The ESTHER network is made up from individuals, both private and professionals, who work to promote and improve the complex care. The network started in Sweden and is now spreading to the rest of the world. ESTHER is a symbolic person, with complex care needs, who requires the coordination between hospital, primary care, home care, community care and informal care givers. ESTHER is at the centre of all our daily work.

any less successful experiences in either country. Singapore and Kent are grateful not having to “invent the wheel” but instead adopt and adapt what has already been tried out in Sweden and proven to work. On the other side Sweden is likely to receive new energy by the feedback from new countries implementing ESTHER, tweaking it slightly and finding new ways ways of implementation and outcomes that has not been measured in Sweden.

Kent Highlights

One of those areas we are looking at in Kent is the impact ESTHER implementation and in particular ESTHER coach training, has on staff morale, retention and work satisfaction.

As we only started the implementation about 18 months ago and have trained 3 cohorts of ESTHER coaches all together, it is too early to draw any definite conclusions, but surveys among ESTHER coaches tell that the work satisfaction has definitely increased. Coaches tell us that they have realised that they before the training felt restricted by lack of time, money, staff and other resources as well as legislations stipulating what to do as well as what not to do. Once they have completed the training they learned that there are a lot of things they can do that changes ESTHER’s life and experience for the better. Because:

“Little things matter”
The Esther Network won the European Social Innovation prize in Lisbon November 2017

The IESI Award aims to promote exchange of best practices and raise awareness on the potential of social innovation to support welfare reforms.
Assesing more than 600 projects in Europe, Esther won this prize with because of the high scores in relevans and complexity.
Motivation to the prize was: We know that the existing caremodells are not enough. We need partnership on all levels. The Esther Network is showing this. Esther has a good potential for spread, it builds capacity, is creative and sustainable. The prize is an acknowledgement of the bravery and the pain that goes along with all innovative ideas.

Nicoline Vackerberg and Gianluca Misuraca från European Commission Joint Research Centre

www.facebook.com/groups/Esthercoach (Sweden)  www.facebook.com/groups/343643002670952 (UK coach)
www.facebook.com/groups/161169350969528 (Singapore coach)
Singapore tells about study visit to Region Jönköping

INSIGHTS

Co-production as the Way of Care Moving Forward: Reflections from Health Manpower Development Plan (HMDP) Study Trip on Sweden ESTHER Network, by Dr Low Sher Guan Luke, Associate Consultant, Dept of Endocrinology, Sengkang Health (Team members: Tay Pei Yoke, Yong Lee Ling, Mah Shi Min, Jeyamany Ruth Jacob)

We have seen co-production in Jönköping, Sweden! It's not just talk, they really do it well! This is what our Sengkang Health (SKH) HMDP team that spent four fruitful weeks were spent learning about the healthcare and social care landscape of Region Jönköping Ian, Sweden.

Our team was exposed to site visits and had the opportunity to shadow different healthcare professionals to understand better how putting ESTHER first is practised. We were attached to our respective professions (doctors, nurses, social workers, physiotherapists and occupational therapists) in various units (general medicine team, mobile geriatric team, primary care, psychiatric team, self-dialysis unit, home care, municipality social care, stroke, rehabilitation wards and nursing home). These units gave us a good overview of how their patient “ESTHER” transited from admission, through various healthcare providers, all the way to discharge back in ESTHER’s home. We observed Eksjö municipality, Nassjo Municipality, Jonkoping Municipality, Mobile Geriatric Team (MGT), Stroke and Rehabilitation unit and Disability Care.

Everyone talks about “What’s best for ESTHER?” Everyone is an advocate for ESTHER, doing things with ESTHER in mind and the goal is to keep ESTHER happy and healthy at home with lesser need for acute hospital and specialist care if not necessary. And ESTHER is involved in every process, project and part of the journey. Questions like “What is important for you?”, “What can you do yourself?” and “What do you need help with?” are often asked on top of the usual medical questions.
Even the way some forward-thinking clinicians do their ward rounds are revolutionary and person-centric. It is conducted with a team of doctors and nurses in a consultation room with display screens at 9am after the medications are served, and the nurses have finished the important part of their morning routine so that they are not distracted and can participate in the rounds. Before every patient is seen, the ward nurse presents the case to the team doctors, including the usual clinical information such as the reason for admission, changes in conditions etc., but also personal information such as his hobbies, “what is important to him” e.g. being able to eat independently, “what can he do himself” and “what does he need help with”, so that the patient is presented as a “unique person” who happens to be sick, rather than just a “patient”. The team then discusses the patient, have a rough idea on what to propose to the patient, and then the nurse goes out to the patient to invite him into the consultation room, either through ambulating there if able to do so safely, or being pushed there in a wheelchair. The patient is presented with the findings, any recent results, asked for his own understanding of the illness and what has been said so far, as well as how he thinks he should be treated, i.e. his treatment wishes and what matters to him. Thereafter, the team will discuss and co-produce with a care plan together with the patient to ensure that the patient is involved in his care journey, understands and is agreeable to the plan. This style of ward rounds allows the team and the patient more private time and space to go in depth into many issues including clinical and non-clinical ones that are meaningful to the patient, in a protected, private space that allows the patient to air his views more freely and promote a deeper discussion and greater sense of involvement in care plan production. This certainly works well in units where slow and unhurried medicine is practised, such as in community hospitals, rehabilitation and geriatric units. The trip may be over, but our team has a lot of work ahead of us, trying to start this new way of thinking and working together to do “What’s best for our ESTHER” and in a value-based model of care in Singapore!

Deadline for July Newsletter will be July 1st 2018. We are grateful for any contribution to help spread how the ESTHER model is used around the world.
Please send to: annac@grahamcare.co.uk

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