

Fostering Co-Production and Equal Partnership: ESTHER Network Singapore's Journey in Person-Centred Care

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Declaration of Interest

Amanda Tan is an Esther champion who also participated in the discussions that led to the formulation of the initial programme theory. She declares that there is no known competing financial interests that could have appeared to influence the work reported in this presentation.

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Speaker Bio



- Advocate of person-centred care and improvement
 - ESTHER Champion and co-lead in the ESTHER Network Singapore Innovation Unit
 - Part of the teaching faculty for the ESTHER Coach Workshop
 - Senior Manager in the SingHealth Centre for Person-Centred Care (CPCC)

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From Disease to Person

Ageing Population

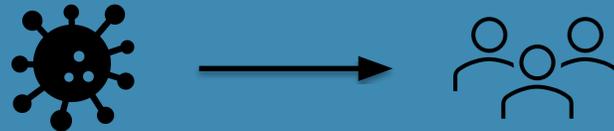
Rising Healthcare
Costs

Changing Societal
Expectations
Towards Greater

COPRODUCTION

is a vital ingredient in transforming healthcare organisations

Shift From a Disease-Centred Model to a Person-Centred Care Model



Shift From Viewing Patients as Passive Recipients of Care to Active Decision Makers

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ESTHER Network Sweden



ESTHER Network started in Jonkoping, Sweden in 1997. "Esther" is a symbolic 88-year-old lady who requires close coordination across different care settings to address her health and social care needs.

This persona guides "Esther coaches" (health and social care providers) in addressing complex patient needs. Their work is supported through the network, coach training and resources from leadership ("sponsors").

The network advocates a philosophy of person-centred care that always asks

“What matters to Esther?”

Focus is on engaging service users to find out what they value

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ESTHER Network Singapore



Following a study trip to Jönköping, SingHealth leadership decided to emulate the EN model and launched **ESTHER Network Singapore** in 2016 with the aims of:

- Promoting the philosophy of Person-Centred Care
- Training a pipeline of ESTHER Coaches to drive improvement work, to better serve our patients and their caregivers



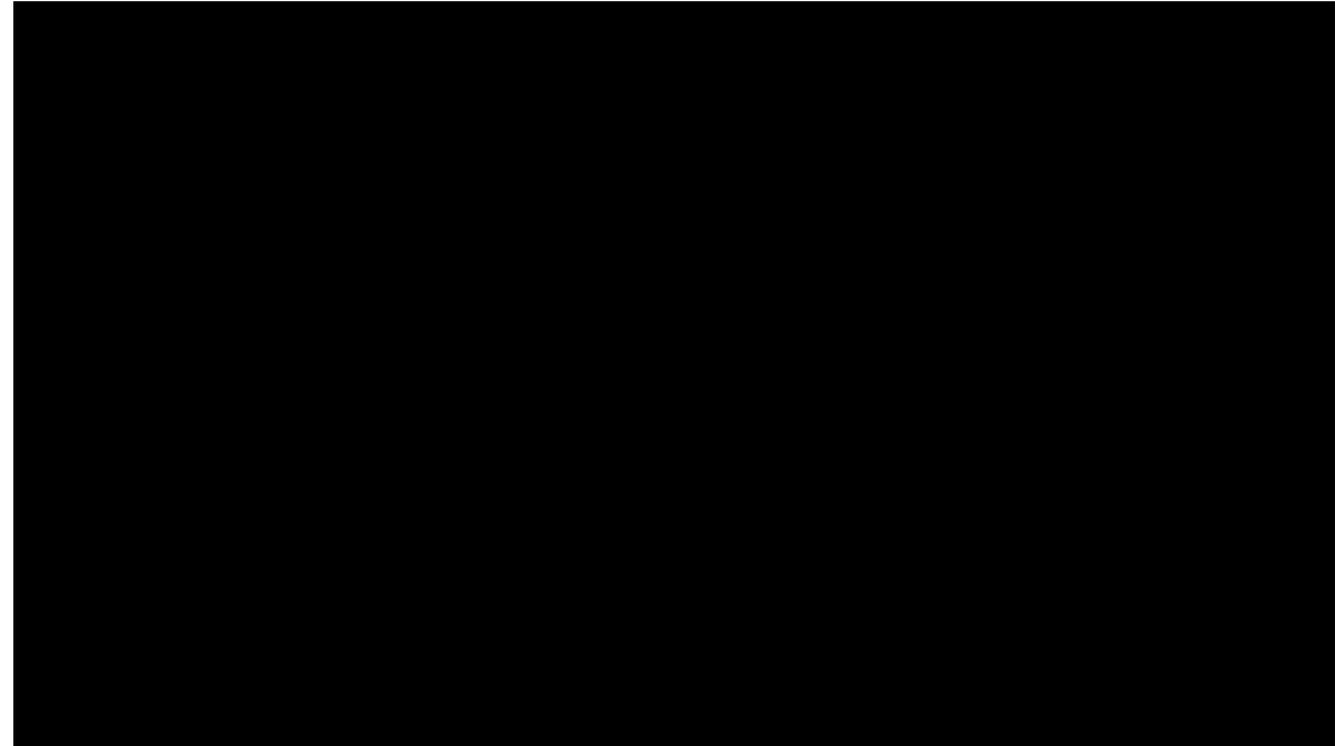
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ESTHER Network Singapore



