

Improving the Public–Public Partnership between a Rescue Department and an Integrated Social and Health Care Organization

Krista Korpela¹, Jukka Korpela², Veli Matti Virolainen¹, Heidi Huuskonen³, Jani Kanerva³

¹ Faculty of Business and Management, Lappeenranta-Lahti University of Technology, Lappeenranta, Finland; ² Chainalytics Oy, Finland; ³ South Karelia Rescue Department, Finland

Krista Korpela, M.Sc. (Econ. & Bus.Admin.), Faculty of Business and Management, Lappeenranta-Lahti University of Technology, Yliopistonkatu 34, FI-53850 Lappeenranta, FINLAND. Email: krista.korpela@student.lut.fi

Abstract

Public social and health care organizations everywhere are facing challenges caused by an aging population, declining birth rates, and urbanization. To address these challenges, innovative operating models and flexible IT solutions supporting collaboration between public-sector organizations are required.

Our paper introduces an example of a progressive collaboration model between the Rescue Department of South Karelia (EKP) and South Karelia social and health care district (Eksote), which are frontrunners in the synergy-producing cooperation of rescue board services at the rescue department level with social and health services. The purpose of our qualitative case study is to investigate how Eksote and EKP could further strengthen their public-public partnership (PuP) to improve regional risk management by jointly planning and executing preventive actions and services. The main objectives are to: 1) understand the reasoning behind and the success factors of a public-public partnership; 2) investigate how a joint customer and process management system could support the partnership between a social and health care organization and a rescue department; and 3) identify ways to improve the public-public partnership between a social and health care organization and a rescue department.

This study builds on the existing literature on public-public partnerships by incorporating a customer and process management system into the partnership between a social and health care organization and a rescue department. The empirical data were collected via 16 semi-structured interviews conducted between June 2020 and April 2021. The results indicate that the public sector must determine new and innovative ways of working together to overcome the challenges prevalent in the current operational environment. To support collaborative actions and processes between social and health care organizations and rescue departments, actions are needed on national, regional, organizational, and professional levels. As the public sector is facing similar challenges everywhere, the results can be utilized in Finland and in the international setting.

Published under a CC BY 4.0 license (<https://creativecommons.org/licenses/by/4.0/>).

Keywords: wellbeing services counties, public sector entities, process management, customer relationship management, partnership, information management

Introduction

Many organizations are involved in the provision of welfare services, which is why inter-organizational collaboration is required [1]. A need for new approaches to collaboration has been recognized, as the public sector is facing challenges that cannot be solved by a single actor [2-4]. The management of such collaborations seems to be a challenge for both practitioners and researchers [1], and the dynamics of public-sector collaboration have received little attention in the literature [4,5]. However, there is a growing interest in this aspect, as public-sector partnerships are slowly developing [6].

Public-sector collaboration can be defined as “multi public-sector agency arrangements that are working toward a common goal such as solving complex social problems and improving public service delivery” [7]. There are three modes of governance related to public-sector collaboration: hierarchical governance, where actors interact based on authority in accordance with administrative orders, rules, and planning; market-based governance, which is based on competition, bargaining, and exchange between actors; and network governance, which implies voluntary cooperation between actors [8]. Partnership is another mode of governance, which is linked to the trend toward networks [9]. Some authors argue it is not synonymous with a network, as a partnership is suggested to encompass all three governance modes during the different stages of its life cycle [10]. Partnerships are based on trust and clear, compatible objectives and they strive for mutual benefit [11,12]. In the context of social and health

care, partnerships are often formal and require a written agreement between the parties [13].

A public-public partnership (PuP) can be established, for instance, between two public authorities, between a public authority and a community, or between a public authority and a non-governmental organization [5,14]. Collaboration between public-sector actors is necessary to increase effectiveness of policies, make better use of resources, improve the flow of ideas and smarter ways of working, and produce more integrated services [15]. The formation of a PuP is often motivated by a joint goal and the need to break down silos [16]. However, establishing a PuP is not an easy task considering the political operational environment [17]. Furthermore, the structure of public-sector organizations causes challenges in partnership formation. Public organizations are often arranged in silo structures and have a bureaucratic culture influenced by a top-down hierarchy, a core task, and defined roles [18]. The associated challenges in a collaborative relationship include, for instance, size-power difference, lack of equality and mutual respect, and information and resource asymmetry [13,17,19]. To ensure partnership success, trust, commitment, communication quality, joint planning, and joint problem resolution are factors that should be considered [12].

