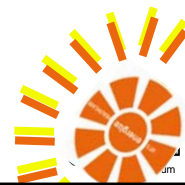


To keep the connection to your conviction – fuel for the whole change process

An energizer!!  
Let's charge our batteries – than things starts to happen



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- Thank you and background
- Introduce the Gemba family
- Kaikadou and the need of redesign
- Commonwealth Foundation data
- Innovation needs new mindsets and leadership
- Flourishing and positivity
- One in a million

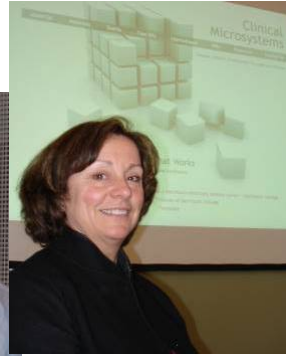


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# Thank you Dartmouth

- Thank you Gene and Marjorie
- Thank you Christian



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# Thank you Qulturum and Futurum

- Annika, Rebecka, Sara, Boel



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## Members of a movement of Gemba and honored friends – an institutional picture

- **IHI – fellowship** – one year learning of how you can transform health care
- **USA, University of California, SF**, coaching and team development
- **USA, VA** – Swedish benchmark in Safety Culture
- **England, NHS, Sheffield and Yorkshire**, best performer in Microsystem
- **Canada, Saskatoon** – System redesign
- **Namibia** – a new leadership for tomorrows healthcare



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## Members of a movement of Gemba and honored friends – an institutional picture

- **Singapore**, Alexandra Hospital and lean health care
- **Hong Kong** – clinical development and microsystems
- **Japan** Red Cross
- **Korea** – innovative information technology
- **Spain**, Basque Institute for Healthcare Innovation
- **Italy** System Design of HC and Psychiatry
- **Norway** – communication, coaching and learning
  
- **Armenia** – microsystems and leadership
- **Finland** – Espoo and University, access and microsystems
- **Denmark** – South region, Microsystems and safety



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## Members of a movement of Gemba and honored friends – an institutional picture

- **Counties** as HC systems in Sweden
- **Famna** – Value Academy, coaching and teams
- **Universities in Sweden** as Jönköping, Linköping, and Växjö in the front of developing interactive research and learning
- **Swedish Pharmacy** industry
- Public and cooperative care systems



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To keep the connection to your  
conviction – fuel for the whole  
change process

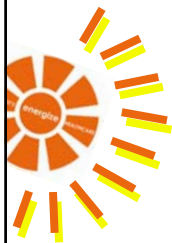
An energizer!!

Let's charge our batteries together –  
than things starts to happen



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... in the shadow of myself

And what will care look like for me if I become 90 or for my children's children?



<http://henriksbloggen.blogspot.com/>

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Researchers and scientists talk about...

## A deeper understanding

- The society stands in front of a learning evolution. We are facing a development of completely new methods, ways of learning and learning environments. This will demand an understanding of how to develop completely new ways of learning but also a deeper understanding of complex systems and organizations and how leadership and management in the best way must be carried out to have successful growth.

*This is described in the book *Disrupting Class* (Christensen, Johnson, Horn, 2008)*



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Researchers and scientists talk about...

## We need Keys to develop complex organizations

- It is questions, relations and cooperation that are the keys to develop the dynamic in complex organizations.
- We need to develop **a new mindset** for developing a innovative thinking and learning.
- This approach is a potential for growth and value developing in healthcare.

*Brenda Zimmerman (Westley et al 2006)*



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## Researchers and scientists talk about...

- Innovations are depending on quickness, flow of information and network where the social part to meet people are just as important as writing businessplans.....innovations makes ideas comes to reality
- Karin Havemose (2006, page 50 and 53)



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# A hypothesis

- They say that good things take time,  
but I say, the really great things happens  
in a blink of an eye

- Miley Cyrus  
artist and film actress

How can we as leaders support  
an adaptive culture that  
is willing to change?



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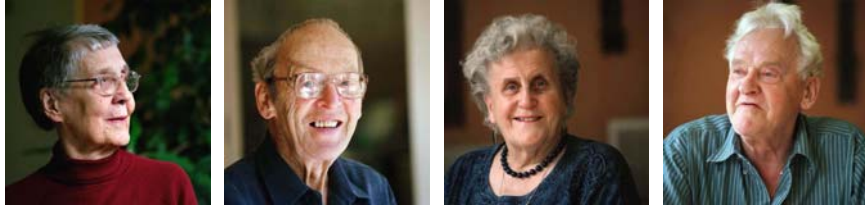
# Can we develop a new mindset together with our inhabitants



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- The patient is at the top of our strategic plan
- Patients are involved in our improvement activities
- Value is defined by the patient
- .....but in what context of care do we work – research, clinical experience/professional knowledge, local data, patient experience or person centered evidence based care?



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Swedish Institute  
for Quality

## The Swedish Annual Quality Award

**2002** Department of Internal Medicine,  
Highland Hospital, Eksjö

**2004** Department of Technical Support,  
Jönköping healthcare district

**2006** Department of Gynecology;  
Ryhov County Hospital, Jönköping

**2009** Department of pediatrics  
Ryhov County Hospital,  
Jönköping



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The jury:

“The distinguished characteristic of the activities in the Department of Pediatrics is among other things a well anchored and an effective system and a strong quality culture.

They have a process oriented way of working and an engaged, visible and open leadership.

The department of Pediatrics is a good example for its systematic customer oriented development of its activities”.

