

Improving and supporting quality of care in Dutch nursing homes

Experiences and results of a nation-wide program

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GOLTC
October 29, 2024



Nation-wide program Dignity and Pride 2018- 2022

Objective:

- Sufficient time, attention and high-quality care for nursing home residents by implementing the Dutch nation quality framework for nursing home care

Improvement trajectories in NH facilities

- Nursing home care **quality scan**
- Customized **support by external change agents**

Dutch quality framework for nursing home care

What residents and relatives could *expect* from care in NH (*care outcomes*) and what is *needed* within nursing homes to provide good quality care (*organizational conditions*)



How to get insight in quality of care?

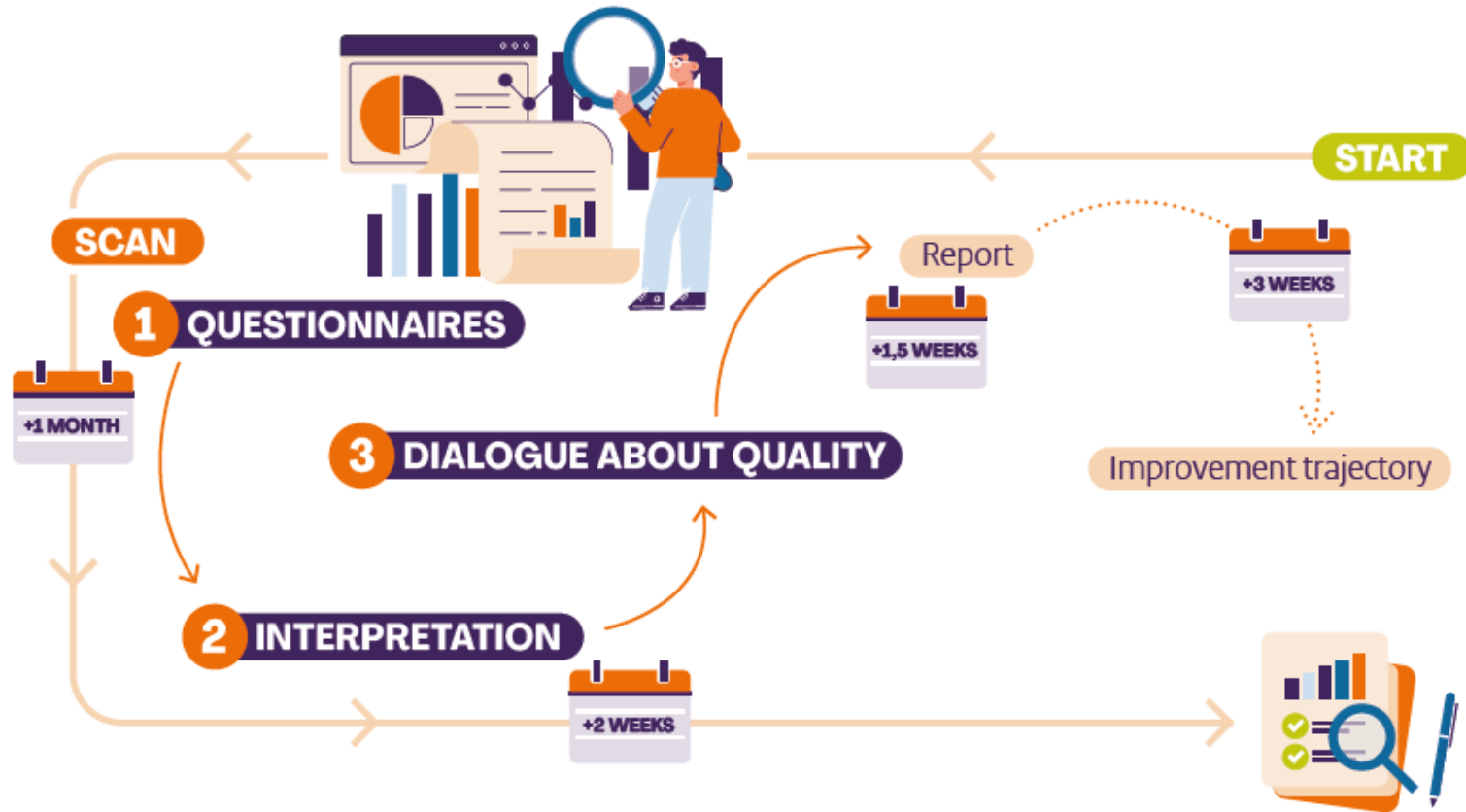


Fig. 1 The Dutch quality framework for nursing home care

- Including all perspectives
- Independent experts
- 3- hour dialogue session
- Consensus: what needs attention?
- Basis for the improvement plan

Improvement trajectories

516

individual nursing home locations participated in the programme **Dignity and pride on location** (22% of all locations)