Collaboration between social and health services and a rescue department from the points of view of preventive actions, customer management and processes has been studied to some extent [6,18,20-24]. We examine the PuP between an integrated social and health care organization and a rescue department. South Karelia social and health care district (Eksote) is a forerunner in the Finnish public health care sector. Since its estab-

lishment in 2010, Eksote has maintained a strong focus on developing both customer and process management. Eksote uses the Solutions Business Manager (SBM) platform as the main development tool for processes, and, currently, there are tens of processes running on this platform. Rescue Department of South Karelia (EKP) has been focused on process development for the past three years and uses the SBM platform as its main process tool. Because safety and wellbeing are intercorrelated and because there are many processes that overlap between Eksote and EKP, there was a need to explore which processes involve both as actors. Furthermore, the organizations are willing to strengthen their partnership and to find ways to improve regional risk management and customer-oriented process management.

Our qualitative case study aims to: 1) understand the reasoning behind and the success factors of a PuP; 2) investigate how a joint customer and process management system could support the PuP between a social and health care organization and a rescue department; and 3) identify ways to improve the PuP between a social and health care organization and a rescue department. This study contributes to both theory and practice by presenting a progressive approach to establishing a partnership between two public actors. Furthermore, our research builds on the existing literature by incorporating a customer and process management system into the partnership between a social and health care organization and a rescue department. During the research process, the reform of the organization of health, social and rescue services was passed in Finland, which makes this study even more relevant for practitioners. The reform aims at strengthening synergies and collaboration between rescue departments and social and health services [25,26], and thus, the

integration of the service production processes is currently a focal area of development in Finland.

Material and methods

Description of the case

Eksote is an integrated social and health care organization located in South Karelia, a region situated in southeastern Finland. It was formed in the beginning of 2010, when previously separate municipal health care and social services were integrated. Since then, Eksote has arranged secondary health care, primary health care, care of the elderly, and social welfare services for its nine member municipalities. Eksote works to deliver patient-oriented care to the approximately 129,000 citizens of South Karelia and employs around 5,000 people.

The Finnish Rescue Services is a national and regional safety authority administered by the Ministry of the Interior. The functions of the Finnish Rescue Services cover accident prevention, rescue operations under accidents, and preparedness for accidents and civil protection. The national aim for the service provision of rescue services is to build a safe and crisis-resilient Finland. There are 22 rescue departments in Finland, including the EKP, that carry out rescue service duties in their respective regions. At the end of 2020, the number of personnel at EKP was 116, and its operating costs were about 12.5 million euros.

Because of the reform, creating a tighter cooperation between social and health care organizations and rescue departments will be one of the focus areas for development over the coming years. In 2023, the responsibility for organizing health, social, and rescue services will be transferred to 21 wellbeing-services counties and the City of Helsinki. Eksote and EKP will form the wellbeing-services

county of South Karelia in January 2023. However, they have already recognized the importance of collaboration and have been proactively developing their partnership over the past couple of years. Concrete improvements have been achieved in two areas: 1) service needs assessment and safety of living at home for elderly citizens (KAT program) and 2) customer management and process management (Joukkuepeliä program). This study is independent of these projects; rather, this study aims to understand the reasoning behind and the success factors of the partnership and ways in which a joint customer and process management system could support the partnership.

Research methods

This study is based on qualitative research methods with a focus on interpretation and meaning [27]. We apply intensive case study research to understand how a specific case works [28]. A case study is defined as “an intensive study of a single unit for the purpose of understanding a larger class of (similar) units.” [29]. Our goal is to present an in-depth analysis of the partnership between the case organizations. The unit of analysis is the partnership, and there is no intention to compare the organizations.

The empirical data were collected via semi-structured interviews between June 2020 and April 2021. The semi-structured interview agenda has a predetermined structure to guide the dialogue between the interviewer and the participant while leaving room for improvised follow-up questions [30]. The interview guide used in this study is presented in Appendix 1. The sample included a total of 16 individuals from the case organizations: eight participants from Eksote and eight from EKP. The interviewees hold a variety of positions; however, they were all required to have knowledge of the collaborative actions between the organiza-

tions. The interviews were conducted remotely via an online conferencing system, and their duration ranged from 31–66 minutes. All interviews were conducted in Finnish by the first author. Ethical treatment of the participants was ensured by following the ethical guidelines defined by the Finnish National Board on Research Integrity TENK [31]. Research permissions for the study were secured from both Eksote and EKP.

