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1. **Session title**: Breaking boundaries: international accounts from innovative “centres of excellence” in social care

2. Paper 3: Bridging policy, science and practice by knowledge based co-created large scale implementation and innovation programs.
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Bridging policy, science and practice by knowledge based co-created large scale implementation and innovation programs.

Vilans as a knowledge organization for care and support

Vilans is the national Centre of Expertise for Care and support in the Netherlands. In this field, Vilans engages in innovation, research and development, dissemination, and implementation of good practices. We want everyone to be able to live the life they want, including people who are dependent on care and support. We contribute to this by sharing knowledge.

Vilans is mainly funded by the Dutch government (project based and a more fixed budget for knowledge infrastructure) and is well-known for running large scale implementation programs. Within these nation-wide implementation programs and beyond, Vilans contributes to solving problems in healthcare and support through the development, exchange and application of knowledge. Together with various stakeholders, such as care professionals, experts and researchers, we collect, develop and share knowledge. For the dissemination of knowledge Vilans manages multiple (digital) knowledge platforms aimed at different goals and target groups. Together, these websites are visited approximately 8 million times a year. Also, to disseminate and share knowledge, Vilans organizes a large number of meetings and events every year. Varying from large-scale conferences (> 1,000 persons) to online webinars.

Facing the major challenges of the health care sector, we bring together people, organisations, practice, policy and education, and accelerate the development, exchange and application of knowledge. As Vilans we focus on three strategic lines where we can make a difference with knowledge: 1) Putting people’s lives at the centre rather than the healthcare system (integrated support and care), 2) Providing sustainable support and care with a reduced number of healthcare professionals and 3) integrating and applying technology as a logical step in support and care.

The Vilans organisation is located in Utrecht, and functions as a hybrid organization. The approximately 225 employees work alternately at the location in

Utrecht, from their home or in the field. As a knowledge organisation, we are organized in 14 professional teams, which are teams of colleagues with a similar background, but with different specializations and expertise. For example, the knowledge management department supports and organizes the process of knowledge flows, so that the knowledge is optimally findable and usable in practice by stakeholders and care professionals. The Learning and Change department focusses on supporting professionals and their organization or network in developing and implementing (new) approaches. And the department Monitoring and Impact, aims to systematically monitor the progress, results and effects of our work, in order to learn from the experiences gained, to maximize the impact and to be accountable.

Large scale implementation and innovation programs

During the last ten years, Vilans executed a number of large scale national implementation programs like the National Dementia Program (setting up Dutch regional integrated care networks for dementia care), Omaha-care (implementing standards for care registration) “The innovation Impuls” (making technology a logical choice in the care for people living with disabilities), and “Dignity and pride” (supporting the implementation of the Dutch Quality framework for nursing home care). New programs are being set up also with a focus on regional and integrated domain-overarching care.

Most of these implementation programs are funded by the Ministry of Health, Welfare and Sports, and executed in co-production with partners. By funding these programs the Ministry intends to bridge practice and science and generate feedback to policy. The programs can be seen as a policy instrument to contribute or ‘solve’ large scale issues in healthcare settings, like maintaining accessibility of care, improving quality, redesign of services or involving communities and informal carers. The nationwide programs generally consists of a mix of activities, including 1) participating organisations receive one-site tailored support by external expert coaches (sometimes referred to as ‘facilitators’ or ‘change agents’) whose task is mainly to guide the organization through the step of an improvement or implementation trajectory, 2) collection of good-practices and knowledge from practice that may be enriched with scientifical knowledge and made applicable for practice, and 3) knowledge dissemination and exchange by means of meetings, networks and the digital knowledge platforms.

The progress and results of the implementation and innovation programs are monitored by using an impact framework. This impact framework describes the expected outcomes of the program and how and why the program activities contribute to the long-term goals of the program (also called a theory of change). The impact framework then provides the basis for the monitoring plan by which both the progress of activities, program outputs and progress with regard to the achievement of longer-term goals can be evaluated. An overview of recent programs and their aims can be found in table 1.

