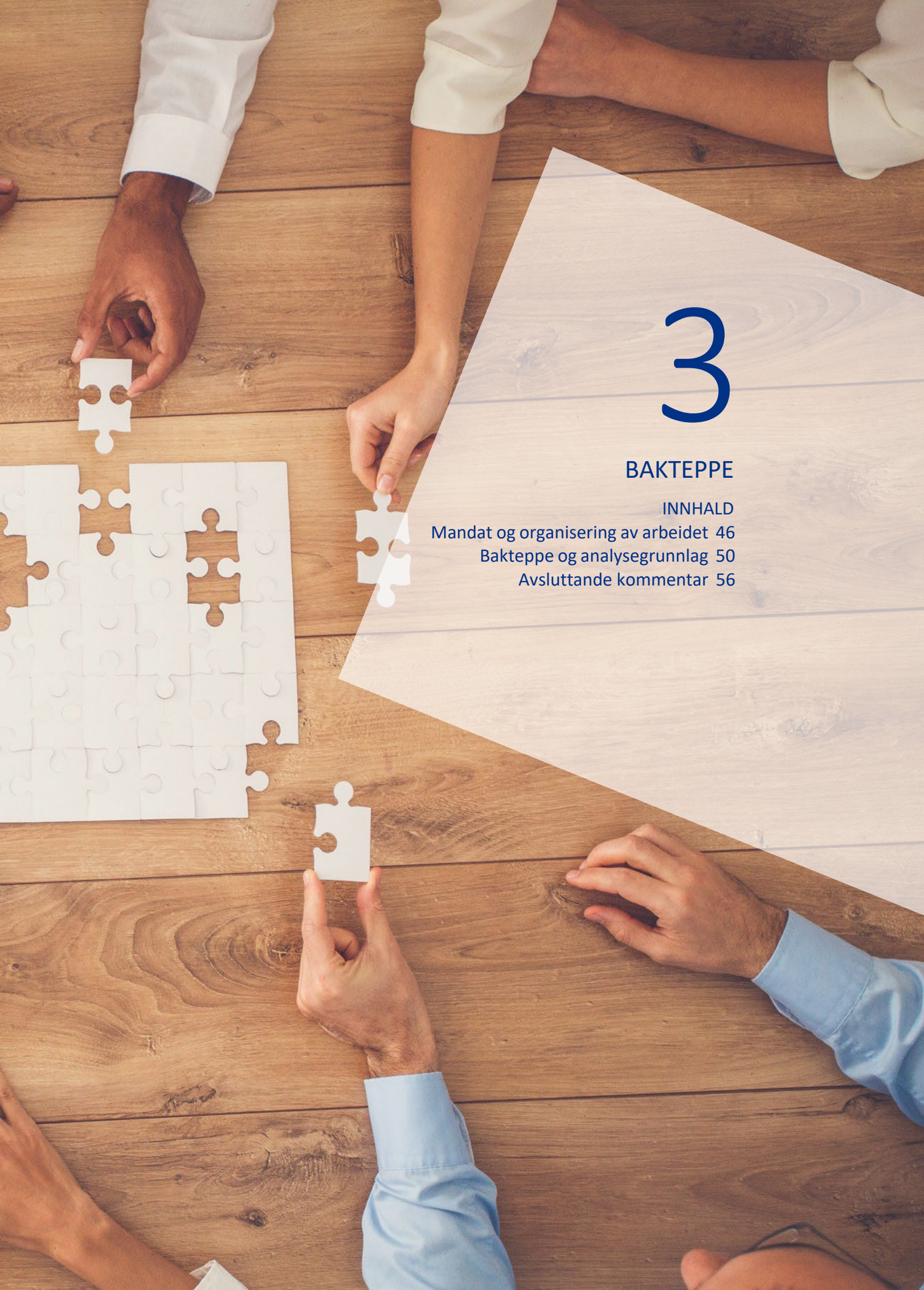


3

BAKTEPPE

INNHALD

MANDATE AND ORGANIZATION OF THE WORK

In the spring of 2017, HMR's management took the initiative to start work to develop its own strategy and action plan for research, innovation, education and competence for the organization (FIUK plan).

OVERALL MANDATE FOR PLANNING WORK

1. A project organization must be established for the planning work with clearly defined responsibilities and a realistic progress plan.

2. Four working groups will be established, each of which will be responsible for sub-plans that will end up in a joint strategy and action plan for research, innovation, education and competence for HMR.

3. The strategy with action plans shall be a guide for the development of qualitatively good healthcare services for the population in the region.

4. The planning work shall indicate priorities and focus areas for the four areas of research, innovation, education and competence in HMR.

5. The strategy with action plans must be based on national, regional and local plans and strategies.

6. In the work on the overall strategy and action plan, one must look in particular at how the staff department can support the clinics in organizing and building up research, innovation, education and competence as well as simulation in a good way (part of the OU project). We suggest adding simulation to the working group for innovation. The strategy and action plan shall indicate the direction of recruitment, maintaining – and developing the workforce in the organization – and then include the new LIS medical training/special nurse training (autumn 2017).

