



# Quality in long-term care and large scale implementation

The introduction of new policy instruments in the Netherlands - Part 1

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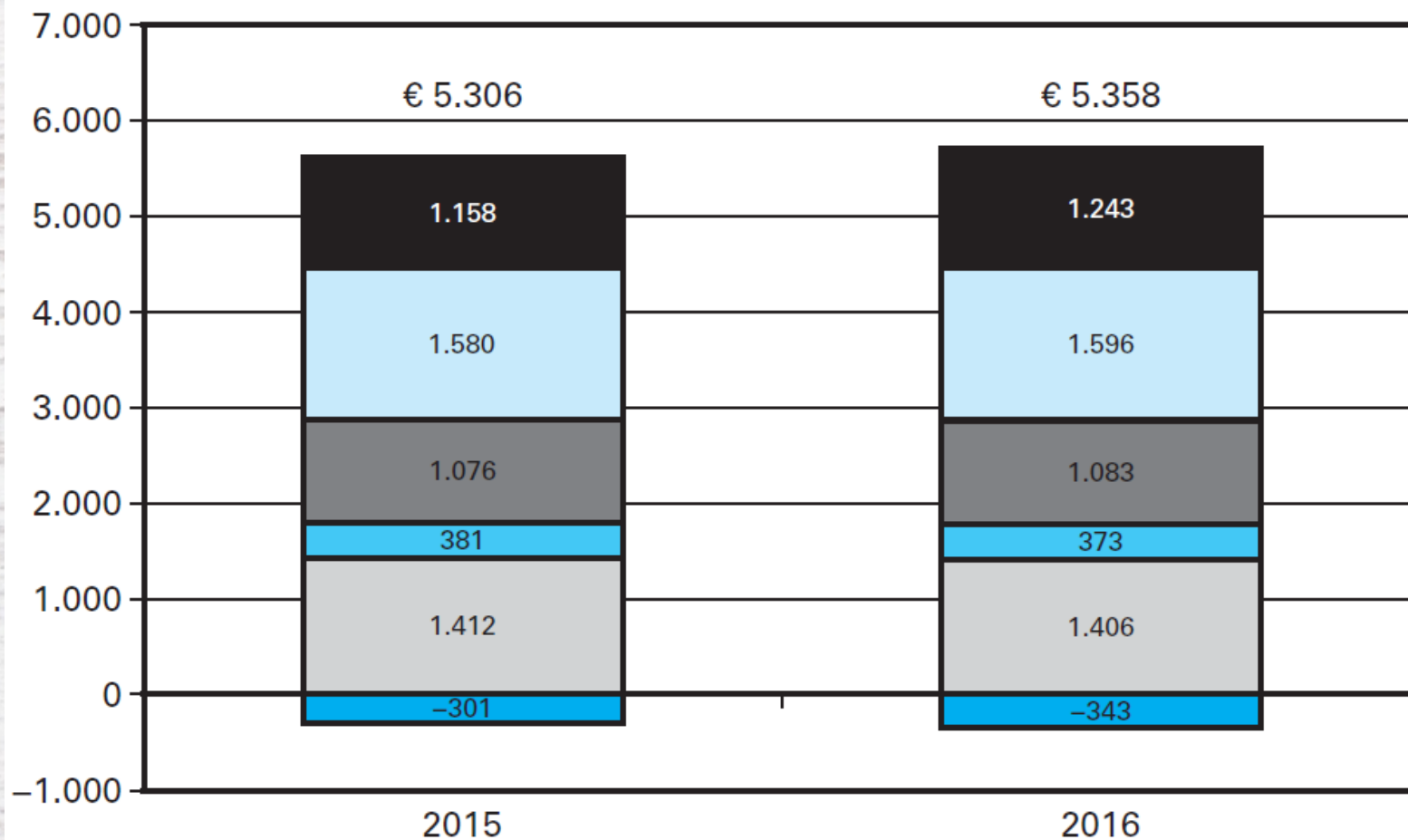
Vilans, Centre of Expertise for Long-term Care,  
Utrecht / Vrije Universiteit, Amsterdam









