The Heart and the Art
The 9th International Clinical Microsystem Festival

Welcome to the Festival!

Göran Henriks, Qulturum
The Microsystem Festival Feb 29–March 2
www.lj.se/microsystemfestival

The Heart and the Art
Find the Minds for Change

– Vitality and “tomorrow never dies”

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The work will never end as long as we have the meetingplaces/festivals between science and art, but also between what can be planned and the organic transformation.

2011 We were a finger tip away…

2012 Now we are here!
The festival - Find the Mind…

Age is an issue of mind over matter. If you don’t mind, it doesn’t matter.

Most of all we are a learning community

Global Vitality

Armenia
Bosnia
Canada
China
Denmark
Finland
France
Germany
Italy
Japan
Yemen
Norway
Portugal
Saud Arabia
Spain
Singapore
Sweden
United Kingdom
Yes! We meet and learn together

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We had to look deep into what we were looking for...

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“Professors” of Vitality
and the insurance that Tomorrow never dies

A new generation
Microsystem thinking’s key components!

Gene Nelson  Marjorie Godfrey  Laura Hibbs  Christian von Plessen  Boel Andersson-Gäre

Measuring, Coaching, Patients focus, Efficiency, Research

"Already 2004 we learned about the imbedded" systems"

Macrosystem II: Community-, society the market, the political system

Macrosystem I: The Healthcare organisation

Mesosystem: "The Patient’s process"

Selfcare system

The individual Caregiver and patient

Microsystem: the small group of caregivers AND the patient incl the IT-system
Coaching and interactive research is inspiring and involve

- Children diabetes quality register
- Esther
- For better microsystems
- Cancer care and process coaching
- Cancer care and quality registers
- Surgery and urology
- Equal care
- Famna – Swedish Association for non profit organizations
- Nurses labor union
- Swedish Association of Local Authorities

Measuring, Coaching, Patients focus, Efficiency, Research
The festival
"Keep the dream alive"

It helps us…
• See the opportunities in the world we are living in
• Put words to the dreams that people are ready to invest their future in
• To give people a role in a context bigger then themselves
• Makes dreams become visions that can be shared among many

Some Principles for our Systems-thinking

• Put Patients First
• Protect the Disadvantaged
• Start at Scale
• Return the Money
• Act Locally

Ref. Don Berwick, Orlando 2011
”A lot of things "knocks on the door”
To continue to do it the same way is not enough"
The need for Transformation is coming so fast

Ref: Salar
Where do we find new capacity?

A risk - *Hiraeth*:

- A Welsh word that has no direct English translation stands for…
- Homesickness tinged with grief or sadness over the lost or departed, a mix of longing, yearning, nostalgia and wistfulness.
Say goodbye to “someone”
Say goodbye to “somebody”

Say hello to you and me and WE!
What does it take to develop the WE?

http://www.youtube.com/watch?v=pJQB6Nmgge&feature=related

The Art and Heart of Healthcare
The Microsystem Festival Feb 29–March 2
www.1.se/microsystemfestival
• Talk with your friend
• 1 more minute

Are we facing mission impossible?
Donald T. Campbell

“The United States and other modern nations should be ready for an experimental approach to social reform, an approach
- in which we try out new programs designed to cure specific problems,
- in which we learn whether or not these programs are effective, and
- in which we retain, imitate, modify or discard them on the basis of their apparent effectiveness on the multiple imperfect criteria available.”


What does it take to develop the WE?
A Mindful context and Successful Quality Improvement —MUSIQ

Using the Model for Understanding Success in Quality (MUSIQ) to Guide Quality Improvement
www.cincinnatichildrens.org

Heather Kaplan, MD, MSCE, Lloyd Provost, MS
Peter Margolis, MD, PhD

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MUSIQ

Developed using knowledge gained from a systematic review of the literature and engagement from a panel of QI experts, MUSIQ...

- identifies 25 key contextual factors that influence QI success,
- organizes these factors based on the level of the healthcare system in which they are believed to operate,
- and outlines the mechanism of action by which these factors are believed to affect QI outcomes.

MUSIQ was developed to align research and help practitioners manage the aspects of context that are influencing their QI efforts.

Successful Quality Improvement is Like Making Beautiful Music...

