





Table of contents

1	Managing Director's review 2011	3
2	The Helsinki Health Centre's mission and objectives	4
3	The Health Centre organisation	5
4	Residents of Helsinki as users of health services	6
5	Promoting health and reducing health differences in Helsinki	7
6	Safeguarding access to care and maintaining service quality	13
7	Ensuring a sufficient number of expert employees	18
8	Financial report	21
9	Health care services provided for residents of Helsinki	23



HEALTH CENTRE

POSTAL ADDRESS: P.O. BOX 6000, 00099 CITY OF HELSINKI

ADDRESS: SILTASAARENKATU 13

TEL. (09) 310 5015

FAX (09) 310 42504

E-MAIL: TERVEYSKESKUS@HEL.FI

WWW.HEL.FI/TERVEYSKESKUS

EDITOR JAANA JUUTILAINEN-SAARI

Cover photo: General Practitioner Anna Räihä and Charge Nurse Tiia Järvenpää from the Munkkiniemi Health Station

Photo on the right: Charge Nurse Tarja Kouvalainen from Laakso Hospital

PHOTOS: KIMMO BRANDT

1

Managing Director's review 2011

The organisation of social and health care in Helsinki gave rise to discussion. As requested by the City Council, a report giving an overview of social and health care was prepared by 1st May. At the end of November, the City Council decided that the Health Centre and the Social Services Department will be merged from the beginning of 2013, with the exception of Finnish-language day care. After this, the current state of the Health Centre began to be analysed in order to find the best possible way of merging the functions. At the end of the year, two departmental heads from the Health Centre were reassigned to carry out preparations for this reform.

Expectations are high. Problems caused by the interfaces between the departments are concentrated in the planning and coordination of places for 24-hour care, and in services for mental health and addiction, which are arranged separately in the health care district and in two different administrative sectors. In some situations, the care and service chains become congested. Queues from the HUS, the City Hospital and the Aurora Hospital cannot be directed quickly enough to round-the-clock care by the Social Services Department.

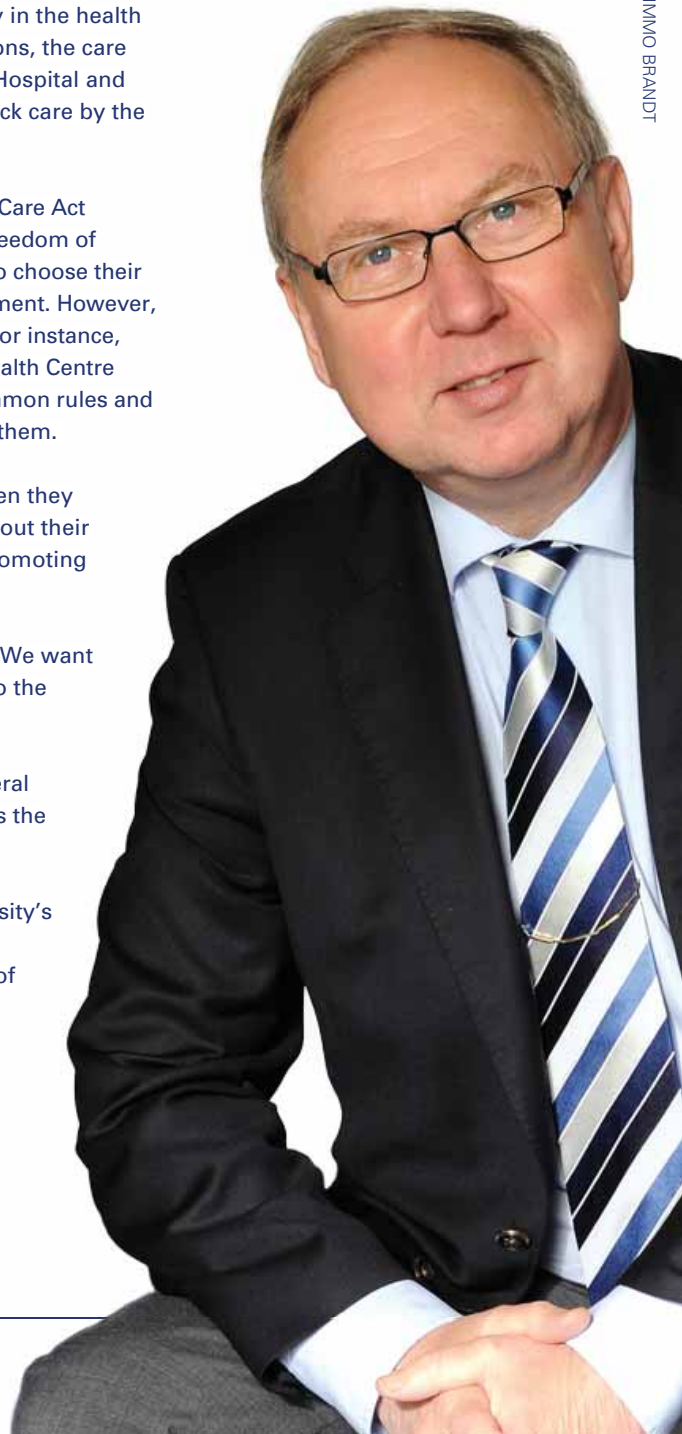
1st May was also memorable for us for another reason. The new Health Care Act entered into force at the beginning of May. The act increased patients' freedom of choice. From 1st May onward, patients and customers have been able to choose their own place of treatment and the health care professional giving the treatment. However, only a few residents of Helsinki availed themselves of this opportunity. For instance, only approximately 3% of residents switched their health station. The Health Centre passed this milestone without problems. In good time, we prepared common rules and guidelines on patients' freedom of choice and informed residents about them.

Continuous reforms and changes sometimes seem hard, especially when they are planned and carried out in addition to ordinary daily work. Throughout their preparation, we must ensure that they do not hinder our basic tasks: promoting and caring for the health of the people of Helsinki.

Despite the fast pace of change, we have not been content to stand by. We want to be active experts and contributors to change. We have a lot to give to the planning of the new organisation.

2011 was also memorable for the recognition our work received on several occasions. The electronic health card of the Health Centre was chosen as the quality innovation of the year, Helsinki was voted the best smoke-free workplace of the year, and the Healthy Homeless project received the TERVE-Sos award. In addition, we decided to participate in Aalto University's Wellbeing 365 project. This is one of the key projects of World Design Capital Helsinki 2012. When we also take into account the fact that 71% of Helsinki residents used the health care services produced and arranged by the city, and that we remained within our budget, we can be rather satisfied with the year. This gives us a good basis for planning our services and the new organisation.

Matti Toivola
Managing Director



2 The Helsinki Health Centre's mission and objectives

The Helsinki Health Centre is the largest health centre in Finland. At the end of 2011, it employed more than 8,430 people in over 90 locations around the city.

The Health Centre produces the primary health care services for Helsinki residents, in addition to specialist medical care services in psychiatry, internal medicine, geriatrics, neurology and physiatry. The rest of specialist medical care is purchased by Helsinki from the Hospital District of Helsinki and Uusimaa (HUS).

In its activities, the Health Centre is governed by the values of resident-oriented, ecology, fairness, economy, safety and entrepreneurial spirit.

The task of the Health Centre is to promote the health of the people of Helsinki and to arrange required treatment for illness together with the Hospital District of Helsinki and Uusimaa.

