Final report

Dignity and pride on location

2018 – 2023

Dignity and pride *on location*

Vilans

Contents

> The results as described in this report demonstrate that the programme, Dignity and pride on location, has contributed greatly to 'the movement towards further improvement of nursing home care', and therefore to the well-being of and good care for older people.

Results Dignity and pride on location at a glance

Customised support

516 nursing homes participated

22% of all locations in the Netherlands
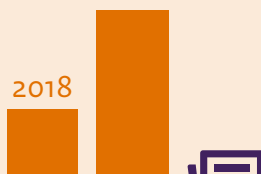
😃 **35%** Very satisfied

🙂 **52%** Satisfied

2018

2018

On average, **an improvement** was seen on **all themes** of the Quality Framework for Nursing Home Care

The themes of **'learning and improvement'** and **'safety'** gained the most.

Total healthcare workers reached 53.000

Total residents reached 30.000

21,5% of all care workers in nursing homes

24,8% of all residents in nursing homes

Knowledge development and dissemination

3 National conferences

approx. **1650** participants

The website reached over **half a milion** visitors a year

+26% compared with 2018

2022

2018
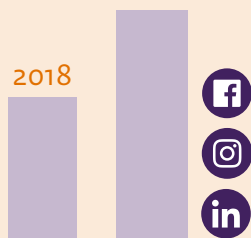
2018

2022

15.000 37.000

3.000 7.000

Number social media followers more than doubled
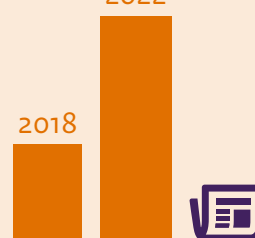
Number newsletter subscribers more than doubled

33 (online) thematic meetings approx. **2.000** participants.

7,8 Average rating

19 Learning networks

Corona and infection prevention

396 nursing home locations received corona support

15% of all locations in the Netherlands
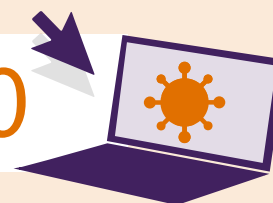
60.000 times the Corona Guide was accessed on the website.

44 organisations have started the programme

2022

Samen werken aan INFECTIE PREVENTIE

More information?
Go directly to chapter 2 and read on the results of the programme.

Chapter 1: *Introduction*

1.1 The programme, Dignity and pride on location

In 2018, the Ministry of Health, Welfare and Sport (VWS) presented its plans for the 'Nursing Home Care Quality Programme', called 'At Home in the Nursing Home' [1]. The programme aimed to ensure 'sufficient time, attention and good care for residents' by investing in:

- more time and attention for the resident;
- sufficient, motivated and expert caregivers;
- learning, improving and innovating.

With the 'At Home in the Nursing Home' programme, VWS aimed to initiate a mandatory shift towards further improvements in nursing home care. The 2017 Nursing Home Care Quality Framework [2] served as the standard for good quality care in this respect. This Quality Framework detailed in eight themes what residents and relatives could expect from care and what was needed within nursing homes to give substance to good quality care (see figure 1). Learning and improving together, at all levels of the organisation, was an important starting point for the Quality Framework.

Figure 1: **The 8 themes of the Quality Framework for Nursing Home Care**

The Dignity and pride on location (DOL) improvement programme was set up as part of the 'At Home in the Nursing Home' initiative. The programme offered support to nursing home facilities to improve care. It built on the experiences from the previous programmes 'In voor Zorg!' (IvZ!); 2009 - 2017) [3] and 'Waardigheid en trots' (W&t; 2016 - 2019) [4]. The evaluation of IvZ! highlighted the development and sharing of knowledge from participating tracks as a determining factor for the success of the programme. Moreover, both programmes placed great value on a thorough problem analysis and the use of external coaches. These coaches come from outside the organisation and are experienced consultants with extensive knowledge of nursing home care and change management. Consistent with IvZ! and W&t, knowledge dissemination and exchange, a comprehensive scan as a basis for an action plan and customised on-site support, were important assumptions of the programme (see 1.3 Components of the programme).