The transcribed data were coded manually using qualitative coding methods [32]. The coding process included multiple iterations. Each interview transcript was first coded individually using the interview questions as categories and applying in-vivo codes to the data. Each interview question was then given a category label under which the in-vivo codes were clustered accordingly. After this phase, these initial categories and codes were re-categorized where necessary, e.g., in cases where two similar categories could be combined into one. This phase was first conducted to each case organization’s data separately, as data collection took place at different points in time. Finally, the extracted categories and codes from both Eksote’s and EKP’s interview transcripts were combined, cross-analyzed and re-organized, as the intention was to form a holistic understanding of the partnership, rather than to compare the organizations. Finally, the analysis was focused around three key themes, which are: prerequisites for a successful PuP, current state of the PuP, and partnership improvement.

Results

Prerequisites for a successful PuP

A partnership can be formed when there is a common purpose or an agenda for which the organizations are willing to collaborate. It was ex-

plained that, often, there are challenges a single organization is unable to solve, and, in such cases, it would be more innovative and effective to try and tackle the challenge together with another organization. Some of the participants mentioned that these joint initiatives not only help improve services but also enhance the regional “team spirit” and “sense of belonging.”

Delineating the structure of a partnership, including the definition of the roles and responsibilities, was considered one of the most central steps in partnership formation. Without clear pre-defined structures, it becomes difficult to coordinate work within an organization, let alone between organizations. A successful partnership also calls for strong leadership. The participants felt that, especially in cases where the partnership is based on government-funded joint-program-based work (which is often the case in the public sector in Finland), holistic coordination across the various joint development programs and projects is needed.

A partnership provides access to various resources, such as capital, time, labor, knowledge, and skills. While acquiring new resources is beneficial, there is a risk that the one party can take advantage of the other without contributing itself. Hence, it should be ensured that the resources each organization can contribute to the partnership are mutually agreed upon and balanced equally. Such equality was considered important also in terms of power structures. The size differences between organizations and the hierarchical structures were identified as factors that potentially complicate and even hinder collaboration. Mutual trust may be impeded if one party does not consider the other in decision-making processes. Furthermore, organizational culture may influence the partnership if the organizations are accustomed to operating in a certain way and are

unwilling to change. Due to traditional ways of working that are based on law and national-level guidance, both case organizations demonstrate signs of inflexibility. Lastly, for many of the participants, trust and mutual respect are the core of a successful partnership as without trust, it would be impossible to be transparent and share, for example, confidential information openly.

Current state of the partnership

The participants explained that the aims of social and health care organizations are to prevent diseases and advance wellbeing, while the goals of rescue departments are to manage risks, prevent accidents, and handle accidents that eventually happen. While health and safety matters have been previously viewed as separate, the attention must now be turned to how they complement each other. Consequently, a more holistic and preventive approach to the citizens’ safety and health could be supported by the partnership between Eksote and EKP.

In essence, collaboration between social and health care organizations and rescue departments is established by law. Many of the participants mentioned that collaboration is made mandatory by Clause 42 of the Rescue Act (379/2011) [33]. The clause necessitates cooperation between rescue departments and other authorities, organizations, and residents in the region to prevent accidents and maintain safety. If the authorities, as a part of their official duties, notice or otherwise detect a risk of a fire or other accident occurring, they shall notify the regional rescue authorities of the same. From an operational point of view, Eksote and EKP collaborate mainly on core tasks as governed by law, such as the provision of first response and emergency services, fire inspection, risk management, and accident prevention. They collaborate on various government-funded pro-

jects and development programs as well. Despite recent successful initiatives, the project-based way of working is viewed as fragmented, and, often, the implementation of the results at the end of a project has failed. There is little to no daily collaboration, especially around planning and executing preventive actions.

The law also complicates certain aspects of the partnership. As stated by the participants, the limits set by patient confidentiality are one of the biggest challenges for collaborative actions. The law forbids the transfer of patient data between registrars, as the confidentiality of the data is given the highest priority, which makes joint planning challenging.

