This is my "narrow" perspective
Without you!!
Thanks for coming and sharing
A poet Tomas Tranströmmer wrote **Further In**

On the main road into the city,
When the sun is low
The traffic thickens, crawls
It is a sluggish dragon glittering.
I am one of the dragon’s scales.

Suddenly the red sun is right in the middle of the windshield streaming in.
I am transparent and a writing becomes visible inside me - words in invisible ink
That appear when the paper is held to the fire!

Further in

I know I must get far away straight through the city and then further until it is time to go out and walk far in the forest.
Walk in the footprints of the badger. It gets dark, difficult to see.

In there on the moss lie stones. One of the stones is precious.
It can change everything
It can make the darkness shine.
It is a switch for the whole country.
Everything depends on it.
Look at it, touch it…
The precious stone for us is the Clinical Microsystem Festival

- 8 years of networking and we all see and feel and imagine…
  - how quality improvement becomes the mainstay in knowledge management!
  - how quality improvement becomes the mainstay in finance management!
  - how the knowledge about our inhabitants and patient experiences help us to transform the digital management!

The Festival is our celebration!

We are all learning fellows

- Share heart and minds and of course experiences.
- Search after your friend that has the commitment to action.
- …and tell your story to colleagues when you come home.
and the Clinical Microsystems is about patient’s values and how we act and show...

- that the patient and the caregiver are in the same system
- passion
- vitality
- mindfulness
- Develop patient’s processes

- Mouda
- coaching
- measurement
- science and art – the twins for change
High Performing Clinical Microsystems

1. Leadership
   - Leadership
   - Organizational support

Staff
   - Staff focus
   - Education & Training
   - Interdependence of care team

Performance
   - Performance results
   - Process improvement

Patients
   - Patient Focus
   - Community & Market Focus

Go to Gemba
Work with the work

The Clinical Microsystem Festival - March 3-4 2011

Value by Design
Developing Clinical Microsystems to Achieve Organizational Excellence
EUGENE C. WELSH, PAUL A. BATALEON, BRANDON M. COSTLEY, VOL. S. LEWIN

The Clinical Microsystem Festival - March 3-4 2011
set your mind free

Imagination

- How do we develop cooperative learning in a new age of health care?
- Can we in the daily work reframe the Patient's management?
- How can patients and families feel and percept our energy every day?
- How can mindfulness and search for vitality help us to Set our minds free?
- A dream or reality – it is all about imagination
They were radicals in their time.
Early impressionists broke the rules of academic painting.
They were painting realistic scenes of modern life.
They portrayed overall visual effects instead of details.
They were trying to re-create the sensation in the eye that views the subject, rather than recreating the subject.
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
The only realistic hope for substantially improving care delivery is for the old guard to launch a revolution from within.

Existing players must redesign themselves. What does “redesign” mean? Revamping core clinical processes.

It’s time for a revolution — led from within.

From Fixing Health Care on the Front Lines by Richard M.J. Bohmer
What is the potential for organising in healthcare?

<table>
<thead>
<tr>
<th>Role of patient and family?</th>
<th>Professionally led</th>
<th>Collaborative</th>
<th>Citizen healthcare (based on organising principles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivers/consumer of care</td>
<td>Active, engaged but still a receiver/consumer of care</td>
<td>Co-creator/producer</td>
<td>May begin with collaborative professional leadership but becomes patient/family-led</td>
</tr>
<tr>
<td>Who leads the process?</td>
<td>Professional</td>
<td>Professional leads but shares decision making. professional always has main responsibility for the process</td>
<td></td>
</tr>
<tr>
<td>Who defines the problem?</td>
<td>Professional after assessing needs</td>
<td>Professional assesses, consults with family, then co-defines the problem</td>
<td>Communities of patients/families are the main definer with professional input</td>
</tr>
<tr>
<td>Who designs the intervention?</td>
<td>Professional</td>
<td>Professional proposes, consults, shares decisions on how to proceed</td>
<td>Jointly generated from the outset</td>
</tr>
<tr>
<td>Where does the work occur?</td>
<td>Professionally determined site</td>
<td>Professionally determined site, might be tailored to patients’ needs</td>
<td>Jointly determined sites and locations</td>
</tr>
<tr>
<td>What is the timeframe for the work?</td>
<td>Tightly bounded appointments. Duration determined by professional</td>
<td>Schedule and duration set by professionals. With consideration of family needs and preferences</td>
<td>Jointly determined meeting times; duration of initiative often open-ended</td>
</tr>
</tbody>
</table>