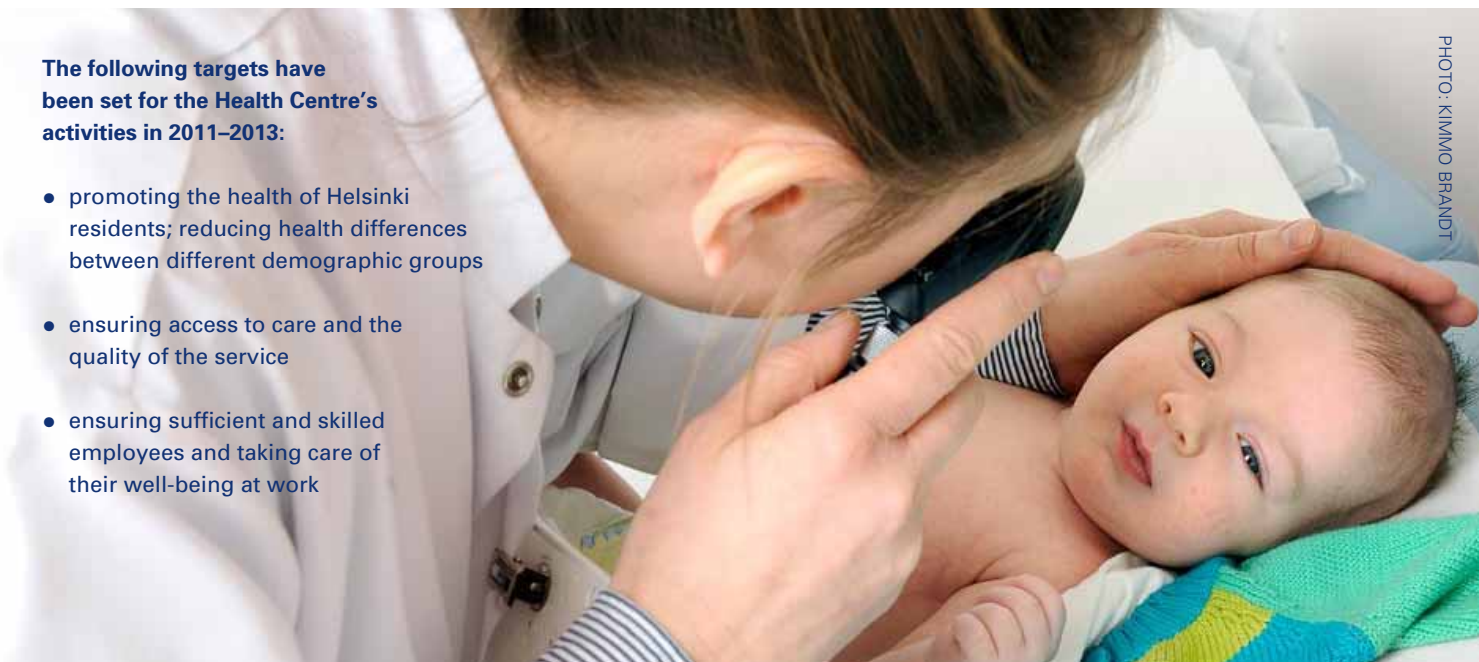


By 2016, we want:

- the services of the Health Centre to be the best in their field whilst still being arranged in a cost-efficient way.
- the treatment to be efficient and safe.
- our skilled staff to support Helsinki residents in promoting their own health and treating their illnesses.
- our customer service to be friendly and efficient.
- the Health Centre to be a good and desirable employer that takes care of its employees' well-being at work.

The following targets have been set for the Health Centre's activities in 2011–2013:

- promoting the health of Helsinki residents; reducing health differences between different demographic groups
- ensuring access to care and the quality of the service
- ensuring sufficient and skilled employees and taking care of their well-being at work

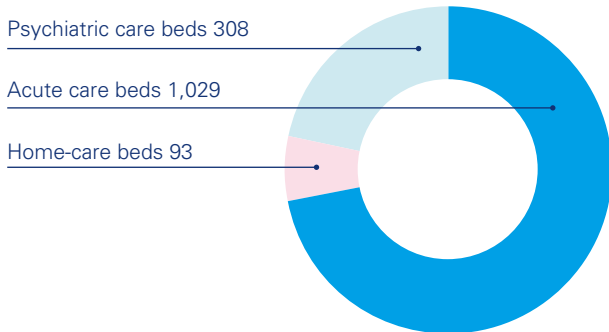


3 The Health Centre organisation

The Health Centre organisation comprises five divisions in charge of clinical operations and an Administration and Service Centre that provides centralised administrative and support services.

In 2011, the Health Centre had at its disposal a total of 1,430 of its own hospital beds, which is 55 less than the year before. The decrease was caused by the closure of the Health Centre's Laakso day hospital (20 beds) and a decrease of 35 beds at the City Hospital as planned. The Health Centre purchased care in hospital wards in 2011 to the extent of approximately 65 beds.

The Health Centre's hospital beds were divided as follows:



The Health Committee in 2011

Members

Jouko Malinen, SDP, chair..... Mikko Weckström
 Seija Muurinen, NCP, vice-chair..... Katja Ivanitskiy; from 28 September, Laila Inborr
 Sami Heistaro, NCP Razai Zarmina; from 30 March, Sanna Aivio
 Riitta Snäll, NCP..... Ari Huovinen
 Eeva Kuuskoski, Centre Party..... Kalle Peltokangas; from 16 March, Timo Latikka
 Lilli Autti, SDP Karita Toijonen
 Hannu Tuominen, Green League Johanna Nuorteva; from 16 November, Anu Korppi-Koskela
 Tuuli Kousa, Green League..... Juhani Johansson
 Reko Ravela, Left Alliance; from
 31 January, Joonas Leppänen..... Marjut Lumijärvi