Some of the participants find it an advantage that the region of South Karelia is relatively small, and the structures within both organizations are integrated. Compared to some other regions, where there are still multiple organizations responsible for social and health services, developing collaboration between just two organizations (Eksote and EKP) has been effective and efficient. A benefit of operating in a small area and having clear organizational structures is that the professionals know each other well, making collaboration feel natural and personal. However, the participants have had several experiences of relationships becoming too personal, limiting the opportunity to take part in collaborative projects to specific employees only. Furthermore, both sides feel that traditional roles persist, and they are yet to reach a situation where the professionals from the other organization feel like “natural colleagues”.

Supporting the partnership with customer and process management

The analysis of the present state of the partnership between EKP and Eksote revealed there are

neither joint systematic processes nor common customer management in place. The following service process interfaces between Eksote and EKP were identified as being relevant for process and customer management: 1) service needs assessment process, 2) fire inspection and 3) risk management. These processes are all linked, especially regarding the elderly and other at-risk groups living at home often in rural areas. From EKP’s point of view, it is challenging that the social and health care organizations in Finland try to take care of elderly persons in their homes for as long as possible. This decentralizes the manageability of risk, as the individuals with higher accident risks are scattered around the region. The participants from EKP highlighted that Eksote has a large capacity to observe these risk groups, as they have a significant amount of contact with them, such during home care. Yet, the number of notifications of a fire or accident risk in accordance with section 42 of the Rescue Act [33] is lower than expected. Possible reasons for this are believed to be a lack of time, insufficient skills to observe the risk of accident or fire (i.e., lack of training), a failure to implement a standardized model for reporting these notifications, and insufficient communication regarding the matter. Both Eksote and EKP call for more systematic ways for managing these risk customer groups, including the utilization of multi-professional teams, the implementation of joint processes for both preventive and operational tasks, the implementation of joint IT solutions, and the effective utilization of data within the parameters set by the law for a regional risk analysis. It was noted that the elderly and vulnerable groups are a reasonable starting point for customer and process management, joint operating models are needed around other customer groups as well.

Improving the partnership between a social and health care organization and a rescue department

Four levels of change were identified to improve the partnership, which are national level, regional level, organizational level, and professional level.

Hence, the development of collaborative actions between social and health care organizations and rescue departments requires not only high-level policy changes but also changes in the way these institutions operate daily. The key changes required on each level are summarized in Table 1.

Table 1. Levels of change and related key changes.

Level of change	Key changes
<i>National level</i>	<ul style="list-style-type: none"> Stronger national level guidance and formal guidelines Ensuring equality in decision-making and funding Renewal and updating of the laws governing data protection and sharing
<i>Regional level</i>	<ul style="list-style-type: none"> Service integration between a rescue department and a social and health care organization Implementation of joint processes and IT systems Utilizing combined data to create a holistic view of regional risks and ensuring real-time situation awareness
<i>Organizational level</i>	<ul style="list-style-type: none"> Jointly identified customer needs Openness to collaborative actions Strong leadership Jointly agreed-upon operating models and processes supported by a customer and process management system
<i>Professional level</i>	<ul style="list-style-type: none"> Individuals' willingness to take part in collaborative actions Ensuring trust, respect, and equality Offering adequate training and support Ensuring that everyone has an equal chance to take part in collaborative actions

As presented in Table 1, the needed national level changes are mostly related to high-level guidance and policies. The upcoming reform will likely strengthen the national-level guidance mechanisms and formal guidelines for collaboration, which are now relatively weak according to the participants from EKP. The professionals from EKP hope that after the reform they continue to be an equal partner of social and health services, and that their decision-making power and funding are not negatively affected. Additionally, there is a concern the law inhibits fluent collaboration, as the law sets certain boundaries for sharing information. The associated laws should allow for the exchange and utilization of data between social and health care organizations and rescue departments, thus enabling them to base their planning and actions on a holistic view of the citizens.

On a regional level, citizens would benefit from receiving the right services through a single contact point that covers the functions of both social and health care organizations and rescue departments. This target is supported on the organizational level by jointly analyzing customer needs to plan shared processes around service needs and proactive risk management. Within the boundaries set by the law, the data of both organizations should be combined to create a holistic view of the regional risks and ensuring real-time situational awareness. According to the participants, to enable joint planning activities and data analysis, a process and customer management system is needed.

