

ESTHER

Nätverk för vårdssamverkan

Timeline of the Esther Network:

1997: Dr. Mats Bojestig, Chief of the Department of Medicine at Highland Hospital, together with other healthcare leaders initiate the “Esther Project.” The project is named “Esther” for a symbolic 88 year-old woman living alone with multiple chronic care needs. Esther helps hospital staff, municipality staff, and primary care staff consider hospital services within the full scope of patient’s care over time, rather than as discrete episodes.

1997-1999: Esther Project leaders organize over 60 interviews with patients, staff, and government officials to better understand the redundancies and gaps in the current system. Interviews are used to develop process improvements aimed to increasing care coordination. Improvements include introducing an advanced access system in primary care and improving care planning between home care and hospital discharge. The Esther Project expands to an “Esther Network,” whose aim is to improve cooperation between the primary care, home care, nursing home, and hospital through continuous quality improvement.

1999: European Project Developing Process-Based Learning Collaborative (EPEL) initiates a network for system-thinking redesign in Europe. Health care clinicians from Italy, France and Sweden meet and share site visits to exchange ideas about how to improve care for Esther.

2000: The Esther Project’s early improvements are put to the test. Despite increasing hospital admissions, Mats Bojestig convinces leadership to temporarily cut 20% of inpatient beds in order to focus more energy and funds towards “caring for Esther at home.” Summer meetings in 2000 help build collaboration in the health care team and strengthen care planning for hospital to home discharge.

2001: Esther proves to be inspirational for Höglandet. While the 20% cuts in inpatient beds were proposed as a “temporary” plan in 2000, systemwide redesign around Esther from 2000 to 2001 resulted in a total decreased demand and permanent 20% decrease in hospital admissions.

2003: The Esther Project wins the “GotaPriset,” the national award for quality improvement in Sweden. Some of the project outcomes include:

- Hospital admissions fell from approximately 9,300 in 1998 to 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.

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2003-2005: Clinicians are encouraged to report cooperation failures at any step in the care chain, regardless of whether a medical error occurred. In 2004, roughly 300 reports of poor cooperation were filed. Local meetings between members of the health care teams in each of the six municipalities discuss patterns of cooperation problems and opportunities for improvement.

2005-2006: Esther competence center: Nicoline Vackerberg, coordinator of the Esther Network, begins a 2-year training program to build competence in the health care team surrounding Esther. In 2006, the Esther Network is awarded 12 million kronor to train members of Esther's health care team in the system-thinking, communication, IT development across primary care, municipality and hospital settings.

2006-2007: After a system-wide survey assessing competence needs of staff, the Esther Network begins training health care teams in medicine management, telephone advice, documentation, IT and communication. 26 departments join the "Esther competence center" and roughly 700 people are involved in the trainings. The first "Esther Coaches" are selected as leaders in system-thinking and team building. Esther Coaches are front-line staff who receive special training on how to analyze problems in the everyday work of health care and design improvement projects to address gaps in the system. The start of celebrating Esther Names Day and the Network at 31 march.

2007: An evaluation of the Esther Network training shows positive results. Staff feel that the project has helped to create more cooperation in their teams, and better understanding of the different roles through interdisciplinary learning. The Esther Vision is presented at the beginning of each training to frame and focus the education on the ultimate goal of improving care for the complex patient, Esther.

2008: "Esthers" begin to attend local Esther meetings. Outside of Högländet, Esther's cousins, including Hilma in Örebro, Britta and Herman in Värnamo, and Linnea in Växjö and others share their improvement work by the first national "Esther cousin meeting" in Jönköping.

2009: "Senior Alert," which tracks nutrition, fall prevention, and wound healing for patients >75, provides a mechanism to identify high-risk "Esthers" before a crisis occurs. Esther Network also begins to reach out to pensioner groups and Esther's family members to serve as advocates in the Network. Hilma in Örebro organises the Esther cousin meeting.

2010: New challenges and opportunities for the Esther Network. Private primary care organizations are introduced in Högländet and network leaders discuss how to spread Esther to the new organizations. Esther's success spreads worldwide, prompting international cousins such as Joe in Sheffield, Tilly in Toronto, and Alice in San Francisco, to reach out to the Network and share ideas.