Representative of the City Government

Mari Puoskari, Green League; from
 14 September, Johanna Sumuvuori

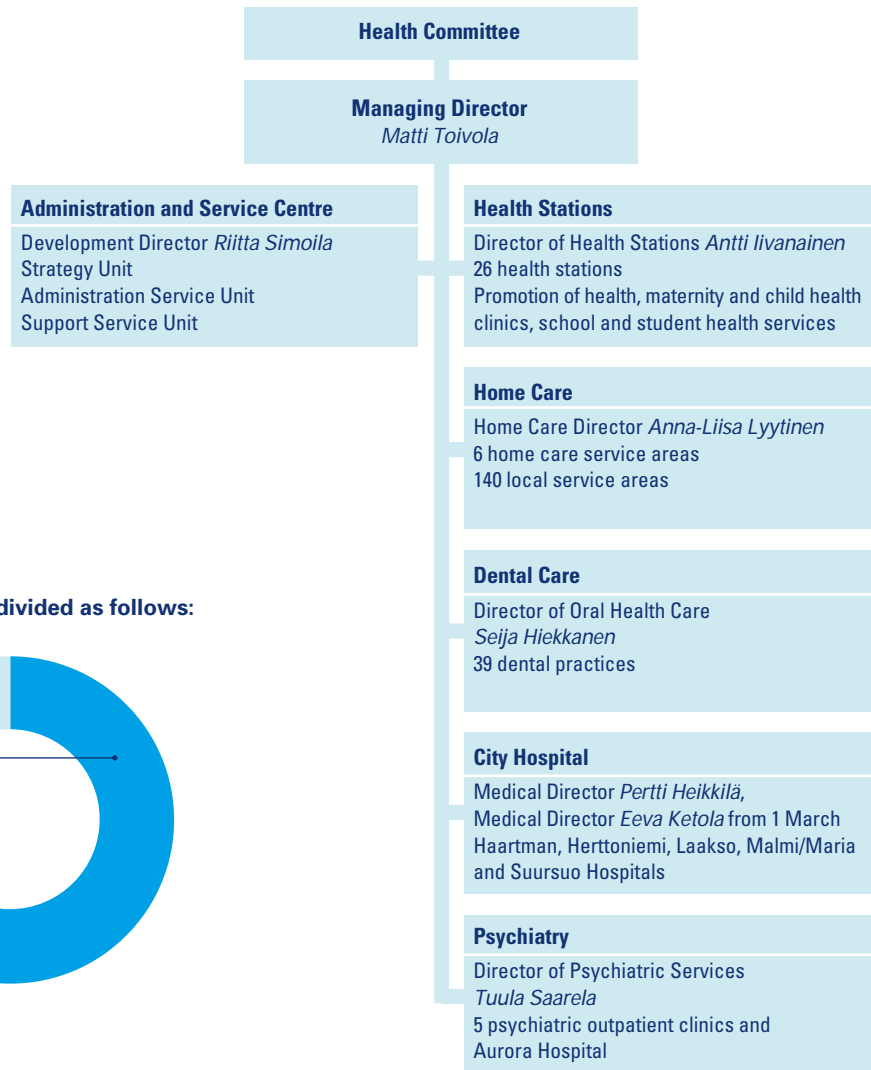
Deputy members

Mikko Weckström
 Katja Ivanitskiy; from 28 September, Laila Inborr
 Razai Zarmina; from 30 March, Sanna Aivio
 Ari Huovinen
 Kalle Peltokangas; from 16 March, Timo Latikka
 Karita Toijonen
 Johanna Nuorteva; from 16 November, Anu Korppi-Koskela
 Juhani Johansson
 Marjut Lumijärvi

Deputy Representative

Tapio Laakso; from 24 January, Kimmo Helistö

The Helsinki Health Centre Organisation



4 Residents of Helsinki as users of health services

At the turn of 2011/2012, approximately 596,000 people lived in Helsinki. The population increased by more than 7,000 during the year. Contributing factors were immigration, domestic migration from other regions in Finland and a higher birth rate. At the end of 2011, 6% of Helsinki residents were Swedish-speaking; 11.48% had a language other than Finnish or Swedish as their first language.

To support strategic planning, an annual analysis of the operating environment has been drawn up by the Health Centre. This analysis examines the challenges that await the development of health care in Helsinki in the coming years, based on both research data and analyses of activities and the economic situation. The analysis supported the strategy selected by the Health Centre on the necessity for furthering health and reducing health differences. The analysis showed that health differences have increased in Helsinki between both areas and demographic groups.

Promotion of non-smoking and decreasing alcohol use are the most efficient and cost-effective ways for health care to improve residents' health and to narrow health differences. From the viewpoint of reducing health differences, it is important to continue the Smoke Free Helsinki programme, undertake a programme of measures to decrease alcohol use, complete the Healthy Helsinki and Healthy District programmes and adopt the new methods developed therein.

Most of the population use health centre services

During 2011, the health care services produced and arranged by the City of Helsinki were used by 71% of the city's residents. The number of users decreased by 16,000 from the previous year. The most important cause for this was the extensive swine influenza vaccination campaign that increased the number of users in 2010.

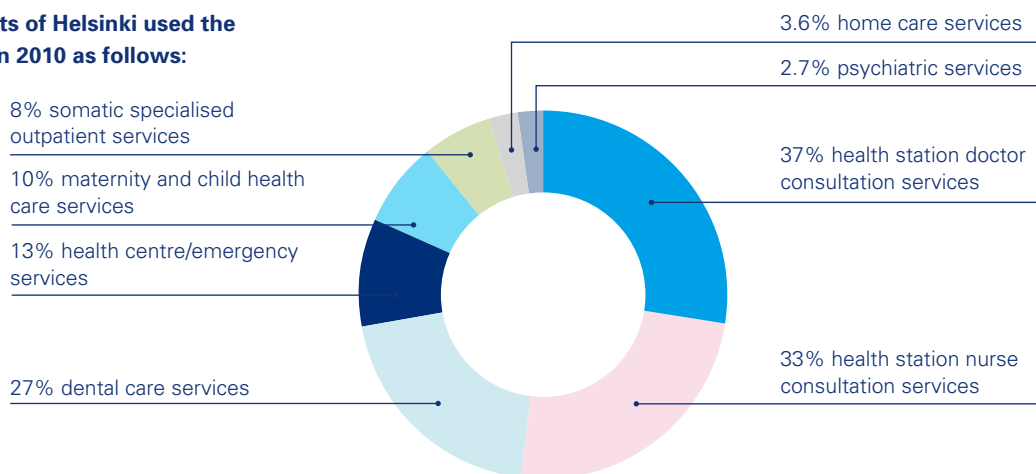


PHOTO: KIMMO BRANDT

Mari Mäki, who specialises in general practise at Vuosaari Health Station

In addition to local residents, 27,000 people from outside Helsinki also used the Health Centre's services. The number of service users from outside Helsinki has continued to grow. The annual increase was 6%.

Inhabitants of Helsinki used the services in 2010 as follows:



Statistics of annual appointments per sector are presented in Section 9.

5

Promoting health and reducing health differences in Helsinki

The City of Helsinki – the best smoke-free workplace 2011

Helsinki continued the Smoke-Free Helsinki programme that started in 2007 and is set to continue until 2015. The programme is organised in collaboration between the Health Centre, other City of Helsinki administrative sectors and public health NGOs. Its most important aim is to ensure a smoke-free living environment for children and youth in Helsinki. In work on the health of children and youth, special emphasis was given during the year to tobacco, snuff and intoxicants.

At the Smoke-Free Finland 2040 event, the City of Helsinki received the first prize in the Best Smoke-Free Workplace 2011 competition. Helsinki received the prize for its exemplary, active and determined work in developing smoke-free environments and promoting a smoke-free workplace.

In 2011, a Smoke-Free Capital Region project was established beside the Smoke-Free Helsinki programme. The new project is intended to support work on smoke-free environments by the municipalities of the Capital Region. In the autumn, the Smoke-Free Capital Region project and Finnish ASH (Action on Smoking in Health) carried out a survey of the Capital Region's residents on smoking and smoke-free environments in their home municipalities. The residents expressed unreserved support for the municipalities' work on non-smoking.

Responsible alcohol use

An action plan for responsible drinking, drawn up under the leadership of the Health Centre, was discussed by the City Government in the spring of 2011. The Government took notice of the report and asked the various boards of the city to adopt the measures best suited to decrease harm from alcohol in Helsinki. For its own part, the Health Centre made preparations to promote responsible drinking and to give children and youth special protection from alcohol.

Quality Innovation of the Year: the electronic health card

The electronic health card, which was tried out by 800 residents in eastern Helsinki, won the Quality Innovation of the Year competition arranged by Excellence Finland in the series for "Public sector and non-profit units". The experiment consisted of an online health check, a personal health survey and health training. The online service was well-suited to supporting self-care by residents. It helped to find people with a heightened risk of diabetes or cardiovascular disease.