7. The combined strategy and action plan will provide advice on the committee structure in the future - for example, whether to continue with the Research Committee or whether to think of a new model where the focus can be to see research, innovation and education and competence in a common perspective

a. The mandate states that the academic director and the HR director can propose leadership and participation in a possible new committee.

8. The academic director/HR director can give advice on who should be the hearing bodies for the planning work,

who will hire the four working groups, the progress of the work and when the planning work will be presented to the board of Helse Møre og Romsdal.

Due to the reorganization that took place in HMR in the spring of 2017 (the OU project), it took a long time before members were put in place for the individual working groups. In reality, the working groups were not fully operational until mid-August 2017.

EXTRA MANDATE

After the FIUK mandate was given, it was decided by the leadership group (June 2017) that the FIUK plan should be included as a sub-plan in the ongoing work on the design of the professional Development Plan for the organization. In this context, the four working groups were assigned an additional mandate from the management of HMR with the following content: *"A key point that the management group wants to focus on in the FIUK plan, is the topic of enough health personnel with the right competence in a collaborative perspective. In order to safeguard the collaboration perspective in the plan, one must, among other things, anchor the work in the Collaboration Agreement, especially sub-agreements 6 and 7. The working groups must focus in particular on the four strategic focus areas defined in the mandate of the Development Plan: children/youth, drug abuse/psychiatry, emergency medical services outside hospitals and competence/enough health personnel with the right competence».*

SPECIFIC DISCUSSION OF THE ADDITIONAL MANDATE

The working groups have chosen not to focus on children/youth, substance abuse/psychiatry and emergency medical services outside hospitals, as separate working groups were set up in these areas in connection with the work on the Development Plan for HMR.

When it comes to the topic of enough health personnel with the right competence in a collaborative perspective, the working groups interpret this assignment to apply to collaboration internally within the organization and externally in relation to key partners such as the municipal sector, the education sector, the private sector, the county council, other healthcare organizations, Helse Midt-Norge RHF, various research environments , political environment, user organizations, committee representatives and external research communities at home and abroad. In this lies an understanding that the topic must be seen in both a macro and micro perspective.40,41.
The topic of enough health personnel with the right competence is discussed in more detail below (see p. 48).

TWO POINTS IN THE MANDATE ARE POSTPONED
Due to lack of time, points 6 and 7 of the mandate have not been fully answered by all the working groups. In its action plan, the working group for research has taken a decision on which tasks should be assigned to staff. In addition to this, the working groups have found that the two mandate points are so comprehensive that they propose that a separate working group be set up following the board's negotiation of the FIUK plan in February 2018 - and then with a mandate to explain the two points in more detail. Some of the reasons for the recommendation are that the issues will require active involvement from the clinic management, staff departments, committee representatives and users. The problems will also require discussion about the use of existing resources and, not least, how to redistribute/add new resources if necessary.

Regarding the proposal for a new committee structure, the working groups show that a central part of FIUK's work has been to see the four areas of research, innovation, education and competence development in context. To date, the organization has its own research committee. The committee, which is an advisory body for the director in the area of medical and health related research, has its own guidelines to adhere to.
There are no separate committees that deal with questions and issues related to innovation, education and competence development – something that is seen as a weakness. It is also shown that HMR is a member of a local Collaboration Committee for health and care sector in Møre and Romsdal. This selection is part of the Collaboration Agreement between HMN and the college sector. New guidelines are being drawn up for both the regional and local collaboration bodies, and these will be discussed in the board of Helse Midt-Norge RHF during the autumn of 2017. For comparison, Helse Midt-Norge has established a new selection structure which took effect on January 1st 2017. The new structure consists of an overall Collaboration Body (SO) and two sub-committees: Collaboration Committee for Research and Innovation (SUFI) and Collaboration Committee for Education (SUU). Due to the short deadline for the FIUK work, the working groups have requested that the assignment of a new selection structure be postponed, and that the issue be part of a mandate for a possible working group that will look at the implementation/organization of the FIUK in the clinics (see introduction) .

ORGANIZARIONAL ACHORING
The work on the FIUK plan has been anchored by the academic director and HR director in the organization. Due to long-term sick leave of both directors, there have been substitutes for both, most recently Mariann Gammelsæther, as professional director from January 1st 2018 and as HR director Ketil Hjelset (January 10th 2018). The leading group for the FIUK plan has been the same as the leading group for the professional development plan. The FIUK planning work has also been discussed in the coordination group for the Development Plan. The head of research has managed the secretariat for the FIUK plan. The person concerned is also the person who has had overall responsibility for the written contributions to the Development Plan and the summary of the FIUK plan.

A quarter of the areas of research, innovation, education and competence development have had their own leaders. These are section supervisor/research adviser/research assistant Solveig Roth Hoff (research); Innovation advisor Christer Jensen (innovation); Health adviser Marit Kjersem (education) and training manager Bodil Marit Haugen Våge (competence). Each of the groups has had jr. managers, and two of these represent the HR department. All groups have had representation from each of the clinics and from the municipal sector. The HE sector and the county municipality (education sector) have participated in a separate consultation day (October 3rd 2017). Furthermore, the user committee and committee representatives have had permanent representation in the secretariat/working groups.