*Need to change the terminology as the terms such as “patient” or “user” suggest a passive receiver/consumer of care

Source: adapted from the work of Bill Doherty

A redesigned knowledge management, financial management but also the patient’s management

Shared Value
We get the care we need when we need it

Costs
Set your mind free

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This makes the difference to... resources for quality and cost improvement

Economic resources

* diminish with use of
  * money
  * materials
  * technology

Natural resources

* grow with use of
  * relationships
  * commitment
  * discretionary effort

Based on principles from Albert Hirschman, Against Parsimony

---

Can we lower medical costs by giving the neediest patients better care?

by Atul Gawande January 24, 2011

The hospital had 2,600 chronically high-cost patients, who together accounted for 60 million dollars in annual Medicare spending. They were in 19 primary care practices.

Ferris and his team made sure that each patient had a nurse whose sole job was to improve the coordination of care for these patients.

The doctors saw the patients as usual. In between, the nurses saw them for longer visits, made surveillance phone calls, and, in consultation with the doctors, tried to recognize and address problems before they resulted in a hospital visit.

3 years later:

- Hospital stays and trips to the emergency room have dropped more than 15%.
- The hospital hit its 5% cost-reduction target.

And the team is just getting the hang of what it can do.

---

Tim Ferris designed an effort 2007.
Virginia Mason teams have also achieved the following accomplishments 2010:

- 85% reduction in time to report lab tests to patients
- Increased the percentage of time nurses spend in direct patient care from 35% to 90%
- Reduced bedsores from 8% to less than 2%
- Pharmacy improved medication distribution from physician order to availability for administration from 2.5 hours to 10 minutes

Virginia Mason has learned us

1. "Patient first" as the driver for all processes
2. The creation of an environment in which people feel safe and free to engage in improvement - including the adoption of a "no-layoff policy"
3. Implementation of a company-wide defect alert system
4. Encouragement of innovation and "trystorming" (like brainstorming, but going beyond it to quickly trying new ideas)
5. Creating a prosperous economic organization primarily by eliminating waste
6. Accountable leadership - leadership that is not only responsible for creating change, but also that has the authority to do so.
Open comparison in Sweden 2010
134 indicators

The formula is 1-7 +1, 8-13 0, 14 – 20 -1...

• Jönköping +63
• Dalarna +39
• Östergötland +39
• Halland +38
• Kronoberg +34
• Kalmar +28
• Västerbotten +18
• Västmanland +11

• During 5 years Jönköping have had a total rank of 13

We still have so many challenges…
Definitions of Waste: Social life failure, Multi disease – no care plan, Could have been handle by Primary care, Practical not medical reasons

Colon cancer management and outcome in relation to individual hospitals in a defined population
A. Sjövall, T. Holm, T. Singnomklao, F. Granath, B. Glimelius and B. Cedermark

Table 1: Patient characteristics of 2775 patients diagnosed with colon cancer in nine hospitals in the Stockholm and Gotland region, 1996-2000

<table>
<thead>
<tr>
<th>Hospital</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>693</td>
<td>693</td>
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<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>693</td>
<td>693</td>
</tr>
<tr>
<td>Median age (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>693</td>
<td>693</td>
</tr>
<tr>
<td>Tumor location</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>693</td>
<td>693</td>
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<tr>
<td>Right</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td>693</td>
<td>693</td>
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<tr>
<td>Left</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>693</td>
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<tr>
<td>Metastasis</td>
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<td></td>
<td></td>
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<td>693</td>
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<td>Known</td>
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<td>693</td>
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<td>Unknown</td>
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<td>Emergency surgery</td>
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<tr>
<td>Elective surgery</td>
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<td>693</td>
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<tr>
<td>30 day mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>693</td>
<td>693</td>
</tr>
</tbody>
</table>

Values in percentages are percentages of "surgeries". Refers to patients who had surgery outside the Stockholm and Gotland region or those who didn't visit a department of surgery.