The electronic health card was developed as part of the Healthy City District programme (2008–2011), which was completed at the end of 2011. The programme was a project done in collaboration with the people of the district,

A new health station is about to be completed in Myllypuro



PHOTO: RHINO CEROS OY



President of the Republic of Finland Tarja Halonen presented the electronic health card with the Quality Innovation of the Year award granted by Excellence Finland

the city's administrative sectors, Forum Virium Helsinki, private companies and NGOs. The Health Centre was responsible for the programme, whose key actors were the Social Services, Education and Sports Departments. The programme was intended to find creative solutions related to cooperation between the actors, build new service concepts, improve the availability of services and develop new service platforms. It consisted of 12 subprojects.

As part of the Healthy City District programme, patients of the Herttoniemi and Koskela health stations were offered the opportunity to transmit the results of blood pressure tests done at home to the health station by mobile phone. In the Day Shift at the Bar project, health care students of the Helsinki Metropolia University of Applied Sciences made themselves available for customers at bars. The service was well received and attracted much attention in the media. In the MobileHealth project, mobile phone messages were used to encourage residents to take more day-to-day exercise. The experiment showed that positive feedback on exercise can alter people's behaviour in the long term.

During the programme's final year, a new kind of health advice bureau, the HealthStand, was opened at the Itäkeskus shopping centre. The HealthStand makes health risk assessments, gives individual guidance and refers visitors for further examination if necessary. The Youth Department was responsible for a project on regional political involvement of youth, which culminated in the spring in a dialogue between parliamentary candidates and youth on restricting alcohol advertising.



HealthStand at the Itäkeskus shopping centre

2011 also saw the development of the Idealinko, a nationally significant open model for development that is shared by different parties. The Idealinko is not a channel for hearings or feedback; it is a model for problem-centred innovation of which the commitment of the participants to the process is an important part. In the Idealinko, the participants make ideas concrete as new kinds of services or tools. One example of an idea realised through the Idealinko is the infoTV installed at the Herttoniemi health station. The model for the Idealinko was received from experts of the National Health Service in Britain.

The Idealinko, the electronic health card and the health services in bars have also attracted national and international interest.



Chief Dentist Marja Noponen and Head Dental Hygienist Jukka Immonen at work at the Special Oral Care Unit



The Health Centre's health event at the Herring Market

Electronic services and support for self-care

Self-care of Helsinki residents was supported by opening a self-care web site (www.hel.fi/itsehoito) and by arranging events and lectures on health with third-sector and public health organisations (the Good City event, the health event at the Herring Market, the Skarpit stadilaiset (Sharp Residents) evening, thematic days at the HealthStand). At the outpatient clinics of the City Hospital, first-hand information groups were started for patients with long-term illnesses and their family members.



After tryouts, online health care services were introduced in 2011 in student health care at universities of applied sciences (AMK), at the Oulunkylä maternity and child health clinic and at the Koskela health station. With the online service, AMK students and child health clinic customers can reserve, amend and call off appointments and discuss with a nurse with the help of secure data transmission. In addition, students can complete health surveys online. Nurses in turn can send GSM and Internet messages directly from the patient information system. The messages are saved in the customers' patient information.

Customers viewed online services as easy to use, although they required a special agreement and a personal account for online banking. From the viewpoint of health care professionals, it was important to integrate customers' online services with the patient information system, with no need to transfer data between different systems.

Online services integrated with patient data systems have been used in dental services for several years. In 2011, digital self-registration was introduced at 24 dental practices. Online registration speeds up dental care appointments, as customers no longer need to queue to register at the office. In 2011, more than 70,000 self-registrations were made. Approximately one-third of dental care patients made use of the opportunity.

Online support for teenagers

Nurses of the Verkkoterkkari (Web Nurse) project (2008–2012) continued to participate in multi-vocational online youth work in the Habbo, IRC-Galleria and Demi.fi online communities. As a new form of activity, the Web Nurse project opened a Facebook presence together with employees of the Social Services Department's Vespa project, which develops online social services aimed at children and youth. In the autumn, Twitter was introduced for communication between cooperation partners.

The Web Nurses also started to try out an open-source discussion tool on the web sites of two schools. This was done in cooperation with Klaari, which coordinates proactive work on addiction in Helsinki. In the autumn the activity was extended, with representatives of the Social Services Department and the Education Department, to the Pulmakulma question-and-answer web site of the Youth Information Centre Kompassi.

Verkkoterkkari (Web Nurse) is the Helsinki Health Centre's joint project with the social services department and the Youth Department's Netari.fi online project. One of the objectives of the project is to develop models for the nurses' online work as a part of the multi-vocational online service.

The report *Kohtaamisen keinoja kehittämässä*, discussing multi-vocational online work, was published with the cooperation partners and with the financial support of the National Institute for Health and Welfare.

Together with school and student health care, training was arranged on social media environments and online gaming for school nurses, doctors and psychiatric nurses. There was a need for this training. The feedback stated that it helped the participants understand students' everyday life better.

The Web Nurse project has shown that teenagers have a need for anonymous online discussions with as low a threshold as possible. It is an important service that will have a future role in the online health care services between the open-to-all self-care web site and a site that requires strong authentication.





Help and support close to residents

The three-year Healthy Helsinki project was completed at the end of 2011. To prevent social exclusion of youth and to diminish health differences, new health services were brought close to the people who need help. Healthy Helsinki consisted of four projects: Tsemppari, From Consultation to Care, Preventing of Social Exclusion Due to Long-Term Unemployment, and Preventing Social Exclusion of Youth.

In the Tsemppari project, psychiatric nurses visited vocational schools and supported students who had had many absences or who were about to drop out of their school. The psychiatric nurses worked in close cooperation with the student care groups of the schools. The project was intended to decrease the drop-out rate. It will continue in 2012.

From Consultation to Care was a project where addiction specialists hired at the Haartman and Maria hospitals strengthened the ability of on-call service to deal with risky use of intoxicants. At the initiative of the project, the Health Centre also established a new position of addiction treatment coordinator.

In the project on Preventing of Social Exclusion Due to Long-Term Unemployment, the Itäkeskus unemployment office offered the long-term unemployed a health check free of charge. The number of long-term unemployed who made use of this opportunity was lower than expected, and the project was wound down in the summer of 2011.

The project on Preventing Social Exclusion of Youth created a model with the Deaconess Institute to refer youth to the health services they need. Youth in danger of social exclusion or already suffering from it were helped together with the employees of the Deaconess Institute's Vamos project. Practices were opened at the Youth Activity Centre by a psychiatric nurse and doctor. More than 600 young people received help during the project. After the end of the project, the psychiatric nurse and doctor will continue their work as part of Vamos.

The models created in the subprojects showed that youth who are in danger of social exclusion or already suffer from it can be directed back to education or work with focused support measures. They can also be helped to find their own place in life. It is essential to focus the support on the phases of life when young people are at risk of being excluded from education or work.



Award for the Healthy Homeless project

The National Institute for Health and Welfare gave one of its 2011 TERVE-SOS awards to the Healthy Homeless project. The TERVE-SOS award is given in recognition of research and development projects or experiments in social and health care that are exceptionally successful, exemplary or nationally significant and innovative.

