What is In voor zorg!?

On the completion of the support program *In voor zorg!*, commissioned by the Ministry of Health and conducted from April 2009 - 2017 by the Vilans knowledge institute for long-term care, a concluding publication has now seen the light. The introduction to this publication has been translated into English.

Besides this, an evaluation of the effectiveness of *In voor zorg!*, carried out under the auspices of the Vilans by an independent research team from SIOO (inter-university center for organizational studies and change management), has been investigated. A summary of this investigation has been translated into English. Both reports, including the underlying documentation, are available in Dutch at www.langdurigezorg.nl/invoorzorg.

The reason for In voor zorg!

In 2009, organizations in long-term care felt the need for change, in response to social developments. Although many innovations and improvements were known, organizations were insufficiently aware of them or wondered how they could introduce these into their own organization. Therefore, the structure of long-term care was not considered 'future-proof': the aging population would soon cause an increasing need for long-term care. Without intervention, long-term care would be financially unsustainable, while at the same time the workforce would decrease. In 2009, clients began demanding a more client-centered approach, rather than the customary supply-driven care. In response, system changes were implemented in order to achieve a change of behavior in the long-term care: more focus on the client, more room for professionals, better quality, and better prices. But this was not enough. The *In voor zorg!* incentive program was launched in October 2009. Its aim was to prepare organizations for those new demands as a reaction to requests from HMOs for support.

In voor zorg! - An implementation program

Before 2009, several programs for development and improvement in long-term care were carried out. Examples are the *Nationaal Programma Ouderenzorg, Transitieprogramma Langdurige zorg, Landelijk Dementieprogramma, Zorg voor Beter*. These programs originated from an inherent necessity and actuality, and have one thing in common: an attempt to develop the new knowledge necessary for the sustainability of long-term care. This new knowledge did not automatically find its way into practice, so that a logical next step was the implementation of this knowledge. This meant linking it to policy, and this to quick results in quality improvement, effectiveness, and skills for the future/sustainability of long-term care. *In voor zorg!* was supposed to provide the sector with support in this process.

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl

Objectives

In voor zorg! had a threefold objective:

1. Support for healthcare providers in long-term care in their pursuit of skills for the future-proof skills/sustainability.
2. Setting up and maintaining a knowledge platform for the compilation, distribution, and implementation of both existing and program-generated knowledge about sustainable long-term care.
3. Strengthening the relationship between the government and healthcare (creating a different and closer relationship between government and the field, initiating a development in this respect).

During the realization of these objectives the direction of the program was adjusted to current policy requirements or urgency. For example, in November 2012 the new cabinet's coalition agreement presented a far-reaching transition: the reform of long-term care. The initial focus, optimizing the existing situation within the AWBZ, was no longer sufficient. This made the task for healthcare providers more specific, also for *In voor zorg!*, which supported care providers and their partners in making the required transition.

OBJECTIVE 1
Support for healthcare providers in long-term care

On request, HMOs, chains, networks, and partnerships received procedural support in kind from *In voor zorg!* This was the core of the program. Its goal was to achieve a sustainable healthcare in which both existing and acquired knowledge would be used.

The *In voor zorg!* procedure

In voor zorg! supported HMOs, chains, networks and partnerships in the realization of transitions through specially selected coaches. Routes consisted of various stages: intake, scan, setting up a plan of action, implementation and evaluation.

In voor zorg! procedure: standardized steps

1 Exploratory talk

2 Gathering information

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl

3 Organization analysis (scan)

4 Setting up a plan of action

5 Approving the plan of action

6 Contract

7 Action period 1

8 Intermediate evaluation

9 Action period 2

10 Consolidating lessons learned

11 Final evaluation

These *In voor zorg!* routes worked on a transition in one of the four main themes: Management, Room for professionals, Cooperation, and Remote care, later Technology. In addition, organizations in the social domain participated as well: the Welfare theme.

While *In voor zorg!* was in effect, 433 routes were finalized. These organizations, chains, networks, and partnerships in the long-term care -- and in the social domain -- were supported in kind by an *In voor zorg!* route, usually for approximately 18 months. The method and support process were standardized, but care organizations received a customized implementation. Those who volunteered for participation were healthcare providers who welcomed organizational change, and they entered into a voluntary but binding cooperation agreement with *In voor zorg!* They worked as partners to achieve their common goals. The implementation of changes in healthcare organizations led to a demonstrably better quality of care with a more efficient use of resources.