### 2009 Department of pediatrics Ryhov County Hospital, Jönköping

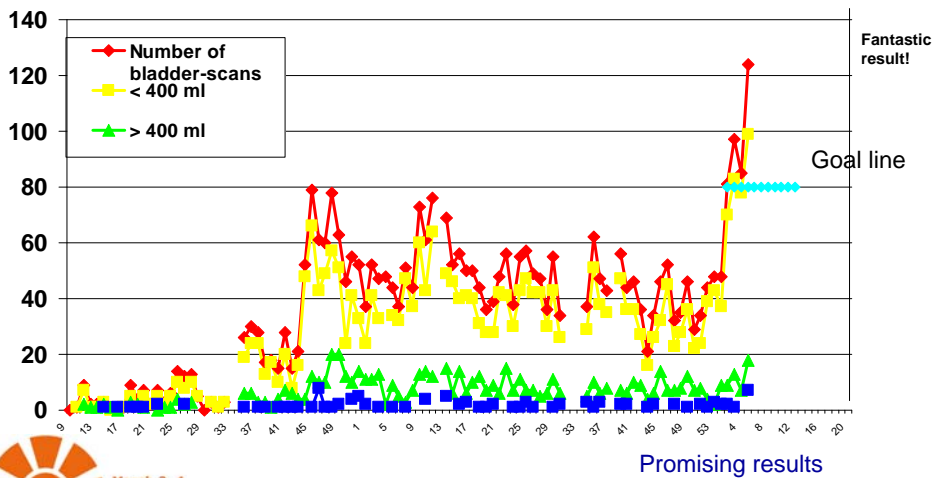


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### Improvement work: “Indwelling Urethral Catheter – only when needed!” Number of Bladder-scans at the Emergency unit, Värnamo Hospital

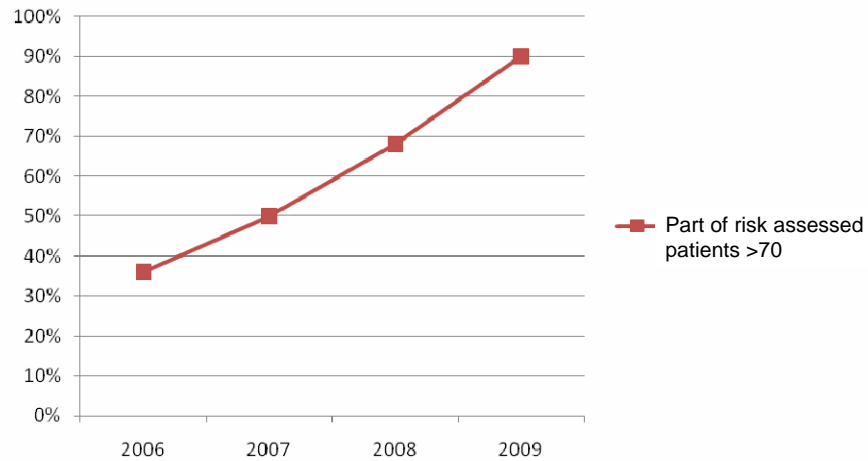
Part goal: at least 80 bladder-scans per week starting week #2



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### Part of patients age 70+ that have been risk assessed

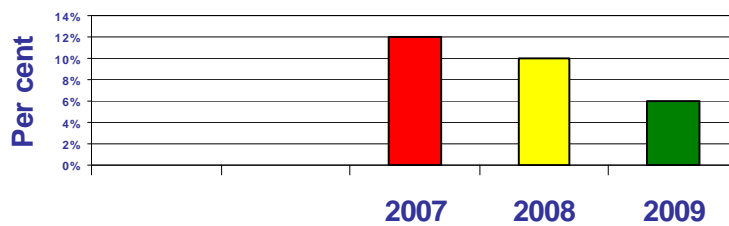


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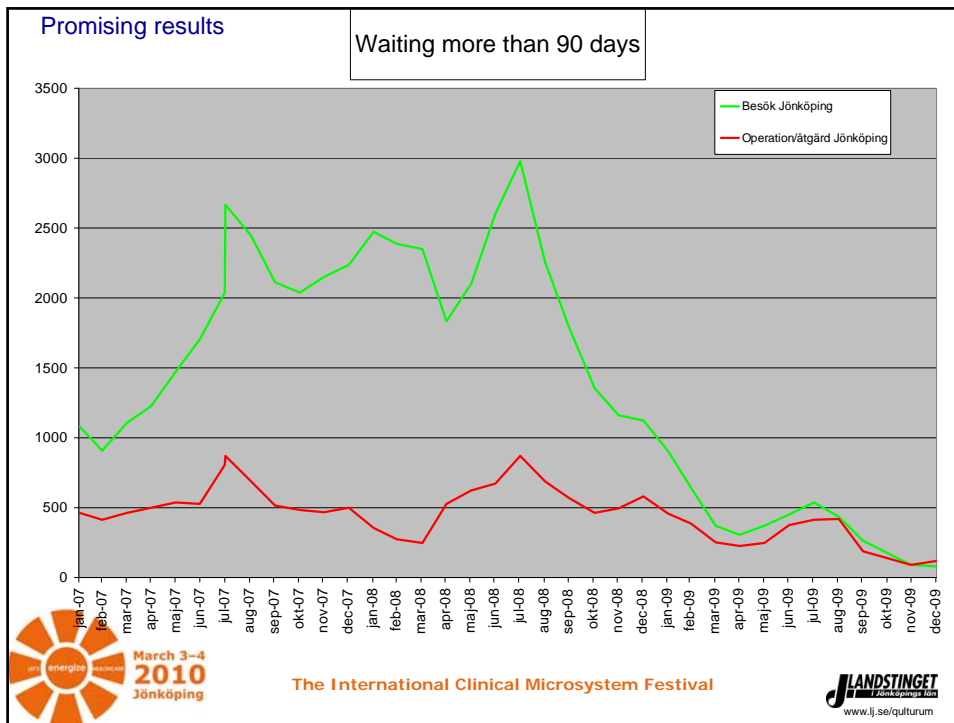
### Pressure ulcers grade 1- 4, at Ryhov County Hospital