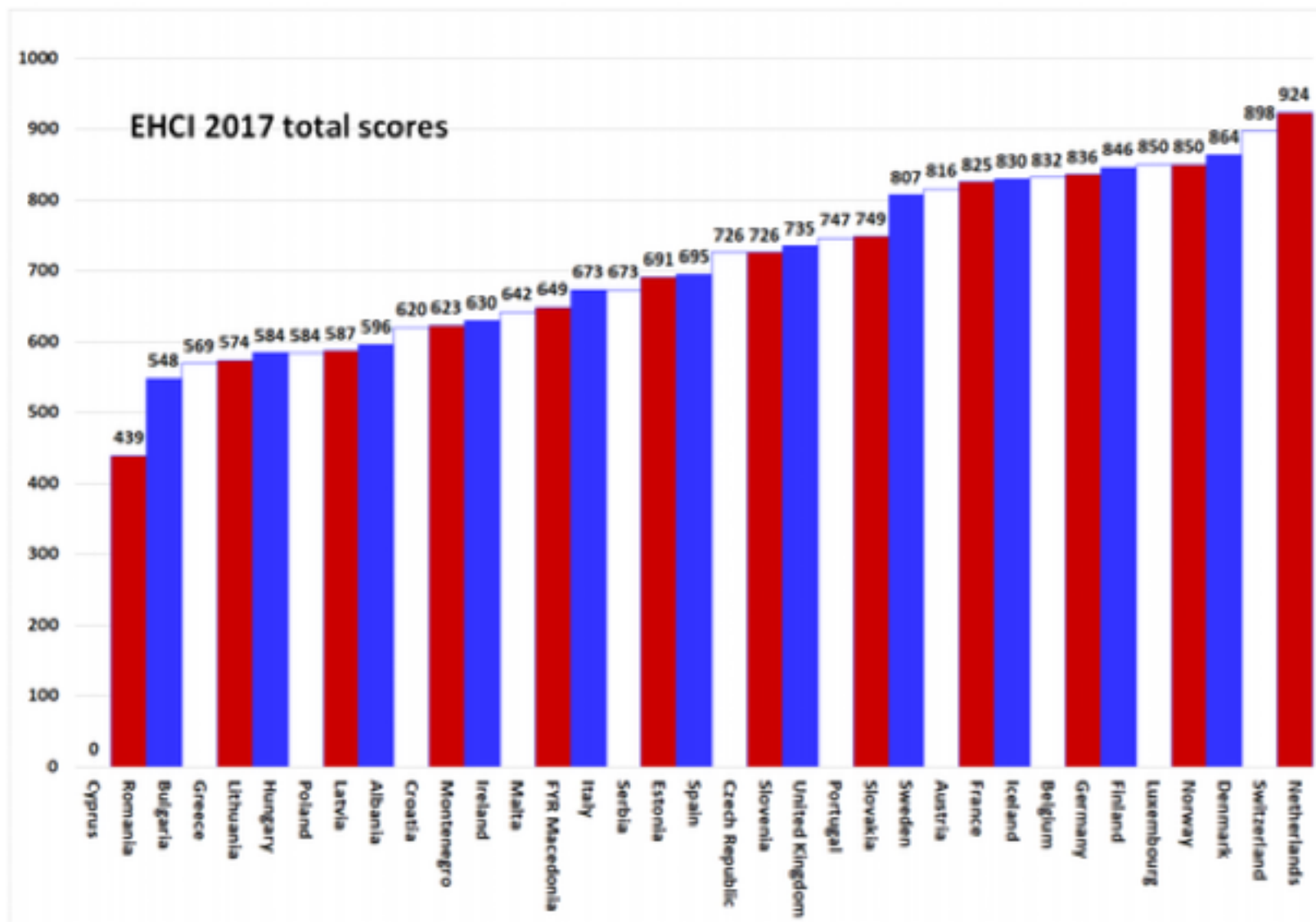
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International seminar series,  
European Centre for Social Welfare  
Policy and Research, Vienna

# The national context





- |   |   |
|---|---|
|  Zorgtoeslag                       |  Belasting       |
|  Eigen betalingen                  |  Premie WLZ      |
|  Inkomensafhankelijke bijdrage Zvw |  Nominale premie |