**CHANGE CONTENT**
Evidence-Based Care Processes and Bundles

**CHANGE PROCESS**
QI Methods—Model for Improvement, Six Sigma, PDSA Cycles...

**CONTEXT**
Culture, Leadership, Resources, Training, Motivation...
Medication safety program reduces adverse drug events in a community hospital

M M Cohen, N L Kimmel, M K Benecke, M J Cox, N Sanders, D Spence, J Chen

DISCUSSION
We have shown that a medication safety program comprising simple, common sense measures targeted by the findings of a risk analysis can be implemented successfully. It also required that a significant number of hospital staff was encouraged to and actively participated in the work of a variety of medication safety teams. We have not attempted to quantify the cost of this management commitment to free staff from their regular duties.

• A knowledgeable and committed safety specialist
• Strong and passionate leadership
• Endorsement by the hospital’s senior executives
• A just and fair organizational culture
• Staff were encouraged and actively participated in the work of a variety of QI teams

Journal of Perinatology, 2010

A statewide quality improvement collaborative to reduce neonatal central line-associated blood stream infections


Our project has generated many observations reflective of the collaborative processes at the heart of every QI effort. Strategic collaboration by state-level payers and provider organizations has heightened awareness of the individual care level. This has led to increased involvement in the treatment system as well as increased collaboration within those organizations. For example, many NICUs related how leadership interest was translated into improved collaboration between departments and services within their hospital (such as better working relationships were developed with anesthesia, radiology and infection control departments). At the operational level, QI at the microsystem festival Feb 29-March 2

• Collaboration between state payers & provider organizations made this QI effort a priority
• Administration support to mobilize resources & provide recognition to participants
• Hospital leadership to aide collaboration among departments
The heart and art found in Musiq

Leadership is a pervasive and important theme throughout MUSIQ. At the organization level, senior management leadership directly influences the development of a QI culture and guides resources and investment to support improvement.

Senior management leadership also sets the tone for effective QI team and microsystem leadership. QI team leadership is important for overall successful QI team functioning and microsystem leadership is critical in establishing a culture supportive of QI within the microsystem, developing microsystem QI capability, encouraging staff motivation to improve, and promoting strong QI team leadership.

Reggio Emilia – a leadership to learn from
Loris Malaguzzi, 1921- 1994

2. The work is characterized by a view of knowledge & learning based on children's experiences, thoughts and theories.
3. Talk about the competent child and the qualities of curiosity, spontaneity, creativity.

Painter: Asger Jorn
Three groups of children
Loris Malaguzzi, 1921–1994

1. **The sleeping and poor child**, a lump of clay, passively, the adult knows and controls.

2. **The awake but poor child**, needs stimulation, awake but passive, dependent on active adult educators, do not use their own resources so the child remains poor. Not creative.

3. **The competent child**, have the resources in himself, to grow, create its own knowledge, learning and knowing. Adult who listens and looks that challenge the child's thoughts.

It is a child that can critically look on its own doing.

Let’s develop Festina Lente

- Vitality and friendship
- Passion and hard work
- Conversations and networking
Transitions and contractions

- Professional goals and values
- Efficiency a method
- Professional autonomy
- Focus on problem solving
- Lack of a production logic based on the patient perspective
- Unclear organization
- Insufficient measuring apparatus

Activities

- Diet?
- Risk assessment?
- Screening?
- Pt. education?
- Screening events?
- Prevalence?
- Pt. awareness?
- Stage at diagnosis?
- Treatment algorithm?
- Complications?
- Pt. understanding, satisfaction?
- Q,S,V measures?
- Survival length?
- Activities of daily living?
- Monitoring algorithm?
- Complications?
- Pt. understanding, satisfaction?
- Colonoscopy?
- Biopsy?
- Staging?
- Surgery?
- Colostomy care?
- Cancer activity?
- Pt. education?
- Shared decision-making?
- Palliative care?
- Pt. education?
- Shared decision-making?
- Colonoscopy care?
- Radiation?
- Chemotherapy?
- Pt. education?
- Shared decision-making?
- Radiation?
- Chemotherapy?
- Pt. education?
- Shared decision-making?
- Palliative care?
- Pt. education?
- Shared decision-making?
- Palliative care?
- Good death?
- Family help?

Measures

Draft Jan, 2010
Amount of hospital days/year for the most ACG heavy patients

| Stor i Malmö | 8,8 |
| Medelstor i liten kommun NV | 7,3 |
| Liten landsbygd NO | 6,9 |
| Stor i Malmö | 6,7 |
| Stor i Malmö | 5,6 |

Elderly with Flailty markers approx 400 in our County

<table>
<thead>
<tr>
<th>Kommun</th>
<th>Aldersgrupp</th>
<th>Nej</th>
<th>Ja</th>
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Robot Technology may be a part of the solution in healthcare in the future.

