Key actions to improve care processes for older people in long term care settings. The search for quality improvement in the Netherlands

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30 October 2019
VII Congreso Internacional de Dependencia y Calidad de Vida
Centro de Convenciones AXA
Barcelona
Presentation

• Developments in nursing home care
• Views on health, quality and outcomes
• Changing policies on quality of care
• National quality framework
• Implementation program
• The future
Developments in residential care
Length of stay in nursing homes

(Verenso, 2019)
Shifts in target groups
(Verenso, 2019)
Our health (care) paradigm is changing (Machteld Huber, 2011; 2017)

WHO definition (1948)
- a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity

New concept (Huber et al., 2011)
- health as the ability to adapt and self manage, in the face of social, physical and emotional challenges
Our health (care) paradigm is changing (Machteld Huber, 2011; 2017)
New vision on quality of care

• A moral concept contributing to quality of life:
  • which is a ‘good’ life from the person’s perspective with
  • self-direction, being connected, meaningful life

• Normative and:
  • Personal, shared with others as well as collective
  • Pluriform and reflects multiple perspectives and interests
  • Contextual in settings and time
  • Only to a certain extent objective and collective
  • Not the average; everyone is a deviation of the average!
Quality of care

- Increases capabilities and enhances opportunities to realize a - for him/her - ‘good’ life; health is a precondition
- Balances interests of users, relatives, informal carers, professionals, care providing organisations, the (health and social) care system and society
- Emerges in the interaction of users and care professionals; it is their endeavour to come to shared objectives and decisions
- Connects knowledge based on measurable data, users’ experience and practice experience of care professionals
- Contributes to learning and improving, less to accountability
- Grounded in intrinsic motivation: ‘desire’ instead of ‘obligation’
- Operates within a framework that is defined by society: quality in relation to access, sustainability and pluralism in care
Our policy on quality is changing

- The person as human being: point of departure
- Emphasis: learning and improving
- Less emphasis on regulation, inspection, accreditation
- Horizontal accountability
- *One* report to service users representatives, organisation, board, commissioners, inspection: less administrative burden
- Reduced set of centrally defined indicators: safety
- Reporting formats are largely free
- Field develops standards
- More space for, and more trust in professionals
- Reducing bureaucracy
National quality framework

Quality & Safety
1. Person-centered care & support
2. Live & well-being
3. Safety
4. Learn & improve

Conditions
5. Leadership & governance
6. Norm for staffing
7. Use of resources
8. Use of information
Implementation: improvement program Dignity & Pride on Site

- Follow up of earlier programs and building on experiences
- To support nursing homes in general and on site (in their premises) to implement the quality framework and to meet all criteria
- Sharing knowledge and experience: website, meetings, training
- Campaigning and awareness raising
- Intensive involvement of government
Implementation: improvement program Dignity & Pride on Site

• Sharing knowledge and experience: website, meetings, training
• National campaigning and awareness raising
Participation: some interim findings

- Why participate?
  - To see where we stand (app. 75%)
  - To receive support (app. 35%)

- Main issues
  - Safety
  - Staffing
  - Leadership
  - Person centred care

- Discrepancies in views
  - Attention for residents
  - Follow up of incidents
  - Working according to care plan
  - Quality of staff
Implementation: improvement program Dignity & Pride on Site

• Stepwise approach:
  • Assessment of current state (green, yellow, red on the eight fields)
  • Proposal for support: no support, light, plus, intensive
  • Support/intervention
  • Assessment after 6 months, 12 months etc
  • Inspectorate and health care insurance funds aligned

• At present (figures represent tendencies, not absolute numbers):
  • App. 1/3 of organisations participating / have participated
  • App. 270 sites

• Support on site at:
  • Operational level: care processes and organisation
  • Strategic and management level
Participation: some figures

- On the website
  - 34,000 visits monthly
- 20,000 followers on social media (Facebook, LinkedIn, Twitter, Instagram)
- Annual national conference 3,000 participants, 85 workshops by participants
The future?

- The clients’ perspective as the leading perspective: good life and purpose in life as guiding principles
- Learning and improving
- Emphasis on resilience and life style in earlier stages of old age
- Applying principles of palliative care for many clients
- Wellbeing of staff as a crucial factor in quality
- The quality of the dialogue is key!
Thank you for your attention!

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