The aim of the project was to offer a safety net to those who are unable to seek out required care because of a difficult life situation. The project was done in cooperation with health stations in the city centre and the Hietaniemi service centre of the Social Services Department.

At the Hietaniemi service centre, health services were offered to the homeless in the form of both outpatient-type care and accounting for long-term illnesses. Social workers charted the social security of homeless people. The doctor of the project participated in the assessment of need for care and the issuing of expert opinions. Homeless people were referred for further treatment as needed.

6 Safeguarding access to care and maintaining service quality



University Dental Clinic

Experiments with service vouchers helps in the honouring of the care guarantee

With few exceptions, Helsinki Health Centre performed well in respect to the requirements of the care guarantee in 2011. The telephone service of the health stations and of dental care was congested at times. Because of this, it was decided to introduce a call-back system in 2012 for health stations, maternity and child health clinics and centralised appointment booking for dental care. In the call-back system, the nurse calls the customer as soon as possible if the line was busy when the customer first tried to call. The customer is not required to hold the line and wait. Together with the 24-hour advice line on health services (tel. 09 10023), the call-back system enables immediate telephone access by customers during the day on weekdays.

In dental care, access to non-acute care was ensured by starting a service voucher experiment that will continue until the summer of 2012. The experiment started well. Many service providers became involved, and service vouchers for dental care were issued to over 7,000 Helsinki residents in 2011. Service voucher experiments were also started in the spring in colonoscopy and psychotherapy related to medicinal rehabilitation. However, these vouchers were used by fewer customers than in dental care. In the future, it is important to develop the service voucher system into an electronic one to make it smoother for both service providers and staff. Decisions on continuing the activity will be made in the spring of 2012.

The care guarantee was also honoured in the Health Centre's somatic and psychiatric health care. The patients received care within six months at the outpatient clinic of the City Hospital or at the psychiatric clinic. The service voucher experiment in colonoscopy and the additional clinical work done by the Health Centre's own staff managed to shorten waiting periods. The waiting period for the psychiatric clinic was shortened by the end of the year. Conversely, there was a heavy load on memory clinics late in the year. It was, however, possible to provide care within the six-month period set by law.

The activity of the Aurora Hospital and of psychiatric outpatient care was reorganised to meet the special needs of patients. Special attention was paid to improving the care and rehabilitation of affective disorders, psychotic disorders and patients who suffer simultaneously from a mental health disorder and an addiction. The individual care chain of each patient is intended to be an unbroken whole, at the Health Centre and also between the services of the Social Services Department and HUS. The Social Services Department increased the number of places for assisted living, which eased the situation of patients in mental health rehabilitation and of the Aurora Hospital.

Psychiatry participated in the development of a nationally and internationally significant monitoring and assessment system (InterRAI-Mental Health) with the National Institute for Health and Welfare.

More freedom of choice for residents

The new Health Care Act entered into force on 1 May 2011. Since then, the residents of Helsinki have been able to choose the health station or maternity and child health clinic whose services they want to use. In addition to their health station, residents have been able to choose the doctor and nurse responsible for their care and the nurse of the maternity and child health clinic. However, most residents have been content to remain customers of their nearest health station. Less than 3% of residents have switched health stations.



PHOTO: MARKUS SNELLMAN

Licentiate of Medicine Benny Hellqvist is completing his civil service at the Viiskulma Health Station



PHOTO: MARKUS SNELLMAN

Nurse Viktoria Ahonen from Malmi Hospital

Strengthened expertise at health stations

To support the doctors and primary nurses at health stations, addiction workers and social advisors were hired. This new course of action was developed as part of the “Health Station as Interface for Residents” project of the Helsinki Social Services Department and the Helsinki Health Centre.

Helsinki residents can make appointments to see an addiction worker or social advisor either by themselves or through referral by a doctor or nurse. The usage rates for the new service have been quite good. Many customers who have not used addiction services or social services earlier have been directed to the practice. To enable the service to be used by as many people as possible, the aim is to improve further the cooperation between health station doctors and nurses and project workers.

To support the doctors and primary nurses, an on-call-type service by physiotherapists was also started at health stations for patients who suffer from acute back and neck trouble. The new course of action aims quickly to diagnose and treat the situation of such patients in order to prevent chronic trouble. It is also intended to support self-care by patients. The introduction of the new model has proceeded well. According to feedback received from health stations, doctors and nurses have had more time to devote to other patient groups since the physiotherapists started to concentrate on back and neck patients. In the next phase, the physiotherapists’ practice will be extended gradually to treatment of shoulder pains and symptoms in the lower limbs.

Meeting-type group consultation of internists was continued at the health stations. An experimental internists’ practice was initiated at the Viiskulma and Töölö health stations. With the help of new models and expanded multi-professional work, the contribution of different staff members can be directed to the tasks where their skills are especially needed.



PHOTO: RHINOCEROS OY

Wound Care Nurse Gunilla Lindholm and Public Health Nurse Tarja Jehkonen from Home Care

Day-to-day exercise supported in home care

In home care, the Health Centre continued to support customers' day-to-day exercise and good nutrition. An additional focus in 2011 was developing the home care personnel's expertise in medicinal treatment. It is intended to make an exercise agreement for all home care customers to support day-to-day exercise. Special attention was paid to the good nutrition of customers. Their body mass index was monitored regularly. As an alternative to the traditional meal services, a meal machine was offered. Customers can use it to select two weeks' meals.

The home care mental health teams (36 employees) were merged with psychiatric outpatient care from the beginning of 2011. This change enabled the Health Centre to develop outpatient services as a single whole. Treatment and the services of the mental health teams can now be allocated to psychiatric patients better than before.

Making care chains more expeditious: a challenge to develop activity

Suursuo Hospital continued to be developed from a hospital for long-term patients into a rehabilitative acute hospital. The change has proceeded well. In 2011, treatment periods at Suursuo Hospital increased by 70%, and 80% of patients came to the hospital from HUS or the Haartman and Maria on-call units.

Home care was focused on semi-demanding customers. Together with the City Hospital, the health stations, the Social Services Department and HUS, home care developed the treatment of memory-loss patients by creating a care chain for them. The six home care memory coordinators supported the treatment of memory-loss patients with the basic home care teams and the home care geriatric specialists.

Nurse Aino Saarimäki from Laakso Hospital



PHOTO: KIMMO BRANDT



A new hospital is being constructed at Malmi to host on-call services



Nurse Aino Saarimäki from Laakso Hospital

Despite the changes at Suursuo Hospital and the development of care for memory-loss patients, the smoothness of the care chains has not been improved in any essential way. Transfer delay days from the HUS wards to the Health Centre increased slightly from the previous year. In July, HUS reintroduced a separate transfer delay fee. During 2011, transfer delay fees were accrued by Helsinki for approximately 1,200 days.

Waiting times for 24-hour care have been long at the City Hospital, especially with patients under the age of 65 who suffer from multiple illnesses. Patients who have been treated at home or in assisted living have had more illnesses than before. This has caused increasing congestion at the Maria and Haartman hospitals. The on-call appointments at Malmi hospital are taken in temporary facilities at Maria Hospital, which are challenging for on-call activity. The on-call service will return to Malmi in the spring of 2014, when new facilities are completed.

To make the care chains more expeditious, the Health Centre and the Social Services Department will be merged from the beginning of 2013, with the exception of Finnish-language day care. The City Council made a decision to that effect at the end of November 2011.