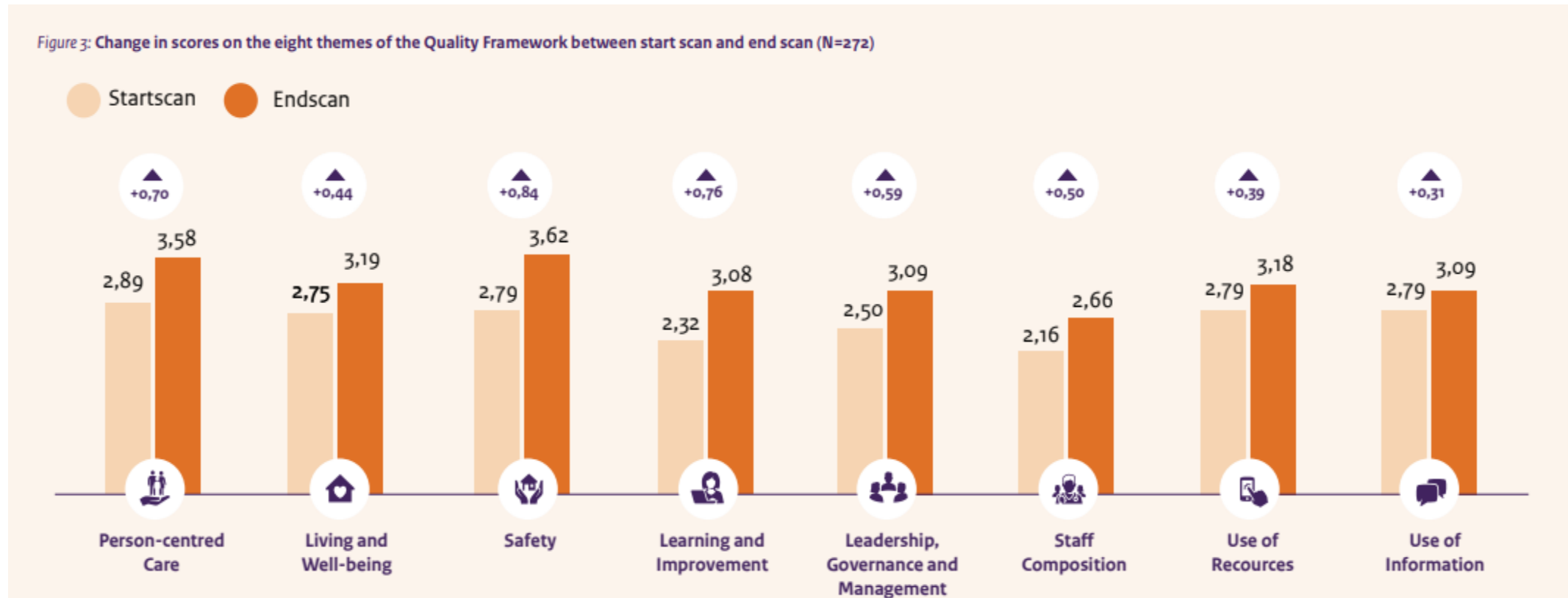
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improvement trajectories



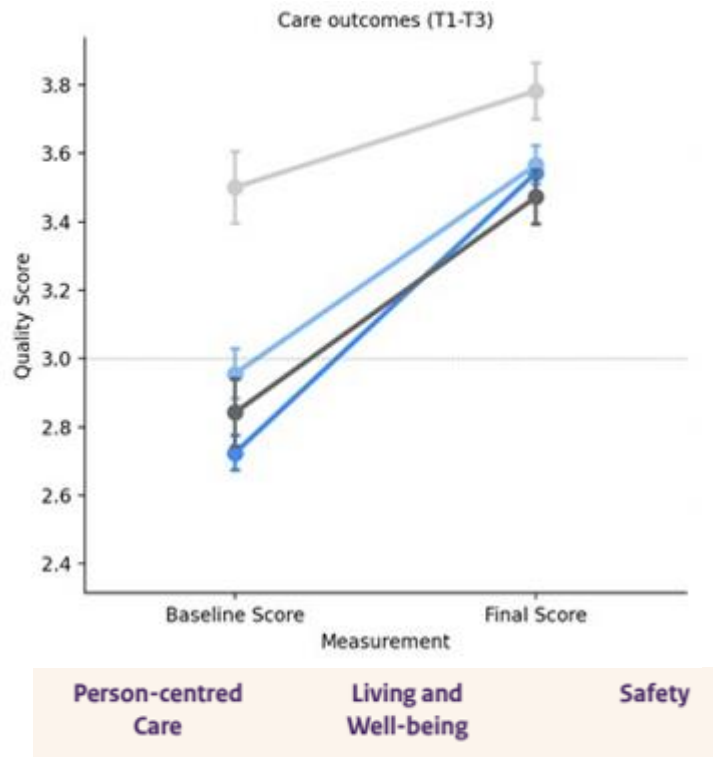
- Tailored support for 9 up to 24 months
- The approach per theme varied based on results of baseline scan:
 - (partial) support of the expert coach
 - independent work on the theme
 - no attention was paid to the theme