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2011: The new private primary care units are now a natural partner in the Esther Network. The National Board of Health and Welfare began a longitudinal study of ten existing national collaboration networks like Esther in order to obtain generalized conclusions that can be used to disseminate good examples and stimulate national development in the area.

This year also marked the opening of the Senior Center in Tranås, a collaborative community initiative completed with cooperation from senior citizens as partners from the beginning. Other partners were primary and community care, with the idea first proposed at the Esther Strategy Day in 2009. We continue to develop advanced Esther coaches (Step 2) in the Esther coach education, with real Esthers participating as partners in the coach training. The Esther Network is invited to NHS Wales, UK.

2012: Still working and embracing continuous improvement from the perspective of Esther, who is not only the elderly but can be anyone with complex needs. The Esther steering committee opens up to welcome a patient as partner in the network's board and secure an Esther focus on all levels. A continued focus on the discharge process and refining care planning (for home and community care) at the hospital. A new successful project is "Angry August", developed by two Esther coaches that has become routine in the Network. It is a quick and effective telephone conference for persons who suffer from dementia and have severe behavioral disorders that staff experience as very problematic. Staff from psychiatric, geriatrics, primary, and municipality care services therefore come together as a team in a telephone conference to make an individual care and support plan. The aim is to support the local care team so that "Angry August" can get his care at home and avoid hospital admission. Based on the 2011 visit, NHS Wales publishes a white paper about Esther Network and its example of person-driven care.

2013: A national project, "Better Life for the Sick Elderly" shifts the focus in the network to learning how to work with national registers as a tool in quality improvement. The aim is to monitor and react to our own registry results, by comparing to and learning from others. The development of online reporting of results for the whole county and all municipalities as part of this project gives new opportunities. A second coordinator is introduced, with leadership now representing both the region and the municipalities. The Esther coaches begin introducing "red flags" in the system. If a decision is to be made about Esther on any level—even strategic levels—they will show the red flag with the question "IS THIS THE BEST FOR ESTHER?" written across it to inspire reflection and highlight the Esther focus. Invited by the Scottish government, the Esther Network has a "roadtrip" in Scotland, introducing Esther Thinking and the Esther Coach Education program. This visit results in a publication on "The Esther Approach".

2014: The Esther steering committee now includes two senior citizens. The Esther approach is also spreading to the local college, to introduce Esther Thinking earlier in the training of health care providers. The education occurs at the 'health and care college' (Vård och omsorg college Höglandet) and is taught by Esther coaches and Esthers who visit the students for one day each semester. The National Board of Health and Welfare publish the study (started in 2011) about Esther and other

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networks in Sweden and describes our way of working as such: *"The network is an informal structure, which cannot easily allow themselves to be subsumed in traditional control and management systems. Within the network's framework, various change tools are used, such as education, breakthrough methodology, future workshops, etc. But the network is not a tool that can be produced occasionally. The Network is rather a culture that needs to permeate health care. The point is that knowledge is close to the elderly, in those who daily meet her or him. It wants to inspire staff to really see and react on the needs of the elderly and help lift staff from a personnel- and organizational-only perspective."* BBC visits the network and makes a TV report to inspire providers in the UK. The Esther Network is proud to be highlighted as *"One of the coolest innovations in the world"* by CNN.

2015: Our biggest celebration yet of Esther's 'Name Day'. Since 2006, we have been celebrating Esther's Names Day on 31 March. The tradition has emerged, with activities in the whole Highlands area organized with the aim of making Esther's day better. Some include: bakeries in the area sell special Esther cakes, the library holds a special Esther exhibition, and in the senior homes and hospital they serve a special Esther dinner. The festivities embrace that it is all about people and celebrate that every single person can make a difference in Esther's life.

Reorganizing the county and redesigning its healthcare processes is a challenge this year, with new steering and strategy structures being introduced. Shared leadership and funding (from the municipalities) has shown to be an economic challenge.