Results of the *In voor zorg!* program

As mentioned previously, the implementation of the project was customized per organization, which means that direction and purpose of the routes differed. In addition, *In voor zorg!* underwent a development because of policy changes during the process. This is partly reflected in the results for the routes. Three types of results can be recognized:

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl

1. Results regarding cultural and behavioral changes (motion triggers)
2. Hard actual results (effecting more by doing less)
3. Results regarding quality of care

In voor zorg! has enhanced the change capacity of the long-term care sector in order to achieve a sustainable sector that is focused on the client. In this transition the sector was supported: 433 healthcare organizations received support by an *In voor zorg!* route. The accumulated knowledge and experience were made available to the entire sector. A wide movement has started; a culture change has occurred; challenges were embraced by organizations in a more proactive manner, which proves that change is possible.

An analysis of similar results in more than one-third of the routes yields the following picture, by theme.

Theme: Management

Organizations operated more efficiently and more demand-driven, by tilting their business processes from checking the primary process to facilitating it. Among other things, this led to a smaller administrative load and fewer overhead costs, for example by reducing management. Overhead costs decreased by 27-50% within eighteen months.

Efficiency gains showed an increase of 5-15% in eighteen months, while the quality of care remained constant. This percentage includes more production, less waste and management pressure, more norm-compliant care, and use of fewer resources.

In the primary process we saw a movement toward more direct hours in relation to the number of indirect hours. The primary process moved to a more central position and productivity increased, because client contacts were arranged more efficiently. Organizations managed to substantially reduce the time needed for drawing up an individual care plan to six weeks, sometimes even to fewer than 35 days. It was possible to increase direct client time by 80%. The reduced management and administration load for professionals made it possible to support more clients and/or have more face-to-face client contacts within eighteen months. In addition, we saw a higher employee and customer satisfaction.

Employee costs decreased as a result of reduced absenteeism, the use of volunteers and clients' social networks, and by dismissals. Organizations that had chosen to expand informal care managed to increase the role of the client’s family and social network by 22% within eighteen months.

Intramural locations were closed, and organizations achieved less complex care closer to the people in their districts (more decentralized, extramural care for care intensity package (ZZP, self-employed persons) 1-4). We already saw that 20% more extramural service within eighteen months was attainable. *In voor zorg!* routes achieved a reduction of waste: organizations worked more effectively

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl

through a better connection between care and ZZP indication. A 42.6% deviation reduction on a ZZP indication was realized.

Theme: Room for professionals

Overall, we saw an increase in employee satisfaction of 7.2-8.4. By working in small independent teams employees experienced more job satisfaction through increased control and responsibility. We saw downward trend in a absenteeism of 15% -46% within six months to a year. In one care organization, a decrease in absenteeism of 75% was realized.
At the moment, 76-100% of the clients in six organizations have an actual individual care plan , drawn up in accordance with norm-compliant care, and fitting the ZZP scheme. In some cases this used to be only 5-8% . It was also possible to draw up an individual care plan in only 23% of the time.

The introduction of self-managing teams often resulted in a decreased overhead (from 1-10% to 60%) and an increase in productivity (6-25%). In addition we saw structural savings by smarter working methods, less consultation, and less administration. One participating care organization saved € 450,000 on an annual sales of € 79,000,000, a saving of approximately 19,000 man hours. Employees contributed to an increased productivity by taking more personal responsibility.

Professionals changed from 'providing care to' to 'taking care of' people . By developing a more client-oriented behavior employees ensured that, in eighteen months, 15-50% more clients than before were involved in decisions about their care and when care was delivered, and managed to cope with the help of home care. Clients saw fewer different care givers, which they much appreciated.

We also saw an increase in client satisfaction regarding personal influence, individual attention, and the extent to which their wishes were taken into account. According to the CQ measurement scores were between 7.7 and 9.1. In addition, some HMOs developed their own instruments to assess client and employee satisfaction.

In several *In voor zorg!* routes we saw an expansion of clients' social networks, increased involvement of those networks, and improved independence and self-direction. Care quality received a new impulse by for instance emphasizing capacity allocation, working in smaller teams, a different distribution of competencies in teams, and increasing the level of expertise of the healthcare workers. In a number of organizations people's ability to learn and develop improved, for instance by training - including e-learning -, dialogue, and reflection. Several organizations worked on a further development of their visions, translating these into mission statements and implementation plans. In addition, organizations became more visible (e.g., on district level), and the local involvement increased.

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl

Theme: Technology

In the technology theme the focus lay on technology deployment such as remote care, domotics, and monitoring lifestyle through the internet. 'Screen care' has resulted in a reduction of travel expenses by at least 17% (17-34%) in several healthcare organizations. Travelling time decreased by at least 16% (16-32%). The use of technology increased the number of clients per professional. In some cases, we saw a decrease of indirect time by 18%, in favor of direct client time. Remote care led to physical care being replaced by digital coaching for clients.