Patient safety is a part of quality

The Health Centre continued its long-term effort to monitor and develop the quality of its activities. Departments updated the descriptions of their activity, and the quality expertise of staff was developed with quality training. Scholars from different fields were interested in the Health Centre as a place for research. In 2011, permission for research was granted to more than 100 research and development projects. The scope of the research stretched from academic theses to wide-ranging international research on drugs.

A patient safety plan was prepared for the Health Centre as required by the new Health Care Act. Patient safety is an essential part of the quality of care and the risk management of the organisation. At the Health Centre, patient safety has been developed for several years as a part of improving care quality and expertise on medication. One aim of the patient safety plan is to create a culture where dangerous situations and harmful events can be treated openly. The plan ensures that the Health Centre will give patients the treatment they need with safety. In the next phase, the plan will be implemented in practice and shared methods for monitoring will be agreed.

Environmental matters have been joined as a part of the development of quality. In 2011, the Health Centre prepared an environmental programme on the basis of the results of an environmental review. The programme consists of the following main categories: energy consumption, waste, transportation, procurements and the environmental consciousness of staff.

7

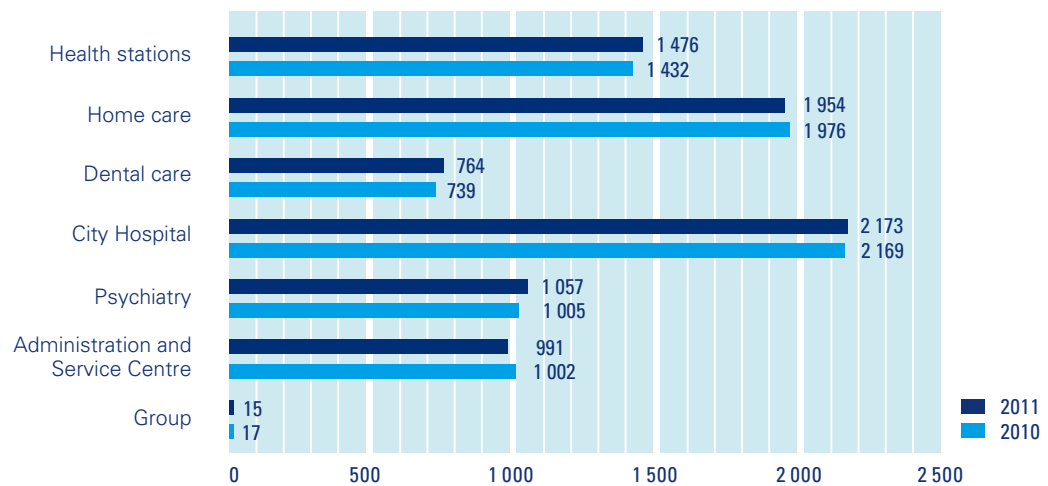
Ensuring a sufficient number of expert employees

Staff numbers and structure

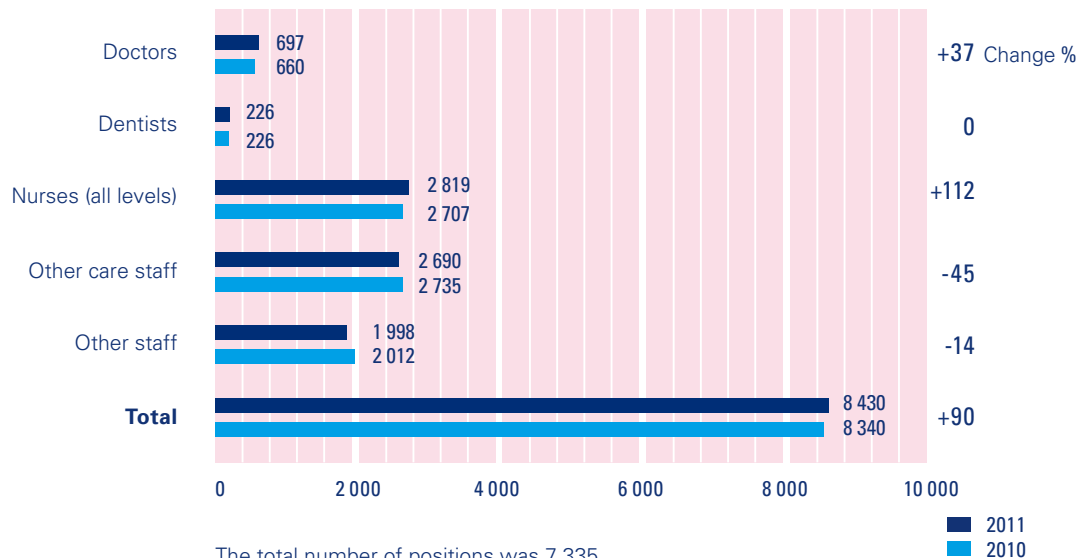
At the end of 2011, the Health Centre employed 8,430 full-time employees with 78.6% of them holding permanent positions. The proportion of permanent staff decreased slightly from the previous year (79.1%). 101 employees were employed through employment aid programmes. The average age of permanent staff was 44 years.

The number of employees with an immigrant background increased in all personnel groups with the exception of doctors. At the end of the year, there were 551 employees with an immigrant background. The number of employees speaking Swedish as their first language was 194.

Health Centre staff by operating unit in 2010 and 2011



Full-time employees by employee category in 2010 and 2011



The challenge: Attracting a sufficient number of skilled employees

The Health Centre's key challenge is to obtain a sufficient number of permanent and qualified staff. Together with the Staff Centre, a survey was carried out on the image that doctors' and nurses' have of their

employer. The results of the survey were used in taking measures to improve the availability of staff. Staff recruitment made more active use of cooperation with universities, for instance in the activity of teaching health stations and in internships for students.

The availability of doctors, dentists and other staff improved, but the shortage of nurses and other care personnel grew from the previous year.

Staff deficit at end of year in 2007–2011 (%)

	2007	2008	2009	2010	2011
Doctors	7.5	10.6	6.7	9.8	6.3
Dentists	12.4	11.0	7.0	12.3	9.3
Nurses (all levels)	5.9	6.2	4.3	3.8	4.2
Other care staff	5.2	6.0	3.6	4.9	6.3
Other staff	3.5	4.8	2.4	5.0	4.8



Maarit Nurminen and
Marjaana Järvinen at
the Psychiatry Clinic



The Health Centre team at a rowing competition in Helsinki

Developing expertise and promoting well-being at work

Apprenticeship and recruitment training programmes were continued to support recruitment efforts. In 2011, one employment aid nurse apprentice group and one vocational skills qualification training group for nurses with immigrant backgrounds were started. New vocational language training to support employment of registered nurses speaking a foreign language was started in autumn 2011.

The key priorities of human resource efforts in 2011 were improving the managerial skills of supervisors (for instance through “Supervisor’s ABC” on-line training), ensuring

safe medication and documentation work related to the electronic classification of treatments. Study of the Finnish language by employees with an immigrant background was supported by means of training provided by the city and by participating in an occupational Finnish development project arranged by the Personnel Centre. The total number of training days was 28,481.

Absences due to sickness increased slightly during 2011. A positive development was the decrease in brief absences. Absences have been discussed on both the individual and the community levels in order to establish answers. Occupational health care services have also been utilised. The Early Support and Return Support models continued to be promoted as tools for management, especially at health stations. Two home care service sectors finished a development project for improving the management of sick leave days with a special focus on supporting supervisor work. The results were introduced as a part of managerial work.