An important enabler for a successful partnership is that both organizations abandon their assumptions and old silos and are willing to innovate new operating models together. A strong regional leader is needed to guide the partnership. For many of the participants, the success of the part-

nership comes down to the individuals' willingness to take part in collaborative actions as well as trust and respect for each other's professional skills. The participants call for a joint training program to ensure the personnel from both organizations possess adequate knowledge of both organizations for the purposes of collaboration.

Discussion and conclusions

In this study, we have examined the PuP between an integrated social and health care organization (Eksote) and a rescue department (EKP). The purpose of our qualitative case study was to 1) understand the reasoning behind and the success factors of a PuP; 2) investigate how a joint customer and process management system could support the PuP between a social and health care organization and a rescue department; and 3) identify ways to improve the PuP between a social and health care organization and a rescue department. The dynamics of collaboration among public actors has received little attention in the literature to date, and especially collaboration in relation to preventive actions and customer management and processes between a social and health care organization and a rescue department has not been a focal area in earlier research. Our research builds on the existing literature of PuPs by examining a progressive approach to establishing a partnership between two public organizations and by introducing a customer and process management system into the partnership.

We found that a legal obligation alone is not enough as the basis of a successful partnership. The results indicate that there must be a joint objective, that the public organizations are willing to collaborate for. This finding is consistent with previous literature [11,12,16]. We identified the need for effective governance models and defined

structures around the partnership. Silo structures, a bureaucratic culture, size-power difference, lack of equality and mutual respect, and information and resource asymmetry are some of the reported challenges of public-sector partnerships [13,17-19]. Thus, public-sector organizations must allow for change in organizational structures and cultures to enable successful collaboration. Without supporting structures and jointly agreed-upon operating models, there is a risk that collaboration will become temporary and artificial. In accordance with previous research [12,13], our study shows that mutual trust, respect, and adequate knowledge of the other organization are fundamental cornerstones for a successful PuP.

We introduced a customer and process management system as a tool to support the partnership between a social and health care organization and a rescue department. This topic is new in this field of research, but some studies have been carried out previously [6,18,20-24]. A joint customer and process management platform enables social and health care organizations and rescue departments to share information, manage joint tasks, standardize their way of working, and utilize resources efficiently. To enable more effective use of such system, changes are needed to the laws that govern the use of data. In the South Karelia region specifically, the starting point for Eksote and EKP is to define and implement service processes around the following interfaces: 1) service needs assessment process; 2) fire inspection; and 3) risk management. These service processes are related to the elderly and other vulnerable groups living at home, and, hence focusing on them in the beginning would address the identified challenge of decentralized manageability of risks. When the work around processes and customer management advances, joint operating models are needed around other customer groups as well.

To improve the partnership between a social and health care organization and a rescue department, change must encompass national, regional, organizational, and professional levels. Similar findings of the need for multi-level change initiatives have been described in earlier research as well [20]. In summary, deepening the partnership between a social and health care organization and a rescue department requires national-level support by the relevant ministries and other authorities, a joint vision supported by well-defined implementation and training plans, interconnected processes and IT solutions, and the willingness to pilot new approaches to improve services.

This study has limitations that must be considered. The qualitative case study method was used in this study, and the empirical data were obtained by interviewing representatives from the case organizations. Hence, the results of the study reflect the experiences of the case organizations and may not be applicable as such to other cases. However, the study provides a detailed description of how a specific social and health care organization and a rescue department perceive a successful partnership, how an IT solution for customer and process management can be utilized to support a PuP, and what actions are needed to improve a PuP between these organizations. Our research is relevant for Finland, as the results support the ongoing preparations of the reform of the organization of health, social and rescue services. The results can also be utilized in an international setting because the public sectors in other countries are facing similar challenges. To conclude, the public sector needs to determine new and innovative ways of working together to overcome the emerging challenges, and partnerships, as a governance model, provide a viable option for the same.

Conflict of Interest statement

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Jukka Korpela reports a relationship with South Carelia rescue department that includes: consulting or advisory.

