



RESONANCE

THE MICROSYSTEM FESTIVAL CELEBRATING **20 YEARS**

Feb 28 – March 2 Jönköping, Sweden

Strategies resonance
and embracing the
echoes of complexity –
it's all about people!

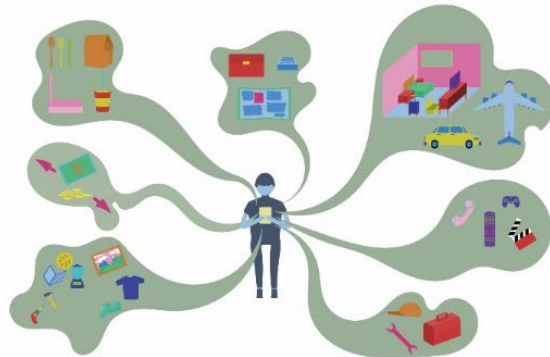


Fewer will provide for more,
increased need for care as we
live longer

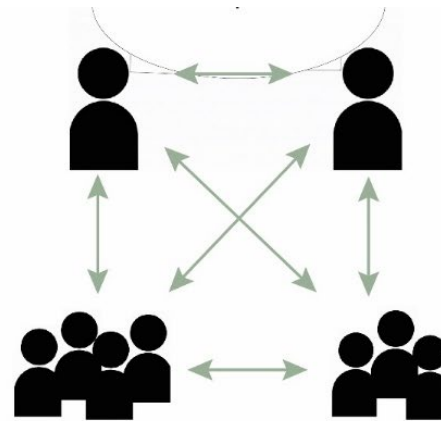


Higher demands on person-centered
services based on people's different needs

Changed behaviors



Higher expectations for participation
and co-production



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Six overall strategies – all start from the inhabitants point of view



1. Strengthen the inhabitants own resources and contribute to a society that supports healthy choices in everyday life.

2. Increase safety through equal, safe and person-centered care.

3. Simpler everyday life for patients and employees with the support of adapted range of services and increased digitization.

4. Primary care is the base, specialized and highly specialized diagnostics and hospital care are available when needed.

5. Development of the workplace of the future with a focus on employee ship and competence renewal

6. Lead and develop to strengthen good relationships that contribute seamless collaboration, where value is created together.



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I know what affects my health and what I can do for myself, and with the help of my networks, to feel as good as possible



Strategy 1

Strengthen the inhabitants own resources and contribute to a society that supports healthy choices in everyday life.



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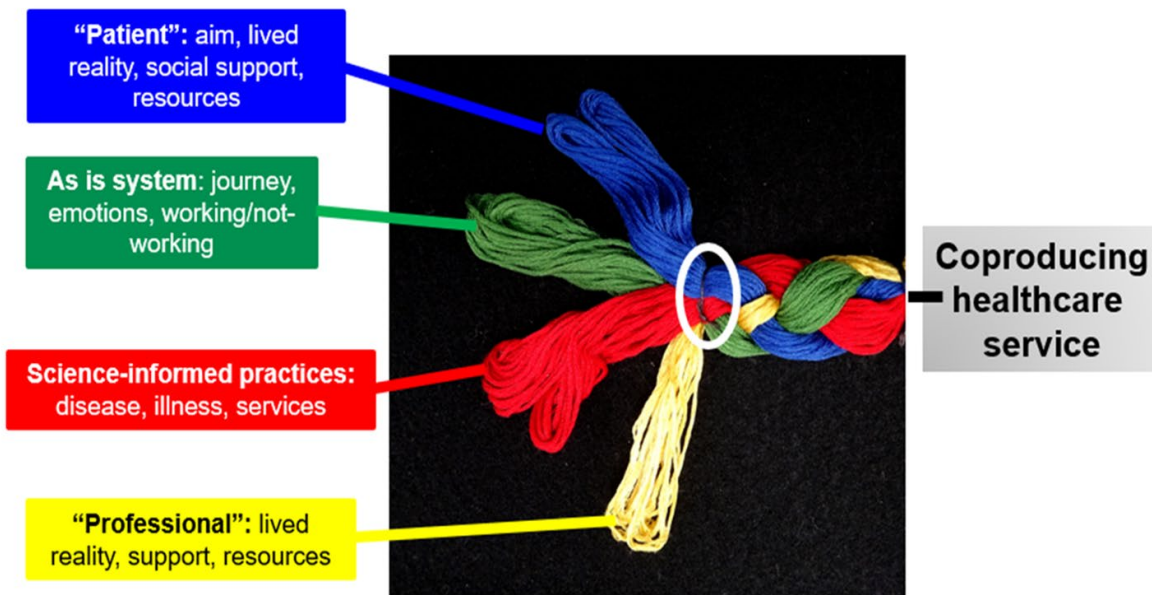
From silos to a wider system understanding

