Network as a strategy for improvement in complex care

Nicoline Wackerberg & Kerstin Svensson, Sweden, 2011
This session

• Background regarding Esther

• Experiences and lessons learned about "Esther" network

• Invitation to keep on learning together.
Höglandet

110 000 inhabitants

7 Municipalities
7 Primary care regions

Hospital Eksjö - Nässjö

ca 4500 employees

Senior citizens organizations (2009)
”Everybody has two jobs; To do the daily work and to improve this”

The National Board of Health and Welfare (SOSFS) 2005:12; (SOSFS) 2006:11
How could this happen?
Esther
Who is Esther? In Eksjö...

- “cooperation in hospital, municipality, primary care”
- “older person with multiple care needs”
- “…a patient who needs preparation for the trip home.”
- “security across new situations”
- “making sure there is no gap in the system”
- “Esther-thinking”
- “rings in the water – spreading thought”
- “always small steps everyday”
- “quality of the whole system”
- “a patient who needs her problem solved when she has the problem”… “who needs the best help immediately”

C. Carlsson MD San Fransisco 2010
Patient values

- What does Esther need/want?
- What is important for Esther when she gets sick?
- What is important for Esther when she comes back home from the hospital?

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?
Who is the customer?

A customer is the most important visitor on our premises, he is not dependent on us.
  - We are dependent on him.

He is not an interruption to our work.
  - He is the purpose of it.

He is not an outsider in our business.
  - He is part of it.

We are not doing him a favor by serving him.
  - He is doing us a favor by giving us an opportunity to do so.

Mahatma Gandhi
Passing the Baton
Högland’s hospital average days

<table>
<thead>
<tr>
<th>Average days in hospital</th>
<th>2009</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>3,6</td>
<td>3,6</td>
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<tr>
<td>Gynecology</td>
<td>2,1</td>
<td>2,0</td>
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<tr>
<td>Internal medicine (3,9 – 4,4 period 2001–2009)</td>
<td>4,0</td>
<td>4,3</td>
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<tr>
<td>Orthopedics</td>
<td>4,3</td>
<td>4,0</td>
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<tr>
<td>Rehabilitation</td>
<td>20,0</td>
<td>19,4</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4,6</strong></td>
<td><strong>4,7</strong></td>
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EKSTREME MEDIKULINNÅR 2020?
# 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
It is a dirty jobb, but someone s gotta do it
Energetic network and cooperation

Vision

Values

Actions

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

Mutual meetings and education
Multi professionalism.
Openness and learning
Networks that are alive contain:

- Crisp aims and priorities
- Shared optimism
- Creativity and opportunism
- Simplicity
- Profound respect for logistics

(“Amateurs discuss strategy…..”)

J. McCannon & R. Perla 2009

*Learning networks for sustainable, large scale improvement*

Joint commission on quality and patientsafety
We act into a new thinking instead of thinking into new action...

Are we meeting the future or are we creating it?
Cooperation

Understanding the system
Everything is depending on each other
Basic idea

What is best for Esther?

Esther... no matter where
We will be there!
• 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.
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 coach ????
“Coaching is a way of working with people that leaves them more competent and more fulfilled so that they are more able to contribute to their organizations and find meaning in what they are doing.”


“Bringing an important person/group from where he or she is to where he or she wants to go.”

Esther Coach – a new role in health and community care

Every unit shall have their own Esther coach who will support and inspire the staff in continuous development.

Key points:

• Patient focus
• Learn from others
• Cooperation, multi-professional
• Structure in improvement
Coach course

- 6 days; learning by doing.
- Making their own personal improvement project. (PIP)
- Making improvement at work
- Coaching skills – conversations topics
- Site visits in other organisations in and outside Healthcare
What kind of coach do we need?

- SWOT Analyse of the organisation.
- Matchmaking
- Which kind of coachmodell can we choose?
## Maj 2009

<table>
<thead>
<tr>
<th>Clientfocus</th>
<th>role</th>
<th>System</th>
<th>Proces</th>
<th>Measure</th>
<th>Info</th>
<th>Planning</th>
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### Who are the Esther coaches 2011?

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<th>Profession</th>
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<td>Nurse</td>
<td>4</td>
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<tr>
<td>Physiotherapist</td>
<td>4</td>
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<tr>
<td>Occupational therapist</td>
<td>4</td>
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<tr>
<td>Social worker</td>
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<td>Administrator</td>
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<td>Human relations worker</td>
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<tr>
<td>Chief</td>
<td>3</td>
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<th>County council</th>
<th>Privat practise</th>
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<tr>
<td>Nursing assistance</td>
<td>9</td>
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<tr>
<td>Nurse</td>
<td>16</td>
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<td>Physiotherapist</td>
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<td>Occupational therapist</td>
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<td>Social worker</td>
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<td>Administrator</td>
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<td>Human relations worker</td>
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<tr>
<td>Chief</td>
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</table>
What do Esther Coaches do?