The ergonomic planning of work shifts was successfully used to support the occupational well-being of employees working in shifts and at night. To enable comprehensive introduction of work shift planning, the City’s budget allocations for occupational well-being were used

to realise a project that included training and workshops for planners and the analysis of work shift lists. Dental health care also received budget allocations for a pilot project involving dental nurses and dental hygienists who carry out immediate care work and are aged 55 or over. The pilot project started in September 2011 in cooperation with the Social Services Department’s Kustaankartano Retirement Home.

In 2011, budget allocations for occupational well-being were used to carry out the “Expert Model into Practice” follow-up project to strengthen age management, especially in home care and at the City Hospital.

In October 2011, the city administration performed the ninth survey focusing on well-being at work in health centres. Employees had experienced an increase in several aspects of well-being at work. Improvements were seen especially in the functionality and management of the workplace. Working conditions and safety received a slightly lower score compared to the previous survey. The answers in the employees’ own words highlighted the functioning of supervisory work, resources, working times and the effect of changes at work on occupational well-being.

Proactive personnel planning was continued in accordance with the city’s strategy and the Health Centre’s guidelines. The proactive planning takes account, as economic conditions allow, of the new qualitative and quantitative needs for staff that are caused by changes in the operating environment.



PHOTO: KIMMO BRANDT

General Practitioner Anna Rähkä and Charge Nurse Tiia Järvenpää measuring a patient’s intraocular pressur

8 Financial report

Operations within budget as planned

Helsinki's 2011 health care operating expenditure, excluding depreciations, was €1,075.4 million – €33.4 million (3.2%) more than in the previous year. The budget as a whole was exceeded by €14.2 million (1.3%), caused by budget overruns by the HUS Municipal Federation. The Health Centre's own operations were within budget.

Income was €75.1 million, which was €1.9 million less than budgeted. Principal income items were sales income (€24.8 million), income from

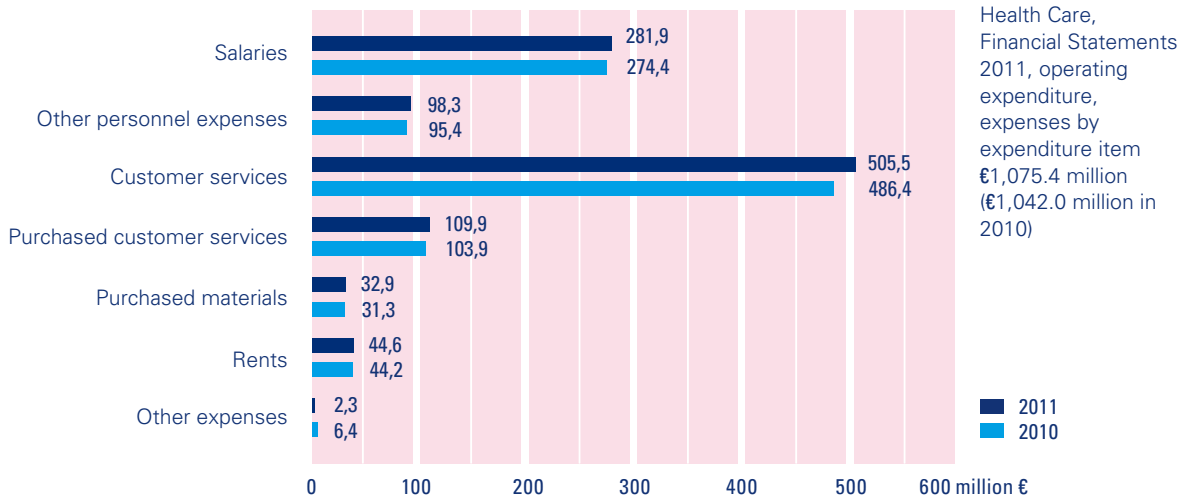
Health Care Financial Statement 2011

Budget Realisation (excl. depreciation)	Budget 1 000 €	Financial statements 1 000 €	Difference 1 000 €
Health centre			
Expenditure	602 059	601 993	66
Income	77 012	75 134	-1 878
HUS	459 124	473 428	-14 304

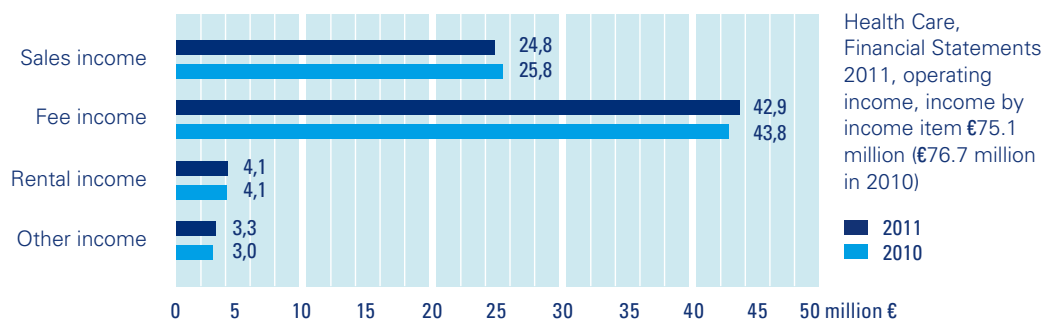
service fees (€42.9 million) and income from rents (€4.1 million). Approximately 7.1% of the cost of the Health Centre's own operations was

covered by income from service fees. Operating income decreased by €1.6 million from the previous year.

Health Centre's expenditure



Health Centre's income



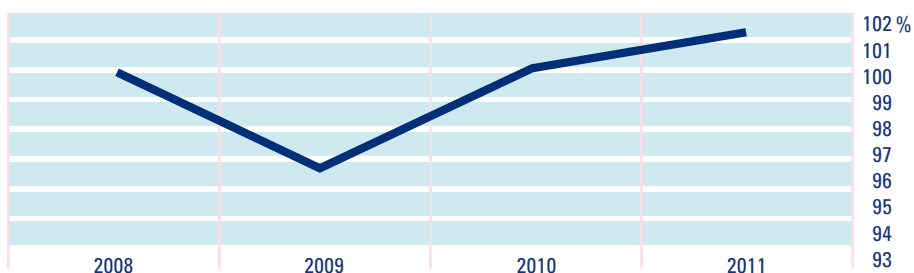


Productivity and cost development

The Health Centre’s productivity increased slightly from the previous year. Productivity was increased by the growing number of home care appointments and the expansion of on-line services. The aim of on-line services is to increase productivity by freeing up resources for consultation work. It is intended to replace unnecessary telephone calls and visits with on-line services.

According to a report prepared on dental care, registering a patient for an appointment at the patient office takes 1½ minutes on average. When 24 dental practices adopted self-registration, their staff then had 1½ more minutes to devote to other tasks over 70,000 times during 2011.