Together – for best possible health and equal care



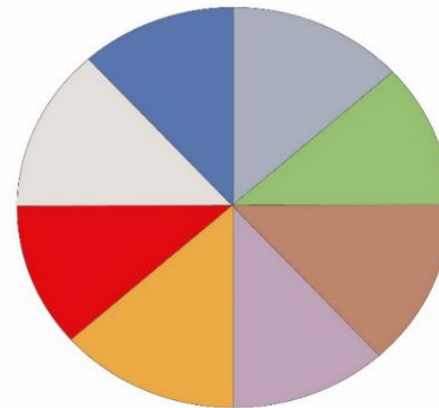
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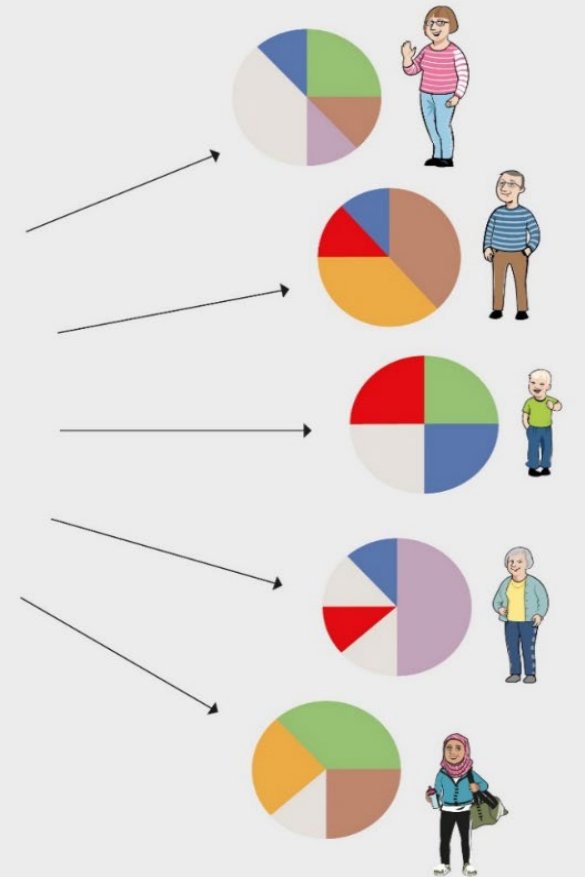


