Managing perspectives at micro/meso/macro system levels

- How can the coach bridge these different perspectives?
- What coaching strategies are useful?
Example 2 – Established improvement.

**Commissioners:** We require a high level plan for roll out at directorate, speciality and ward level to give assurance that these timescales will be met. All patients will have a written care plan including clinical criteria for discharge (CCDs) and expected date of discharge (EDD) within 14 hours of admission to a ward by June 2017. Ward checklists should be rolled out to all wards from March 2017.

**Manager medical wards.**

The Director of Strategy wants to have a plan for the 8 wards in my directorate. 4 of the wards have weekly coached improvement meetings. One ward has standardised their ward round, one has introduced board rounds and two of the wards are getting started and completing their 5Ps.

**Ward manager:**

‘The improvement meetings have made a real difference to how we work as a team. We are starting to work better with the consultant team but we need the junior doctors to be more aware of the importance of flow in the hospital. We are currently focusing on how we can reduce the time it takes for patients to get their take home medications.'
Example 2- New Work (prephase)

Service manager: ‘Would it be possible to secure some SI support from one of your facilitators to help one of our teams work through their pathway, prior to the regional reconfiguration of services. We need to optimise and improve what we currently do to enable us to manage even greater clinical workload coming our way. I am keen to start a fairly focussed piece of work within the next month’

Doctor: Staffing pressures across the team make attendance improvement sessions challenging and feedback from one colleague feels that a lot of the ground work could be covered in advance to get onto the nitty gritty of change. Can the coach slightly modify their approach due to extreme time pressure to facilitate 4 meetings in March?

Nurse Manager
Suggestions from staff already are
• SALT to screen and actively look for patients rather than waiting for formal referrals from SNP
• Pre alert pager to hospital out of hours staff
• Having a designated blood room where patient can be triaged to on arrival for baseline bloods to be priority
• Clear advice for patients coming in own transport must attend within an hour (good impact seen elsewhere in the Trust)
• Mobile monitors for beds bay 3 and 4 where “high falls risk cases nursed”.