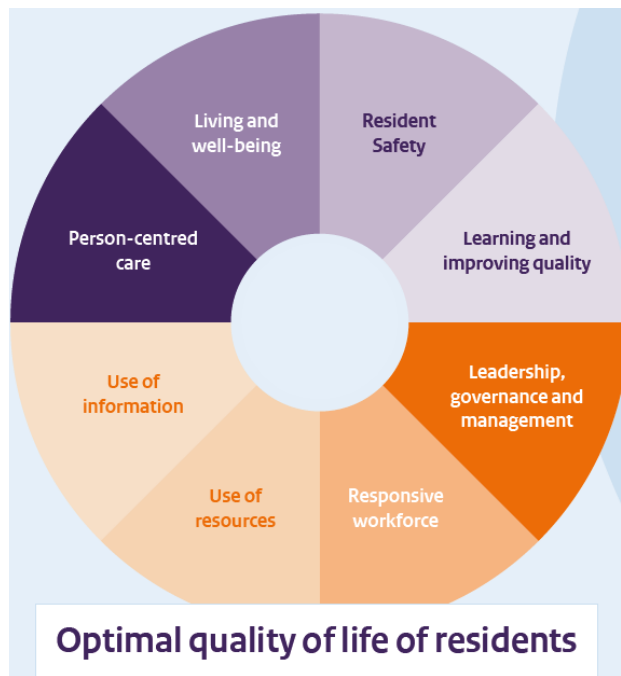
Table 1: Programmes recently executed by Vilans, their aims and duration

Name of the programme	**Aim of the programme**	**Duration of programmes**
Innovation Impul**se**	Implementation of technology in care for disabled people	2021 – 2022 2023 - 2027
Support a la Carte	Innovation in person-centred care in care of disabled people	2021 – 2022 2023 – 2026
Reducing rules in long-term care	To work on less regulatory pressure, more time for care and more job satisfaction.	2021 – 2022 2023 - 2026
Care and coercion act	To help care organizations to correctly apply the Care and Coercion Act	2020 - 2022 2023 - 2026
Omaha system	To provide information on how to apply Omaha System (standards for care registration)	2014 - 2022
	• To improve quality of care • Implementation of the Dutch quality framework for nursing home care • Transform nursing home care to become future-proof	2015-2018 2019 – 2022 2023 – 2026
Dementia care	To improve the quality of life of people with dementia by tailoring care and support to their personal environment.	2017 – 2020 2023 - 2026
Infection prevention	To promote hygiene and infection prevention in nursing home care and care of disabled people	2022 2023 - 2027
General medical care	To organize medical expertise and care capacity differently in long-term care with a focus on regional cooperation	2023 - 2027

3. How does it work? Highlighting the Dignity and Pride program

One of the largest programs Vilans executed in the last years was the Dignity & Pride (D&P) program aimed at implementing the Dutch quality framework for nursing home care. In this program, that was initiated by the ministry of Health, Welfare and Sport (VWS) in 2019, over 500 nursing home facilities participated (21.5% of the total number of nursing home facilities in the Netherlands). This quality framework contains eight themes reflecting the content of care (themes 1–4) and preconditions for quality of care (themes 5–8) (see figure 1).

Figure 1: Dutch quality framework for nursing home care



The design of the D&P programme was based on the experience of previous Dutch programmes in long-term care conducted by Vilans and contains three main components: 1. Programme en knowledge management including management of online platform, facilitation of learning communities, organisation of meetings and conferences 2. On-site implementation support by means of external coaching and 3. monitoring and dissemination of approaches and results, which means monitoring progress and results, collecting good practices, knowledge and tools from practice. These main components of the D&P program can serve as an example for the many other programs that are performed by Vilans.

Following a whole-system approach, D&P targeted all aspects of quality care—including the preconditions such as strategic personnel planning and governance. Helping to embed Quality Improvement? interventions in the routine of nursing home care both at the frontline of care and at the strategic level, this whole-system approach has been successful for change and quality improvement (Toles et al, 2021; Chadborn et al., 2021).