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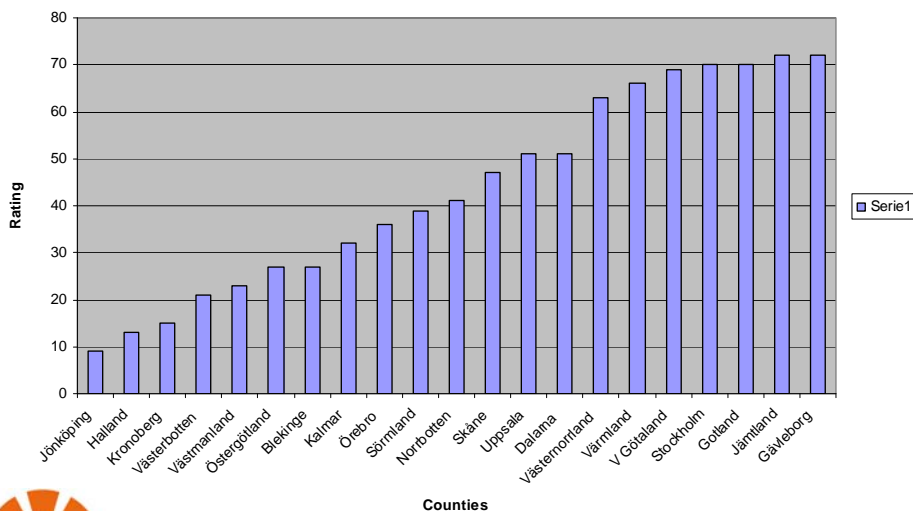
Promising results

## Patient safety: Care Related Infections

1 Develop Rapid Response teams	2 Evidence based Care for AMI	3 Prevent ADE
4 Prevent Central Line Infections	5 Prevent Surgical Site Infections	6 Prevent VAP
7 Prevent Harm from High Alert Medications	Safe Health Care - every time, all the time	
8 Reduce Surgical Complications	9 Prevent Pressure Ulcers	10 Evidence based care for CHF
11 Reduce MRB infection	12 Get the Boards on board	13 Prevent Urinary infections
14 Prevent Falls during Care		

**Värnamo Hospital:**  
Of 173 inpatients 9 had a CRI = **5,2 %**  
In Sweden 9%

## National Open Comparison 2006-2009



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Municipality	Average days on sick leave (paid sick days) July 2009	Percentage of 19 years old without dental caries 2008	Percentage of 4 year olds with overweight and obesity Born 2002-2004	Percentage of pregnant women smoking 2006	Children per 1000 births with low birth weight 2005-2007	Percentage of inhabitants with good self-perceived health (W/M)	Percentage of inhabitants with high alcohol consumption (W/M)
Jönköping	31,5	30%-53%	14,6%	5,8%	32,7	65/73	7/14
Habo	28,4	35%	12,9%	9,2%	21,6	73/74	6/15
Mullsjö	37,7	30%	16,4%	9,6%	28,1	73/67	7/14
Tranås	39,0	42%	12,6%	9,1%	20,3	69/73	7/22
Aneby	34,5	48%	16,3%	10,9%	58,8	68/70	7/13
Eksjö	35,0	48%-59%	13,8%	9,3%	22,8	67/70	5/14
Nässjö	35,4	28%-30%	13,9%	9,8 %	21,7	68/75	6/15
Sävsjö	35,2	41%-54%	12,5%	8,4%	20,4	70/67	8/8
Vetlanda	33,4	35%-42%	15,8%	8,8%	39,2	72/73	9/14
Gislaved	31,3	33%-35%	16,9%	13,6%	33,8	71/73	7/14
Gnosjö	29,2	29%	15,8%	8,9%	32,9	74/72	10/12
Vaggeryd	29,0	28%	14,3%	6,7%	35,6	72/70	9/14
Värnamo	26,7	27-38%	15,3%	8,8%	23,4	76/75	5/11
County	32,0	38%	14,7%	8,1	30,1	70/73	7/14
Sweden	34,1		7,5		31,1	67/69	



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## Ambitions in JCC – a selection

- We try hard to make healthcare better and more safe
- We develop our Preventive perspective
- Equity is important
- There is a better and better understanding that you get better clinical result through standardization and specification
- Learning and improvement knowledge develops with good examples and positive deviance
- Transparency of quality performance measures and outcomes are essential



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**Today  
We focus on**



Ref. Robert Lloyd

But are we trying hard enough to develop patients personal healthrecords?



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## We are facing at least 3 big challenges from....

- Paternalism to partnership
- Information society – interaction society
- Vertical and horizontal integration – but now it is time to also develop inter-dependence in a deeper meaning
  
- ...patients, processorientation and safety are waiting



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## We do and understand...

- Action is needed at different levels at the same time to move from good to great
- Exploring models of organization design, and moving beyond a project approach is the key
- **Find ways to embed innovation and improvement in core practice**
- This is the way to make quality to become the business strategy



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## Ohno's Seven are integrated in our microsystem work

- Overproduction
- Time on hand
- Transportation
- Processing
- Stock on hand (inventory)
- Movement
- Defective products

Kaizen  
5S  
Jidoka  
Just in Time



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### IOM 10 Simple rules

- Shared Information
- Evidence based decision making
- Safety as a system property
- Transparency
- Anticipation of needs
- Continuous decrease of needs
- Cooperation aiming clinicians

### Toyota Production Systems

- Kanban and Information flow design
- Scientific method embedded into improvement rule
- Processes are designed to incorporate safety
- Front line workers focus
- Starting with the customer need
- Waste is called "muda" and is a focus on constant elimination
- People connect the system

**Influences are important but not enough**



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## Our pathways for improvement have to be developed from

- Kaizen – QI of our current state
  - To
- **Kaikaku** – how we reinvent our services
- so we need more



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## Keep up the Energy



- <http://www.youtube.com/watch?v=dyDWNT0TnZE>



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# The Commonwealth Fund 2009 International Health Policy Survey of Primary Care Physicians in Eleven Countries