Notable enhancements across all eight themes



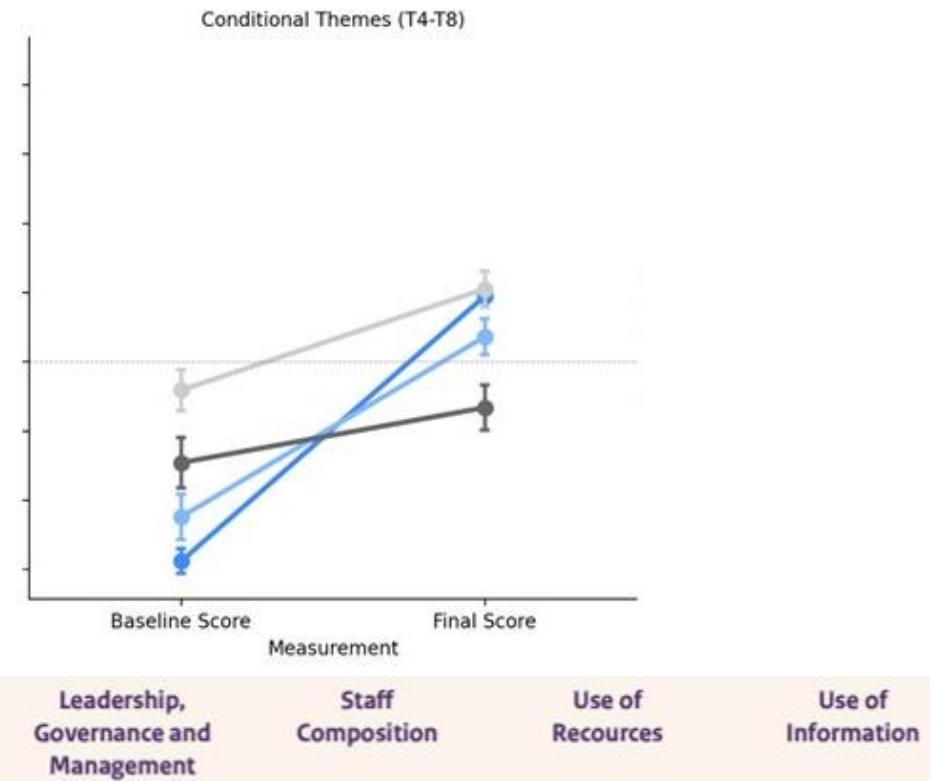
- *The greatest improvements were observed in the themes of Resident safety, Person-centred care and Learning and improvement.*

For improving organizational conditions an expert coach was needed



Approach to support on specific themes

- Support from expert coach
- Partial support from expert coach
- Independent work by facility
- No attention



For care outcomes, the level of improvement was independent of support type

➤ More significant improvements in organizational conditions were made with support of an expert coach.

Organizational conditions are important for good quality care

Association between organizational conditions (T4 – T8) and care outcomes (composite scores of T1 – T3) in NH facilities participating in D&PF (N= 325)*

	B	SE	p-value
Intercept	1.539	0.142	.000
Learning and improvement (T4)	0.235	0.035	.000
Leadership, governance and management (T5)	0.056	0.034	0.100
Responsive workforce (T6)	0.160	0.029	.000
Use of resources (T7)	0.144	0.036	.000
Use of information (T8)	0.044	0.041	.277

E.g. Reflection on potential improvements, learning culture

E.g. Right skills and knowledge, good teamwork

E.g. Evaluation of methods and practices, opportunities to use technology

Conclusions from the Dignity and Pride program

1. The **quality scan** including all relevant perspectives stimulated openness, dialogue and awareness on quality of care at the NH facility and identified steps that are needed to improve quality of care.
2. With support of external expert coaches **notable enhancements** were realized across all eight themes of the framework
3. **Support from an external expert coach** was a significant factor in **enhancing organizational conditions**, but a less crucial element in optimizing care outcomes. This is related to the fact that more complex interventions are needed to enhance these organizational conditions.
4. Analysis showed that **organizational conditions are of substantial importance** for positive care outcomes
5. Development of a **supportive environment** and a culture of **learning and improvement**, is difficult but conducive and **valuable for good care outcomes** in terms of safety and person-centred care.

Thank you!

Learn more? [Results: Dignity and Pride on Location \(vilans.org\)](https://vilans.org)

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