My name is Galina Gheihman and I am a medical student studying in the United States. This summer, I had the opportunity to visit Sweden for 8 weeks on a research and study visit. My primary interest during this trip was to learn about novel approaches to involving patients and their families in health care quality improvement and redesign.

Even before I arrived in Sweden, I knew I wanted to visit the Esther Network. I had read about the work of the network online and knew that it had received international attention and recognition. When offered the chance, of course I could not say no to visiting Eksjo and seeing it in person with my own eyes. And am I ever glad I did—I have been truly amazed by what I’ve seen and learned, even in my short visit.

I have to confess that prior to my trip, I did not fully grasp what the Esther Network was all about. Did Esther equal quality improvement? Did Esther stand for integrated health and social care? Was Esther just another name for the coordination of complex care or for elderly care? I learned that it was all of the above, and yet also so much, much more. Esther was not just one thing, but instead a mindset and a method: a way of thinking and working that was simultaneously flexible and strict. Strict in its principles—that one must always begin by asking ‘What is best for Esther?’—but flexible enough to realize that how the best is achieved can be infinitely variable and must be uniquely structured for each and every individual.

It took me almost the entire time I was here to really understand the network and how it functions—it wasn’t until the fourth day of my immersion that the pieces of the puzzle finally started falling into place. Perhaps that is because the Esther Network and its ways of working are as far-reaching, complex, and diverse as the needs of the very people that it serves. The Network has taken on one of the greatest challenges we face in health and social care; it is as if the network itself is a role model for the type of coordinated, collaborative, agile, and person-centered system it hopes to achieve.

My four day visit was dense with learning and shadowing opportunities. Over this time I met with Esther coaches in the hospital and the community, visited the geriatrics, internal medicine, psychiatric care, and gastroenterology units at Eksjo hospital, toured a residential home and the Tranas Senior Centre, shadowed in the community with a nursing assistant for a day, conducted interviews with the network’s coordinators, and of course met several lively and clever Esthers themselves (you can guess what was the highlight of my stay!).
It has truly been remarkable to see that the network is still going strong today and to witness the commitment, dedication, and sincere integrity with which all health and social care providers in the region approach this work.

The important lesson I took away from the Esther Network is that while there are many moving parts and several important facilitators—including committed leaders, dedicated Esther coaches, numerous embedded strategies for collecting the patient’s voice, and regular meetings that bring together diverse professionals representing multiple sectors, the key success factor of the network is the people in the network themselves. The staff I met throughout my stay have truly taken the Esther message to heart. I observed them thinking and asking, constantly, ‘What is best for Esther?’, not for themselves or their organizations. I also heard multiple stories of staff collaborating and going above and beyond their regular duties to achieve the best for Esther and to continuously improve. I believe an intrinsic motivation compels them to do this work—not external drivers like payments and policies that we too often rely upon in North America. Staff here understands that what is best for Esther, is best for everyone.

In sum, I’ve learned that Esther is not just a network for connecting collaborative work and improvement projects—it is a culture and a way of thinking. It is a means to ‘catch ideas’ and see problems from the perspective of patients, and a safe place in which patient’s experiences can be shared and valued. Ultimately, the network aims to foster an opportunistic mindset amongst professionals and the feelings that they as individuals can make a difference—both in their personal encounter with Esther in the clinic or in her home, and in the wider health and social care delivery system as a whole.

The network nurtures open minds, flattens hierarchies, and dares individuals at all levels and in all corners of the system to make changes for the better. And it involves Esther him- or herself, each and every time.

Thank you for this unforgettable opportunity. I have learned more from my few short days in the Highlands of Jonkoping County than I can put into words at this time. I know what I have seen here will continue to inform my work and development moving forward, and I myself cannot wait to see what influence it will have in the future. Thank you Nicoline, thank you Anna, and most importantly, thank you to all in the network for welcoming me with open arms and minds. It has truly been a fruitful exchange and I look forward to seeing the Esther Network develop and grow in the coming years.

The world is watching. Keep up the good work!

Here’s to making each day the “Best for Esther”,

Galina Gheihman

Galina Gheihman is entering her second year at Harvard Medical School in Boston, Massachusetts, United States. She is originally from Toronto, Ontario, Canada, where she completed her HBSc at the University of Toronto. If you have any questions or comments, she would love to hear from you at galina_gheihman@hms.harvard.edu.
In May Esther had an exam for another 20 improvement coaches. During the winter they have learned about improvement tools, solution focus, made site visits and finally showed their new skills by doing a work based improvement project. A couple of examples are to give the residents in a resident home more influence on the menu and health coaching within psychiatric care.

As Esther is just one of many similar care improvement networks in Sweden there is a yearly gathering where the networks meet and exchange experience and news. This year Esther presented news about work to cut back unnecessary readmissions to hospital, mobile geriatric team and the visit from Minister Norman Lamb.

Early June this year the caregivers of the network agreed on a new joint routine concerning Frail elderly Esthers. The routine describes who does what, when and how to exchange information in order to ensure that this group of Esthers at every given point gets the optimum care and prevent gaps in the care chain.

Reflections from visitors to Esther Network

My first reaction was that I wish my mother in law would live in Eksjö because of the way the patients and healthcare professionals relate to each other, which is both sensible and sensitive. The practical results are very clear to me and I will do my best to describe them in the US. I hope to hear more about the wonderful work of the Esther network.

Laura Leviton President of the American Evaluation Association

Thank you for allowing us to visit you and see with our own eyes that what we only dream about in our country is truly possible to achieve through teamwork, dedication and a commitment to always ask ’ Is this the best for Esther? I was truly impressed by the sincere commitment of Nicoline and everyone else that represented the Esther network at our visit as well as the patience and tolerance of leadership in this region which has allowed Eksjö to be a laboratory of learning.

Galina Gheihman Medical student Harvard University