1.2 Goals and objectives

The activities within the DOL programme were developed to support nursing home facilities in implementing the Quality Framework for Nursing Home Care. Objectives to increase insight, awareness and the motivation of employees to better comply with the quality framework and strengthening the culture of learning and improvement at the facility. Knowledge dissemination and support were therefore specifically focused on the eight themes of the Quality Framework and their application in daily practice. The scan offered participating locations insight into where they stood in relation to the Quality Framework and areas for improvement. The programme had an integrative approach, focusing not only on high-quality care, but also on the preconditions for achieving that care.

1.3 Programme components

Nursing Home Care Quality Framework Scan

Participation in the DOL programme started with the Nursing Home Care Quality Framework Scan. The scan gives a picture of where the facility stands with regard to the quality framework and where there is room for improvement. The scan therefore forms the basis for a supported action plan for the facility. It fleshes out each of the eight themes of the quality framework into various topics (see Annex). By repeating the scan after some time, it can be assessed whether improvement has been achieved and where there is room for improvement at that moment (repeat scan). The scan consists of a number of components:

- **Self-analysis questionnaire:**
  As a first step, staff, residents, relatives, volunteers and managers use statements to share their experiences about the quality of care at the facility.
- **Site questionnaire:**
  Questionnaire in which the location manager fills in core data about the facility, including the number of staff and job profiles, number of residents and financial data.
- **Quality interview:**
  Several key people from the facility discuss the results of the self-analysis questionnaire and the location questionnaire in the quality conversation, under the guidance of two independent scanners. On this basis, they jointly assign a colour code to each quality framework theme, ranging from red (serious issues) to dark green (outstanding).
- **Scan report:**
  The jointly assigned colour codes and their underlying considerations are recorded in a scan report. This report serves as the basis for the support process and subsequent monitoring.
- **Feedback interview:**
  After the quality interview, the board is informed about the outcome of the scan. If necessary and desired, a support process is started.

Watch the explainer video about the scan (Dutch)

Bellis van den Berg
Adviseur monitoring en evaluatie

Customised support by external coaches

Based on the scan, nursing homes could receive targeted support from an external coach to improve care. In doing so, the programme was divided into Light, Plus and Intensive support:

- **Light support:** In these trajectories, the location was paired with a programme content advisor who provided knowledge or connected the facility with other locations to exchange experiences.
- **Plus support:** In these trajectories, the centre received support from a coach. These pathways were usually limited to one or a few themes within the quality framework (e.g. safe care and/or staff composition). The Plus trajectories had a duration of up to nine months and ended with a repeat scan.
- **Intensive support:** These trajectories involved working on improvements on various fronts (different themes from the quality framework and/or facility-wide issues) with the help of a coach or coaches. The Intensive trajectories lasted up to 1.5 years. In these trajectories, a repeat scan was conducted after nine months and after 1.5 years to monitor how the facility developed with regard to the Nursing Home Care Quality Framework.

Knowledge development and dissemination

Within the DOL programme, knowledge was collected from participating and non-participating nursing home locations. This included practical examples, experiences, tips, tools and equipment relating to the Nursing Home Care Quality Framework and its application. Also, based on the results of completed scans (see 'Nursing Home Care Quality Framework scan'), targeted knowledge was collected on those topics requiring attention at participating facilities. Where possible, the knowledge gathered was enriched with relevant information. To disseminate the knowledge gathered, a mix of communication channels was used within the programme:

- **Online knowledge dissemination:** a weekly newsletter, social media posts (LinkedIn, Facebook, Twitter (X), Instagram) and the website www.waardigheidentrots.nl.
- **Meetings:** an annual conference and (online) thematic meetings (including the SPOT-ON meetings started in 2021) focused on a theme or topic from the quality framework.
- **Learning networks:** informal connections of employees from various organisations with similar functions (e.g. quality nurses, team coaches), who exchange knowledge and experiences and learned from each other.

1.4 Coronavirus and infection prevention

The coronavirus pandemic had a major impact on organisations involved in elder care and on the DOL programme. When the pandemic broke out, there was an acute knowledge deficit on preventing and dealing with corona, especially among vulnerable target groups such as older people. The programme responded quickly and flexibly, retrieving and disseminating knowledge on current issues. This was done through the website, newsletter, webinars, brainstorm sessions and social media as well as with people from healthcare practice, among others.