The Health Centre’s productivity 2008–2011

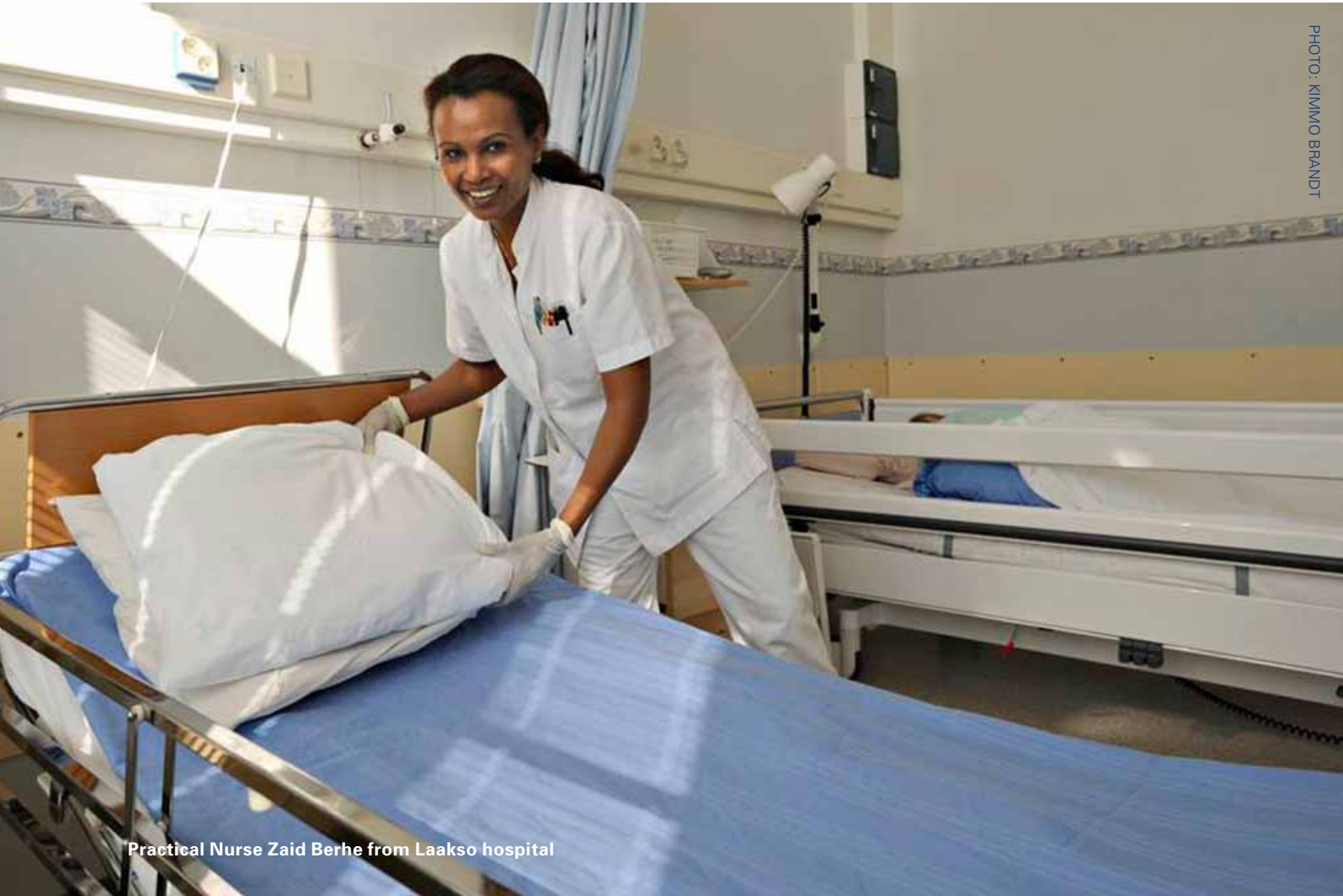


Expenditure and Income (€1,000) of Health Care Units on 31 December 2011 (including internal items)

Operating Expenditure and operating income per unit	Expenditure/€1,000	Income/€1,000
Health Centre sectors		
Health stations	133 775	9 432
Home care	107 582	9 149
Dental care	62 944	15 756
City Hospital	208 367	27 300
Psychiatry	75 553	4 097
Joint functions		
Group administration	23 556	25 956
Administration and Service Centre		90 613
HUS		473 428

The cost of health care in Helsinki was €1,791 per resident. Cost per capita increased from the previous year by €43 (2.5%).

9 Health care services provided for residents of Helsinki



Practical Nurse Zaid Berhe from Laakso hospital

In 2011, the Health Centre provided a total of over 4.6 million outpatient consultations at health stations, dental clinics, outpatient clinics and in home care and psychiatry. The total number of hospital ward days was approximately 500,000. (table page 24)



Hartman Hospital

PHOTO: KIMMO BRANDT

Services produced by the Health Centre were used by 393,054 Helsinki residents and services provided by HUS by 160,661.

Health care performance in 2008–2011 (1,000)

	2008	2009	2010	2011
Health Centre activity				
Outpatient consultations	4 014	4 158	4 283	4 490
Acute care days	330	328	418	401
Psychiatric outpatient consultations	156	151	149	157
Psychiatric outpatient days	68	64	67	66
Psychiatric ward care days	100	101	101	99
HUS Hospital District				
DRG products (somatic)	206	190	202	204
Psychiatric outpatient consultations	109	118	118	106
Psychiatric ward care days	93	90	96	88

Health station doctors and nurses received almost one million patients in 2011. In addition, approximately 124,000 of adult and child health centre on-call appointments and 36,000 emergency appointments were administered. 250,000 maternity and child health clinic appointments and 200,000 school and student health service appointments were given.

Helsinki has increased the proportion of home care over the past few years. Home care services performed over 2.2 million home appointments in 2011. The number of home care appointments increased by 180,000 from the previous year. The City Hospital’s total number of hospital ward days decreased by 17,000. This was due to a smaller number of hospital beds being in use.

Health stations 2011*Performance*

Outpatient care doctor consultations	459 000
Doctors' care telephone calls	210 000
Nurse consultations	435 000
Nurses' care telephone calls	95 000
School and student health care	201 000
Health counselling	256 000
Children's health centre on-call services	24 000
Phoniatric guidance	2 000
Children's special speech therapy	20 000
Agency doctor arrangements	2 000
Total	1 691 000

Home care 2011*Performance*

Home care (own)	2 208 000
-----------------	-----------

Dental care 2011*Performance*

Dental consultations (own)	374 000
----------------------------	---------

City Hospital 2011*Performance*

Outpatient care	
Outpatient clinics with appointment (general internal diseases, neurology, physiatry, geriatry)	45 000
On-call service (adults)	99 000
Health Centre emergency duty	36 000
Other appointments (recovery care, day hospital, disabled clinic, rehabilitation clinic, retinal photography)	25 000
Outpatient visits total	205 000

Ward care	
Acute care	185 000
Emergency duty ward care	69 000
Rehabilitation ward care	117 000
Home-care hospital	30 000
Ward care days total	401 000

Psychiatry 2011*Performance*

Outpatient care	
Psychiatry outpatient clinics	131 000
Psychiatry outpatient clinics' care telephone calls	37 000
Psychiatry emergency duty outpatient clinic	9 000
Rehabilitation psychiatry outpatient clinic	4 000
Day hospital	14 000
Outpatient visits total	195 000

Psychiatry residential rehabilitation	45 000
Psychiatry family care	21 000
Outpatient care days total	66 000

Institutional care	
Psychiatric ward care	60 000
Psychiatric emergency duty ward care	2 000
Rehabilitation psychiatry ward care	37 000
Ward care days total	99 000