The Esther Network is made up of individuals, both private and professionals, who work to promote and improve the complex care in Höglandet, Sweden. Esther is a symbolic person, with complex care needs who requires the coordination between hospital, primary care, home care, and community care. Esther is at the center of all our daily work.

How we collaborated to give Esther the Christmas she wished for.

Esther should have the opportunity to spend Christmas in his or her home or as close as the health conditions allow. By start planning early and collaborate no one who didn’t have an absolute need of hospitalization had to spend Christmas there in our region. Municipalities had a backup with people to call when Esther was ready to leave hospital and the phone numbers where known to involved staff. Some municipalities had also prepared extra short time care rooms to give Esther the possibility to get closer to home even when bigger care needs remained. Contact numbers for crisis situations where known to staff on duty but never needed as everyone working during Christmas, New Year and Epiphany all did their best to fulfill Esthers needs and wishes.

Esther coach course progress report

This year we’re training 23 new Esther improvement coaches from social and health care in the local area. It’s mainly nursing assistants taking the course, but also some administrators and nurses. We have already completed 6 days of training alongside a personal improvement project (to start using the tools and methods) and most participants are getting along well with their work place based improvement project. The skills, methods and tools taught so far are measurement methods, PDSA, fishbone diagram, SMART goals, solution focus and coaching skills. The participants have also been given an introduction to LEAN, Human Dynamics, Person-centered care (including ethical dilemmas and the regional HBT work) and presentation skills.

We have got one more day of training before the new coaches are graduating during the national exhibition "Utvecklingskraft 2015" (power of development) in Jönköping during the first week of May. After examination the new coaches are expected to continue to coach improvement in their workplaces with the constant focus on "what is best for Esther". And I am hoping to run another training program for new improvement coaches within the Esther network starting next September and also inviting existing coaches to join the level 2-coach training program commencing in October.

Kajsa Radonich, Esther coach course coordinator

Micro system festival 2015

This years theme was Integration which is to be one of the keys to the success of Esther network. By integrating Esther, the person in need of care from more than one provider we increase the possibilities of giving the right level of care at the right place and at the right time.

Our seminar was called "See Esther! Benefits of integrating the whole person in care and integrating social, medical and health care" and presented some of the improvement works where we asked Esther what the problem was and how he or she could see a
solution. One example of this is within the national efforts to cut back unnecessary readmissions to hospital. Interviewing some Esthers that returned to hospital over and over again we found out that they had no idea what had been done at the hospital and sometimes didn’t even feel that anyone had listened to why they went to hospital. This knowledge led to the "Safety receipt" a type of checklist where a nurse sits down with the patient before discharge and go through both what has been done, if the patient had got the help wanted or at least an explanation to why not and some practical details such as prescriptions, home care, aids and transportation back home.

Another improvement made from the fact that Esther expressed a feeling of being lost and insecure coming back home, is the extended Welcome back home services provided by the municipality. It is a possibility for Esther to have more social home care for up to two weeks, during this time social workers have continuous contact both with Esther and the care givers to ensure that the long term care is planned at the right level. This extra time has shown as a result that Esther feels more secure and confident in her own home and is familiar with the possibility to get help at her own home even when her condition gets worse instead of seeing hospital care as the only solution. Unnecessary readmissions to hospital has gone down significantly in municipality offering this service, which is both a personal benefit for Esther and a better use of resources.

We also attended “My microsystem” met up with a couple of coaches from Sheffield that had come far in their improvement work since we met them last time 2 years ago. Meeting with people from other micro systems from around the world was, as always, energizing and gave new ideas for future improvement work.

Anna Carlbom, Esther coordinator

**Report from our dutch cousin**

The Transmuraal Netwerk en Zorgbelang have last February. Everyone told us how Suzanne is doing in their organization. We learned that the ambassadors are struggling with programs that are already started (quality programs, diminishing overhead, efficiency programs). How does Suzanne fit in a schedule that’s already pretty stuffed? And even more complicating: every organisation has its own programs, so it could very well be that Suzanne needs a different approach in each participating organisation. Well if that’s the case, it’s our job to find out which approach is needed.