ESTHER
Network for Health & Social Care
SINGAPORE

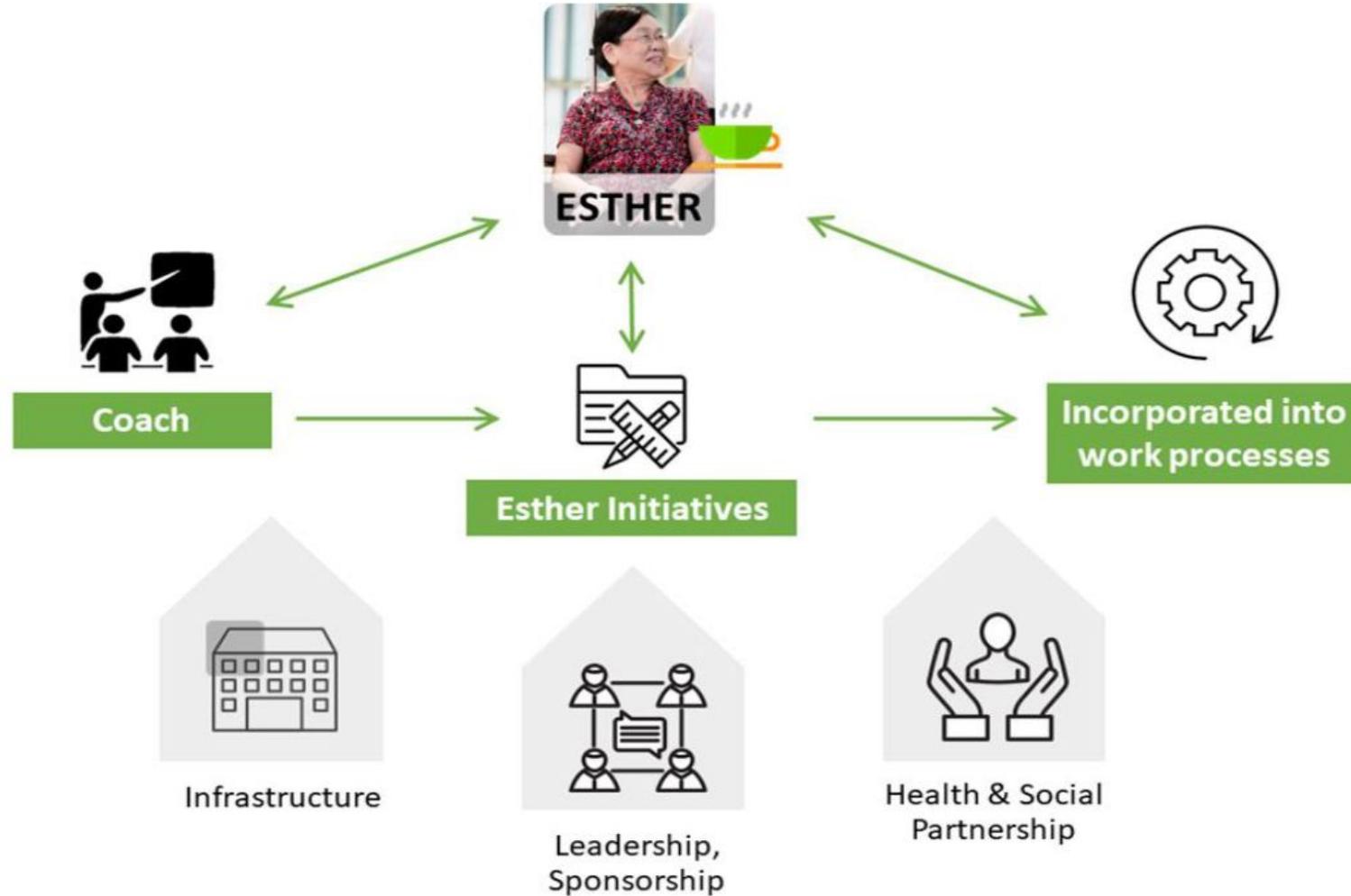
Much like the Swedish "Esther", we have our very own "Mdm Teo" with complex care needs.