Cathy Schoen and Robin Osborn  
The Commonwealth Fund

November 2009



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## 2009 International Health Policy Survey

Mail, phone, and e-mail survey of primary care physicians from February to July 2009 in Australia, Canada, France, Germany, Italy, Netherlands, New Zealand, Norway, Sweden, United Kingdom, and United States

**Samples:** 1,016 Australia, 1,401 Canada, 502 France, 715 Germany, 844 Italy, 614 Netherlands, 500 New Zealand, 774 Norway, 1,450 Sweden, 1,062 United Kingdom, and 1,442 United States

**Conducted by** Harris Interactive subcontractors, and Dutch Scientific Institute for Quality of Healthcare, Swedish Ministry of Health, Norwegian Knowledge for the Health Services, and Italian Primary Care Physicians Association

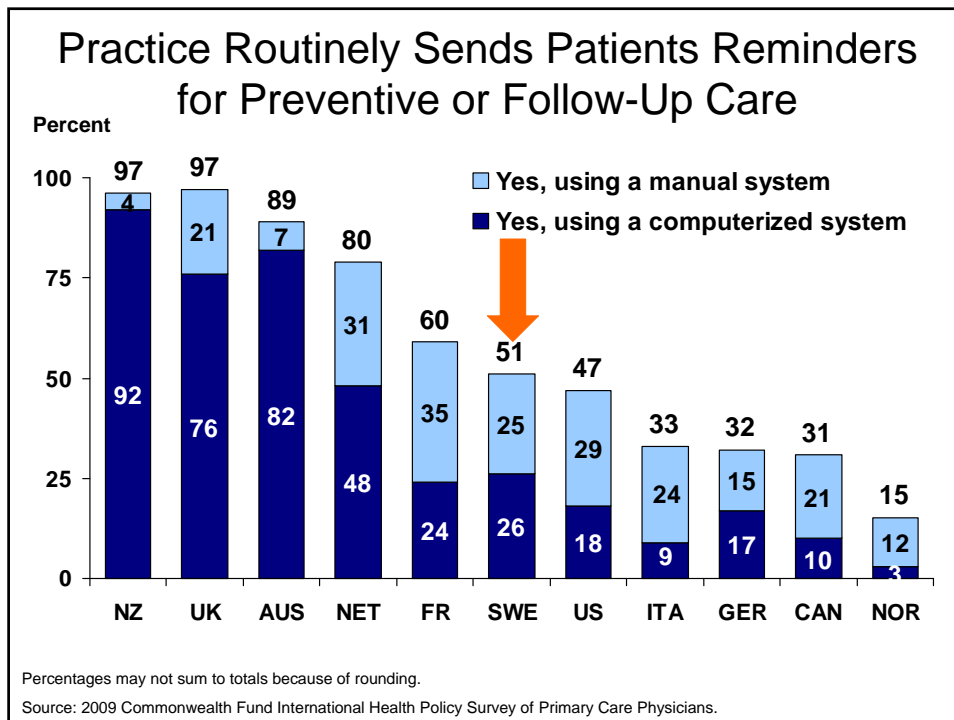
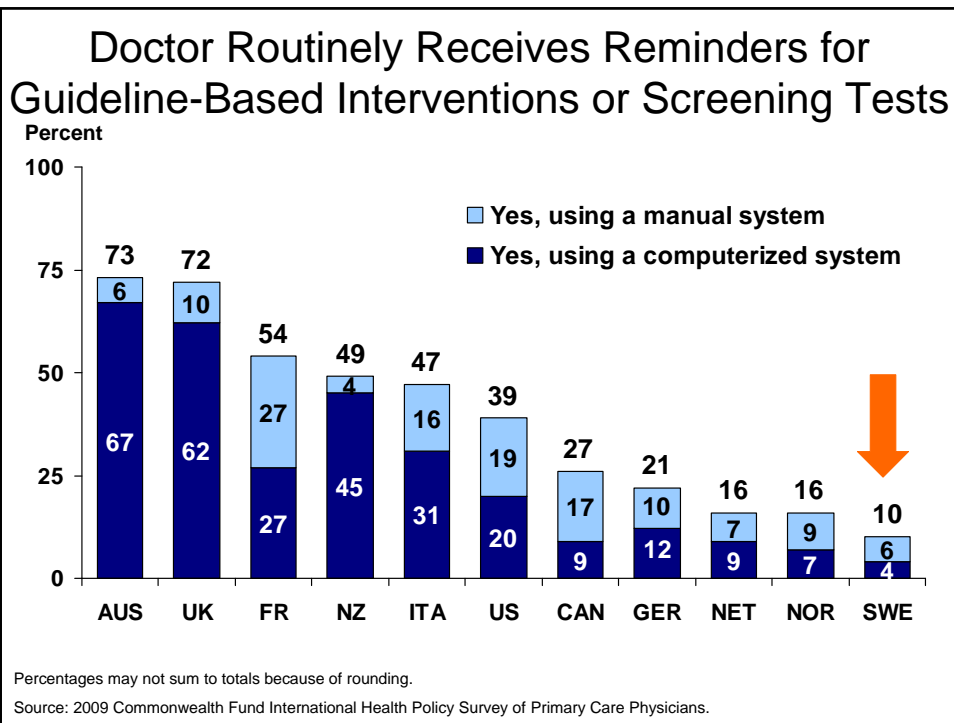
**Core Topics:** System views and satisfaction, access to care, managing chronic illness, teams, information technology, measuring practice performance, and financial incentives