The D&P programme was open to all nursing home facilities that were motivated to get started with the implementation of the quality framework for nursing home care. At the start of the improvement trajectory, nursing home facilities examined the quality of care by way of a supervised self-evaluation (scan) based on the eight themes of the quality framework. The outcomes of this scan served as the starting point of the improvement and implementation trajectory.

Rooted in the outcomes of the scan, external coach(es) specialized in change management and quality improvement were linked to the nursing home facility or to the entire nursing home organization. A tailored action plan was then be developed to address the specific needs of the facility. In line with the whole-system approach of D&P, action plans were required to cover all eight 'quality themes' of the national Quality Framework for Nursing Home Care (Figure 1). Each plan was co-

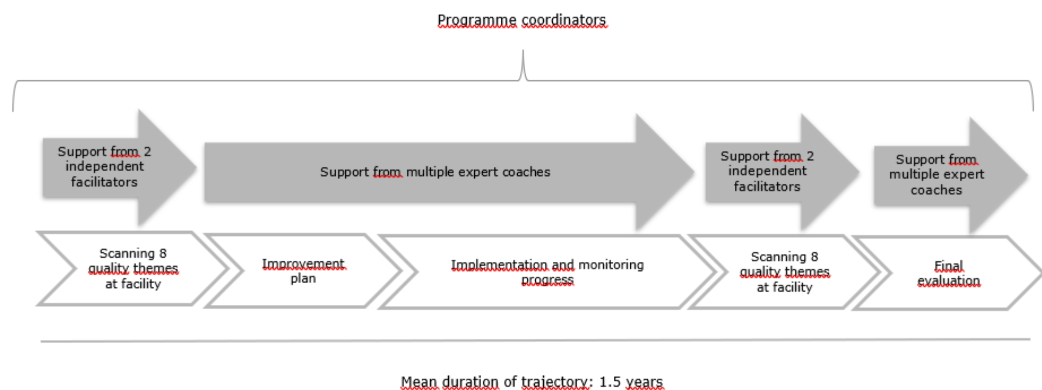
designed and approved by several stakeholders, including the organizations' various boards (executive, supervisory, and the employees' and clients' advisory board).

In addition to being tailored to each facility's or organization's specific needs, interventions described in the action plan were deliberately embedded in the routines of nursing home care. Although exact intervention strategies varied across trajectories, they generally covered four stages of change, following the model of 'intervention mapping' (Bartholomew Eldredge et al, 2011): 1) gaining insight into the current situation; 2) envisioning the desired situation and setting goals accordingly; 3) translating the derived vision and goals into an operational plan; and 4) implementing change and reflecting on the results.

Continuously monitored by the expert coaches and a D&p programme coordinator, each organization's implementation strategy was adapted as needed throughout the trajectory. To assist them in continuing to monitor and improve their organization's quality of care even after completion of the programme, managers and certified (assistant) nurses were also trained by the expert coaches to work according to a PDCA cycle (shorthand for a 'plan-do-check-act/adjust' methodology).

The duration of a single improvement trajectory was one to two years depending on the issues and themes that should be improved. Halfway through and at the end of the trajectory, the participating nursing home facilities repeated the supervised self-evaluation (scan) for monitoring purposes. Also a final evaluation involving organization employees, the coaches and a programme coordinator was used to assess the organization's progress and crystalize the lessons learned throughout the programme (see figure 2). Participation was free of charge, but nursing home organizations were obliged to pay back all expenses if they failed to adhere to the programme agreement and/or withdrew from the support programme without sufficient reason, which has only happened a few times.

