Establishing Joint Acute Wards (JAWs)

Country: Denmark

Partner Institute: University of Southern Denmark, Odense

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Health Policy Issues: System Organisation/ Integration, Quality Improvement, Access, HR Training/Capacities

Current Process Stages

Idea	**Pilot**	Policy Paper	Legislation	**Implementation**	Evaluation	Change

1. Abstract

Establishment of joint acute wards (JAW) involves that all emergency and acute patient admissions are congregated in one ward. The new JAW will alter the organizational structure, from specialty-oriented to process-oriented, trespassing professional as well as specialty barriers. The JAW is the latest development in the general policy movement with fewer, larger and more specialised hospitals and fewer hospitals with acute admission.

2. Purpose of health policy or idea

Establishment of joint acute wards (JAWs) involves that all emergency and acute patient admissions are congregated in one ward. This contrasts the previous organization where emergency and acute patients where received in a number of different wards depending on how and from whom the patients were referred. JAWs are a part of a larger policy tendency with larger sustainable units with high focus on quality and standadized treatment (HPM Report (14)2009, Christiansen).

The new organisation in JAWs is focussing on the patient`s flow through the system and thereby emphazising horizontal ledership. These horizontal leaders will be responsible for triage and flow mastering. The purpose of the JAW is to secure uniform, fast, high quality diagnosing, care and treatment for all acute patients, 24 hours a day. This is done by designing standardized time controlled diagnostic and treatment schemes, and by altering the organizational structure, from specialty-oriented to process-oriented, trespassing professional as well as specialty barriers. Finally, enhancing the quality of diagnosis and treatment is also pursued by having senior doctors from the specialties internal medicine, orthopaedics and anaesthesia present in first line at all times, with responsibility for the quality of the patient related activities as well as the education and supervision of younger doctors and other staff.

Main objectives

Improving quality of diagnosing and treatment of acute medical admission patients.

Type of incentives

Organizational change and education.

Groups affected

Doctors at all levels, nurses at all levels, additional clinical workers, e.g. physiotherapists, radiographers, bioanalysts

3. Characteristics of this policy

Degree of Innovation	traditional	innovative
Degree of Controversy	consensual	highly controversial
Structural or Systemic Impact	marginal	fundamental
Public Visibility	very low	very high
Transferability	strongly system-dependent	system-neutral

4. Political and economic background

As a result of the 2005 report from the National Board of Health on the Danish acute admission system, a new health legislation was enforced in 2005 (rev. 2008) by the Danish Ministry of Interior and Health which instructed the Regional Governments to develop plans for the short- and long term improvement of the hospital sector, especially with regard to the acute and emergency admission system. In accordance, the regional governments have developed plans for establishing a uniform system of patient reception, diagnosing and initial treatment in Joint Acute Wards (JAWs). The overarching concept of JAWs is described in some detail in a national policy report (Sundhedsstyrelsen, 2007). Though some variations between the regional implementations are to be expected, the basic concept is as described above.

The Regional implementation plans are further described e.g. concerning the Region of Southern Denmark in reports, which are representative of the current state of implementation (Region Syddanmark 2009a and 2009b).

Change based on an overall national health policy statement

Sundhedsloven (Health Law) 2005; Sundhedsloven (Health Law) 2008, Specialeplanen (Specialty Planning) 2010

5. Purpose and process analysis

Idea | **Pilot** | Policy Paper | Legislation | **Implementation** | Evaluation | Change

Origins of health policy idea

The overall idea of JAWs as a vehicle for improving the reception, diagnosing and treatment of acute patients has come from a group of people consisting of local government representatives, people from the National Board of Health and from the Ministry of Interior and Health.

The subsequent details of the concept have been evolved by workgroups under the individual regional governments.

Initiators of idea/main actors

- Government: The process is primarily driven by a relatively small number of central decision makers, who have formulated the politics, the overall concept and the implementation plan. Local implementations are largely delegated to the specific organizations.
- Providers
- Patients, Consumers

Approach of idea

The approach of the idea is described as: new:

Stakeholder positions

Establishment of the Joint Acute Wards (JWAs) is part of a general policy formulated in the early 2000s where fewer hospital are expected to have acute emergency wards. This policy was formulated in a number of national policy reports and implemented in regional plans from around 2005 and onwards. The policy process has mainly been pushed by the National Board of Health and some of the medical specialty organisations. The policy process is supported by the Minister of Health.

There has been very few reactions in the past from professionals especially doctors, but recently some of the senior doctors have entered the debate as the consequence of the organisational change getting more concrete. There have been some critical reactions from local stakeholders, as they see JAW as a threat to the sustainability of some of the current specialties.

Actors and positions

Description of actors and their positions

Government			
Minister of Health	very supportive		strongly opposed
National Board of Health	very supportive		strongly opposed
Local Government (Amtsrådsforeningen)	very supportive		strongly opposed
National Board of Health	very supportive		strongly opposed
Local Government (Danske Regioner)	very supportive		strongly opposed
Providers			
Danish Medical Association	very supportive		strongly opposed
Danish Nurses' Organization	very supportive		strongly opposed
Other Professionals org.	very supportive		strongly opposed
Local Senior Physician organizations	very supportive		strongly opposed
Patients, Consumers			
Patients' organisations	very supportive		strongly opposed

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Influences in policy making and legislation

The National Board of Health has been a major actor in the implementation. Lately in the national specialty planning where all specialised treatments have been allocated between hospitals in Denmark the National Board of Health has shown its influence on detailed planning in the Danish health care system including acute admission.