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



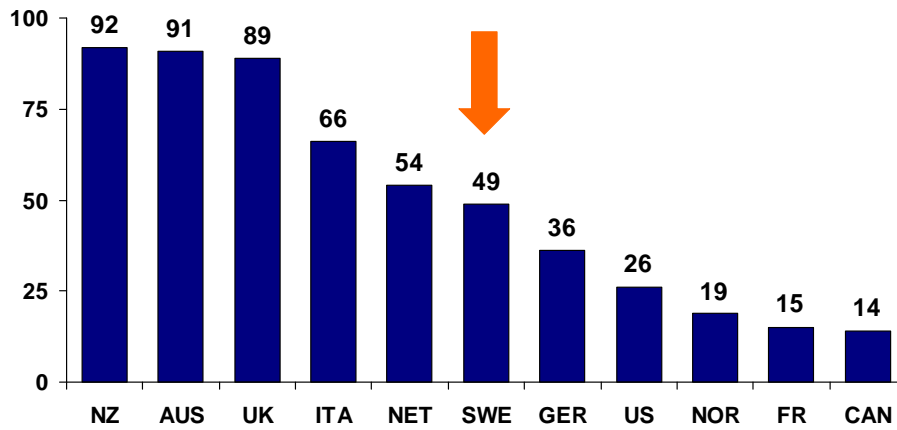
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## Practices with Advanced Electronic Health Information Capacity

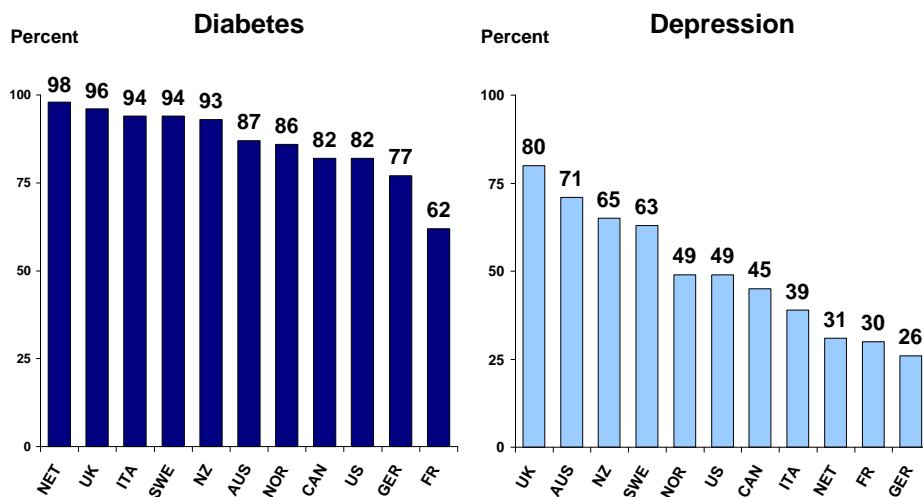
Percent reporting at least 9 of 14 clinical IT functions\*



\* Count of 14 functions includes: electronic medical record; electronic prescribing and ordering of tests; electronic access test results, Rx alerts, clinical notes; computerized system for tracking lab tests, guidelines, alerts to provide patients with test results, preventive/follow-up care reminders; and computerized list of patients by diagnosis, medications, due for tests or preventive care.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

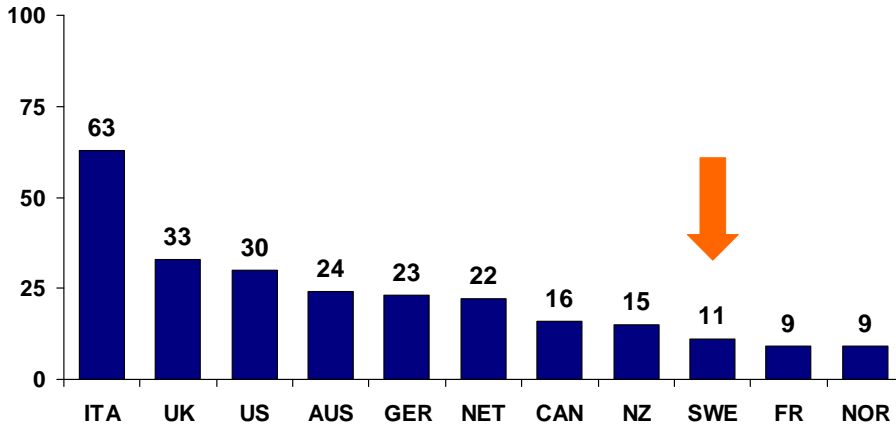
## Practice Routinely Uses Written Treatment Guidelines, by Condition



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

## Doctor Routinely Gives Chronically ill Patients Written Instructions on Managing Care at Home

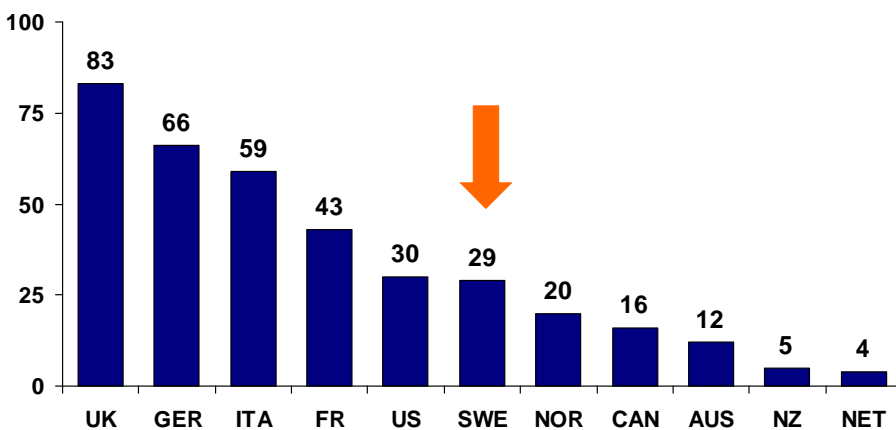
Percent saying yes, ROUTINELY gives written instructions