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ESTHER Network in a Nutshell



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Research Question

What are the

Contextual Factors

and

Mechanisms

that contributed to the successful adoption and adaption of Sweden's ESTHER Network model to the Singapore context?

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Methodology

Primary Data: 7 in-depth interviews and 3 focus group discussions involving 20 stakeholders from the macrosystem, mesosystem and microsystem levels

Secondary Data: Fieldnotes from participant observations of EN activities and documents

Greenhalgh et al (2004)'s

Diffusion of Innovations Framework in Service Organisations

To illuminate the connections among process components and roles of actors operating at the macrosystems, mesosystems and microsystems

Macrosystem

Consists of top leadership that sets priorities for the care system

Mesosystem

Includes middle managers who facilitate improvement, typically spanning several microsystems

Microsystem

Smallest functional unit where patients and practitioners work together to improve patients' health

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Initial Programme Theory

Macrosystem

- Policies and societal changes influenced leaders' prioritisation of service user involvement
- Aligning of EN's focus with SingHealth's tagline facilitated its adoption

Public Endorsement from Leadership

A HOLISTIC & PROACTIVE APPROACH

The Esthers go through our system in a seemingly smooth way, but we are trying to look at how we better help them within their ecosystems, so it's a proactive approach.

- Prof. Ivy Ng

EMPATHY & EMPOWERING PATIENTS

The most distressing feeling for patients is the lack of control. But we can give them the feeling - Eh I have a voice. It may not be solved immediately but I have a voice. Two, I have a skill. Three, there is a mechanism that my voice is acted on. And I can also participate in this improvement process.

- Prof. Lee Chien Earn

PATIENTS. AT THE HEART OF ALL WE DO.

ENGAGEMENT WITH EFFICIENCY IN MIND

We wanted to hear patients. We have this co-production concept, to really engage and involve all levels... this model is so much healthier, and is a less wasteful approach.

- Prof. Kenneth Kwek

IGNITING PASSION IN STAFF

It is very patient-focused because we are asking what matters to patients. That, for any clinicians, is something that resonates and when it resonates well, you will have it more successful.