SECRETARIAT

NAME	TITLE	INSTITUTION
Manager: Berit Kvalsvik Teige	Dr. Phil./Research manager/head of research section, innovation, education and competence, and the medical academic libraries in HMR (FIUK section)	Acdemic department
Therese M. Istad	Advisor, coordinator research administration	Academic department
Guro Berge	Ph.d./research advisor HMR/ Post doctor NTNU	Academic department
Tina Slettestøl	Advisor	HR department
Daniel Ask	User representative	User organizations
Anette Lekve	Organization committee representative	Norsk Sykepleierforening (NSF)

DATA COLLECTION AND METHOD

Contributions to the FIUK plan are anchored in recent research, national management documents, regional strategy plans for research, innovation, education/competence development, Midt-Norge's Strategy 2030, annual assignment document from HOD (Ministry of Health and Care). Other key documents such as Health Care2142, Strategy 2030 Helse Midt-Norge43, Tasdk document 2017 Helse Midt-Norge RHF44 2017, the Husebekk committee's recommendation45 (2016) and the National Health and Hospital Plan (2016-2019)46 are other key documents that have been used in the planning work .

The planning work is also based on an extensive selection of Storting reports, NOUs, propositions and research contributions. To the extent that it has been possible to extract figures/statistics specifically for Helse Møre and Romsdal, sources from Statistisk sentralbyrå, HR-kuben etc. have been used. In the development and FIUK plan, one has also collected «data» by listening to the experiences of the participants in the working groups in their daily work.

COLLABORATIONS WITH DIFFERENT INTERESTERS

The secretariat for the FIUK plan and the secretariat for the professional development plan have had close and ongoing collaboration, furthermore there has been close dialogue between the FIUK secretariat and the group leaders for the FIUK plan. The academic director and the HR department have been available as "ball players", and to the extent it has been practically possible, have participated in work meetings.

User representative Daniel Ask, organization representative Anette Lekve (NSF) and Ingeborg Henriksen, The Norwegian Medical Association (competence group), have provided useful input throughout the entire work process.

ADDITIONAL SPECIFICATIONS

Education of health personnel, research and training of patients and relatives are, in addition to patient treatment, statutory tasks for specialist healthcare services47. Recruitment, competence development and maintaining competent employees are essential to the successful development and day-to-day operation of the healthcare services. A good interaction between education, working life, users, the municipal sector, industry and others is an essential prerequisite for ensuring quality and relevance in both competence development and professional education48.

Practical studies are an important and legally regulated part of professional education. HMR has approximately 1,000 students annually in practice. As the educations are today, it is challenging to obtain good and enough internships and there are therefore expectations attached to the restructuring of the educations that is taking place49.