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

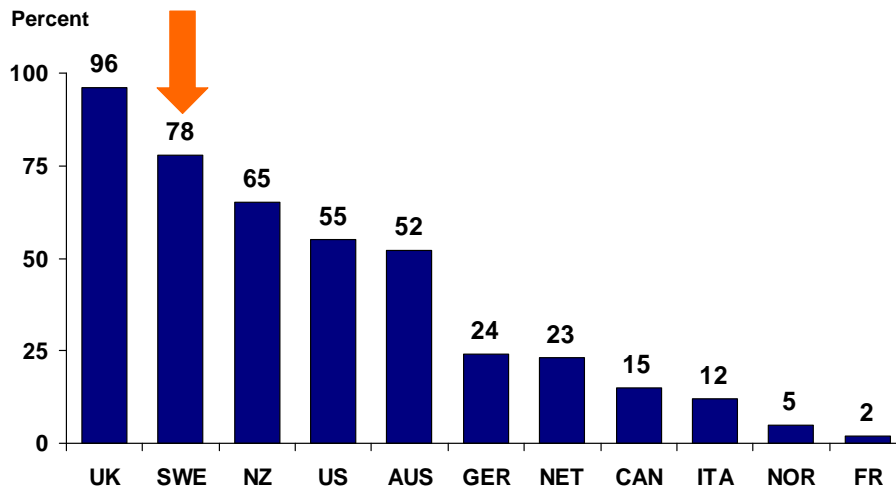
## Practice Routinely Gives Patients Written List of All Medications

Percent saying yes, ROUTINELY gives list of all medications



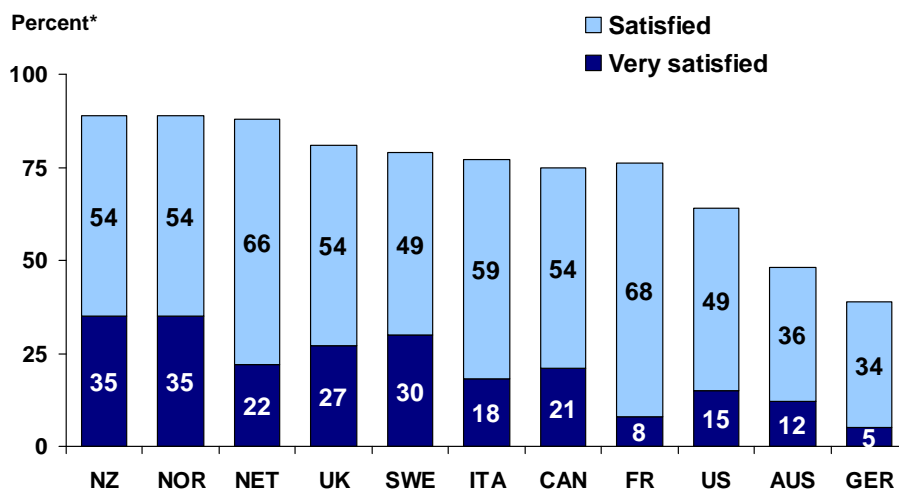
Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

## Practice Routinely Receives and Reviews Data on Patient Satisfaction and Experience



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

## Physician Satisfaction with Practicing Medicine



\* The other responses were somewhat dissatisfied or very dissatisfied.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

## Physician Views of the Quality of Care Their Patients Get Throughout the Health Care System

% saying quality of care in past three years has	AU S	CA N	FR	GE R	ITA	NE T	NZ	NO R	SW E	UK	US
Improved	13	17	19	1	32	36	32	29	28	51	19
Stayed the same	65	50	39	24	40	42	56	61	42	37	54
Become worse	22	31	41	73	27	19	12	9	28	12	26

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

## Summary and Implications

- Wide differences across countries in access, information systems, teams, and incentives to improve
  - Arrangements for after-hours care vary significantly
- Leading countries on Health Information Technology have broad functional capacity but different emphases
- Chronic care and teams: **new roles and emerging care models**
- **Patient safety lags behind in primary care**
- **Primary care doctors often lack feedback on performance**
- Payment incentives are increasingly used to encourage quality
- U.S. Concerns: U.S. stands out for reporting cost-related access problems, lack of after-hours care, and lag in IT adoption

## Opportunities to Learn

- Country patterns reflect strategic policy choices and extent to which policies are national in scope
  - Coverage and benefit design
  - Payment and information for quality and care management
  - IT: investing in primary care capacity and connectivity
  - After-hours access
  - Chronic disease management and use of teams
- **Primary care “redesign” is central to international initiatives to improve health care system performance**
  - **Shared principles but different approaches**
- Rich opportunities to learn as countries seek to transform primary care and develop patient-centered, integrated care systems

- Will I ever have a health personal record?
- Where is the feedback in the system based on the patient’s personal healthrecord and planing?



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## How can we learn from other frameworks and thinkers - C. Otto Scharmer writes

- Successful leadership depends on the quality of attention and intention that a leader brings to any situation.  
Two leaders in the same circumstances doing the same thing can bring about completely different outcomes, depending on the inner place from which each operates.



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## Keys for success - Mode of actions - Lead the future as it emerges –

- Open Mind
- Open Heart
- Open Will

» C. Otto Scharmer

**A hypothesis**

- They say that good things take time, but I say, the really great things happens in a blink of an eye
  - Miley Cyrus

How can leadership support an adaptive culture that is willing to change?