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陆星生《临床心理学》
Table 4  Overall death after abdominal surgery for colon cancer in the nine hospitals in the Stockholm and Gotland region, 1996–2000, adjusted for age, sex, tumour node metastasis (TNM) stage and type of surgery (emergency or elective) ($n = 2608$)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>No. of events</th>
<th>No. of patients</th>
<th>Hazard ratio</th>
<th>95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>170</td>
<td>292</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>220</td>
<td>347</td>
<td>1.24</td>
<td>1.00–1.54</td>
</tr>
<tr>
<td>3</td>
<td>267</td>
<td>439</td>
<td>0.98</td>
<td>0.79–1.20</td>
</tr>
<tr>
<td>4</td>
<td>234</td>
<td>397</td>
<td>1.06</td>
<td>0.86–1.32</td>
</tr>
<tr>
<td>5</td>
<td>264</td>
<td>404</td>
<td>0.96</td>
<td>0.78–1.19</td>
</tr>
<tr>
<td>6</td>
<td>185</td>
<td>424</td>
<td>0.79</td>
<td>0.63–0.99</td>
</tr>
<tr>
<td>7</td>
<td>73</td>
<td>111</td>
<td>1.20</td>
<td>0.90–1.61</td>
</tr>
<tr>
<td>8</td>
<td>49</td>
<td>95</td>
<td>0.93</td>
<td>0.66–1.31</td>
</tr>
<tr>
<td>9</td>
<td>60</td>
<td>99</td>
<td>1.11</td>
<td>0.82–1.51</td>
</tr>
</tbody>
</table>

Figure 1. Poorer Counties have Poorer Health

Ref: Nolan, Whittington, Triple Aim
The capitalist system is under siege.

In recent years business increasingly has been viewed as a major cause of social, environmental, and economic problems.

Even worse, the more business has begun to embrace corporate responsibility, the more it has been blamed for society’s failures.

The legitimacy of business has fallen to levels not seen in recent history. ....Business is caught in a vicious circle.

A big part of the problem lies with companies themselves, which remain trapped in an outdated approach.
The Big Idea: Creating Shared Value
by Michael E. Porter and Mark R. Kramer

They continue to view value creation narrowly, optimizing short-term financial performance in a bubble while missing the most important customer needs and ignoring the broader influences that determine their longer-term success.

Companies must take the lead in bringing business and society back together.

Yet we still lack an overall framework for guiding these efforts, and most companies remain stuck in a “social responsibility” mind-set in which societal issues are at the periphery, not the core.

The solution lies in the principle of shared value, which involves creating economic value in a way that also creates value for society by addressing its needs and challenges. Businesses must reconnect company success with social progress.

Shared value is a new way to achieve economic success.

It is not on the margin of what companies do but at the center. We believe that it can give rise to the next major transformation of business thinking.
What Is “Shared Value”?

Realizing it will require leaders and managers to develop new skills and knowledge — such as
- a far deeper appreciation of societal needs,
- a greater understanding of the true bases of company productivity,
- and the ability to collaborate across profit/nonprofit boundaries.

The moment ….. of new capitalism is now;
The purpose of the corporation must be redefined as creating shared value, not just profit per se.
**This will drive the next wave of innovation** and productivity growth in the global economy.

From Corporate Social Responsibility to Creating shared value

```
<table>
<thead>
<tr>
<th>CSR</th>
<th>CSV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value doing good</td>
<td>Value economic and societal benefits relative to cost</td>
</tr>
<tr>
<td>Citizenship, philanthropy, sustainability</td>
<td>Joint company and community value creation</td>
</tr>
<tr>
<td>Discretionary or in response to external pressure</td>
<td>Integral to competing</td>
</tr>
<tr>
<td>Separate from profit maximization</td>
<td>Integral to profit maximization</td>
</tr>
<tr>
<td>Agenda is determined by external reporting and personal preferences</td>
<td>Agenda is company specific and internally generated</td>
</tr>
<tr>
<td>Impact limited by corporate footprint and CSR budget</td>
<td>Realigns the entire company budget</td>
</tr>
<tr>
<td>Example: Fair trade purchasing</td>
<td>Example: Transforming procurement to increase quality and yield</td>
</tr>
</tbody>
</table>
```

In both cases, compliance with laws and ethical standards and reducing harm from corporate activities are assumed.
If Mr Rolf Sjöö gets what he likes...CSV

People around Rolf

Family and friends  His microsystem in the hospital
A finger tip away!...
We are here now
Open virtual offices

- Improved access: 24 hours
- Improved access: Do test and examinations at home
- Increase alternatives among care forms
- New groups on the web
- Services comes to the inhabitants
- Maybe or may be - can only become a complement.

www.1177.se/cancer

A finger tip away!...
Set your mind free...

- Download the free starter app now!
Seven questions showing the way

for the microsystem team on their journey to the best possible results.