References

- [1] Axelsson R, Axelsson SB. Integration and collaboration in public health – a conceptual framework. *Int J Health Plann Manage*. 2006 Jan-Mar;21(1):75-88. <https://doi.org/10.1002/hpm.826>
- [2] Mitchell GE, O’Leary R, Gerard C. Collaboration and performance: Perspectives from public managers and NGO leaders. *Public Performance & Management Review*. 2015;38(4):684–716. <https://doi.org/10.1080/15309576.2015.1031015>
- [3] Morse RS. Integrative public leadership: Catalyzing collaboration to create public value. *The Leadership Quarterly*. 2010;21(2):231–245. <https://doi.org/10.1016/j.leaqua.2010.01.004>
- [4] Costumato L. Collaboration among public organizations: A systematic literature review on determinants of interinstitutional performance. *International Journal of Public Sector Management*. 2021;34(3):247–273. <https://doi.org/10.1108/IJPSM-03-2020-0069>
- [5] Boag G, McDonald DA. A critical review of public-public partnerships in water services. *Water Alternatives*. 2010;3(1):1-25.
- [6] Higgins E, Taylor M, Lisboa P, Arshad F. Developing a data sharing framework: A case study. *Transforming Government*. 2014;8(1):151–164. <https://doi.org/10.1108/TG-02-2013-0007>
- [7] Ramadass SD, Sambasivan M, Xavier JA. Critical factors in public sector collaboration in Malaysia: Leadership, interdependence, and community. *The International Journal of Public Sector Management*. 2017;30(5):487–502. <https://doi.org/10.1108/IJPSM-10-2016-0167>
- [8] Elston T, MacCarthaigh M, Verhoest K. Collaborative cost-cutting: Productive efficiency as an interdependency between public organizations. *Public Management Review*. 2018;20(12):1815–1835. <https://doi.org/10.1080/14719037.2018.1438498>
- [9] Teisman GR, Klijn EH. Partnership arrangements: Governmental rhetoric or governance scheme? *Public Administration Review*. 2002;62(2):197–205. <https://doi.org/10.1111/0033-3352.00170>
- [10] Lowndes V, Skelcher C. The dynamics of multi-organizational partnerships: An analysis of changing modes of governance. *Public Administration*. 1998;76(2):313–333. <https://doi.org/10.1111/1467-9299.00103>
- [11] Steele PT, Court BH. *Profitable Purchasing Strategies: A Manager’s Guide for Improving Organizational Competitiveness through the Skills of Purchasing*. London: McGraw-Hill; 1996.
- [12] Mohr J, Spekman R. Characteristics of partnership success: Partnership attributes, communication behavior, and conflict resolution techniques. *Strategic Management Journal*. 1994;15(2):135–152. <https://doi.org/10.1002/smj.4250150205>
- [13] Kirchhoff R, Ljunggren B. Aspects of Equality in Mandatory Partnerships – From the Perspective of Municipal Care in Norway. *Int J Integr Care*. 2016 May 18;16(2):6. <https://doi.org/10.5334/ijic.2025>