From July 2020, the programme started supporting organisations on pressing corona issues. The support consisted of rapid and short-term deployment of a coach with specific expertise on the virus. The coach actively brought in knowledge and helped think about the approach on the ground, for example on preventing outbreaks, responding to a new outbreak, infection prevention, one-and-a-half-meter care and staffing issues. The coaches also helped organisations review how they had acted during the first corona wave and what they could do better during a new outbreak.

As a further development of corona support, the project 'Working Together on Infection Prevention' (Dutch abbrev. SWIPE) was started in January 2022. This project will continue for the next few years. In the SWIPE project, the programme works together with the Association of Geriatrics Specialists (Verenso), ActiZ and Verpleegkundigen & Verzorgenden Nederland (V&VN) to encourage and support healthcare professionals in nursing homes to sustain behavioural change in infection prevention [5]. The project consists of an approach aimed at organisations and activities by the umbrella organisations aimed at their own constituents.

In the organisation-based approach, implemented by the DOL programme, organisations receive short-term tailor-made support from external coaches. Knowledge dissemination on work hygiene, behavioural change and infection prevention also takes place. As a basis for the support, the work session, 'Infection Prevention' from ActiZ and ZiP Company is used. This work session is based on experiences of a diverse group of employees to see what is going well and what could be improved in terms of infection prevention. The activities of the umbrella organisations included developing a handbook on outbreak management and an infection prevention knowledge game (Verenso), supporting over 150 infection prevention officers and developing a train-the-trainer programme (V&VN), as well as work sessions for committees focused on hygiene and infection prevention (ActiZ).

1.5 Reading guide

This final report describes the results of all activities undertaken in the past years (2018 - 2023) within the programme and reflects on them. The report addresses:

• customised support in improving quality	2.1
• knowledge development and dissemination	2.2
• knowledge and support around coronavirus	2.3
• in-depth research within the programme	2.4
• reflection on the results	3.1
• conclusion	3.2

The report is intended not only for the grant provider, VWS, but for all those interested in the outcomes of the DOL programme. It is in line with previous progress reports [6] issued on the broader programme 'At Home in the Nursing Home'. Additionally, in February 2021, consultancy firm, Kessels and Smit conducted a review on the 'At Home in the Nursing Home' programme commissioned by the Dept. of Long-Term Care of the Ministry of Health, Welfare and Sport [7]. This review looked at policy instruments deployed to improve the compliance of nursing homes with the Quality Framework, including the DOL programme.

Chapter 2:

Programme results

2.1 Customised support for quality improvement

Most significant findings in customised support

- On average, all Quality Framework themes showed significant improvement.
- The themes 'Learning and Improving' and 'Safety' increased the most. 'Person-centred care' and 'Leadership, Governance and Management' also showed significant improvements.
- A total of 516 individual nursing homes participated, which is 22.0% of all nursing home facilities in the Netherlands.
- A total of 549 improvement processes took place, with over 75% receiving 'Plus' or 'Intensive' support. In 72 (13.1%) of the improvement processes, people participated in the scans, but started working on quality improvement without support from the programme.
- The number of care workers and residents reached, amounted to 53,000 respectively (21.5% of all care workers in nursing homes) and 30,000 (24.8% of all residents in nursing homes).
- 87% of participating facilities were satisfied with participation in the programme, of which 35% were very satisfied. Points of attention that were mentioned: coach too controlling or insufficiently visible; the programme takes too long; securing results with limited time/human resources.

Programme participants

In the programme Dignity and pride on location (DOL), 516 separate nursing home locations participated. Based on Zorginstituut Nederland's (ZN) 'Public Nursing Home Care Database' from 2021 [8], this number covers 22.0% of all facilities in the Netherlands. In addition, 324 individual facilities participated in Dignity and pride, the predecessor of the DOL programme. This brings the total scope of support within both Dignity and pride programmes together, to 840 locations, or 35.8% of all facilities in the Netherlands. In a number of cases, several teams from one facility participated in the programme. This brings the total number of DOL trajectories to 549.