The new generation
• There are no answers in World of Warcraft. There is only a progression of increasingly complicated and more difficult questions
• Those questions are the result of players pushing against the boundaries that the game provides
• The fastest and easiest way to learn a solution is to tap into a collective that is already working on it.

The new world – playing to learn

• Play is more than something we do, it is who we are
• Play precedes culture
• Playing fuses the two elements of learning:
  – The information network and a bounded environment of experimentation
• The critical element is how the two elements – information and experimentation – are brought together in a way that transform them both
The world moves to a near-constant change and flux

- The play is a central tool for inverting the traditional hierarchy of learning and knowing
- Instead of posing questions to find answers – it is essential to use answers to find better questions
- The answers becomes stockpiles of information which can be used to find better questions
- A new culture in which knowledge is seen as fluid and evolving the personal is both enhanced and refine in relation to the collective

In a time of transformation two things come to me…. 
Sweden moves together in care for elderly!

Let’s Caremore

<table>
<thead>
<tr>
<th>Promises - measures</th>
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<tbody>
<tr>
<td>One process for the patient</td>
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<td>Best possible medication</td>
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<tr>
<td>Increased influence</td>
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<tr>
<td>Best possible palliative care</td>
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<tr>
<td>Best possible care in dementia</td>
</tr>
<tr>
<td>Proactive work – Senior alert</td>
</tr>
<tr>
<td>Best possible rehabilitation - stroke</td>
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</tbody>
</table>
• So as the new generation let’s play together and use these days to develop memories for the future

Self dialyser at Ryhov County hospital

http://www.youtube.com/watch?v=OQVMKCxi7eI
The Microsystem Festival Feb 29–March 2
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- Active in your own health and care
  - Self dialyses
  - E-health plan by your own self medication

- Experienced based learning
  - Learning Café
  - Patient stories

- Well informed patient
  - 1177 Se
  - Email connections

- A daily resource in the care
  - UFE – Trento
  - Self dialyses
  - Psychiatry depression

- Develop patient safety
  - Risk analyses with patients
  - My guide to safe care
  - Check your medications

- Improve daily care
  - Together
  - Patient advisers
  - Participation in clinical processes

- Identify patients need
  - Senior Dialogue
  - Personas
  - Str. Interview
  - Focus groups

- Improve communication
  - SBAR
  - Human Dynamics
  - Diskurs skills
  - My care contacts

- The energy and power to do something new – lust for life
Safer Care with eHealth as a method

Planned preventive actions on the web site:
"My Healthcare Contacts"

In logged as Dr Test Testman

Start

Your answers

Completed actions
John is a patient with the risk of falling. He has a plan with preventive actions

Risk assessment, preventive actions and outcomes are registered in the clinical register “Senior alert”. This is done by professionals at the ward, homes for elderly etc; in the healthcare (hospitals, primary care) and in the community.

In the future John can register his data by himself at home. He will use an app!

Promises by the board of the “Regional Cancer Center South East”

<table>
<thead>
<tr>
<th>WE PROMISE THAT:</th>
<th>GOAL</th>
<th>GOAL 2012b</th>
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</thead>
<tbody>
<tr>
<td>You do not have to wait more than 4 weeks the most before investigation and adequate treatment for cancer</td>
<td>Contact with healthcare - diagnosis 2 weeks</td>
<td>T ½</td>
</tr>
<tr>
<td></td>
<td>Diagnosis – treatment 2 weeks.</td>
<td>T ½</td>
</tr>
<tr>
<td>You are offered diagnostic and treatment for your cancer according to ”best practice“</td>
<td>The need have Care program (CP) for 90 % of tumors.</td>
<td>T ½</td>
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<tr>
<td></td>
<td>Commitment to the CP we have 80%</td>
<td>T ½</td>
</tr>
<tr>
<td>You are well informed / taking part in the whole care chain</td>
<td>Time schedule to next step shall be offered at every healthcare contact</td>
<td>80 %</td>
</tr>
<tr>
<td>You who are in the end of life will have the same good care where ever you live in the region</td>
<td>Access to palliative care. 24 hours after breakpoint</td>
<td>T ½</td>
</tr>
<tr>
<td>No difference between different inhabitant groups in the region when getting cancer</td>
<td>Smoking reduced in youth groups Coverage screening program X %</td>
<td>T ½</td>
</tr>
<tr>
<td>Health care prioritizes patient close research within the area cancer.</td>
<td>Share/part of cancer patients that will enter into research projects</td>
<td>T ½</td>
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\( T^{\frac{1}{2}} = \text{Halving the gap from to day’s result to the goal. E.g. current status 30 d, goal14 d.} \\
T^{\frac{1}{2}} = 22 \text{ days before Dec. 31th 2012.} \)
Medical Department, Highland Hospital
Eksjö, Sweden