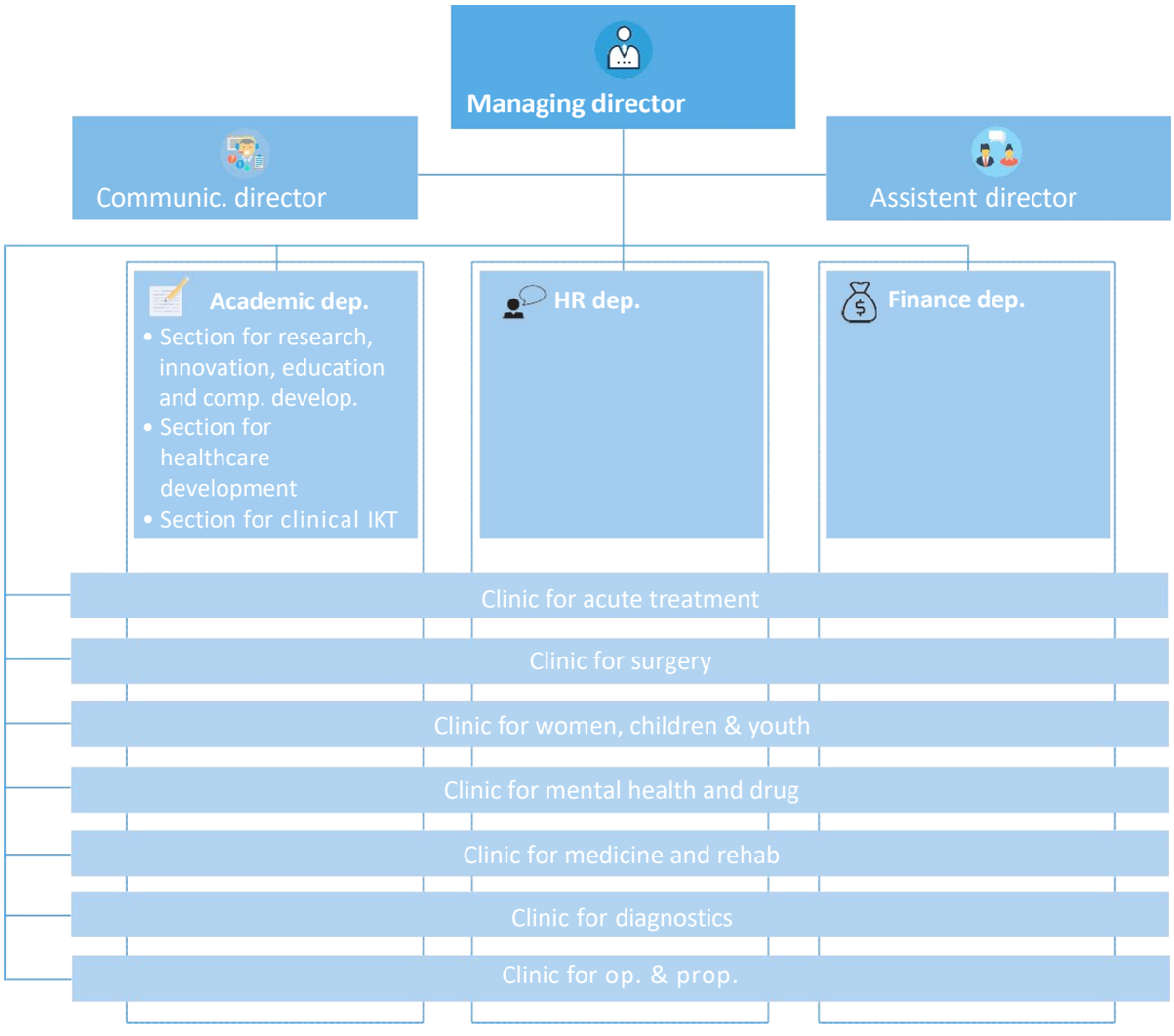
DEFINITIONS USED IN THE FIUK PLAN

Here we refer to each of the working groups' definitions for their respective areas of responsibility.

ORGANIZATIONAL CHART

In the document, we talk about staff and clinics in HMR. We also often refer to the Academic department, the HR department and the FIUK section. Below we show an organizational chart of the staff departments and the clinic structure in the organization. The academic department, which is led by the academic director, consists of four sections. Including the FIUK section, this is Collaboration, ICT and Healthcare Service Development. The FIUK section (research, innovation, education, competence development and medical specialist library) is headed by the head of research. The HR department, which is headed by the HR director, has two sections: the section for organizational health services and the section for HR operations and advice.

ORGANIZATION MODEL FOR HELSE MØRE OG ROMSDAL



BACKGROUND AND BASIS OF ANALYSIS

SUFFICIENT HEALTH PERSONNEL WITH THE RIGHT COMPETENCE

Focusing on "Enough health personnel with the right competence" was one of the mandate points for the FIUK plan. The need for sufficient competence in the health and social sector has been a political 'concern' for several decades50,51,52,53. What kind of competence and healthcare service Norwegian citizens can expect at municipal level and in the form of specialized services54,55,56 will be affected by demographic changes, digitization of services, innovativeness, quality of education57 and access to enough employees in the sector58,59,60,61. This places demands on the competence and ability of planners, managers and employees/employee organizations to adapt at various levels in the future health and care sector62. If the need for healthcare increases at the same rate as the increasing age composition of the population, every fourth young person in Norway will have to be educated in the health and social care sector in order to cover the staffing need in 2025, and every third in 2035. Such figures are neither sustainable nor desirable from a socio-economic perspective63.

Møre og Romsdal is a county that may find itself in a particularly difficult situation in the struggle for competence and the need for enough qualified personnel for various sectors. Statistics show that out of ten young people who leave Møre and Romsdal to, among other things, take higher education, only two return. The loss of young women is particularly large64. Both the specialist healthcare service and the municipalities in Møre and Romsdal could be particularly hard hit if the emigrants from the county do not return65. Due to recruitment challenges, small municipalities with many elderly people may experience a particularly large lack of sufficient competence in the healthcare sector66. If HMR – and the municipalities – fail to attract the best hands and wise heads, this could result in important healthcare services no longer being available in the county67. For HMR's part, there is a lack of qualified personnel in various segments such as specialist nursing, various medical professions and psychologists and more – and the organization therefore often has to hire personnel via a temp agency with a high hourly payment. Many of those hired come from our neighboring countries. Due to the offer of higher wages for qualified health personnel in the home country, it has become less attractive to travel to Norway to work. This suggests that there may be greater challenges in obtaining temporary workers via a temporary agency for the future HMR68.

The future healthcare service will focus on the patient's needs69. The healthcare system must prevent, diagnose and treat disease and facilitate health-promoting behavior in the population. In order to solve these tasks in a qualitatively good way, collaboration between the healthcare sector and education managers in the area of recruitment, health research, innovation and simulation will be promoted as common focus areas70,71.

Although Norway has a health and social care sector that is characterized by good international standards, it is fragmented and lacks integrity72, and patients with complex needs are particularly affected in such a context73. Many users feel that today's health and care services are poorly coordinated, and different specialist groups work separately.
This leads to several users needing services from several specialist units, but the challenge is often insufficient interaction, information and competence sharing. The governing authorities also point out that, although it has been a political goal over several years to facilitate user involvement, this does not happen to a sufficient extent either. A lack of computer knowledge and a lack of leadership skills are also pointed to as key. It is also often pointed out that the health and care services are not proactive enough; nor are the services good enough to attract enough and the right competence74.

Another significant issue that must be taken into account in the future healthcare sector, is that the major technological and digital changes also require new and different skills quickly. The changes require new ways of thinking about leadership and planning training and competence75,76,77. In a time of major changes, it is also important that employees and their interest organizations take an active part in setting out sustainable measures for competence development in the organization78.