P Batalden
3/25/19

Standardization
A base of different services



Person centeredness



Results

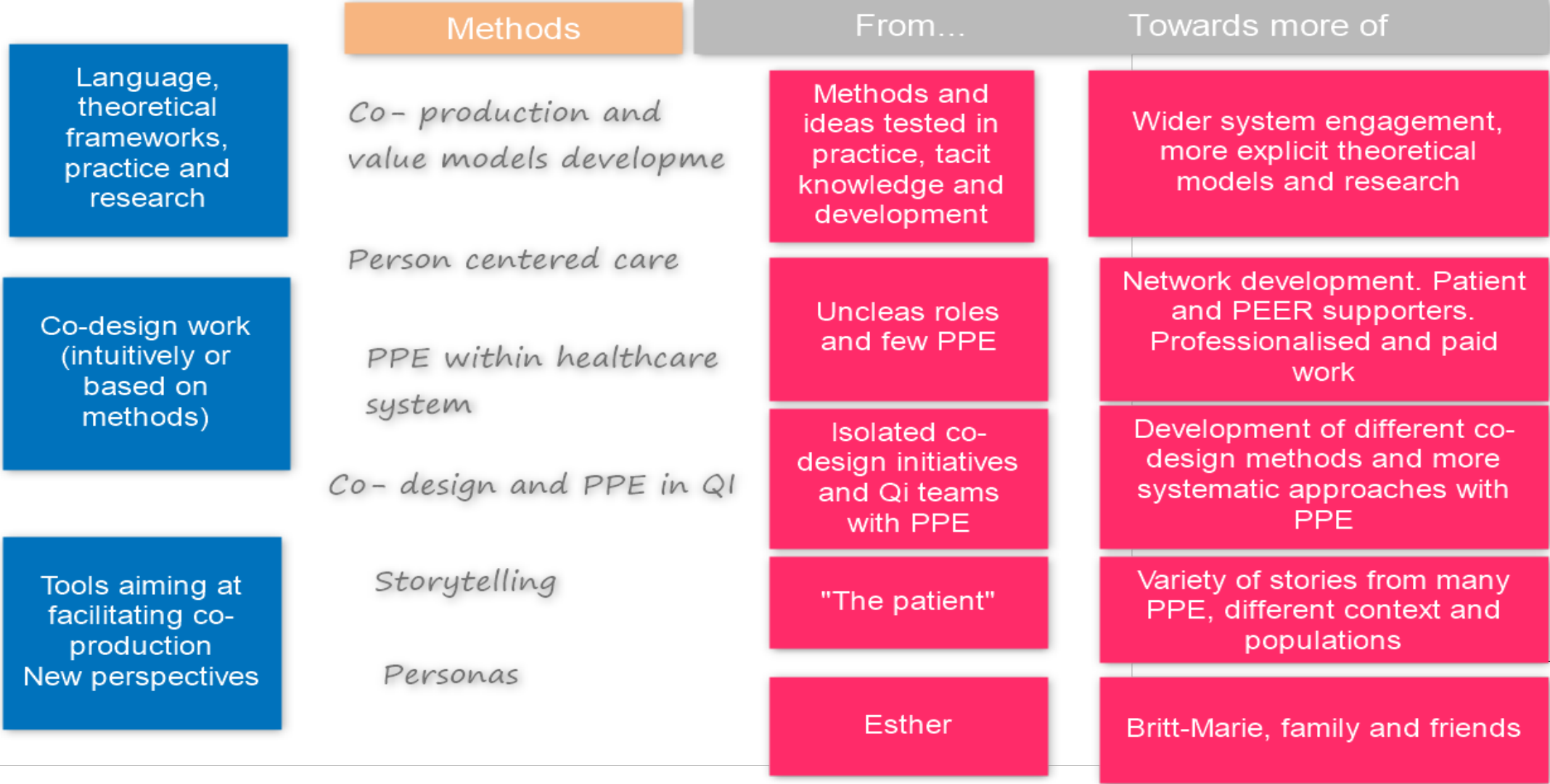
Co-production initiatives, methods, and timeframes

- 22 co-production initiatives (1997→)
- The initiatives varied regarding size, spread, organizational levels and duration.
 - Some initiatives were system-wide, engaged all organizational levels (i.e. micro-, meso-, and macrosystem levels) and included many sub-interventions over several years.
 - Other initiatives were local, limited to a specific care setting and timeframe, engaging only one organizational level.
 - Some initiatives evolved, going from one setting and/or organizational level to several, and-/or from using one method to using many.
 - Theory ↔ Practice

Passion for life	2005-ongoing	A program aiming to create conditions for a healthy life of high quality for the older people using QI tools and a group/network approach with facilitators. The concept also was developed for a younger population named More to life (2008). Relates to co-design and collaborative QI methodology.
The Ryhov hospital self-dialysis unit	2005-ongoing	A concept development that started from a single patient's initiative, with patients and healthcare professionals collaboratively developing self-dialysis whereby patients learn to master all aspects of their hemodialysis. Relates to co-design, person-centered care and co-production of healthcare services.
Patient safety program	2006-2012	Storytelling was used and produce safety in healthcare meetings, mesosystem-level everyday work. Meth
Learning cafés	2007-ongoing	A meeting place based on their loved ones learn about questions, and situation (a from the professionals' pedagogy model by Landt design.
Together part II	2011	An improvement work in IT consisting of patient- and through a quality improver Co-design approach in QI



Co-production of RJC healthcare services has evolved and grown over time. With hindsight, it becomes clear how co-production has become an integral and fundamental part of the system's work across all levels, from microsystems to the macrosystem. We summarize and visualize some of the methods and key development perspectives that we identified in this journey (Figure 1).