- They drive for competence
- Support improvement projects in the frontline
- Secure own time for Esther
- Smoother workflow - Lean
- Catching improvement ideas
- Inspire colleagues to keep up the good mood and improvement work
- Quality improvement in caring
- Patient Focused
Nursing assistances as coaches

The trivial Matters. Everyday power in Swedish elder care.

Tove Harnett. Dissertation School of health Sciences, Jönköpings university, 2010

The performance of the larger system can be no better than the performance of the microsystems of which it is composed.

Microsystems in Health Care, Joint commission Journal on Quality and safety, 2003
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.
... NO...
IT'S YOUR
JOB TO CLOSE
THE DOORS...

ROLE CLARITY
Roll clarification: The Esther coach bag

- Improvement guide
- Vissel, Tape, post its, whiteboard pen
- Pocket coachen
- Yes you can – mental motivation
- Coach Diary for reflektion
- Your own words to start
- USB Stick with models for improvement.
## Esther improvement coach

<table>
<thead>
<tr>
<th>Spread</th>
<th>Improvementwork</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Internationell</td>
<td>• Care chain</td>
<td>• principles</td>
</tr>
<tr>
<td>• Nationell</td>
<td>• Intern</td>
<td>• Embody values and attitudes</td>
</tr>
</tbody>
</table>

Wackerberg 2010
Esther coaches about their role

.......... always **put Esther in the first place**, remind each other that it is for her wellbeing we are here.

*Britt Marie Johansson 2010*

For me, Esther Coach **catches** what is happening on a daily basis, suggestions, improvements from staff or our patients. To **support** people in development, achieve the goals, overcome obstacles, relying on own resources and ensuring opportunities to achieve what is desired. "**Walk beside**" not before and not after is an art and requires constant reflection.

*Camilla Ringborg 2010*

It is important to provide feedback continuously during the whole time so that **objectives are measured**. Ideas / problems can be **big or small** but the goal is to benefit the Esther in the entire care chain.

*Ingrid Lindberg 2010*
The Heart and Pearls of Esther

“Esther Coaches help the leader get improvement done.”

“Esther Coaches make connection between daily work and improvement”

“They are my tools to get the message out”

Important to have Esther Coaches in the field as improvement resource

Woven Within The Fabric of the Micro, Meso and Macrosystem

M.Godfrey 2010
Meetings

Workshops and education: Different topics for all staff.

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

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

Control/management group: 4-5 times /year

Site visits

Strategy day - oktober,
to make an action plan
Hi, I am an Esther but my name is Greta.

Workshop with a secretary, a politicen takes the stand.
Vi uppmärksammar Esthers namnnsdag idag.

Esther-nätverket arbetar för patientens bästa i kommun, primärvård och slutenvård på Höglundet.
Quality time for Esther
• Conducted on a weekly basis in all departments of sheltered homes Antunes (6 sections)

• 2010 it became an important target in the Social department's scorecard

• Staff carrying out the measurement by themselves and reports

• No longer project but part of the daily work. 78% of users in 2010 had its own time each week 2011 Cuts in staff but still 75% remains Quality time.

• In summer holiday with 50% seasonal employees the result was 74% quality time.
Process Esther

Unnecessary days in hospital

Antal patienter
Antal dagar

Nässjö
Tranås

Patients
Days

ESTHER
i Jönköpings län
Patients in hospital because of fall

National level
Hipfractures 2009 - 2011

New guidelines
The NEW Esthers...
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.
It will all be okay in the end. If it is not okay, it is not the end...
10 YEARS AGO WE HAD
STEVE JOBS,
BOB HOPE
AND JOHNNY CASH.

NOW WE HAVE
NO JOE,
NO HOPE,
AND NO CASH.

We have Esther
THE ESTHER NETWORK:

The Esther Network is made up of caregivers, clinicians, patients, and families who work to promote and improve the care of the elderly in Höglanet. “Esther” is a symbolic older patient, with complex care needs who requires the coordination between hospital, primary care, home care, and community care. Esther is at the center of all our daily work.

Welcome to the Network!
Our Vision
To create a durable and energetic network in which Esther can feel confident and lead an independent life. Esther should know where to turn, get care in or close to her home, see us as the same provider of care and have the possibility to get the same care from each provider.