1. What is the purpose of our existence?
2. How do we measure?
3. How do we define the gap between today and the best possible future?
4. How do we develop connection maps to describe the work that is being done?
5. How do we identify waste and links that do not work?
6. How do we prioritize which processes that are in most need of improvement work?
7. How do we integrate improvement work as a natural part of everyday work?
We develop caring with idea-based organisations in the social sphere and civil society

Number of participants, coaches and teams

- Coaches & Teams
- Participants

<table>
<thead>
<tr>
<th></th>
<th>Fall 09</th>
<th>Spring 10</th>
<th>Fall 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaches &amp; Teams</td>
<td>35</td>
<td>51</td>
<td>72</td>
</tr>
<tr>
<td>Participants</td>
<td>6</td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>
A consortium developing CSV and better cancer care - at both macro and micro in both a population- and patient group

- Prevention
- Pre-diagnoses
- Early detection
- My page on the web

- Diagnoses and treatment
- Palliation and rehabilitation
- New ways of monitoring
- Research as the daily work

Challenges for improving Danish CRC care (but it could also be somewhere in Sweden)

- Lack of specialized (physician & nursing) personnel
- How best to extend monitoring & f/u by primary care participants?
- How best to strengthen the active involvement of patients (e.g. in screening and follow-up)?
- How to go beyond standard patient pathways to a variety of individual patient trajectories that include comorbidities and, metastases?
- How best to develop use & feedback of detailed/comprehensive data for improving their cancer treatment management?

Patient nr 1

- Age 67 Male
- March 24\textsuperscript{th}: time at the care center:
  - pain + runs often to the toilet have gazes
  - GP notes this and treat the pain
  - June 22\textsuperscript{th}: a new time after the patient asked for it
  - Same problems, the new GP writes this in the record !
  - October 6\textsuperscript{th}: new time at the care center
  - A lot of gazes, runs very often to the toilet
  - A new GP again writes referral to the surgeon for coloskopi
  - Referral arrives Oct 13\textsuperscript{th}
  - November 11\textsuperscript{th}: Ceroscopy; Rectum tumor, Px, CT Thorax-Abdomen and MR are ordered.
  - Nov 9\textsuperscript{th}: CT Thorax-Abdomen
  - Nov 11\textsuperscript{th}: PAD Quick answer Cancer

- **Time from symptom /and contact with the primary care to diagnosis: more than 6 months**

Patient nr 2

- Age 78 female
- May 12\textsuperscript{th}: Time at primary care center for rectal bleeding. Proctoscopy; - hemorrhoids, Rp Hemorrhoid ointment.
  - June 2\textsuperscript{nd}: New time at prim. carec. Continued rectal bleeding and pain at defeation. Rectal palp., no blood on glove! Hemorrhoids? Fissure? New ointment + come back if no result!
  - June 5\textsuperscript{th}: patient asks for referral to Dep of surgery.
  - Young dr dictates referral which is written June 17\textsuperscript{th}
  - Referral came in to Dep of Surgery on June 21\textsuperscript{st}
  - Prioritized by specialist to procto.
  - July 27\textsuperscript{th}: Resident dr makes a rectumscopy up to 12 cm, incomplete! New time needed.
  - Aug 5\textsuperscript{th}: new attempt, 14 cm but assessed by resident dr as incomplete, consults Senior dr. New time for colonoscopy .
  - Sept 9\textsuperscript{th}: colonoscopy - with px. Sigmoid tumor. Staging is planned.
  - Sept 30\textsuperscript{th} CT Thorax-Abdomen
  - Oct 6\textsuperscript{th}: Back for new visit, Answer from investigation and operation is planned
  - Oct 10\textsuperscript{th} Operation.

- **Time from first contact to diagnosis: 5 months**
The Cancer registers maps
- http://astra.cancer.fi/cancermaps/soreg/se_kolon_f_i_8108_20101104_164013.html#
- http://astra.cancer.fi/cancermaps/soreg/se_kolon_m_i_8108_20101104_163434.html#
Another way to look at Result follow-up – now we are here

• Survival
• Degree of recovery/health
• The time the recovery has taken back to normal activities
• Missed access to diagnostic, care or treatment
• Durability of the recovery or health over time
• The long time effect of therapy/treatment