Business Model Summary



Value Chain



Value Shop



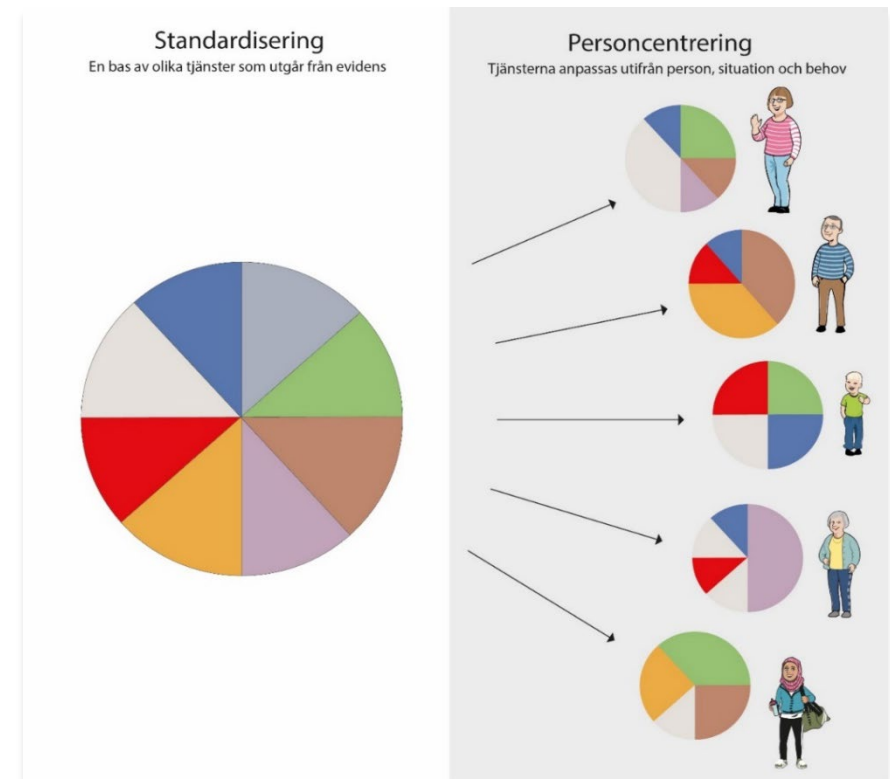
Value Network



Value Access

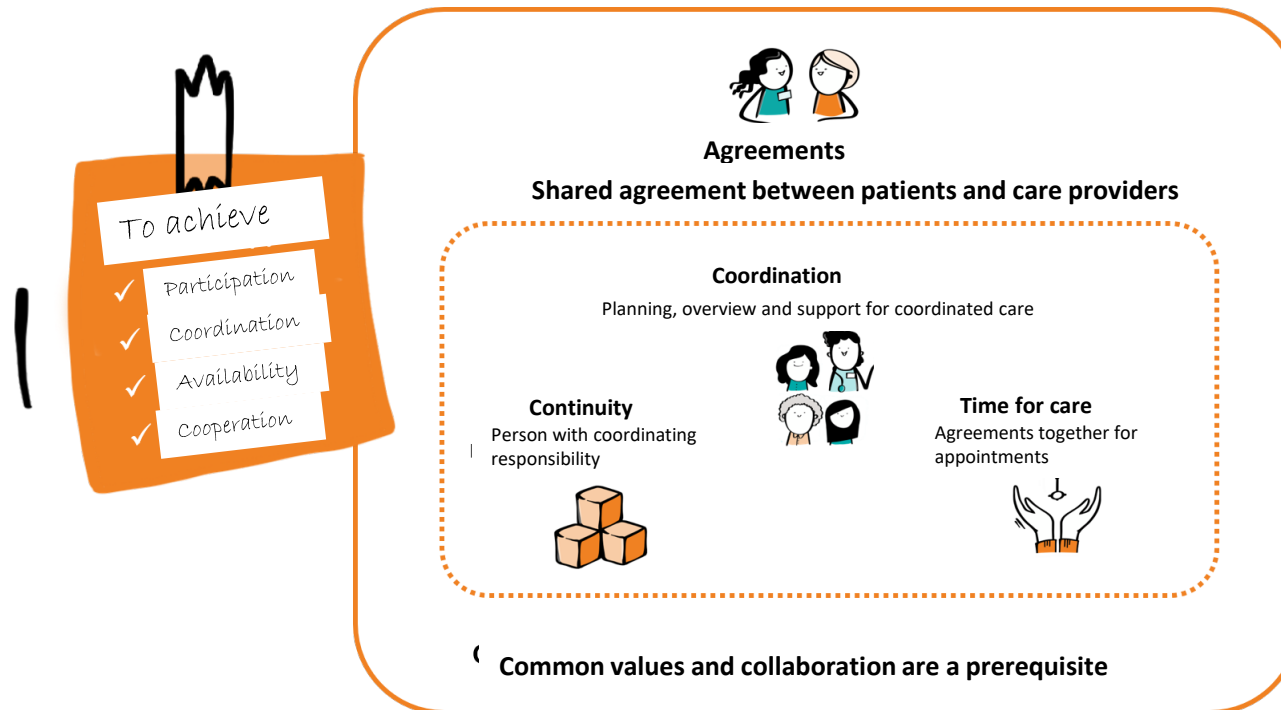
Value Elements Managed	Components	Competencies	Connections	Resources
Deliverables	Products	Solutions *	Connectivity & Conductivity	Access
Drivers	<ul style="list-style-type: none"> Scale Learning Inter-activity linkages (flow) 	<ul style="list-style-type: none"> Learning Reputation Scale: Variety and capacity 	<ul style="list-style-type: none"> Scale drives value for customers and cost "winner takes all" Interactivity linkages: Synchronisation and digitisation 	<ul style="list-style-type: none"> Location Scale Transaction costs