- Prof. Fong Kok Yong

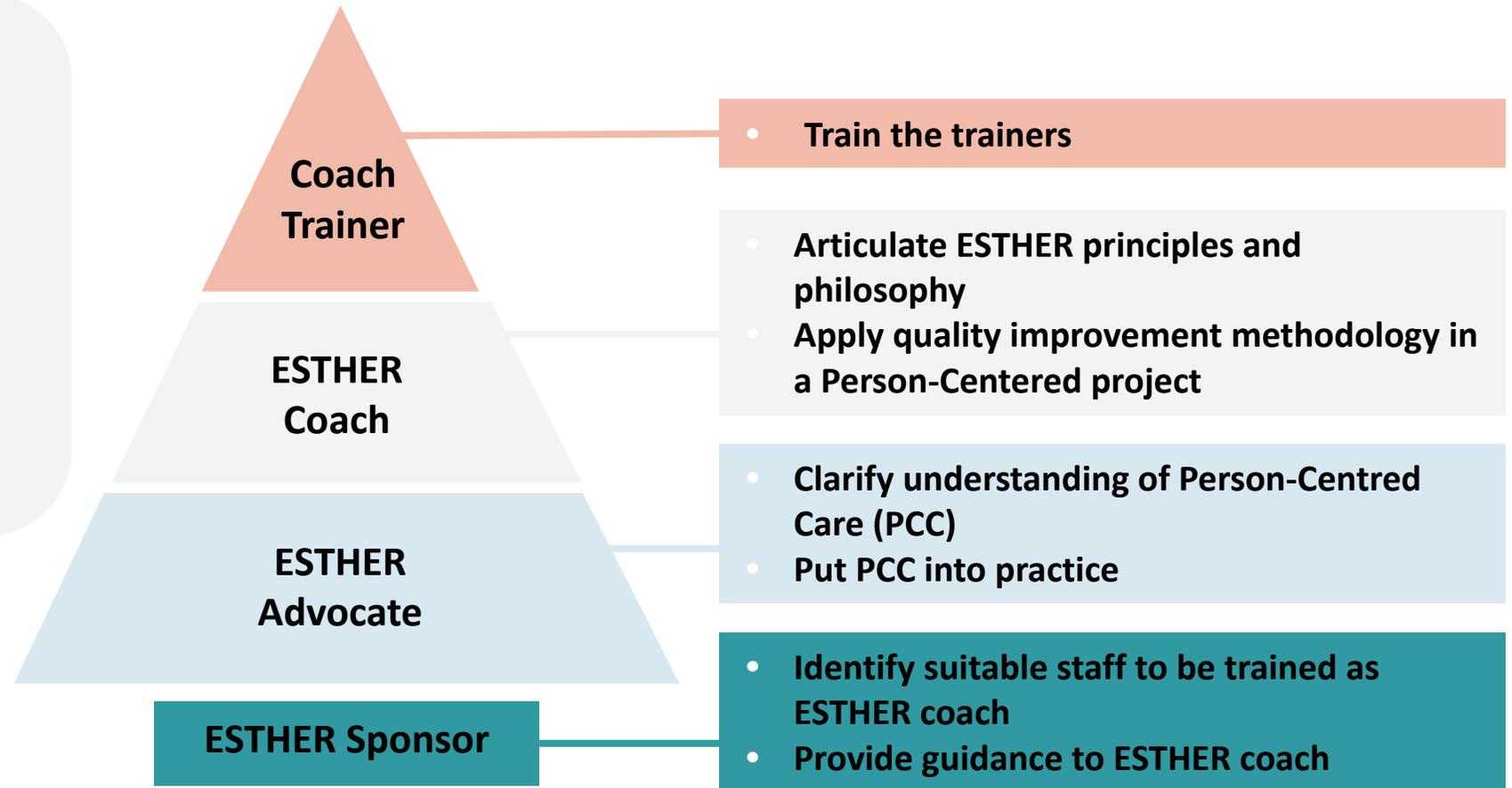
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Initial Programme Theory

Mesosystem

- Structured processes was essential for equipping the practitioners and sustaining the network

Education Structure of ESTHER Network



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Initial Programme Theory

Microsystem

- Sharing of service users' stories make users feel valued and increase provider job satisfaction, leading to the spread of EN

ESTHER Café

An ESTHER café creates a safe and welcoming environment where Esthers and various care providers can meet and exchange ideas as equals.