Within eighteen months, a number of participants managed a reduction in labor costs of 26%, a total FTE reduction of 16%, and a proportion of digital care delivered of 14%.

Many organizations introducing remote care reported an increased independency in their clients (this was echoed by about 80% of the clients); they could live at home longer, more safely, and independently. Their social network was more involved because making contacts became easier, so that family was better informed about their relative's life. This reduced loneliness, and clients experienced more calm and the freedom to structure their days.

Clients and employees of the organizations experienced an increased quality of care and life thanks to the use of technology; as many as 86% of the clients experienced this increased care quality within eighteen months. Employees reported improved control. Some *In voor zorg!* routes reported that 90% of family and clients recommended video calls to others.

The use of smart optical sensors showed that only 22-23% of the alarms needed a response. This means a decrease of alarm responses of more than 75%.

Theme: Cooperation

In the cooperation theme the focus was on deduplication of management. In many circuits we saw a 50% reduction of consultation hours after eighteen months thanks to the integration of care for the client and local socializing in neighborhoods. Important steps were clear agreements on legal matters, joint budgets, annual plans, and the way personnel was deployed. In many *In voor zorg!* routes HMOs initiated intensive contacts with municipalities. More knowledge was shared between organizations and employees within partnerships.

Within the cooperation theme, the *In voor zorg!* routes led to the development of a common vision, joint service portfolios, and healthcare concepts under the new WMO. In some cases these were drawn up in consultation with clients and residents.

Integrated care and partnerships strengthened the signaling function in case of vulnerable groups. This led to more prevention. In addition, an updated and qualitatively better care was offered. The ultimate goal was the prevention of heavy, formal care at too early a stage. In several routes we saw a

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl

reduction in hospital admissions, more home care, and a better match between the care offered and the needs of the client.

Partners realized a better care alignment, which led to less waiting time for clients. Within eighteen months, waiting times were reduced to 10 days instead of 3-4 months.

OBJECTIVE 2

Setting up and maintaining a knowledge platform

From the beginning of the program, *In voor zorg!* distributed knowledge and information through various communication tools and activities: organizing conferences, master classes, symposiums and meetings for internal project managers and administrators, releasing knowledge packages and workbooks, and maintaining an up-to-date website and the learning platform IVZO.net. The results of change routes have been shown in fact sheets. The best practices of change procedures were collected and shared with the sector.

Since 2012, 47 publications have been released (see Annex 3 for an overview). The experiences with *In voor zorg!* in the implementation of successful change procedures remain available to the complete long-term care sector through www.invoorzorg.nl.

Distribution of information and knowledge

OBJECTIVE 3

Strengthening the relationship between the government and healthcare

While *In voor zorg!* was in effect, the Ministry of Health added several specific projects because of current development or urgency. An example is the more collective support offer for smaller healthcare organizations, as a result of changes in PGB funding. Other specific projects were the support of WMO regions, consortia, and the collective support offer for welfare organizations
as a result of decentralization. In addition, *In voor zorg!* organized meetings, including administrator networks, where representatives of the field entered into a dialogue with the Ministry of Health.

Meetings
Number of website visitors, separately/total
Subscribers to *In voor zorg!* newsletter
Number of visitors at *In voor zorg!* meetings
Number of *In voor zorg!* meetings

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl

This publication appeared on the completion of the support program *In voor zorg!*, commissioned by the Ministry of Health and conducted from April 2009 - April 2017 by the Vilans knowledge institute for long-term care. This publication describes the results and activities of *In voor zorg!*

All underlying documentation can be found on the knowledge base www.langdurigezorg.nl/invoorzorg. An evaluation of the effectiveness of *In voor zorg!* under the responsibility of Vilans by an independent research team from SIOO (inter-university center for organizational studies and change management) has been investigated as well. This evaluation report can be accessed at www.langdurigezorg.nl/invoorzorg.

Literature

In voor zorg! (2017). *Eindpublicatie 2009-2017*. Retrieved from https://www.langdurigezorg.nl/wp-content/uploads/2017/04/Eindpublicatie_Invoorzorg_2009-2017.pdf

Staveren, A. van., Bosboom, F., Smid, G. & Verweij, W. (2017). *Doen wat nodig is. Evaluatieonderzoek In voor zorg!.* Retrieved from https://www.langdurigezorg.nl/wp-content/uploads/2017/04/Evaluatieonderzoek_Invoorzorg_Sioo.pdf

Postbus 19188 - 3501 DD Utrecht | Catharijnesingel 47 - 3511 GC Utrecht | 030 - 789 25 10 | info@langdurigezorg.nl