Bild nedan inhämtad från Fjeldstad ØD.



Ref: Stabell CB, Fjeldstad ØD. Configuring value for competitive advantage: on chains, shops, and networks. Strategic Management Journal. 1998;19(5):413-37.
Fjeldstad ØD, Johnson JK, Margolis PA, Seid M, Höglund P, Batalden PB. Networked health care: Rethinking value creation in learning health care systems. Learning Health Systems. 2020;4(2):e10212.

Patient contract – a documented shared agreement



WHY Patient contract?

World-class medical results, but still challenges with participation, accessibility, collaboration and coordination

It is reflected in patients' stories that a lot of energy is used to make everyday life work, frustration is raised around the fact that I...

- ... don't know my next step
- ... don't know where or to whom to turn
- ... don't have easy ways to get in touch
- ... don't know what I can do for my self and what healthcare will do
- ... don't feel safe
- ... don't have any overview



Patient compact contribute to...

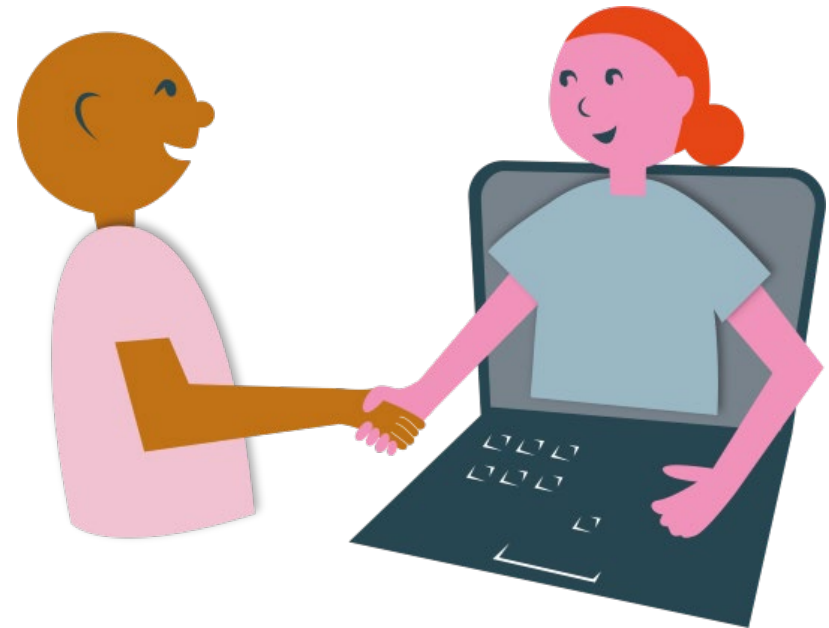
... the patient's own resources are utilized, which strengthens the individual and frees up resources in care

... accessibility, coordination and participation are strengthened

... increase person-centeredness in care for better adaptation from a patient perspective

... services are developed in collaboration between patient and care provider

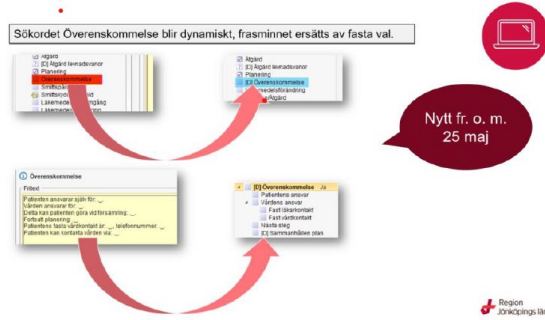
... take care of the patient and care time