Ref. Porter, Baron

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>
</tr>
</thead>
<tbody>
<tr>
<td>You do not have to wait more than 4 weeks the most before investigation</td>
<td>Contact with healthcare</td>
<td>T ½</td>
</tr>
<tr>
<td>and adequate treatment for cancer</td>
<td>- diagnosis 2 weeks</td>
<td></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</td>
<td>We must have Care program (CP) for</td>
<td>T ½</td>
</tr>
<tr>
<td>“best practice”</td>
<td>90 % of tumours</td>
<td></td>
</tr>
<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</td>
<td>80 %</td>
</tr>
<tr>
<td></td>
<td>contact</td>
<td></td>
</tr>
<tr>
<td>You who are in the end of life will have the same good care where</td>
<td>Access to palliative care.</td>
<td>T ½</td>
</tr>
<tr>
<td>ever you live in the region</td>
<td>24 hours after breakpoint</td>
<td></td>
</tr>
<tr>
<td>No difference between different</td>
<td>Smoking reduced in youth groups</td>
<td>T ½</td>
</tr>
<tr>
<td>inhabitant groups in the region when getting cancer</td>
<td>Coverage screening program X %</td>
<td></td>
</tr>
<tr>
<td>Health care prioritizes patient close</td>
<td>Share/patient that will enter into research projects</td>
<td>T ½</td>
</tr>
<tr>
<td>research within the area cancer.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

T½ = Halving the gap from to day’s result to the goal. E.g. current status 30 d, goal 14 d. 
T½ = 22 days before Dec. 31th 2012.
The throughput has to much variation

Patient in need of care (visits GP at a Prim Care Center)

Undersökning och bedömning

Remiss till undersökning, t ex röntgen

Undersökning utförs

Svar på undersökning till remittent

Remiss till kirurgklinik

Besök på kirurgklinik. Beslut om behandling

Start av behandling, operation

PAD-svar

Återbesök, besked till patient

Remiss till efterbehandling

Besök onkologklinik

"Frisk patient"

From visit at prim carecenter to operation = 66 days

Visit Dep of Oncology = 45 days

More than 30 days waiting from diagnoses to operation

Stadium at diagnos (TNM, 2009)
Ages when new GI-cancer case (In the County of Östergötland, 2008)

Screening?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-30</td>
<td>28%</td>
</tr>
<tr>
<td>30-40</td>
<td>27%</td>
</tr>
<tr>
<td>40-49</td>
<td>3%</td>
</tr>
<tr>
<td>50-59</td>
<td>1%</td>
</tr>
<tr>
<td>60-69</td>
<td>11%</td>
</tr>
<tr>
<td>70-79</td>
<td>3%</td>
</tr>
<tr>
<td>&gt;80</td>
<td>30%</td>
</tr>
</tbody>
</table>
• Multi discipline Team
• Design the process with everybody involved
• Patient’s diary
• Start data analyze

The Microsystems do different data analysis

• Investigate with GTT
• Do a protocol and try to find out why so many fours – late stage of cancer
• Find out what we want to look at
• Build consensus and report packages
• Develop a management structure supporting and can understand the variation
• Develop protocols
• Develop value compass
Colon cancer – can a consortium first do a prototype and spread the ideas to many?

• What promises can the system give
• Problems can become opportunities
• Key processes analysis
• What are our key design principles

Multiple knowledge systems for bringing generalizable science into regular practice

Generalizable scientific knowledge + Particular context → Measurable performance improvement

Batalden
We have in 6 months started 75 different improvement projects

Creating Shared Value
We get the care we need when we need it
This sets my mind free

A redesigned knowledge management, financial management but also the patient’s management

Integration – doing everything at the same time

<table>
<thead>
<tr>
<th></th>
<th>Improvement projects</th>
<th>Process redesign</th>
<th>System transformation</th>
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<tbody>
<tr>
<td>Measurement</td>
<td>Will</td>
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<td>Analyzes</td>
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<td>Ideas</td>
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<td>Actions</td>
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<td>Execution</td>
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The Clinical Microsystem Festival – March 3-4 2011
Coach Claims iPhone App Helped Save B-Ball Player’s Life

Eric Cooper, manager of a basketball team, pronounced he had downloaded the $2 iPhone app Phone Aid final week to brush up upon CPR.

Thanks to a app’s refresher, he was means to successfully discharge CPR to Jones to save his holdup, according to a Los Angeles Times.

http://www.youtube.com/watch?v=KrkwgTBr978
• Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.

Barack Obama
Resultatet av arbetet områden att kraftsamla kring

- Invånare/patient/närstående
- Ledarskap och systemförståelse
- Värdekedjor och resursanvändning

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<thead>
<tr>
<th>Knowledge and understanding</th>
<th>Execution</th>
<th>Motivation</th>
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<tbody>
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<td>Inhabitants, patients, relatives</td>
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<tr>
<td>Leadership and system understanding</td>
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<tr>
<td>Processes and value chains</td>
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Imagine yourself as a learner!
In a time of drastic change, it is the learners who inherit the future. The learned find themselves equipped to live in a world that no longer exists.

Eric J. Hoffer

• Coach Claims iPhone App Helped Save B-Ball Player’s Life