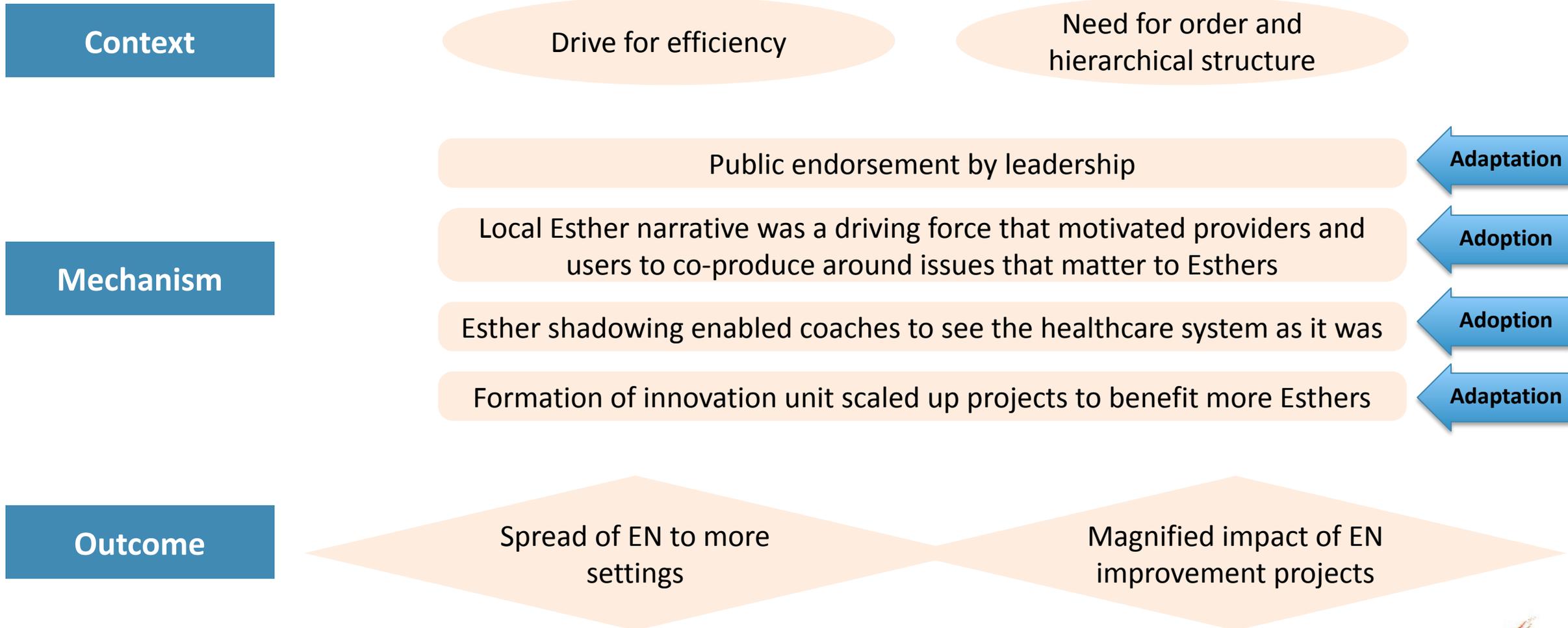
In this café, Esthers are encouraged and feel safe to share their good and bad care experiences. This is a crucial factor in maintaining the ESTHER model.

ESTHER Coaches learn how to organise an ESTHER Café at the Coaches' Workshop.



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Refined Programme Theory



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Increase in Empowerment

“I’m a Confident ESTHER!”:

Reducing Hospital Readmission Rates by Empowering Esthers to Live Confidently at Home

What matters to Esther?

- To be treated with compassion and dignity – able to cope with her own care at home
- Not sure who to approach when she needed help

Intervention:

- Set up of a handshake between acute and community partners upon discharge: come together to coproduce a care plan with Esthers that tailored to their recovery goals

Outcomes:

- Mdm T, who had an average of 11 emergency medicine visits and eight hospitalisations in 5 months, has had zero emergency or hospital admissions for 4 years after intervention
- In the sample of 63 patients, the median confidence score increased from 66 to 85 points after intervention

Current status:

- The handshake process is established as a routine work process
- Tracking of hospital readmission rates

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Improved Clinical Outcomes

“Walking with a Star!”:

Strategies and sustainable approaches to improve Esthers’ mobility during their inpatient stay

What matters to Esther?

- “I feel like a prisoner, no freedom” – want to increase mobility
- “I feel embarrassed when using [adult] diaper” – want to wean off urinary aids

Intervention:

- Provided education to ward staff, patients and family members on importance of walking and safety awareness
- Placed walking aids conveniently at the bedside

Outcomes:

- Walking patients increased from 9% to 91%
- 97% of patients were weaned off urinary aids - patients were walking to the washrooms (with assistance)!

