Vermeer

No protected world... just behind the wall the noise begins,
the inn is there
with laughter and bickering, rows of teeth, tears, the din of bells
and the insane brother-in-law, the death-bringer we all must
tremble for.

The big explosion and the tramp of rescue arriving late
the boats preening themselves on the straits, the money creeping
down in the wrong man’s pocket
demands stacked on demands
gaping red flowerheads sweating premonitions of war.

In from there and right through the wall into the clear studio
into the second that’s allowed to live for centuries.
Pictures that call themselves ‘The Music Lesson’
or ‘Woman in Blue Reading a Letter’ –
she’s in her eighth month, two hearts kicking inside her.
On the wall behind is a wrinkled map of Terra Incognita.

Breathe calmly... An unknown blue material is nailed to the chairs.
The gold studs flew in with incredible speed
and stopped abruptly
as if they had never been other than stillness.
Ears sing, from depth or height.  
It’s the pressure from the other side of the wall.  
It makes each fact float  
and steadies the brush.

It hurts to go through walls, it makes you ill  
but is necessary.  
The world is one. But walls...  
And the wall is part of yourself –  
we know or we don’t know but it’s true for us all  
extcept for small children. No walls for them.

The clear sky has leant against the wall.  
It’s like a prayer to the emptiness.  
And the emptiness turns its face to us  
and whispers  
‘I am not empty, I am open.’

Thinking about the heart...

“I am doing two contradictory and simultaneous things. I am using my brain in a muscular, ordering way – diagnosing, interpreting, generating hypothesis that suggest meaning, making things happen. This is the systolic work of doctoring – thrusting, emplotting, guiding action. At almost the same time or alternating with this systolic work, is the diastolic work – relaxing, absorbing, making room within myself for an oceanic acceptance of what the patient offers. In the diastolic position, I wait, I pay attention, I fill with the presence of the patient. The systolic and diastolic movements of the heart together constitute cardiac function, by which the heart acts, and dysfunction of either is catastrophic.”

(Charon, Narrative Medicine: honoring the stories of illness)
Narrative knowledge

"Unlike scientific knowledge or epidemiological knowledge, which tries to discover things about the natural world that are universally true or at least appear true to any observer, narrative knowledge enables one individual to understand particular events befalling another individual not as an instance of something that is universally true but as a singular and meaningful situation. Nonnarrative knowledge attempts to illuminate the universal by transcending the particular; narrative knowledge, by looking closely at individual human beings grappling with the conditions of life, attempts to illuminate the universals of the human condition by revealing the particular" (Charon, Narrative Medicine: honoring the stories of illness, p 9).

• **Attention** – full power of presence, open minded listening, bearing witness

• **Representation** – narrative writing, "parallel chart", sharing images

• **Affiliation** – the patient/clinician dyad doing the work, the "cardiac function of the heart"
Group activity

• 14:00 – 15:00
• Includes coffee/tea break
• Time to talk
• A little writing task

Passion for life – a social movement

plus.rjl.se/passionforlivet

"Social innovation in ageing - The European Award"
The story of Esther

 Worcester

 View the system

 Traditional
 “functional”

 Patient focused
 “activities and subprocesses organised after prioritised patient values”

 Municipality Care (6)

 Hospital

 Examination primary care

 Diagnosis & decision on treatment PC
 Hospital

 Rehabilitation Primary Care

 patient ill

 patient treated

 Patient to Primary Care

 Examination Hospital

 Treatment Hospital

 Rehabilitation Community Care
Questions

- What does Esther need?
- Who need to cooperate?
- How does the process work?
  - we interviewed each other and patients

Overall problem- & improvement areas
The power of storytelling

- Everyone got the same perspective and focus
- It made it easier to remember
- Easier to share ideas, meaning and understanding

- Always start the discussion with –
  What’s best for Esther?

Family reunion with Esthers cousins

Nisse - Malmö
Hilma - Örebro
Kersti – Falun
Linnea – Växjö
Helga – Skellefteå
Asta – Varberg
Örjan – Skövde
Herman and Brita - Värnamo
Esther international

David and Sarah Sheffield, UK
Joe Sheffield, UK
Esther Calderdale UK
Mrs Smith Cornwall; UK
Margareta Scotland, UK
Henriette Scotland; UK
Alice San Fransisco, USA
Suzanne Gouda, The Netherlands
Ester Singapore

Probably more

No matter where ........... we will be there

A new challenge for the Region

• From a focus on managing hospitals to managing processes for medical care, surgical care and psychiatry and rehabilitation
The new story

I can grow old in security and retain my independence with access to good health and social care.

- Swedish Association of Local Authorities and Regions and the Swedish government – agreement
  
  **Better life for frail elderly**
  
  Nationwide effort
  - Large scale change of the health and social care system
  - Coordinated care for 300,000 persons

Anette Nilsson
Region Jönköpings län
The practice of leadership - from word to action

• National management program
• Building leadership teams from Primary Care Clinics, Hospitals and Social Care organisations
• Cooperation and integration to reach the goals
• Exchange of experience
• Results

https://www.youtube.com/watch?v=7ZShPCy_SHk
The key
Always start from the person’s point of view and work together!

Design for spread from the beginning

How do we create the conditions for dissemination so it is not just "best practice" – Equal treatment & care
Show me the number - Feedback systems

What do we earn on the new ways of working? Alternatively, what do we lose on continuing in the old way?
Many stories in parallel - nationally and locally

Being part of something bigger than just the here and now - everyone needs to create their own story and share it with others ...

To constantly do and simultaneously relate to what others are doing

How do you share your story?
The Clearing
Deep in the forest there’s an unexpected clearing which can be reached only by someone who has
lost his way.
The clearing is enclosed in a forest that is choking itself. Black trunks with the ashy beard-
stubble of lichen. The trees are screwed tightly together and are dead right up to the tops, where
a few solitary green twigs touch the light. Beneath them: shadow brooding on shadow, and the
swamp growing.
But in the open space the grass is unexpectedly green and alive. There are big stones lying here
as if they’d been arranged. They must be the foundation stones of a house, but I could be wrong.
Who lived here? No one can tell us. The names exist somewhere in an archive that no one opens
(it’s only archives that stay young). The oral tradition has died and with it the memories. The
gypsy people remember but those who have learnt to write forget. Write down, and forget.
The homestead murmurs with voices, it is the center of the world. But the inhabitants die or
move out, the chronicle breaks off. Desolate for many years. And the homestead becomes a
sphinx. At last everything’s gone, except the foundation stones.
Somehow I’ve been here before, but now I must go. I dive in among the thickets. I can push my
way thorough only with one step forward and two to the side, like a chess knight. Bit by bit the
forest thins and lightens. My steps get longer. A footpath creeps towards me. I am back in the
communications network.
On the humming electricity-post a beetle is sitting in the sun. Beneath the shining wing-cover its
wings are folded up as ingeniously as a parachute packed by an expert.