Planning for new competence at the right time is demanding, and it is well known that not all employees in an organization are equally motivated to have to continue and take further education79. It is an important step in an organization to utilize this human capital in the best possible way80. One challenge is whether the healthcare sector has the resources required to train all employees who need further education. There may be a need to acquire new knowledge due to constant new reorganizations, technology changes and

competence requirements. Researchers and politicians agree that the shortage of enough – and the right – competence will be marked within the health and care sector in the years to come. Below we take a closer look at the current situation in the area of research, innovation, education and competence in HMR as of October 2017.

Given the challenge of a lack of sufficient competence for the future healthcare sector, it will be extremely important for HMR to collaborate both internally within the organization and in HMN, and externally with key actors such as the university and college sector, the municipal sector, the county council, the private sector, politicians , users, committee representatives etc. in matters relating to recruitment and competence strategies in a future-oriented and sustainable manner. HMN's Strategy 2030 also emphasizes that the challenge of creating a user-led healthcare service for the future, requires holistic thinking and collaboration81. This background has been a key guiding principle for the work on the FIUK plan.

NO-SITUATION RESEARCH AND INNOVATION

"HMR has clear ambitions to build a knowledge-based healthcare service for the benefit of patients and relatives". Research and innovation that takes place in the organization are important factors in generating new knowledge in known and unknown areas.
Research (and research-driven innovation) often takes place at the intersection where theory and practice meet (translational research). Just as important as conducting research and innovation is putting the results into use and making the results known and implemented.

Medical and health-related research and development is largely publicly funded82. The funds from the Ministry of Health and Social Care (MOH) mainly go to basic grants for health organizations, and the Ministry of Education mainly finances the HE sector83. Every year, HMR receives earmarked funds for research through the annual Commission document from Helse Midt-Norge.

At HMR, in recent years we have an increased focus on the importance of conducting research and innovation. To date, all clinics take an active part in research and innovation.

Status views:

1. Per February 2018 there are 37 employees in ph.d.-course in HMR – most of them have medical background. Three of the candidates have nursing background. In addition there is one researcher in post doctor grant. (2018–2021).

2. In total, there are +/- 25 employees who are active researchers with a doctorate/postdoctoral background/professorial background. Some of the active researchers are in the process of achieving professorship.

3. In collaboration with HMN, Helse Nord-Trøndelag and St. Olav's hospital, joint positions have been established in the area of monitoring/quality assurance research, statistician and data protection officer for research.

4. 10 senior researchers paid by HMN are/or will be employed in II positions at NTNU Medicine and Health Technology in the near future.

5. HMR has five employees in 20 per cent positions as research advisers. All are active researchers with a PhD degree or higher, and most have defined tasks at clinic level.

6. A research adviser at post-doctoral level has been employed for 50 per cent. The second part of the position is at NTNU/St. Olav's hospital.

7. Even if you have rules and routines, it is – and has been – a big challenge to get the clinics to report on ongoing projects in the clinics. This particularely applies to medication studies and master´s theses. Project funded by HMR/HMN/ Samarbeidsorganet and Forskingsrådet and several others have a reasonably good overview of this.

8. In collaboration with HMN/St.Olavs hospital, an own research office and research biobank (Biobank1) has been established in HMR (2017). This was officially opened on October 27th 2017.

9. HMR has been the initiator of the establishment of the credit-achieving course Health research – from idea to project protocol (7.5 credits). The course is a strategic venture between HMR and Health Nord-Trøndelag – under the auspices of NTNU and with the aim of recruiting more employees into doctoral courses.

10. Through its own infrastructure funds, the organization has chosen to focus on building up research competence within the orthopedic environment in Kristiansund and Ålesund. In 2017, this project was extended to apply to all orthopedics in the organization).

11. The Clinic for Medicine and Rehabilitation has received infrastructure funds for building up research in its own clinic.

12. Addiction and psychiatry has received funds directly from HMN for the development of research in its own clinic.

13. Another environment that has distinguished itself with active research development, is the neurology environment in Molde (Clinic for medicine and rehabilitation).

14. With the exception of the clinic for operation and ownership, as of date research activity/PhD candidates have been registered in all the clinics in the organization.

15. Although HMR is nationally second lowest in terms of operating costs for research84, the researchers manage to get a lot of research done at a rather low price. This can be interpreted in several ways – among other things, that the researchers use their free time to write articles.

16. There has been a steady increase in the number of peer-reviewed articles with participation from HMR, from 30 in 2011 to 51 in 201685.

17. Own medical research post has been established (December 2017) and Biobanking. Both of these measures are in close collaboration with HMN, St. Olavs and Helse Nord-Trøndelag.

For more details, see the organization's annual research reports for 2015, 2016 and 201786.

RESEARCH IN A COLLABORATIVE PERSPECTIVE

1. Researchers and PhD students from HMR collaborate with other research communities locally, regionally, nationally and internationally.

2. Several multi-centre studies have been started with project management in the organization. Examples of this include the Nordsten study (17 centers) and the BIO-stop study (27 centers).

