



Esther Network: The Development of a Person-Centric Care Model In SingHealth Regional Health System

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INTRODUCTION

The impending silver tsunami will increase the burden of care on health and social services. This highlighted the need for improved accessibility, quality, and affordability of healthcare (Ministry of Health, 2012). The Esther Network in Jönköping, Sweden achieved impressive clinical outcomes such as reduced length of stay, a decrease in hospital admission, and an increase in patient satisfaction, through (1) emphasising on person-centred care, and (2) focusing on quality improvement (QI).

A crucial initiative of the Esther Network in Jönköping is the “Esther Cafés” held quarterly, which allow patients and professionals from both health and social care organisations to gather and discuss about aspects of the care delivery that can be further improved. Esther Coaches, who are QI-trained, would facilitate these intra- and inter-organisations’ collaborations.

In partnership with our patients and community partners, SingHealth Regional Health System Office (RHSO) adopted the Sweden model of Esther Network, with the aims of improving health and social care coordination. This poster seeks to inform the development and progress of the SingHealth Esther Network in our local context.

RESULTS

Elderly’s desire to be independent and remain in the community

- Elderly hoped to remain in their current community for familiarity and peace of mind
- Elderly did not want to be a burden to their families

Better communication between patients and care providers

- Elderly expressed appreciation when their opinions were asked and listened to
- They also felt encouraged by affirmation and assurance rendered by medical team

Hopes for strengthened collaboration between tertiary and community care providers

- Community services played important roles in the lives of some of these elderly
- Community partners feedback on the helpfulness of having contact points within the hospital for easy access to information

Greater accessibility to services

- Elderly hoped for greater accessibility to medical treatment, especially in times of emergency

METHODOLOGY

1st step:
 Conducting a needs assessment to understand the care needs and hopes of elderly

Contacted 3 senior activity centres (SACs), within SingHealth RHS vicinity, to help with recruitment of focus group participants

Focus groups conducted with 30 participants

2nd step:
 Consolidating and sharing of results

Results were consolidated and shared with hospital senior management

Sharing of results with community partners of SingHealth RHS and gathering their feedbacks, with the involvement of hospital management

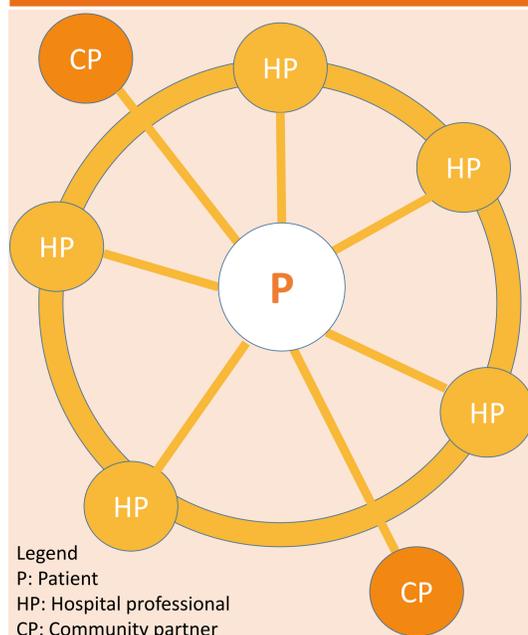
3rd step: Creating platform for further collaboration

Using results and partnership formed as a starting ground for further collaboration

CONCLUSION

- There is a need for a paradigm shift in the provision of healthcare, moving the focus from hospital-based acute care to developing our community and active involvement of our patients, so as to provide holistic care.
- With this understanding, SingHealth RHSO will be organising a forum and workshops to raise awareness on person-centred care and to invite various stakeholders involved along the continuum of care to foster partnership.
- The aim of these events is to develop a network of healthcare professionals and community partners, who are committed to eliciting patient’s voice and improve care coordination in the betterment of patient’s care journey.

TAKE HOME MESSAGE



Legend
 P: Patient
 HP: Hospital professional
 CP: Community partner

Figure 1: Concept of care delivery in current health and social care systems

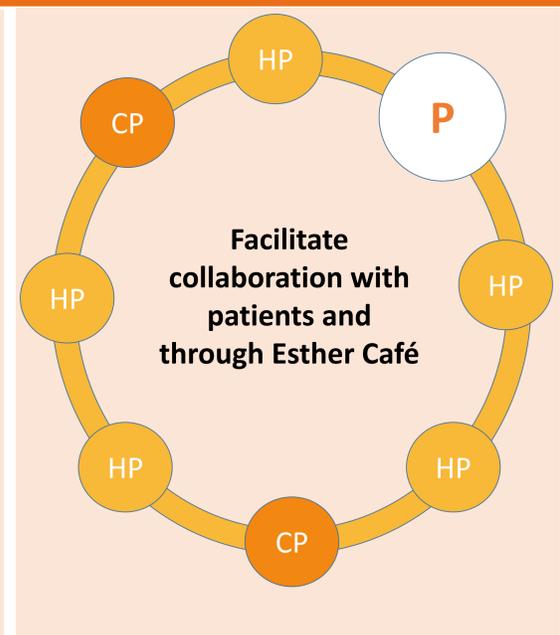


Figure 2: Concept of care delivery in Esther Network, Jönköping, Sweden

- Patients are active agents of their care services
- It is important to elicit patients’ voices and empower them to be partners in their own care

Acknowledgement:

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Reference

Ministry of Health (2012, July – August). Healthcare 2020: Improving accessibility, quality, and affordability. *Healthscope*. Retrieved from https://www.moh.gov.sg/content/dam/moh_web/healthscope/archive/2012/MOH%20Healthscope_July-August%202012%20Issue.pdf

- Participants of the focus group were aged 75 and above and were attendees of the *Kreta Ayer (Chin Swee) SAC*, *Kreta Ayer (Banda) SAC*, and *Yong En Care Centre*. Most participants were independent and were living alone or with their spouses only.
- Participants were asked to share their experiences on *current healthcare system, community support and services, and transition of care between different care system*.