We try to help the ambassadors (and by that also Suzanne) by making a Suzanne scan of their organisation. We’ll speak with Suzanne, front-line professionals and organisational staff, we’ll examine programs which are already in place. After that, we’ll be able to tell how Suzanne is heard and how existing programs are helping her. We’ll also advise how to get more Suzanne-minded and improve quality of life of Suzanne. By doing this we want to point out that everything you want to improve in a healthcare organisation starts by learning what Suzanne wants. If they do help Suzanne that’s good news and you want to know how to make more use of them in favour of Suzanne. If existing programs doesn’t help her enough you should want to know why and what you can do to change that. Right now we are planning to start the first Suzanne scan.

Erik Visser, The Transmural Network, The Netherlands
Esther in London meeting “the leaders of the world”

Esther got invited to Chatham house, the Royal institute for international affairs. The reason was to participate at an international top conference about the global increasing amount of elderly people. Chatham house is known for Independent Thinking since 1920 and the tradition is noticeable immediately when you enter the building. Challenging discussions and exciting news from the very start. The Chatham rules meaning that the participants are free to use what has been said only without telling the source was my first new knowledge. The rule is important so that the participants can feel free to speak out their opinions without risk. This gave me a certain flash that the freedom to speak that we experience in Sweden and big parts of the world still is a privilege that we can’t take for granted.

What did I find most exciting and innovatively? Definitely that there is a town on the other side of the globe where the locals are trained to recognize and support people with dementia. The care homes have no locked doors and the staff never follows the demented if they walk out. Instead the inhabitants have taken on a great responsibility. Apart from them being trained the architecture is customized to create a calming, comforting atmosphere and a lot of resting places. Not just outdoors but also inside shops you can find quiet corners for resting. Anyone in the town knows strategies to create confidence and how to help the demented back to his or her home. Everyone is involved, from the local bus drivers to the school children. There is research going on around this and we will definitely hear more about it.

Other new thinking projects and dialogues:

- Technology and care robots
- Possibility for elderly to contribute and also learn through the whole life
- Dialogue about different ages for retirement
- The importance of putting focus on next of kin
- Who has the right to decide about a worthily end of life

Esthers contribution was thinking person centered. Instead of preparing ready solutions and policies, use the participant principle which is a key factor for development and of course the burning question: What is the best for Esther? The only way to find out is to ask Esther and build systems together with Esther instead of building them for Esther. The Esther thinking got a lot of positive feedback even if it is well understood that there is a big challenge in building structures that truly supports person centered care. We still got a lot to learn.

Nicoline Vackerberg, Esther coordinator
**FUNdamentals of Health and care improvement MOOC starts at April 13:th**

A new and innovative online course for people involved in health and social care has been announced by NHS Improving Quality (NHS IQ), in partnership with *The Jönköping Academy for Improvement of Health and Welfare, Jönköping University* and Qulturum, Jönköping Region in Sweden. The Esther network is proud to have been among the critical friends during the pilot.

The Massive Open Online Course (MOOC) in the Fundamentals of Health and Care Improvement and Improvement Science is set to take its first full cohort in April.

The partner organisations announced the MOOC at a session at the Microsystems Festival in Jönköping, Sweden. So far, the course has been piloted with a small group of ‘critical friends’, but anyone with an interest in health and care improvement will be able to sign up to the live version. It is set to be one of the largest courses of its kind in health and care, offering free learning content to thousands of people across the world.

The MOOC is delivered entirely virtually in the form of learning resources including videos, articles, readings and exercises. At the end of each module, a live knowledge exchange event takes place, which allows users to learn from experts and debate and connect with each other.

Laura Hibbs, Head of Innovation Knowledge and Intelligence at NHS IQ, said: “This course addresses a need for easily accessible and practical training in improvement that can make a real difference to the quality and safety of care globally. We recognise that people don’t always have the time or the opportunity to attend training face-to-face, and so this course allows them to learn more flexibly.

“We are very excited to be offering the MOOC with our partners in Sweden, who are able to bring significant expertise not just in health and care improvement but also in delivering learning in a virtual setting.”

Sign up for the MOOC now by e-mailing mooc@nhsiq.nhs.uk, visit www.nhsiq.nhs.uk/mooc for further information and use the hashtag #qifriends on Twitter.

Follow us at @EstherNtverk

E-mail: anna.carlbom@transas.se
nicoline.vackerberg@rjl.se