Quality in long-term care and large scale implementation
The introduction of new policy instruments in the Netherlands
Part 2

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Tradition of Practice improvement programs: adaptations and improvements

Programma: Memorabel
The ‘Why’ of the *Into care program* (2009): need for fundamental transformation in LTC

- Increasing public expenses (the Netherlands being highest in Europe):
  - 2009: 3.8% of GNP
  - 2050: 8.2% of GNP
- Expected shortages of staff
- Demand for more client driven care
- Traditional policy measures – legislation, funding, rearranging positions and responsibilities – were insufficient
The objectives of the program (2009-2017)

1. Supporting LTC providers/sector in their pursuit of becoming more sustainable, via generic and specific measures (actual support).

2. Enhancing of knowledge sharing and utilization by (digital) knowledge platforms for the compilation, distribution, and implementation of existing and program-generated knowledge about sustainable LTC.

3. Strengthening the relationship between the government and LTC providers (need for renewed relationship and redefining system-responsibility).
Formula of the program

• Nationwide call for action
• Knowledge infrastructure
• Facilitating knowledge sharing through the program’s website (www.invoorzorg.nl), featuring an extensive library of best practice tools and methods and a variety of interactions
• Accelerating change through active and targeted communication and dissemination of information and knowledge
Formula of the program (2)

- Systematical focus on cost-effectiveness and quality of LTC organizations by improving:
  - business/operations management (incl. governance, leadership)
  - empowerment of professionals
  - technology in care processes
  - inter-organizational collaboration
- Significant in-kind support by coaching/consulting participating organizations with high quality experts
- Standardized structure for change program for in kind support (11 steps)
- Monitoring progress of the goals the organizations set for themselves
Standardised in-kind support
Reach

- 137 Professionals
- 57 Collaboration
- 42 Technology
- 26 Welfare
- 171 Management

433
Examples of gains within specific organisations:

<table>
<thead>
<tr>
<th>Decrease in overhead by</th>
<th>Increase in direct client time by</th>
<th>Reduction in costs by</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% - 60%</td>
<td>25%</td>
<td>25%</td>
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<table>
<thead>
<tr>
<th>Decrease in sickness absences by</th>
<th>Gains in efficiency of</th>
<th>Increase in informal care by</th>
</tr>
</thead>
<tbody>
<tr>
<td>15% - 46%</td>
<td>10% - 15%</td>
<td>20%</td>
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</tbody>
</table>
• In 2012–2017, **250 000** unique visitors annually accessed the website www.invoorzorg.nl

• More than **10 000** individuals follow the *Into care!* Twitter account and more than **9 000** individuals subscribe to the newsletter

• About **400** meetings and conferences took place, where more than **20 000** care workers, managers and directors of LTC organisations participated. These venues facilitated the horizontal exchange of knowledge.

• On average, over **200 000** presentations were viewed via Into Care!’s Slideshare account annually
Mechanisms in organizations

- Risk perception (Ministry involved), significant drop out in early stage
- (Self-)diagnosis
- Getting committed
- Focus
- Whole system approach
- At multiple levels, sharing values and objectives: organization, staff, clients
- Selecting a coach
- Pursuing results
- Learning
- Employing existing knowledge
- Knowledge sharing
- And implement change...
Mechanisms program and organizations

- Design of the program
  - Vision and objectives: good quality, lowest waste
  - Temporary network organization
  - Independent brand
  - Learning
  - Self-learning

- Program organization
  - Congruent behaviour (focus, client oriented, immediate response, short lines)
  - Neutrality to vested interests
  - Loosely coupled linking
  - Strict format
  - Communication and knowledge driven

- Management team
  - Coupling sources of executive power: Ministry and Board Vilans
  - Decision making authority: contracts
  - Challenging style: be more ambitious
  - Case monitoring: specificity
  - Energetic and reflexive
  - War room

- Design of relationship
  - Ownership of participating organizations
  - Standardized contracting
  - Clear format, no prescription
  - Restricted choice
  - In-kind, unless disengaging from their project
Mechanisms at program level

• Expert knowledge and knowledge partners
  • Public tendering
  • Matching coaches (consultants)
  • Assisting organizations, not taking over responsibilities
  • Independent professionals
  • Autonomous role
  • Deep and intensive involvement (appr. 1.5 years, 2 or 3 days a week), deep into the heart of organizations

• Utilization of knowledge infrastructure
  • Sharing knowledge and experiences
  • Message: it is possible to make a change
  • Workshops, conferences
  • Digital library, learning environment, webinars, footages
  • Narratives and figures
Reflection

• By and large: the mechanisms worked as intended
• Policy makers and management team were closing the gap and were actively facilitating transformations in the field: entrepreneurial (non-conventional) civil servants
• But was it sufficient?
  • Did we achieve a movement?
  • Who did not participate?
  • Did we achieve structural and sustainable impact?
• And do we have a new policy instrument?
• Initiated by the Dutch Ministry of Health, Welfare and Sport.
• Objective: to improve the quality of nursing home care.
• Focus: to strengthen the position of clients and care professionals.
• Providing support and (policy) conditions to nursing homes in developing and achieving innovations.
• Extended knowledge infrastructure.
• Website www.waardigheidentrots.nl & social media
• Over 22,000 visitors monthly
• 300 themed meetings with 5,000 visitors
• 5 national conferences with 7,000 visitors
• 18 thematic publications with experiences & lessons-learned
More space for nursing homes
• Insight in mechanisms:
  - Contribution to motivation of change towards Dignity & Pride
  - Contribution to culture change to more client centred care
  - Substantive results on both project level and thematic level: e.g. development of quality of life measurement instruments, family care plans, family participation, models for personal budgeting
  - Effects for clients & professionals predominantly positive

• Challenges:
  - Sustainability of ‘culture change’ & outcomes
  - Dissemination of results
More space for nursing homes

- And a significant number of quality improvement projects
- For organisations at risk or having serious quality shortcomings
- Formula by and large comparable with *In to care!*
- At strategic and operational level
- Long and intense trajectories, often at all premises
- Often:
  - after new executive board came in charge
  - very small scale and very large scale services
  - in urban areas/large cities
- Labour market complicating factor
More space for nursing homes
More space for nursing homes

This is the good stuff.
Thank you for your attention!

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