- [14] Hall D, Lethbridge JJ, Lobina E. Public-public partnerships in health and essential services. Municipal Services Project Occasional Papers Series No. 9. Municipal Services Project; 2005 [cited 9 October 2022]. Available at: https://www.municipalservicesproject.org/images/07_OccasionalPapers/PDF/OP09_Public-Public_Partnerships_in_Health_and_Essential_Services_Aug2005.pdf
- [15] Pollitt C. Joined-up government: A survey. *Political Studies Review*. 2003;1(1):34–49. <https://doi.org/10.1111/1478-9299.00004>
- [16] Andrews R, Entwistle T. Does Cross-Sectoral Partnership Deliver? An Empirical Exploration of Public Service Effectiveness, Efficiency, and Equity. *Journal of Public Administration Research and Theory*. 2010;20(3):679–701. <https://doi.org/10.1093/jopart/mup045>
- [17] Kalu KN. All that glitters: Competing narratives and transaction costs in complex collaborative environments. *Administration & Society*. 2013;45(4):420–442. <https://doi.org/10.1177/0095399712453828>
- [18] Hansson L, Weinholt Å. New frontline actors emerging from cross-sector collaboration: Examples from the fire and rescue service sector. *Public Organization Review*. 2019;19:519–539. <https://doi.org/10.1007/s11115-018-0416-8>
- [19] Agranoff R. Inside collaborative networks: Ten lessons for public managers. *Public Administration Review*. 2006;66(1):56–65. <https://doi.org/10.1111/j.1540-6210.2006.00666.x>
- [20] Halvorsen K, Almklov PG, Gjørund G. Fire safety for vulnerable groups: The challenges of cross-sector collaboration in Norwegian municipalities. *Fire Safety Journal*. 2017;92:1–8. <https://doi.org/10.1016/j.firesaf.2017.05.001>
- [21] Lowton K, Laybourne AH, Whiting DG, Martin FC. Can Fire and Rescue Services and the National Health Service work together to improve the safety and wellbeing of vulnerable older people? Design of a proof of concept study. *BMC Health Services Research*. 2010;10:327. <https://doi.org/10.1186/1472-6963-10-327>
- [22] Laybourne AH, Martin FC, Whiting DG, Lowton K. Could Fire and Rescue Services identify older people at risk of falls? *Prim Health Care Res Dev*. 2011 Oct;12(4):395-9. <https://doi.org/10.1017/S1463423611000120>
- [23] Taylor MJ, Higgins E, Francis H. A systemic approach to multi-agency community safety. *Systems Research and Behavioral Science*. 2013;32(3):344–357. <https://doi.org/10.1002/sres.2248>
- [24] Higgins E, Taylor M, Francis H, Jones M, Appleton D. Transforming fire prevention: A case study. *Transforming Government*. 2015;9(2):223–236. <https://doi.org/10.1108/TG-05-2014-0017>
- [25] Valtioneuvosto. Sote-uudistus: Pelastustoimen uudistus. Helsinki: Valtioneuvosto [cited 11 October 2022]. Available at: <https://soteuudistus.fi/pelastustoimen-uudistus>
- [26] Ministry of the Interior, Finland. Rescue services reform: Rescue services reform aimed at improving services. Helsinki: Ministry of the Interior [cited 11 October 2022]. Available at: <https://intermin.fi/en/projects-and-legislation/rescue-services-reform>
- [27] Sale JEM, Thielke S. Qualitative research is a fundamental scientific process. *J Clin Epidemiol*. 2018 Oct;102:129-133. <https://doi.org/10.1016/j.jclinepi.2018.04.024>
- [28] Eriksson P, Kovalainen A. *Qualitative Methods in Business Research*. Los Angeles: Sage Publica-

- tions Ltd; 2008. <https://doi.org/10.4135/9780857028044>
- [29] Gerring J. What is a case study and what is it good for? *The American Political Science Review*. 2004;98(2):341–354. <https://doi.org/10.1017/S0003055404001182>
- [30] Kallio H., Pietilä AM, Johnson M, Kangasniemi M. Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *J Adv Nurs*. 2016 Dec;72(12):2954–2965. <https://doi.org/10.1111/jan.13031>
- [31] Finnish National Board on Research Integrity TENK. The ethical principles of research with human participants and ethical review in the human sciences in Finland. Finnish National Board on Research Integrity TENK publications 3/2019. Helsinki: TENK; 2019 [cited 11 October 2022]. Available at: https://tenk.fi/sites/default/files/2021-01/Ethical_review_in_human_sciences_2020.pdf
- [32] Saldaña J. *The Coding Manual for Qualitative Researchers*. Second edition. London: Sage; 2013.
- [33] Finlex. Rescue Act (379/2011). Ministry of the Interior, Finland; 2011 [cited 11 October 2022]. Available at: <https://finlex.fi/en/laki/kaannokset/2011/en20110379.pdf>

Appendix 1.

The Semi-structured Interview Guide (Translated to English from Finnish)

Theme 1 – Current state of the partnership

- How would you describe the relationship between rescue departments and public social and health services?
- Which processes are such that overlap both a rescue department and a social and health care organization?
- How would you describe the current state of process and customer management between rescue departments and social and health care organizations?
- Why is process and customer management needed between rescue departments and social and health care organizations?

Theme 2 – Partnerships between rescue services and social and health services

- What are the benefits and challenges of a partnership between a rescue department and a social and health care organization?
- What are factors that affect the success of a partnership?
- How could a partnership between a rescue department and a social and health care organization be improved?

Theme 3 – Improving joint customer management and process management

- How could process and customer management between rescue departments and social and health care organizations be improved?
- What changes are required (e.g., in operating models, structures etc.) so that joint process and customer management is possible between a rescue department and a social and health care organization?