Figure 2: Design of the D&P programme

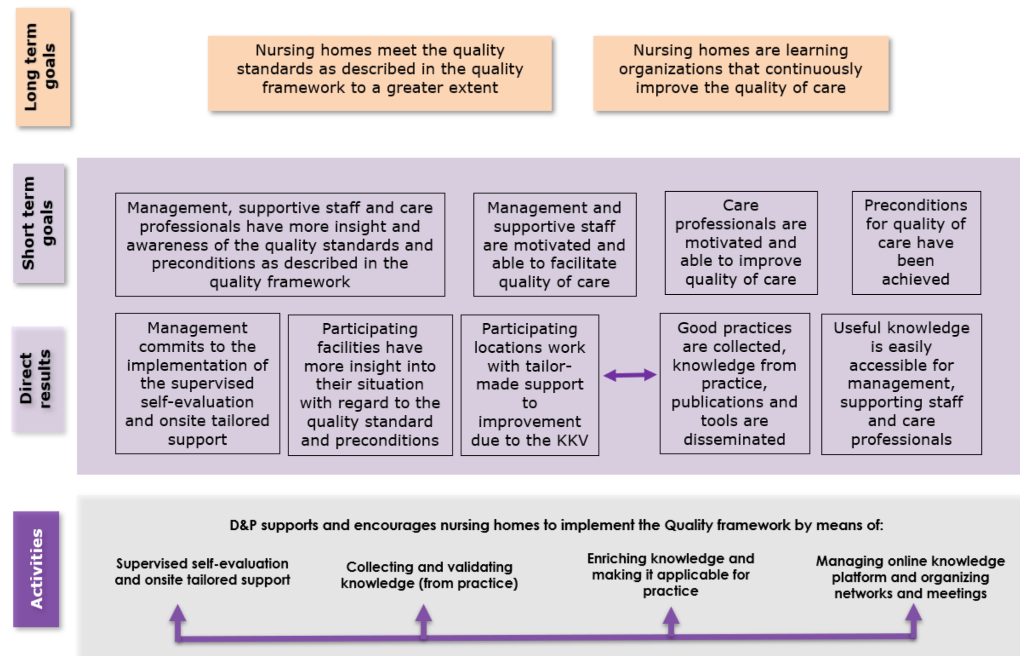


Besides tailored onsite implementation support, the second main element of the program consisted of sharing lessons learned and knowledge from practices through the programme website, newsletters, theme-specific meetings, networks and an annual conference. This knowledge component was open to all Dutch nursing home organizations, also those not participating in D&P.

Results of the D&P programme

To monitor the progress of the programme overall and to evaluate the programme yields an impact framework was developed. In this framework different program activities are linked to the program goals and intended long-term effects (see figure 3).

Figure 3: (simplified) Impact Framework and Theory of Change of the D&P programme

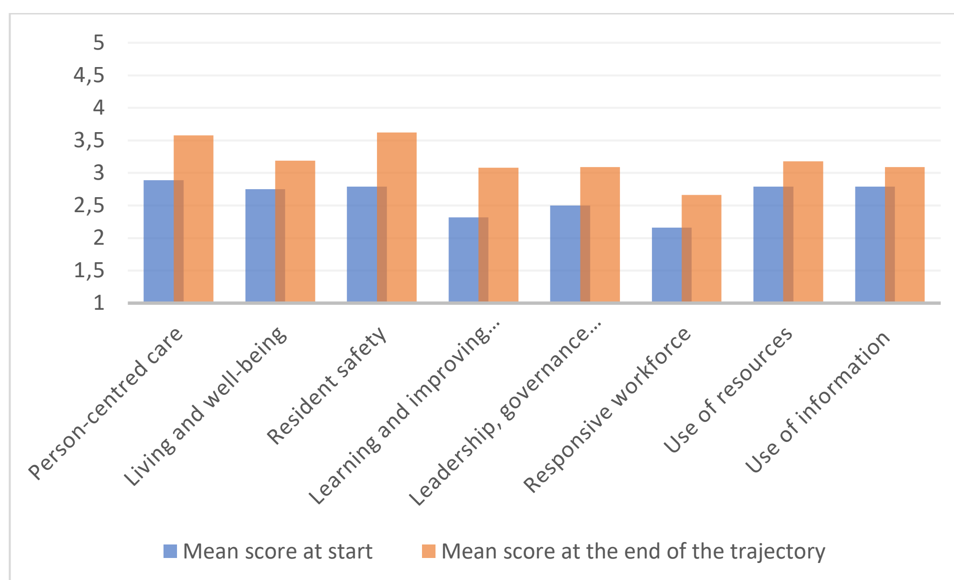


Results one-site tailored support

The scans that were conducted at the start and at the end of each implementation trajectory were used to examine the improvement of (conditions of) quality of care as described in the Dutch quality framework at the participating facilities. Comparison of scores on the scans at the start and the finish showed statistically significant improvements on all of the eight themes of the quality framework (see figure 4).