**Figure 3.2** EHCI 2017 total scores<sup>14</sup>.

# Dutch healthcare (Euro Health Consumer Index 2017)

*‘The Dutch healthcare system does not seem to have any really weak spots (...). However, the fact that it seems very difficult to build an Index of the HCP type without ending up with The Netherlands on the medalists’ podium, creates a strong temptation to actually claim that the winner of the EHCI 2017 could indeed be said to have “the best healthcare system in Europe”. There should be a lot to learn from looking deeply into the Dutch progress!’ (p.7)*



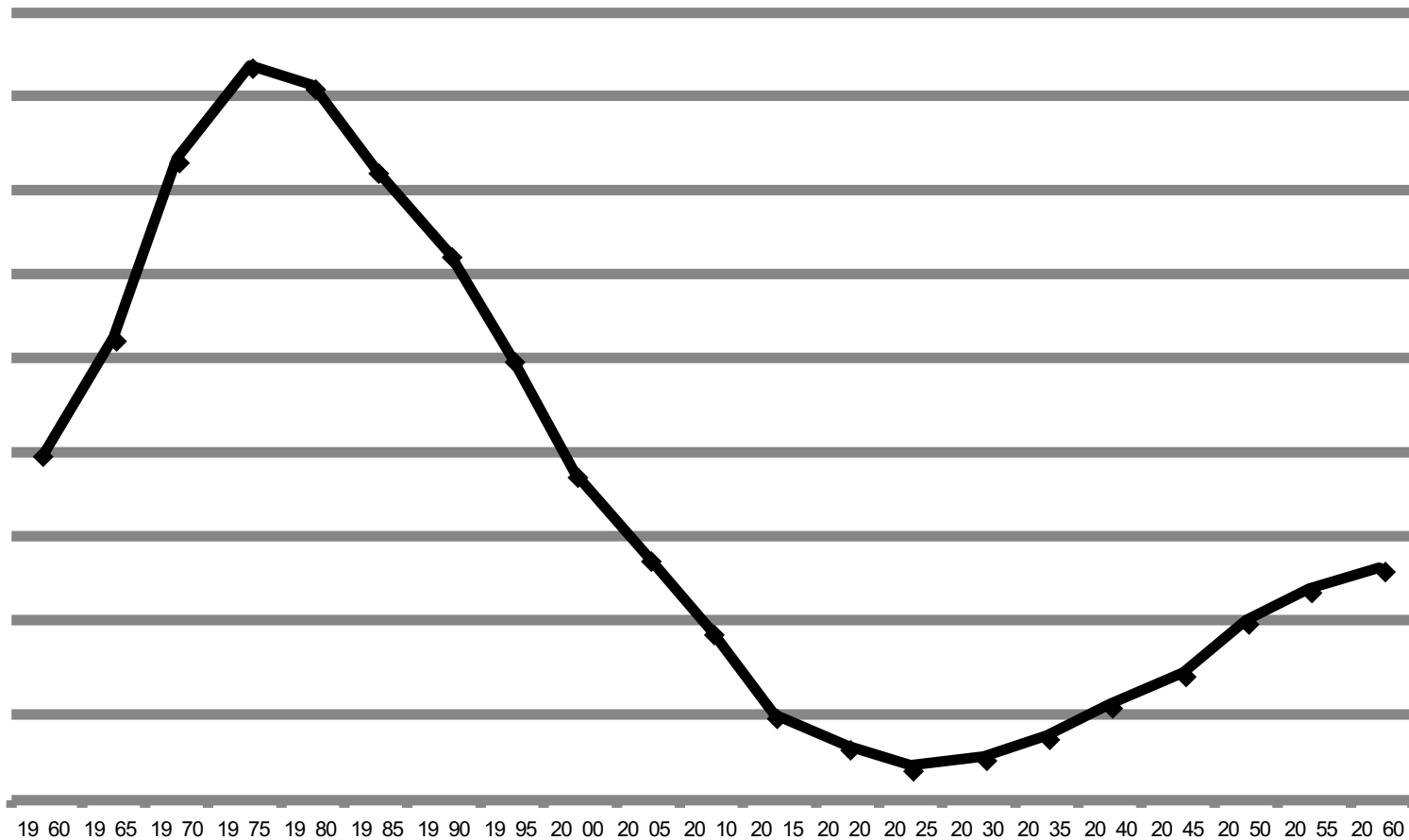




# Current issues



# Percentage of 65+ in residential care





# 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*

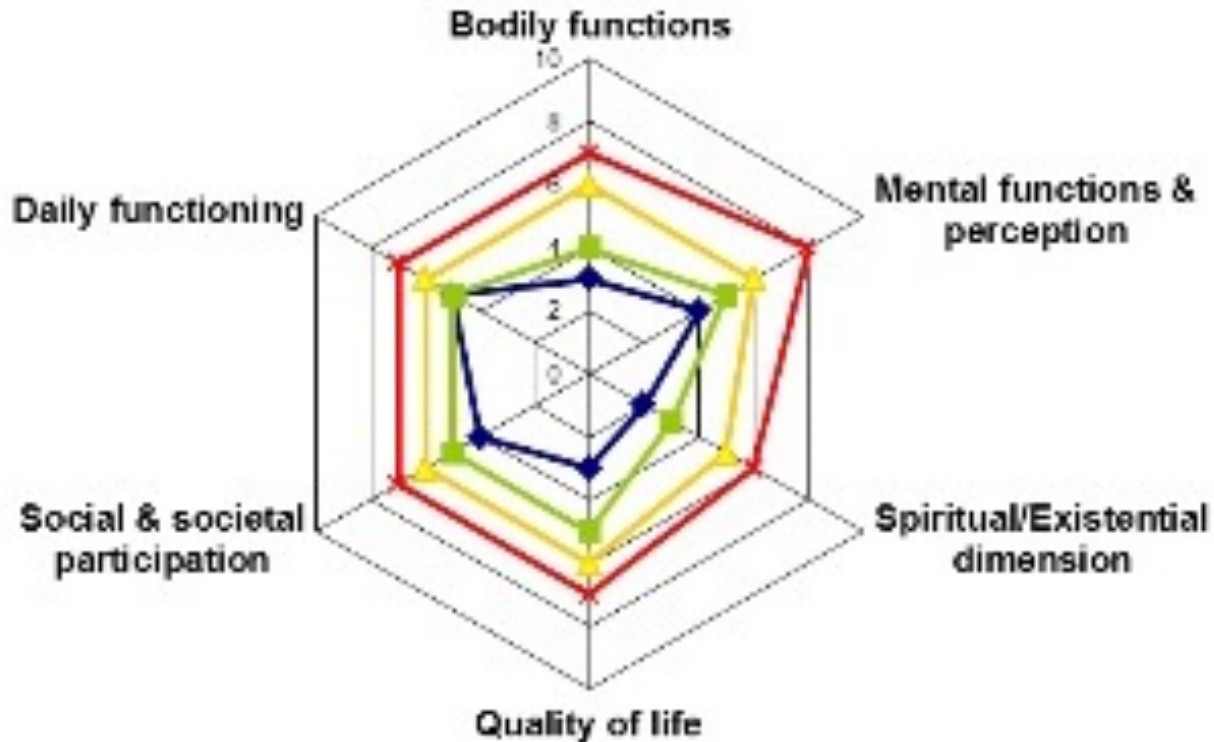
New concept (Huber et al., 2011)

- *health as the ability to adapt and self manage, in the face of social, physical and emotional challenges*