Current status:

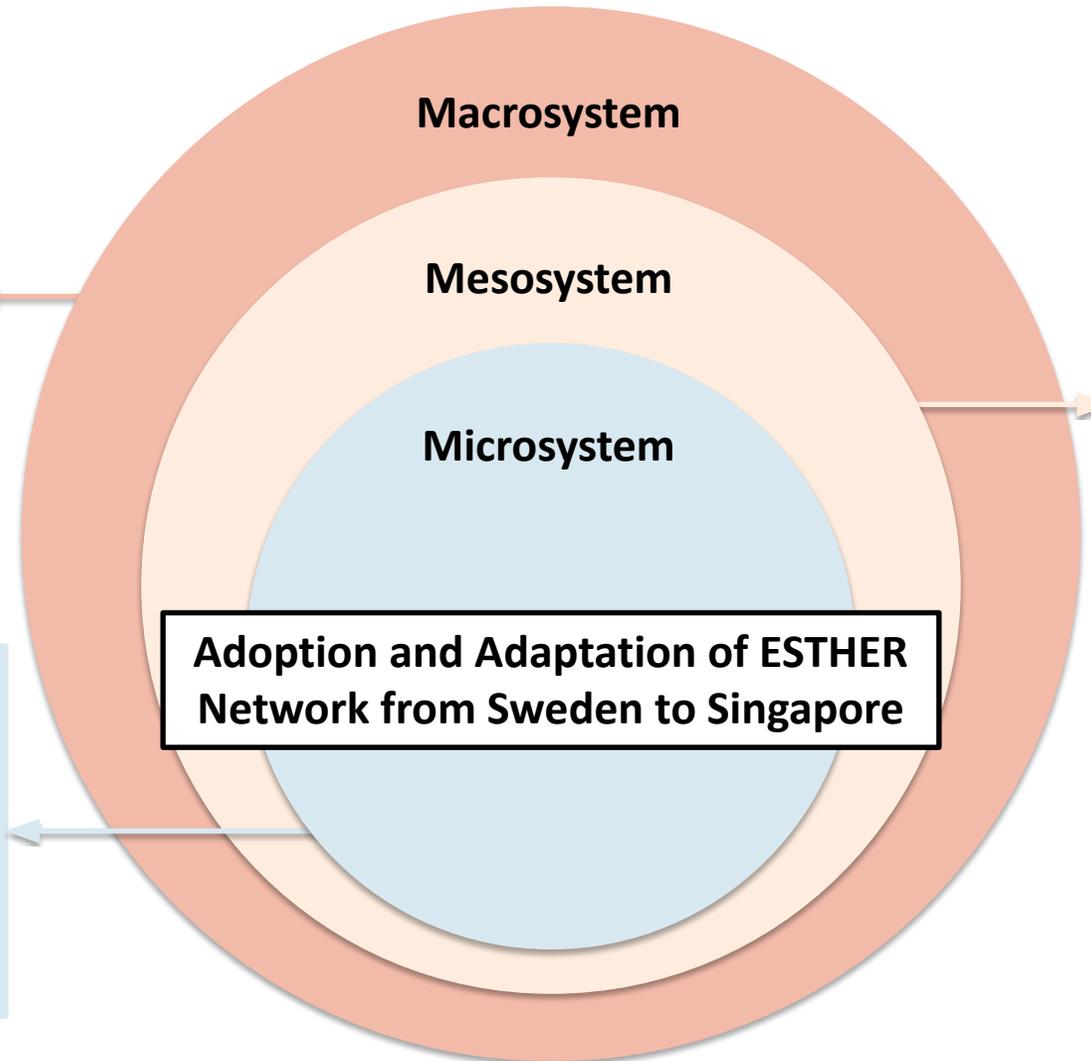
- Spread to 7 other wards
- Recruiting volunteers to assist patient in walking in the wards

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Key Learning Points

- **Leadership alignment in adoption decisions** is crucial for the success of innovation
- **Public endorsement by leaders** boosts receptivity and initiates changes in organizational units

- **Patient stories** are powerful in generating reflection and insights for innovations
- **Relationships were deepened** when HCPs acted on Esther's story



- **Organizational champions**, represented by **Esther coaches**, connect macrosystems and microsystems, playing a key role in transforming ideas from microsystems into organizational innovations
- Use of **person-centred improvement project** for hands-on application

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Thank You!

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