Our team members

- Pierre Cherfan MD
- Roger Gunnarsson MD
- Marie Sjoebrink RN
- Camilla Strid MSN
- Jan Sverker RN
**Goal:**

A balanced budget by the end of 2012

**Primary drivers**

- Clinical quality
- Flow
- Staffing
- Services
- Miss match of service

**Secondary drivers**

- Coordination
- Emergency Department
- Readmissions
- New visits, revisits
- Capacity - demand
- Care at right level
- End of life care

**AE - risks and deviations**

- Throughput - process time
- Care process - round

**Project**

- Coordinated "Coordinatorship" medicine
- Planning times ED <4 h
- Reduce readmissions
- Reduce acute visits
- Outpatients waiting time <30 days for new visits
- Reduce number of patients waiting for their visit
- Decrease number of patients waiting in ED
- Decrease number of patients admitted to the wrong ward
- Risk assessment in Quality registry 95%, recorded preventive plan 95% of patients with risk
- Decrease of inpatient registry and readmissions in CDS

- Nurse based care planning
- Round transformation into a patient conference
- Care processes mapping

- Department and hospital wide coordination of recruitment and flexible staffing between units
- Short-term staffing by SMS mailings

- Development of VAC concept
- "Future medicine department"
- Update and implementation of core values and vision-statement
- Intra-net development and information structuring
- Updates of results boards - visualization

**Nutritional & Nutrient**

- New visits, revisits
- Capacity - demand

**Flow**

- Throughput - process time
- Care process - round

**Staffing**

- Vacation planning
- Sick leaves
- Staffing - working hours

**Services**

- Pharmacy and ADE
- Discharge routines

**Miss match of service**

- Administrative routines
- Cosmic - EMR

**Leadership and employee-ship**

- Values
- Information
- Intranet development
- Visualization of results – Dashboards

**Legend**

- Green: Good
- Orange: Normal
- Red: Bad

**Table**

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<td>15</td>
<td>15</td>
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</tbody>
</table>

**Medication**

- Med A: A
- Med B: B
- Med C: C
- Med D: D
- Med E: E
- HBA: F

**Development**

- Med A: A
- Med B: B
- Med C: C
- Med D: D
- Med E: E
- HBA: F
“Value Forum” – creating a culture of continuous relentless improvement

- Identifying the gap between the situation today and the preferred future situation!
- New experience and insights? What did we learn? How to proceed?
- Become aware of and celebrate improvements! Connect value creation in everyday’s work to leadership and decision makers.
- What to test? How do we know that a change is an improvement?

Collaboratives for teams and coaches, own improvement projects

- Valuecafé 1
- Valuecafé 2
- Valuecafé 3
- Valuecafé 4
- Vernissage

A consortium to develop shared value

- Much as the identity of a living organism is reflected in its every cell, the identity of a university can be found in the structure of departments and in the relationships among faculty and administrators.
- It is written into course catalogs, into standards for admitting students and promoting professors, and into strategies for raising funds and recruiting athletes.
- It can be seen in the campus buildings and grounds.
- These institutional characteristics remain the same even as individual people come and go.
Festival today
the University of
Tomorrow

"Sensing" with analytical skills
and ability to understand

• We have to find solutions to many of
  the challenges
• Mass customization and adapt to the
  individual's wishes
• Challenges: increased requirements for
  availability, low production cost, individualized
  venues
..we are the minds for change..

- "associational thinking"
- Answers that creates Questioning
- Observing
- Networking
- Experimenting

Welcome to the Festival!