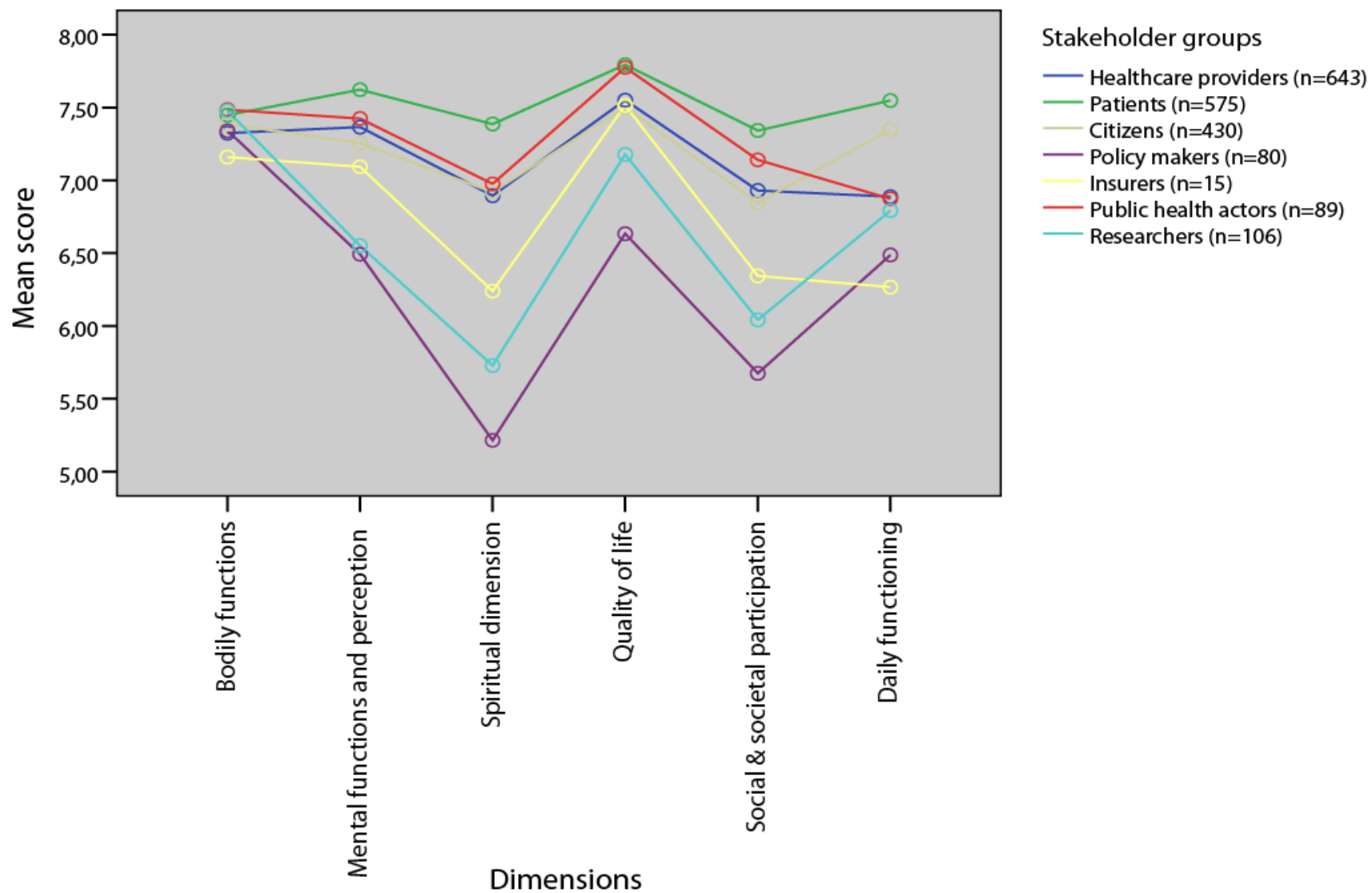


# Our health (care) paradigm is changing

(Machteld Huber, 2011; 2017)



Mean score per dimension for different stakeholder groups



# The Quality Council: independent council of the National Health Care Institute

## National Quality Council



- Solicited and unsolicited advice about quality of health
- Legal role to develop quality standards when health care parties (patients, providers and payers) fail to succeed
- Decision Power

*Quality is a dynamic, pluriform and moral concept that implies 'learning and improving together'*



Zorginstituut Nederland

# Kwaliteitskader Verpleeghuiszorg

Samen leren en verbeteren



| Van goede zorg verzekerd |



# 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



# The structure of the quality standard

## 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



# Our policy on quality is changing

- Develop peer relations with other organisations:  
local learning
- Users can expect safety, choice, personalised care
- From governance to support
- Reflection
- Staffing principles
- It is up to 'the field'
- Political consequences
- Budgetary consequences



# Key lesson to care professionals



# To what will it (hopefully) lead?

- Safe, attentive and personalised care



- Positive health
- Quality of life
- Resilience
- Dealing with complexities in life





# Thank you for your attention in part 1!

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