Evaluation showed that 50% of the participants were satisfied and 25% are very satisfied with participation in the D&P programme. Respondents reported that they experienced added value of the D&P program, in terms of increased awareness of the importance of change, a systematic approach and structure, practice -oriented support coach and an outsiders view. Points of attention reported by the respondents are: the implementation trajectory requires patience, Covid-19 and associated restrictions affect the results, sometimes higher expectations in advance about the result to be achieved, and therefore management of expectation is required.

Figure 4: Mean scores at the start and at the end of the improvement trajectories (N= 536 nursing home facilities)*



*The improvements on all eight quality themes are statistically significant, $p < .0001$ (p-value for Use of information is $p < .001$)

Results: dissemination of knowledge

The program website was used disseminate tools, publications, good examples and interviews. The website was visited more than a half million times in a year. The number of unique visitors has increased 26% during the four program years. The number of newsletter subscribers has increased from 3,000 to 7,000 and the total number of followers on Instagram, Twitter, LinkedIn and Facebook more than doubled during the program from just under 15,000 to over 37,500.

During the four years of the D&P program, three national conference were organized with an average of 1,650 participants (mainly care professionals, managers, supporting staff). In addition, more than 50 online meetings were organized focussing on the different themes of the quality framework. These meeting have been valued on average with a 7.8. In total 19 networks were started mainly focussing on certified nurses. More than 200 care professionals from 138 different nursing home organizations have been reached with these networks. This are (for the Netherlands) hugh numbers.

4. Lessons and future directions

By offering one-site tailored support from external expert coaches, the D&P programme provided an effective strategy for improving quality of care in participating nursing home facilities on the eight themes of the quality framework. The supervised self-evaluation instrument (scan) contributed to the quality awareness, agenda setting for improvement within the participating nursing home facilities and allowed us to monitor the improvements both at the facility level and at the program level. The expert coaches were perceived as vitally advancing the quality improvement process by stimulating open discussion and critical reflection, creating focus and structure, facilitating communication, and providing critical knowledge and skills. Also other elements of D&P, such as the whole-system

approach focussing on both the frontline of care and the strategic level, the use of blended facilitation, and the focus on using the PDCA-cycle can be regarded as valuable ingredients for QI support.

Despite the steps taken with the D&P programme, the results also show that there are still improvements to be made since not all of the facilities score sufficient (score of 4) or excellent (score of 5 on the self-evaluation instrument) on the eight quality themes (see table 1). In addition, the D&P program aspired to stimulate nursing home organisation in their development towards learning organizations. Because the D&P program was mainly focused on implementation and improvement of the (conditions for) quality of care, it is questionable to what extent the participating nursing home organisations have been developed into learning organisations. Learning organisations entails a learning culture with flexibility in goals, reflexivity in providing care and an adaptive organizational attitudes. Given the challenges that healthcare faces today, these characteristics of a learning organizations seem to be even more worth pursuing. Although the paradigm of learning health systems has been adopted widely, relatively little is known about the development, operationalized and evaluation of learning health organisations (Allen et al, 2020; Budrionis, 2016). More knowledge and skills when it come to the development of learning organizations is needed, also related to connecting these organisations to their context and local environment. In future programs, more attention should be paid to the development of learning organizations. This is a learning process that Vilans likes to engage in with the healthcare organisations.

By bridging practice with (scientical) knowledge and research and policy the D&P program as well as other Vilans programmes serve as a policy instrument to take steps forward when it comes to large scale issues in healthcare settings. By doing this, these programmes feeds policy and innovations with signal from practical experiences. Both these programmes and the various knowledge platforms that Vilans manages has high reach rates. We need to know more about the applicability of the knowledge we disseminate through these platforms, since several studies in the Netherlands have shown that the implementation of knowledge can be improved. Vilans is now planning to get more insight into the way knowledge has been applied in practice and to learn what questions this arises in practice.

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