3. Health services in times of reform, an investment in collaborative research between HMR, HNT, St. Olav's hospital, NTNU Ålesund, municipalities in Midt-Norge – has, among other things, received resources from HMN (KNOP funds) for the start of the initiative. Some of the areas for research are immediate help 24-hour stay (ØHD) in municipalities in Sunnmøre, organizational perspectives on healthcare services, care and user participation in critical illness as well as patient progress and innovation in healthcare services. Research is also planned on ØHD in Ålesund municipality. PhD students and master's students participated in the group. To date, 10 peer-reviewed articles have been published and 12 are being worked on for publication in late autumn 2017/201887.

4. HMR has a close dialogue with the user organizations in the area of research. A regional plan for user participation in Health Midt-Norge88 has also been drawn up, from which HMR works.

5. We also work closely with private businesses, and here the establishment of projects within health and maritime ingredients, for example the Blue LegaSea89 project, can be mentioned in particular.

6. HMR has been an active participant in the development of Møre og Romsdal County Council's research and innovation strategy 2017-202090. HMR by clinic manager/ Ph.D. Torstein Hole and Professor Marit Kvangarsnes were awarded the Users' Selection in Helse Midt-Norge RHF's research prize in 2017 for research on collaboration.

STATUS INNOVATION

Strategic investment in innovation is a rather new area for HMR. In 2016, Helse Midt-Norge (HMN) initiated work to develop its own strategy for innovation in the period 2016-2021. As part of the strategy, 4 innovation advisors were appointed in each quarter of HFa in the region in 2017 – paid by HMN. The consultants have their focus area in their own organization, but are also part of a regional network.
In order to strengthen the infrastructure within systematic innovation work, a system called the Idémottaket has been established. The system will help in the follow-up and implementation of innovation projects and at the same time lower the threshold for sharing ideas and results. The innovation advisors in the health organization must be responsible for operating the system.
An essential recommendation

from the working group for innovation in the FIUK plan is that HMR further develops Continuous improvement as its main strategy for the organization's quality improvement and ability to change. Through restructuring, future-oriented healthcare services with the patient in focus will be achieved. Through continuous improvement, one must perform high-quality services, as well as free up capacity, time and finances to be able to invest and further develop the service offered.

INNOVATION IN A COLLABORATIVE PERSPECTIVE

1. The network of innovation advisers in HMN collaborates with NTNU TTO, NTNU, Innomed and hospitals in other health organizations as well as with businesses.

2. HMN announces annual innovation funds. HMR was approved for one application in 2016 and three applications in 2017.

3. The focus going forward is to obtain funds from the entire national apparatus for means of action.

NO-SITUATION EDUCATION AND COMPETENCE

Helse Midt-Norge RHF (HMN) has drawn up its own strategy and action plan for education and competence development for the period 2015-2019.
The strategy's overall goals are that Helse Midt-Norge shall91:

1. Educate health personnel for the entire healthcare service and ensure good quality and relevance.

2. Manage and develop competence to meet the population's needs and expectations for quality in specialist healthcare services.

3. Ensure that the organization group takes responsibility for education and competence development with good systematics, documented quality and that activity is in line with needs.

STATUS EDUCATION

1. HMN (and HF-a) must contribute to education (at various levels) being in line with the needs of the services and the population.

2. Support Infrastructure, such as a coordinator, for PhD candidates associated with the organization has been established and the concept will be further developed

«HMR have clear ambitions of building a knowledge based healthcare service to the best for patient and relative»

3. There have been several research articles from employees in the organization – who have also had users/patients complicity. The articles are used actively in teaching locally and nationally, for example the article is on the syllabus list for the University of Oslo92.

EDUCATION IN A COLLABORATIVE PERSPECTIVE

1. HMN (and HF-a) shall collaborate with the education sector and the municipalities on the education of future healthcare personnel and involve patients/users in the development of education.

2. HMR has invited the HE sector and the county council/higher education for broad cooperation. During these days, agreements are entered into for the joint guidance of doctoral students, master's students and bachelor's students, and where data collection is to take place in the organization.

3. Between 15 and 25 different professional meetings are organized annually between the health authority and the municipalities in the county. Initiatives come from various joint professional networks, and the professional environment both in the organization and the municipalities.

4. HMR does not have enough practice supervisors or enough work tasks for all the students who are admitted to cooperating educational institutions.
In this lies the fact that there is not a good enough match between the educational goals of the courses and the type of practice to be provided by specialist healthcare services. For example, the specialist healthcare service does not have as many inpatients as before (change to day surgery/outpatient treatment), and the practice that is baked into, for example, nursing education cannot be carried out in the same way as before93.

5. Collaboration with the HE sector on the content of the health and social study courses is regulated by law, legislations and regional and local collaboration agreements (under design by HMN RHF). Important themes in the years to come are requirements for quality in the practical studies – the Practical Project and Regulations on the joint framework plan for the health and social study education, which will apply from the admission in the academic year 2019/202094.

6. HMR works closely with HMN, HNT, St. Olav's hospital and the HE sector in the region in matters relating to staffing and competence challenges. It has established its own Cooperation Body for the various actors, where, among other things, questions and issues relating to education, research and innovation, are discussed.

STATUS COMPETENCE

1. As of today, HMR lacks good access to good management data/joint data/systems that can provide simple and quick insight into what kind of competence you have at any given time in the organization, and what kind of competence you need95,96.
Such data is critical for both staff and clinics in order to be at the forefront of creating short-term and long-term strategic plans both at organizational level and in the clinics.

