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” after an 88 year-old woman living alone with multiple chronic care needs. The Esther project helps hospital staff, community staff, and primary care staff consider hospital services within the full scope of patient’s care needs 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 co-ordination. Improvements include introducing an advanced access system in primary care and improving care planning between home care and hospital at discharge. The Esther Project expands to an “Esther Network,” whose aim is to improve co-operation between the primary care, home care, care homes, and hospital through continuous quality improvement.

1999: European Project Developing Process-Based Learning Collaborative (EPEL) initiates a network for system-thinking redesign within the care sector 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, where all involved providers attend, helps to build collaboration in the health care team and strengthen care planning for hospital to discharge back to home.

2001: Esther proves to be inspirational for Höglan. While the 20% cuts in inpatient beds were proposed as a “temporary” plan in 2000, system wide 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 “Gota Priset,” 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.
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 co-operation were filed. Local meetings between members of the health care teams in each of the six municipalities discuss patterns of co-operation 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 SEK to train members of Esther’s health care team in the system-thinking, communication, IT development across primary care, community 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 mainly front-line staff who receive special training on how to identify and analyze problems in the everyday work of health care and design improvement projects to address gaps in the system. The first annual celebration of Esther Names Day and the Network at March 31.

2007: An evaluation of the Esther Network training shows positive results. Staff expresses that the project has helped to create more co-operation 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 person, Esther.

2008: “Esther’s” begin to attend local Esther meetings which later on will develop the concept of ESTHER café. The ESTHER café becomes regularly learning sessions together with Esther’s. The café starts with an actual Esther story about the care system today (not about the diagnose or disease) but more how different organizations cooperate together. The participations to the café are Esther’s, staff from different organizations and sometimes even politicians. This to identify improvement possibilities in the whole care system from Esther’s perspective.

Esther’s cousins, including Hilma in Orebro, Britta and Herman in Värnamo, Linnea in Växjö and others share their improvement work by the first national “Esther cousin get together (Esther släktträff)” in Jönköping.

2009: “Senior Alert,” which helps to identify nutrition needs, falls risk, and risk of pressure wounds for patients >75, provides a tool to identify and create action plans for high-risk “Esthers” before a crisis occurs. Esther Network also begins to reach out to pensioner groups and Esther’s next of kin to serve as advocates in the Network. Hilma in Örebro organises “the Esther cousin get together”.

Written by Charlotte Carlsson MPH, Esther coach M.D. Candidate 2012 | University of California, San Francisco.
Updated by: Nicoline Vackerberg, MSc, Esther international coordinator, 2019.
2010: New challenges and opportunities for the Esther Network. Private primary care providers are introduced in Hölandet 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.

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 including 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 Esther coach training by inviting real Esther’s to participate as partners in the coach training. A second, more advanced level (Step 2) is introduced in the Esther coach education. 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 at the hospital. A new successful project is “Angry August”, developed by two Esther coaches that is now standard procedure in the Network. It is a quick and effective telephone conference for persons who suffer from dementia and present challenging behavior that staff experience as very problematic. Staff from psychiatric, geriatrics, primary, and community care services or care home 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 the additional stress of a hospital admission. Based on the 2011 visit, NHS Wales publishes a white paper about Esther Network and it’s example of person-driven care.

2013: A national project, “Better Life for the Most Frail 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 with 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 raise the red flag with the question “IS THIS THE BEST FOR ESTHER?” written across it to inspire reflection and highlight the Esther focus. Initiated by the Scottish government, representatives of the Esther Network, including one real Esther are invited for a “roadtrip” in Scotland, introducing Esther Thinking and the Esther Coach Education program. This visit results in a publication on “The Esther Approach”.

Written by Charlotte Carlsson MPH, Esther coach M.D. Candidate 2012 | University of California, San Francisco. Updated by: Nicoline Vackerberg, MSc, Esther international coordinator, 2019.
2014: The Esther steering committee now includes two real Esthers. The Esther approach is also spreading to the local college, to introduce Esther Thinking already in the training of health care providers. The education occurs at the ‘health and care college’ (Vård och omsorg college Höglanet) and is delivered by Esther coaches and Esther’s who visit the students for one day each term. The National Board of Health and Welfare publish the study (started in 2011) about Esther and other networks in Sweden and describes the 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: The 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 libraries holds a special Esther exhibition, and in the care homes and hospital a special Esther dinner is served. The festivities embrace that it is all about people and celebrate that every single person can make a difference in Esther’s life.

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

2016: The start of Esther Network in Kent, UK and Singapore creates learning lessons in an international context. ESTHER international Network is shaped by these three countries. All are training Esther coaches and spreading the question “What is best for Esther?” as a guide for organizing and designing care. Patient involvement in improvement work is formalized in Region Jönköping Sweden and stimulated by “Living Library” concept at Qulturum. Reorganization in Jönköping County is still a challenge for the structure of Esther Network. Instead of a separate Network, the question “What is best for Esther” builds in like a mantra that resonates in all the work at all levels in the whole Region


2017: ESTHER get the social innovation award at the “Opening up to an era of social innovation Conference in Lisbon, in competition with 600 other projects in Europe.

The motivation

“We know that the existing models are not enough, we need multilevel partnership. Esther is a model that address and cope with this challenge. The project is selected by database on: Experimental potential, Capacity building, Creativity and Sustainability”.

ESTHER highlighted as a good example in several articles and books. Ex. Healthcare in transition. A.

Written by Charlotte Carlsson MPH, Esther coach M.D. Candidate 2012 | University of California, San Francisco.
Updated by: Nicoline Vackerberg, MSc, Esther international coordinator, 2019.
Cribb. The Esther coach workbook is created by Esther International. The Esther approach is also spreading to a private adult national education college in Sweden, to introduce Esther Thinking early in the training of health care providers. The education occurs at MOA- lärcentrum and is delivered by Esther coaches and Esthers who visit the students for one day each term.

In Singapore Esther-coaches get the first prize for innovative projects in Healthcare.

**2018:** ESTHER registered as a trademark.

**What is best for Esther?** Is the key question to develop person-centred care but also to create policies and routines? The following questions will be:

**Who need to co-operate?**

**Which improvements needs to be made to make this happen?**

Not only ask: What is the matter with you? But also: What matters to you? ESTHER* Is connecting care where the individual story, needs, own resources and goals are guiding principles in the design of health(care) and social care and the starting point in improvement work. All collaboration and all improvements are brought together with Esther. The ESTHER concept wants to deliver the best care for the individual through a strong interaction and learning between Esther and everyone who needs to work together. The ESTHER model is built on commitment, individualized solutions and taking responsibility for the whole. It is based on the entire person including related parties throughout the care process.

* ESTHER with capital letters refers to the "brand". Esther with lowercase refers to the individual with care and nursing needs. #best4Esther

**2019** The international Esther Network is expanding to Austria, Graz and Denmark Bornholm. International research about Esther starts.

---

Written by Charlotte Carlsson MPH, Esther coach M.D. Candidate 2012 | University of California, San Francisco.

Updated by: Nicoline Vackerberg, MSc, Esther international coordinator, 2019.