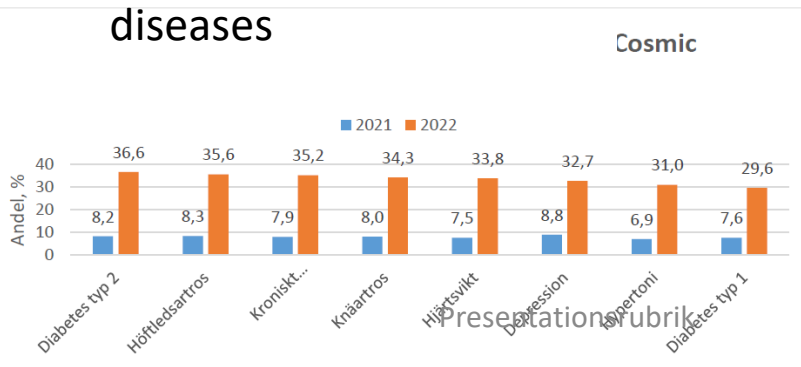
Structure, measurement and stories

Employees and patients

Documented shared agreement in the record



Documented shared agreement connected to different chronic diseases



Sophia



Seidy



Marita



Tobias



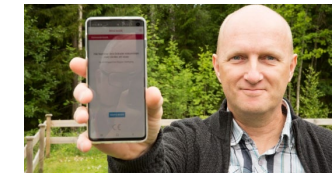
Sandra



Marina



Karin and Jan-Sverker



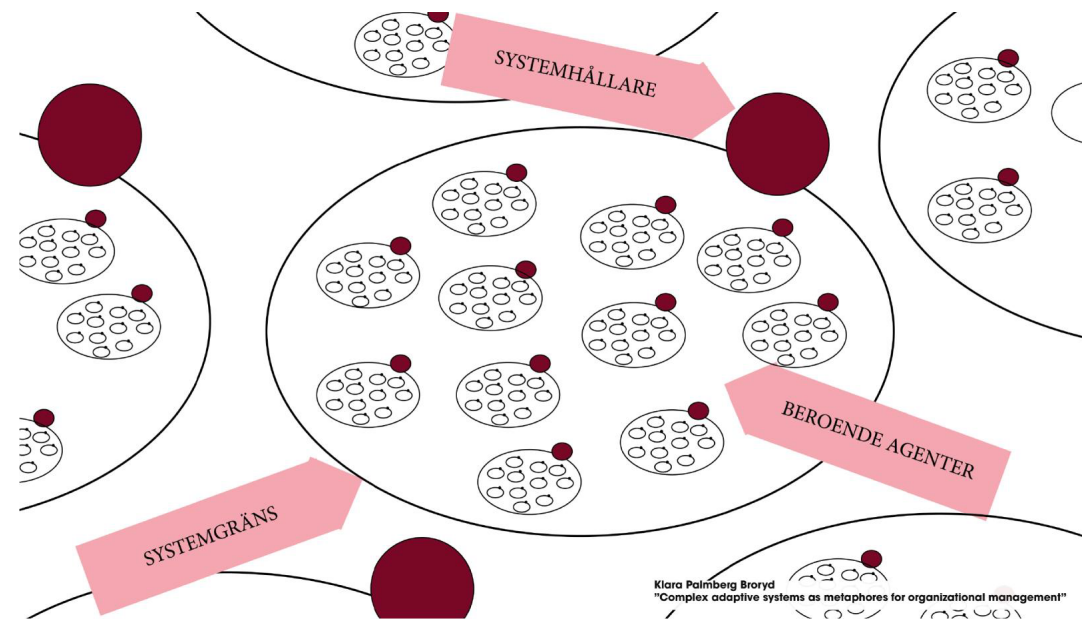
Ulf

Patientkontrakt

Culture and structure – growing over time



Joy to work in complex systems





AGENCY

The ability of an individual or group to choose to act with purpose.

How we build a learning platform for transformation of a whole Health and Care system

We always start with "What matters for Esther?"

Leadership at macro level tell what, give support and ask for and follow up results.

Employees together with patients design new way of working
A standardised QI support to work systematic and visualize the movement

Learning by doing – catch learning - research

Meetingpoints – pieces and whole picture – deeper understanding for the need for cooperation and co- production.

Joy gives energy to the journey

All this is a challenge in big system and needs humanity and an on going dialouge to support trust and power for action.



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Thank you!



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