

Coordination is Care.

A shared position on socio-medical care coordination in Emmental and Oberaargau.

WHAT YOU ALREADY DO

You coordinate. Daily. Between hospital discharge and the first Spitex visit. Between the GP and the care home. Between what one institution knows and what the next one needs. This work is undocumented, unbilled, unassigned — and the reason much of care works at all.

"That is background work. Nobody sees it, it counts nowhere."

— Spitex coordinator, Emmental

THE PROBLEM IS NOT MISSING COORDINATION

When integrated care is discussed, most people think of new platforms, new roles, new funding. That is not wrong. But it misses the point. Actors who coordinate daily do so in isolation. Each institution holds its information for itself — not out of bad will, but because the system never asked them to share it.

"The hospital often starts from scratch — even though the GP's information would be available."

— SOMEKO coordinator, Emmental

INTEGRATED CARE AS A METHOD, NOT A STRUCTURE

Integrated care does not wait for the perfect platform. It begins at the moment of handover. Yes, it asks for something new. But it also asks for a different stance toward the work already being done — and a shared way to pass it on.

THE SHIFT THIS PAPER INVITES

concept	→	method
personal burden	→	shared function
handover as gap	→	handover as action

Like runners in a relay race who each have their own style and pace, the actors in the care system do not need to run the same way. They need to know how to pass the baton.

The Socio-Medical Handover Baton

A shared coordination tool for transitions — available as a PDF via the health network websites. Coordinated and archived by SOMEKO. System-independent by design.

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Free of charge. Neutral. Available for complex patient situations across the region. A coordination role that holds the view no single institution has time to carry.