Block A
13.15–14.30 Parallel seminars
A1 Measures as inspiration and drivers. Improvement work in the emergency ward in Skövde and Jönköping
Lecturers: Catarina Karlsberg, Mats Bergeling-Thorell and Elisabeth Hellström (RVG and JCC)
A2 The Human Perspective: essential in Health Care, self care of Dialysis
Lecturers: Christian Farman and Britt Marie Barud (JCC)
A3 Basic knowledge of Clinical Microsystems – In Swedish
Lecturers: Berit Axelsson and Joakim Edvinsson (JCC)
A4 Basic knowledge of Clinical Microsystems and success characteristics of great clinical Microsystems – In English
Lecturers: Marjorie Godfrey (TDI) and Eugene Nelson (DHMC, TDI, DMS)
A5 Building a culture of innovation and improvement across community health services in Leeds
Lecturers: Sam Prince and Debbie Flintham (NHS Trust)
A6 Appreciate our differences as individuals in the microsystem – The Human Dynamics perspective
Lecturers: Malin Skreding Hallgren, Camilla Strid, Håkan Carlsson and Peter Kammerlind (JCC)
A7 Accountable Care Units and Structured Interdisciplinary Bedside Rounds
Lecturer: Jason Stein (EU)

Block B
15.00–16.15 Parallel seminars
B1 Portraits of Life
Portrait of a Life – Life story work supporting positive outcomes and other evolving approaches
Lecturers: Suzanne Wrightman and Torud Enright (NHS Trust)
Portrait of a Life – The Taste of Water
Lecturer: Anne-Maj Thorsson, patient representative
B2 Simplicity at heart
Lecturer: Annette Barley (QIC, IHI fellow)
B3 Exemplary Care and Learning Sites: Linking the Continual Improvement of Learning and the Continual Improvement of Care
Lecturers: Karin Thörne (JCC), Katherine Stevenson (JU) and Karyn Baum (UMN)
B4 Coaching as Art
Lecturers: Marjorie Godfrey (TDI) and Anette Nilsson (JCC)
B5 Innovation – the art and science of improving healthcare in the NHS
Lecturers: Laura Hibbs and Carol Pickering (NHS)
B6 Breathing Out and Breathing In – Recognising a polarity to manage and how to deal with them
Lecturer: Sophia Christe (QIC, IHI fellow)
B7 Connecting Care for the Community
Lecturers: Melli Walsh and Chris Downes (NHS)

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The Clearing

• Deep in the forest there’s an unexpected clearing that can be reached only by someone who has lost his way.

Tomas Tranströmmer
• Thank you!

Hospitals in Sweden can today look like this.....

• Carefully preplanned activities, verifiable, flow focused
• Agile - flexibility and adaptability
• The public service provider is receiving "private" patients
• Creation of choice for self-pay patients and with private companies for obesity
• Increased production volumes
• Opened the production of new populations
• Expansionary approach
Key questions for our microsystems and processes – from Platon to New platonism

• Patient co production
  – New and different services, new logic
• Open innovation principles
  – New professional roles and models

  – What do we have to take out from our toolbox and what are the new methods? And How should they be applied?
  – Let’s be careful – out there
  – We do not want our quality models to be corrupt and used as control instruments!!
  – Quality is a movement of joy and passion!

The Evolution of networks

• A film about the relationship between mankind, nature and technique
• How contradictions can be cancelled
• About redesign and a new harmony

• Students in Europe
• Arabian Spring
• Nuclear accident in Japan
• Greece
• Utöya
• Carema

The Science of Improvement

• <1950s History of Science
  – The Scientific Method Epistemology, Carl Popper, Foucault, Etc…
• Deming system of profound Knowledge

• Langley et al 1997 The Model for Improvement
  – What are we trying to accomplish
  – …..pdsa
Healthcare Improvement Leaders International – Network Page

Personal Profile Page
The festival – where heart and art are one

• The new culture is a collective inquiry that harnesses the resources of the network and transform them
• Only when we care about experimentation, play and questions more than efficiency, outcomes and answers do we have a space that is truly open to the imagination

Context

“…characteristics of the organizational setting, of the individual, of his or her role in the organization, and of any other environmental factor that may shape [quality improvement effectiveness]”

Rousseau DM. Administrative Science Quarterly, 1978
The Microsystem Festival Feb 29–March 2
www.lj.se/microsystemfestival

...limits?

Openness and passion
Society change

http://www.youtube.com/watch?v=zqIFrCUrEbY

In 2011:
21 groups from 14 countries
came to learn together with us

Groups visiting the healthcare
services in Jönköping

It reminds us all the time:
Vision, values, performance
energizes our vitality and passion!