2. About 40 different professional groups work in the organization. There is an overview of how many people work in which professional area, and what percentage of positions each employee has, but not how much competence is lacking in the short and long term. Per date, you have to manually go through the employment contracts, and then create manual statistics based on the information you find in them.

TABLE: RECRUITMENT NEEDS SPECIAL NURSES HMR

	ANESTHESIA	OPERATION	INTENSIVE
Number over 60 years	15	20	43
Number expected graduated 2017	11	12	11
Number expected graduated 2018	0	0	10
Estimated education need not covered Jan 1st 2019	20	24	51

Source: Numbers are taken from the sections as of November 2017

3. På grunn av HMR HF sin økonomiske situasjon, er eit bemanningsutval på føretaksnivå oppretta for å holde kontroll med stillingar som blir lyst ut. Utvalet er leia av HR-direktøren og økonomidirektøren.

4. Informasjon frå HR-avdelinga viser at det er meldt inn vanskar med å rekruttere tilsette med mellom anna følgjande kompetanse: Psykiater, onkolog, nevrolog, lungelege, kardiolog, geriatriker, medisinsk biokjemi (transfusjonsmedisin), patologar, gynekologar, psykologar-/psykologspesialister, jordmødre, sosionomar, sjuke-pleiarar, helsesekretær og spesialsjukepleiarar. Bortsett frå behovet for spesialsjukepleiarar, har HR-avdelinga per dato fullgode data på kor kritisk kompetansemangelen er på dei ulike områda. Den Nasjonale bemannings-modellen som er i ferd med å utviklast i regi av HMN er tenkt å avhjelpe denne problemstillinga97.

5. Føretaket driv omfattande opplæring av studentar, legar og LIS-legar. Med +/- 1000 studentar gjennom systemet kvart år skjer det ein betydeleg innsats på utdanningssida frå føretaket si side.

6. Når det gjeld opplæringsansvarlege i klinikkane (tilsette som har ansvaret for internopplæringa), finnes det ikkje statistikk, oversikt eller tal på kor mange som driv slik verksemd, kor stor stillingsprosent dei har, kva for oppgåver dei er tillagde osv.

7. Mange sjukepleiarar går i reduserte stillingar i føretaket, mellom anna fordi det ikkje er mogleg å få til turnusar som gir rom for heile stillingar utan at talet på årsverk aukar tilsvarande. Utfordinga er få dekt opp helg/kveld/natt med nok hender, samstundes som dei tilsette får gå i høgast mulig stillingsprosent. På nasjonalt nivå veit ein at det er ein betydeleg «pool» av kompe-tanse som ikkje er teken i bruk98. I staden for å leige inn dyr arbeidskraft via byrå ligg det eit betydeleg potensiale for utnytting av eksisterande arbeidskraftreserve på ein betre måte enn ein gjer i dag.

8. Å rekruttere nok spesialsjukepleiarar – og då spesielt AIO (anestesi, intensiv og operasjonssjukepleiarar – jf. over)- er sett på som prekært i HMR. Dette gjer at ein brukar store summar kvart år til å leige inn denne type arbeidskraft. Etter ei grundig kartlegging av det eigent-lege behovet for spesialsjukepleiarar i 2015/2016 – sjå tabellen under- kom leiinga i føretaket fram til at det måtte satsast på ekstra utdanningsstipend for AIO-sjukepleiarar fleire år framover for å dekkje behovet99.

9. LIS-lege-utdanninga er lagd om til det som er omtala som LiS1, LiS2 og LiS3. Helsedirektoratet legg føringar gjennom den nye Spesialistforskriften100. Dersom HMR får godkjenning som utdanningsinstitusjon reknar ein med å ha totalt 240 LiSlegar i systemet per år ved fullført implementering. Dette stiller store krav til både organisering, kvalitetssikring og at ein har dedikerte og godt utdanna rettleiarar på dei ulike spesialistområda. Det er sett ned ei eiga arbeidsgruppe som er bindeledd mot RegUt (regionalt organ med overordna ansvar for utdanninga i RHF-et lokalisert på St. Olavs hospital HF).

10. Læringsportalen har som føremål å marknadsføre og dokumentere ulike læringstiltak og konsept, kurs og konferansar.

11. Kompetanseportalen dokumenterer gjennomføring av alle typar kurs frå Læringsportalen. Det er arbeidd med implementering av portalen i HMR HF siste to åra.

12. Det er ikkje gjort noko kartlegging i bruken av e-læring og simulering i føretaket. E-læring kan nyttast i staden for klasseromskurs når dette er hensiktsmessig, medan simulering er hensiktsmessig når det er snakk om ferdigheitstrening og utvikling knytt til bruk av IT-programvare, medisinsk teknisk utstyr, undersøkingar og behandling, trening i team og ved mengdetrening.

KOMPETANSE I EIT SAMHANDLINGSPERSPEKTIV

1. Føretaket har sett i gong fleire tiltak for å betre pasientflyten mellom føretaket og kommunesektoren. Vidare er det utvikla fleire pakkeforløp for kreft mm. I sum kan slike tiltak sjåast på som kompetanseoverføring/ kompetansedeling mellom spesialisthelsetenesta, kommunesektoren, brukarane, utdanningssektoren, tillitsvalde mfl.

