Improvement agent
94 years old

Höglandet, Esther
network
110 000 inhabitants
7 Municipalities
7 Primary care regions
Hospital
ca 7000 employees
Senior citizens organizations (2009)
Vision Esther

A durable and energetic network results so that Esther can feel confident and independent

**Esther:**
- Gets care in or close to her home
- See us as the same provider of care
- Has the same possibilities to get care all over the region
- Knows where and who to turn to

**Höglandet’s care:**
- All personnel are concerned and committed
- Support for each other to achieve the best of Esther
- Increase competence in the whole care chain
- Continuous improvement of quality

**Patient values**
- What does Esther need/ want?
- What is important for Esther when she gets sick?

**Partners**
- Who has to cooperate to fulfill Esther’s needs?

**Changes in the environment**
- Changes in the system of health care?
- New methods? How do new medicine and methods influence the process and cooperation between caregivers?
- New technology?
- Changes in population?
Systemthinking

Understanding the system
Everything is depending on each other

Cooperation
Basic idea

What is best for Esther?

Esther… no matter where We will be there!

Challenge

Clientfocus

Delivering a service that is truly patient-centered is an enormous challenge which......can only be overcome by actively engaging patients as valuable resource.

Coach

Coaching ... offers a potential platform for an applied positive psychology and for facilitating individual, organizational and social change.


Our reality
Esther Coach Course

- 8 days; learning by doing.
- Making their own personal improvement project. (PIP)
- Making an improvement at work within the microsystem
- Coachingskills – solutionfocus approach
- Site visits in other organisations in and outside Healthcare.

ESTHER

Esther improvement Coach program 2011

- Vision, values, systemunderstanding, solutionsfocused approach
- Clientfocus, improvement knowledge, measurements
- Communications skills and groupdynamics
- Internat 2 dagar: Systemunderstanding, Lean, Solutionfocused coaching
- Grow, networking
- Spread Presentation tecnics examination
- Esther Coach identity

ESTHER

March Maj september October

- Personal improvement project
- Esther's improvement project
- Site visit
- Site visit
- Examination

Landstinget
Involvement of a senior citizen
an important factor with growing potential

<table>
<thead>
<tr>
<th>What did he do?</th>
<th>What was mentioned as the result</th>
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</thead>
<tbody>
<tr>
<td>Was always there, every meeting</td>
<td>Improved client focus</td>
</tr>
<tr>
<td>Observed and reflect every time</td>
<td>Increased insights</td>
</tr>
<tr>
<td>Brought new perspectives</td>
<td>Breadth i learning</td>
</tr>
<tr>
<td>Encouraged to be concrete</td>
<td>Made it easier to start acting and not only talking.</td>
</tr>
<tr>
<td>Gave continous positive confirmation</td>
<td>Inspiration, motivation, courage</td>
</tr>
<tr>
<td>Showed &quot;real&quot; interest and commitment</td>
<td>Positive learning climate</td>
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The Esther coach is a living example for our vision.

Every day in their own work places but also in other groups.

Every day is a new training experience.

Esthers expectations are our possibilities.
Who are the Esther coaches 2012?

<table>
<thead>
<tr>
<th>Profession</th>
<th>Municipality</th>
<th>County</th>
<th>Private practice</th>
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<tbody>
<tr>
<td>Nursing assistants</td>
<td>48</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Nurse</td>
<td>4</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>4</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Occupational therapist</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Social worker</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Administrator</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Human relations worker</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chief</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Esther improvement coach

- **Spread**
  - Internationell
  - Nationell

- **Improvement work**
  - Care chain
  - Intern

- **Vision**
  - Principles
  - Embody values and attitudes

Wackerberg 2010
Esther café, systemic meetings with our customers
CRUCIAL FACTORS IN A COACHTRAINING PROGRAM

**Ideas**
- Patient involvement
- Custom focus
- Multiprofessional groups
- Challenges in daily work (frontline)

**Execution**
- Patient involvement
- Communications skills
- Solution focus approach
- Group dynamics
- Improvement tools
- Scheduled time for improvement

**Will**
- Patient involvement
- KASAM
- Own driving force
- Open minded
- Good group climate
- Support from chief
- Group tolerance to test

**Sustainability**
- Patient involvement
- KASAM
- Networking
- System understanding
- Solution focused approach
- "Anchoring"
- Leadership
- Communication canals


What tells Inge?

http://www.lj.se/infopage.jsf?childId =15205&nodeId=31372
Reflections

• What, in this Esther concept, is useful for you and your work?

• In your context, how do you strengthen the frontline in everyday work?

www.lj.se/esther
Coordinator

Contact with from General Practitioner to the Dept. of Int. Medicine. Before the patient arrives to hospital.

Discussion about the patient – where should the patient go?

Direct to the acute clinic, via X-ray, direct to the nursing ward, to an office hour visit, giving advice, or needs the patient not to be lodged.

To get correct care level – from the beginning!
Esther start

- Hospital admissions fell from approximately 9,300 in 1998 to prognostic 7,300 in 2003.
- Hospital days for heart failure patients decreased from approximately 3,500 in 1998 to 2,500 in 2000.
- Waiting times for referral appointments with neurologists decreased from 85 days in 2000 to 14 days in 2003.
- Waiting times for referral appointments with gastroenterologists fell from 48 days in 2000 to 14 days in 2003.

Meetings

Workshops and education: Different topics for all staff.

Local network meetings: 2 municipalities and primary care units + hospitals, every 6 weeks.

Summer and christmas planning meeting with all municipalities and primary care units to discuss the summer schedule/summer planning.

Management group: 4-5 times /year

Site visits

Strategy day - october, to make an action plan
Successfactors

- Patientcenteredness
- One story, one vision, one value
- Meetingplaces, site visits
- Participation of all personell
- Improvement together with partners
- Simple rules
- Open minded
- Trust is a must, hang on.
Quality time for Esther

Telephone conference
Angry August testperiod

Result 2009 - maj 2010
Total:
7 patients.
5 patients still living at home
2 patients in hospital
The amount of days the patient remains still in hospital although they no longer have a medical need for specialist care. This can occur for example if the homecare service or primary care does not have the capacity to look after the patient at home.

**Networks that are alive contain**

- The group asks versus share
- Knowledge management
- Recognition management
- Celebration
**Networks that are alive contain**

- Total openness (take everything people bring)
- Focus on value
- Constantly seeking and tapping energy
- Creating a shared sense of system (shared map and shared narrative)
- Letting go of need to control – an ecosystem, not a hierarchy (trust)

Networks that are alive contain:

- Crisp aims and priorities
- Shared optimism
- Creativity and opportunism
- Simplicity
- Profound respect for logistics (”Amateurs discuss strategy.....”)

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J.McCannon & R Perla 2009
Learning networks for sustainable, large scale improvement
Joint commision on quality and patientsafety
Energetic network and cooperation

- **Vision**
  - Client centeredness
  - No hierarchy
  - Thinking about the next provider
    - *Your problem is my problem*
  - Mutual responsibility for the client

- **Values**
  - Mutual meetings and education
  - Multi professionalism
  - Openness and learning

- **Actions**