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3 examples in the world

Great things happens now

## Virginia Mason primary care idea

From acute physician centric model to one that is capable of making our patients the following promises:

- We provide prevention intervention at every contact
- Enhanced access to care
- We provide planned care for chronic and complex conditions
- We develop informed and activated patients
- We coordinate information and services for our patients

Patients now and in the future

- Quality Access Economics

Transform the model further



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3 examples in the world

## Whatcom challenge the foundation all the time

Great things happens now

They develop

- A health vault connection
- Family based – connect to different data sources
- Health information own by the patient
- Lab connections – immunization record
- Build windows and ways so patients can connect to different data platforms
- The Patient Schedule the appointments for help
- Build Facebooks where the inhabitants can copy from yours and share with others



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**A hypothesis**

- They say that good things take time, but I say, the really great things happens in a blink of an eye
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# Alexandra Hospital in Singapore

- They are searching for Flourishing as the culture for everyone



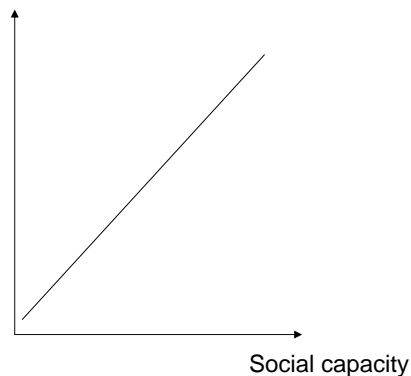
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## we need Kaikaku

- From Kaizen – QI of our current state within the entity
- Kaikaku – reinvent your services within the whole process
- Not only bridging – we need flowing and flourishing

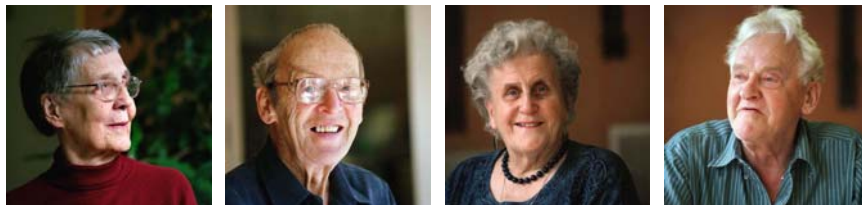
Connection of microsystems



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## Flourishing – a key concept for innovation



- The patient is at the top of our strategic plan
- Patients are involved in our improvement activities
- Value is defined by the patient
- **Can flourishing help our employees and patients?**

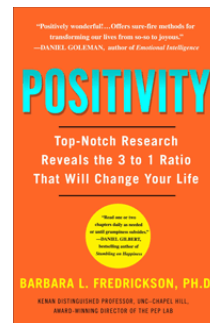


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## Understand the mode of action - The Broaden Effect

- Positive emotions momentarily expand people's attention and thinking
- Positivity/Negativity = Positivity ratio



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## Positive emotions when doing things for health or negative feelings

- Barbro Fredriksson's research
- If people are successful 3 out of 4 times they will continue doing these actions in future
- More learning can happen – they recover more quickly



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# The Flourish Hypothesis

- Positive affect is an active ingredient within human flourishing.
- Over time, positive emotions build consequential personal resources and increase well-being.



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## To flourish

.....means to live within an optimal range of human functioning, one that connotes goodness, generativity, growth, and resilience. This definition builds on path-breaking work that measures mental health in positive terms rather than by the absence of mental illness (Keyes, 2002).

Flourishing contrasts not just with pathology but also with *languishing*: a disorder intermediate along the mental health continuum experienced by people who describe their lives as “hollow” or “empty.”

Epidemiological work suggests that fewer than 20% of U.S. adults flourish and that the costs of languishing are high; relative to flourishing (and comparable to depression), languishing brings more emotional distress, psychosocial impairment, limitations in daily activities, and lost work days (Keyes, 2002).



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# Energizing!

- What predicts whether people will flourish or languish?
- Are the predictors similar for individuals, relationships, and larger groups?
- Drawing together existing theory and research on affect and nonlinear dynamic systems, we propose that **a key predictor of flourishing is the ratio of positive to negative affect.**

Languish = become weak, Swe: mattas av



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## 1 Benefits of Positive Affect: Some Empirical Evidence

### First,

- these good feelings alter people's mindsets:  
Experiments have shown that induced positive affect widens the scope of attention  
(Fredrickson & Branigan, 2005; Rowe, Hirsch, & Anderson, 2005),  
broadens behavioral repertoires  
(Fredrickson & Branigan, 2005),  
and  
increases intuition (Bolte, Goschkey, & Kuhl, 2003)  
increases creativity (Isen, Daubman, & Nowicki, 1987).



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## 2 To flourish ....Second...

- good feelings alter people's bodily systems:

Experiments have shown that induced positive affect speeds recovery from the cardiovascular aftereffects of negative affect (Fredrickson, Mancuso, Branigan, & Tugade, 2000), alters frontal brain asymmetry (Davidson et al., 2003), and increases immune function (Davidson et al., 2003).



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## An example...can this be used in others contexts?

- Obesity in the Kaiser Permanente Patient Population and Positive Outcomes of Online Weight-Management Programs

By  
Keith H Bachman, MD  
Trina M Histon, PhD  
Carol Remmers, MPH



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### Third: good feelings predict good mental and physical health outcomes:

**3** Prospective studies have shown that frequent positive affect predicts

- (a) resilience to adversity (Fredrickson, Tugade, Waugh, & Larkin, 2003),
- (b) increased happiness (Fredrickson & Joiner, 2002),
- (c) psychological growth (Fredrickson et al., 2003),
- (d) lower levels of cortisol (Steptoe, Wardle, & Marmot, 2005),
- (e) reduced inflammatory responses to stress (Steptoe et al., 2005),
- (f) Reductions in subsequent-day physical pain (Gil et al., 2004),
- (g) resistance to rhinoviruses (Cohen, Doyle, Turner, Alper, & Skoner, 2003),
- (h) reductions in stroke (Ostir, Markides, Peek, & Goodwin, 2001).



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### **4** Fourth,

- Perhaps reflecting these effects in combination, good feelings predict how long people live:
- Several well-controlled longitudinal studies document a clear link between frequent positive affect and longevity (Danner, Snowdon, & Friesen, 2001; Levy, Slade, Kunkel, & Kasl, 2002; Moskowitz, 2003; Ostir, Markides, Black, & Goodwin, 2000).