2. HMR samarbeider med UH-sektoren, til dømes på området for simulering kor studentar øver seg på gitte arbeidssituasjonar.

3. Føretaket er aktivt med i arbeidet med å arrangere felles planleggingsdagar, felles kurs for tilsette i kommune-sektoren/føretaket mm. Det vert årleg arrangert mellom 15 og 25 ulike faglege møter mellom helseføretaket og kommunane i fylket. Initiativa kjem frå ulike felles fag-nettverk, og fagmiljø både i føretaket og kommunane.

AVSLUTTANDE KOMMENTAR

FIUK-planen er ikkje noko endeleg dokument – men det som er nedskrive er starten på framtida. Ei framtid der pasienten og pasienten si helseteneste skal stå i sentrum, og der Helse Møre og Romsdal saman med tilsette, brukarar, utdanningssektoren, næringslivet, fagforeningar og andre – skal stå saman om utviklinga av framtida sine helsetenester i Møre og Romsdal.

«Helse Møre og Romsdal saman med tilsette, brukarar, utdannings-sektoren, næringslivet, fagforeningar og andre – skal stå saman om utviklinga av framtida sine helsetenester i Møre og Romsdal.»

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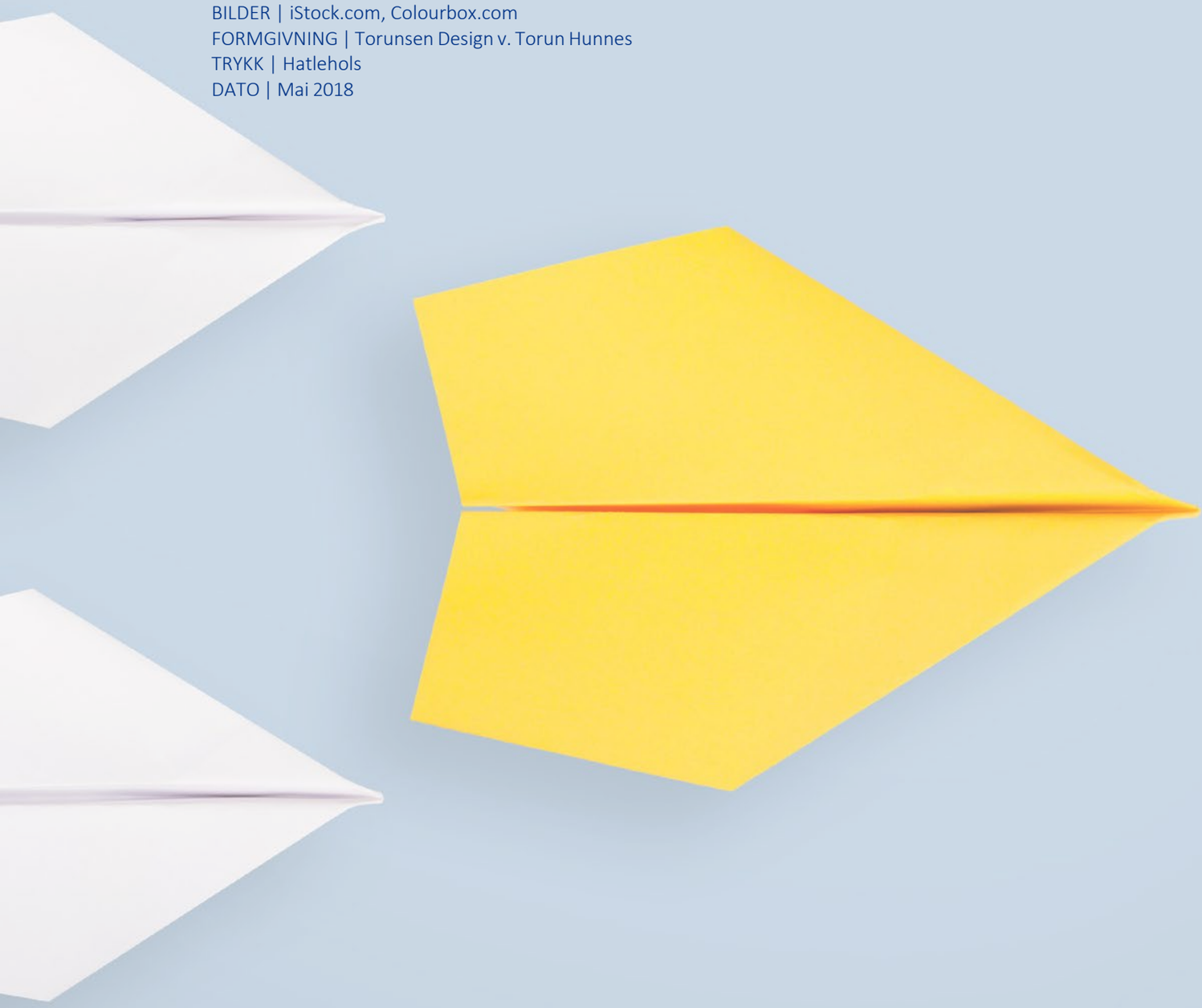


Saman for framtida!