Legislative outcome

Actors and influence

Description of actors and their influence

Government

Minister of Health	very strong	none
National Board of Health	very strong	none
Local Government (Amtsrådsforeningen)	very strong	none
National Board of Health	very strong	none
Local Government (Danske Regioner)	very strong	none

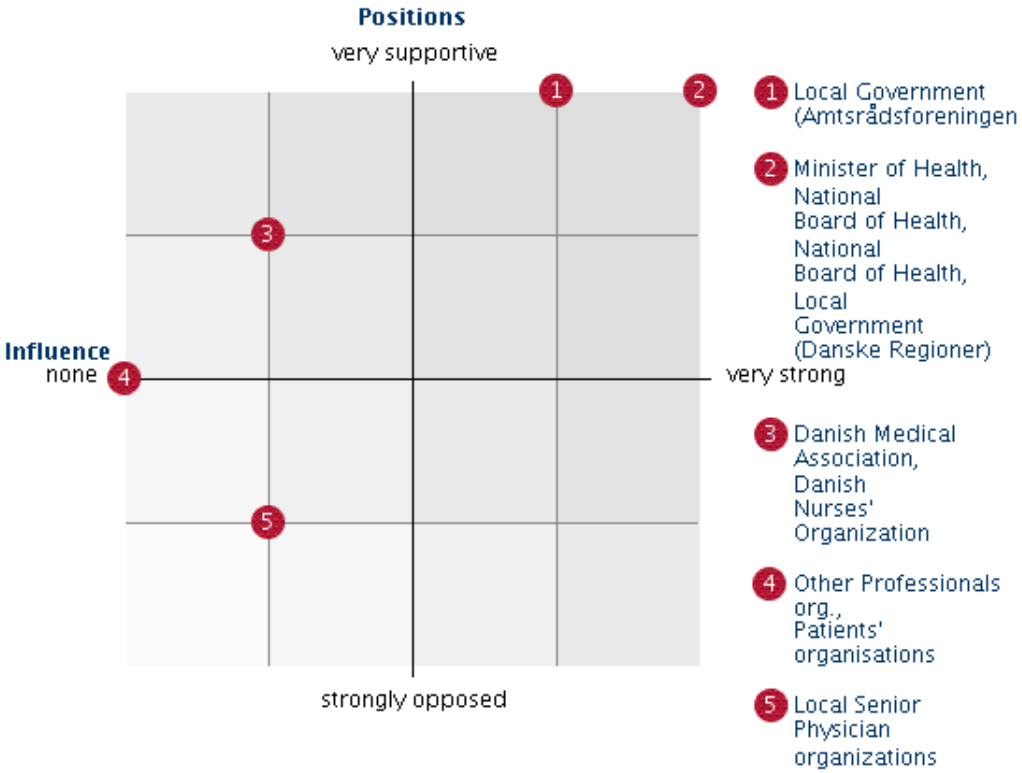
Providers

Danish Medical Association	very strong	none
Danish Nurses' Organization	very strong	none
Other Professionals org.	very strong	none
Local Senior Physician organizations	very strong	none

Patients, Consumers

Patients' organisations	very strong	none

Positions and Influences at a glance



Review mechanisms

Final evaluation (external)

6. Expected outcome

The political process has been rather ambitious in the scope of organizational change it imposes. The results of the actual implementations remains to be seen. The outcome is likely to be affected by the reactions from the professionals' organizations, as the consequences of these alterations are realized by the stakeholders.

Quality of Health Care Services	marginal	fundamental
Level of Equity	system less equitable	system more equitable
Cost Efficiency	very low	very high

7. References

Sources of Information

- Indenrigs- og Sundhedsministeriet (Ministry of Health and Interior). Sundhedsloven (Health Law), Copenhagen, 2005 (rev. 2008) https://www.retsinformation.dk/Forms/R0710.aspx?id=114054
- Sundhedsstyrelsen (National Board of Health). Styrket akutberedskab - planlægning for det Regionale Sundhedsvæsen (Strengthened acute preparedness - planning for the regional health care), Copenhagen, 2007 www.sst.dk/publ/Publ2007/PLAN/Akutberedskab/StyrketAkutberedskab.pdf
- Region Syddanmark (Region of Southern Denmark). Rapport om Sygehuse i Syddanmark - et fagligt og organisatorisk grundkoncept (Report on hospitals in the Region of Southern Denmark - a professional and organizational basic concept), 2009a www.regionsyddanmark.dk/wm298871
- Sundhedsstyrelsen (National Board of Health), Specialeplanlægning (Specialty Planning) 2010 www.sundhedsstyrelsen.dk/Planlaegning%20og%20kvalitet/Specialeplanlaegning/Specialeplan_2010.aspx
- Region Syddanmark (Region of Southern Denmark). Rapport om Fælles Akutmodtagelser (FAM) (Report on Joint Acute Wards (JAW), 2009b. www.fremtidenspsykiatri.dk/dwn105467

Reform formerly reported in

HC Sector Organization

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