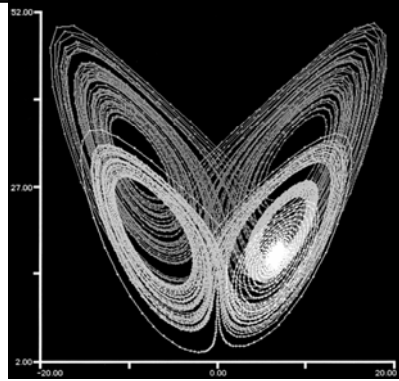
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*The Complex Dynamics of Three Types of Business Teams*

*Losada (1999) to Describe the Differential Performance of Low-, Medium-, and High-Performance Teams*

inquiry–advocacy  $dX/dt = (Z - X)a + 10Y$   
positivity–negativity  $dY/dt = XZ - bY - 8/3Z$   
other–self  $dZ/dt = cX - XYZ + c$  connectivity



The mathematical model shows that higher levels of positivity are linked with

- (a) broader behavioral repertoires,
- (b) greater flexibility and resilience to adversity,
- (c) more social resources, and
- (d) optimal functioning

(Losada, 1999; Losada & Heaphy, 2004).



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**Back to customer knowledge and patients perspective Are people ready to manage there own care- Patient Activation Measurement**

- 13 questions
- Show if people
- Have lack confidence and knowledge to action
- Can begin to take action
- Maintaining behavior over time

– Ref: Mahony, Fredrickson



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## Increasing level of action

1. **Starting to take a role** 10-15% of pop
  - They are disposed to being passive recipients of care
2. **Building knowledge and confidence** 20-25 of the pop
  - Lacking facts taking it to larger understanding
3. **Taking action** 35-40% of the pop
4. **Maintaining behaviors** 25-30% of the pop
  - Return on investment



March 3-4  
**2010**  
Jönköping

The International Clinical Microsystem Festival

**LANDSTINGET**  
Jönköping  
www.lj.se/qulturum

Coaching... Flourishing and PAM and build the the bridge together as they walk on it

- Level 1 and 2 looks for compliance
- Level 3 and 4 looks for partnership
  
- Unpacking positive emotions: Investigating the seeds of human flourishing



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How can we in our HC microsystems develop our listening and when and where do we practice this in the relationships :

- Listening 1 Downloading
- Listening 2 Factual
- Listening 3 Empathic
- Listening 4 Generative

»C. Otto Scharmer



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Sharmers: U-theory talks about...

- Stop and listen to others
- Observe, observe, observe
- Connect the source of inspiration, and Will
- Prototype the New together
- Embody the new together

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## The Mindset and most important work process of the Festival.... Positivity

- Be open
- Be appreciative
- Be curious
- Be kind
- Be real



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- One evening an old Cherokee told his grandson about a battle that goes on inside people. He said, "My son, the battle is between two wolves inside us all. One is **negativity**. It is anger, sadness, stress, contempt, disgust, fear, embarrassment, guilt, shame and hate.
- The other is **positivity**. It is joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, and above all, love."
- The grandson thought about it for a minute and then asked his grandfather. "Which wolf wins?"
- The old Cherokee simply replied, "The one you **feed**"



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- How do you **feed** - back?!



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## A hypothesis

- They say that good things take time,  
but I say, the really great things happens  
in a blink of an eye

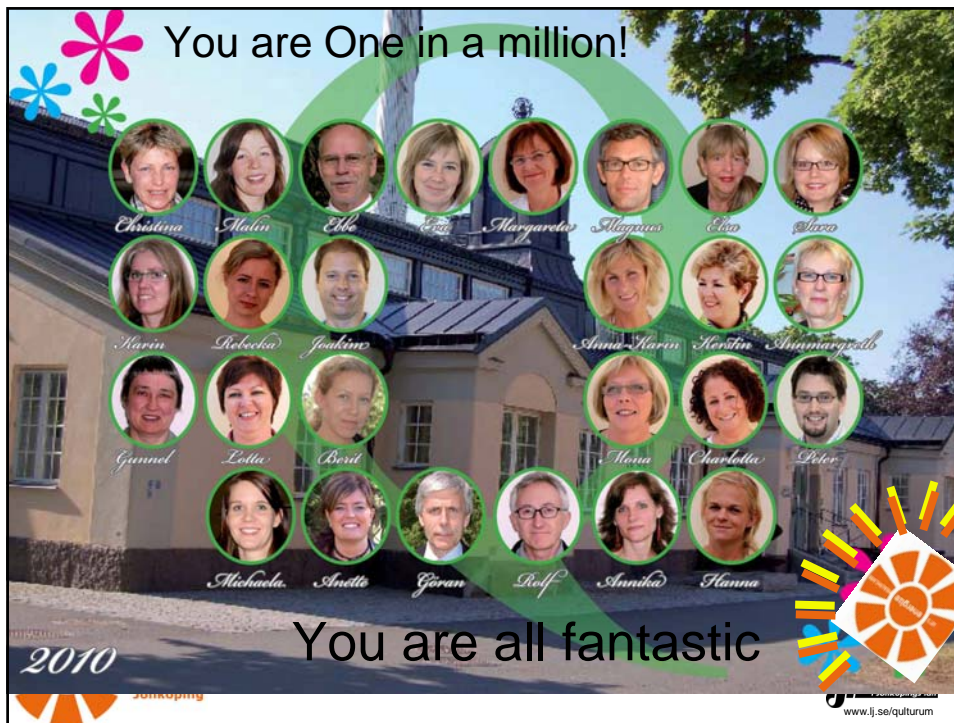
- Miley Cyrus  
artist and film actress

<http://www.youtube.com/watch?v=6b5dgaA2L1U>



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- And what will care look like for me if I become 90 or for my childrens children?
- And are the patient a key in our systems property?
- And are we trying hard enough to develop patients personal healthrecords?



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