Based on the site questionnaires completed by participants, we estimate the number of care workers and residents that were reached to be 53,000 and 30,000, respectively. Based on recent reports by ActiZ [9, 10], this represents 21.5% of all employees and 24.8% of all residents in nursing homes, respectively. The programme Dignity and pride (D&p) is estimated to have reached another 24,000 residents, bringing the total number of residents reached by both programmes to 54,000 (44.6% of all residents in nursing homes).

The 549 improvement trajectories within the programme ranged from Light support to Intensive support (Figure 2). After the scan, nursing home organisations in 72 trajectories chose to work independently to improve the quality of care and thus not use support (No support category). In the majority of these trajectories however, the organisations participated in the repeat scans.

Total
549
improvement trajectories

8,9%
13%
40%
37,9%
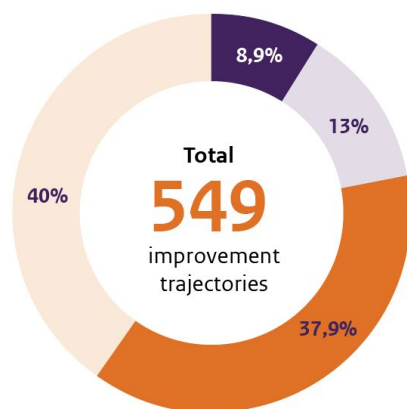
Figure 2: **Trajectory percentages by type of support**

- No support
- Light support
- Plus support
- Intensive support

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

549 improvement trajectories
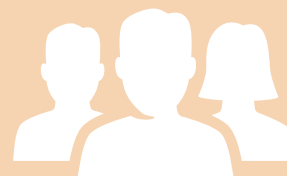
21.5% of nursing home staff was reached with support from Dignity and pride on location (**approx. 53.000**)

24.8% of nursing home residents were reached with Dignity and pride on location (**approx. 54.000**)

Implementation Quality Framework Nursing Home Care

Based on the results of the scan, people in the nursing homes worked on many topics within the eight themes of the Nursing Home Care Quality Framework. These included, for example, the use of the life care plan, reducing medication errors, cooperation with family and volunteers, methodical work and a culture of learning and improvement. But also about preconditions, such as sufficient and skilled staff, supportive leadership, the use of technology, reducing the administrative burden and using (management) information, such as client experiences, to improve care.

On average, the trajectories with Plus or Intensive support showed significant improvement in all themes of the Nursing Home Care Quality Framework (figure 3). The themes of 'Learning and Improving' and 'Safety' showed the greatest increase.

The end scan shows a clear shift from red and orangescores ('quality not satisfactory' or 'points for attention'), to yellow and light green scores ('quality partially satisfactory' or 'quality satisfactory') (Figure 4). However, except for the themes 'Personcentred Care' and Safety', around half of the facilities still did not show green or dark green scores ('quality satisfactory' or 'outstanding').

> **On average, improvement was seen on all themes in the Quality Framework for Nursing Home Care**

Figure 3: **Change in scores on the eight themes of the Quality Framework between start scan and end scan (N=272)**

- Startscan
- Endscan

Theme	Startscan	Endscan	Change
Person-centred Care	2,89	3,58	+0,70
Living and Well-being	2,75	3,19	+0,44
Safety	2,79	3,62	+0,84
Learning and Improvement	2,32	3,08	+0,76
Leadership, Governance and Management	2,50	3,09	+0,59
Staff Composition	2,16	2,66	+0,50
Use of Recources	2,79	3,18	+0,39
Use of Information	2,79	3,09	+0,31

Figure 4: **Average starting and end scores on the eight themes of the Quality Framework**

Person-centred Care

	Startscan		Endscan
Excellent	3		6
Satisfactory	84		171
Somewhat satisfactory	75		71
Needs attention	98		22
Unsatisfactory	11		1

Living and Well-being

	Startscan		Endscan
Excellent	1		1
Satisfactory	53		91
Somewhat satisfactory	97		138
Needs attention	117		40
Unsatisfactory	3		1

Safety

	Startscan		Endscan
Excellent	0		5
Satisfactory	87		177
Somewhat satisfactory	68		70
Needs attention	87		17
Unsatisfactory	29		1

Learning and Improvement

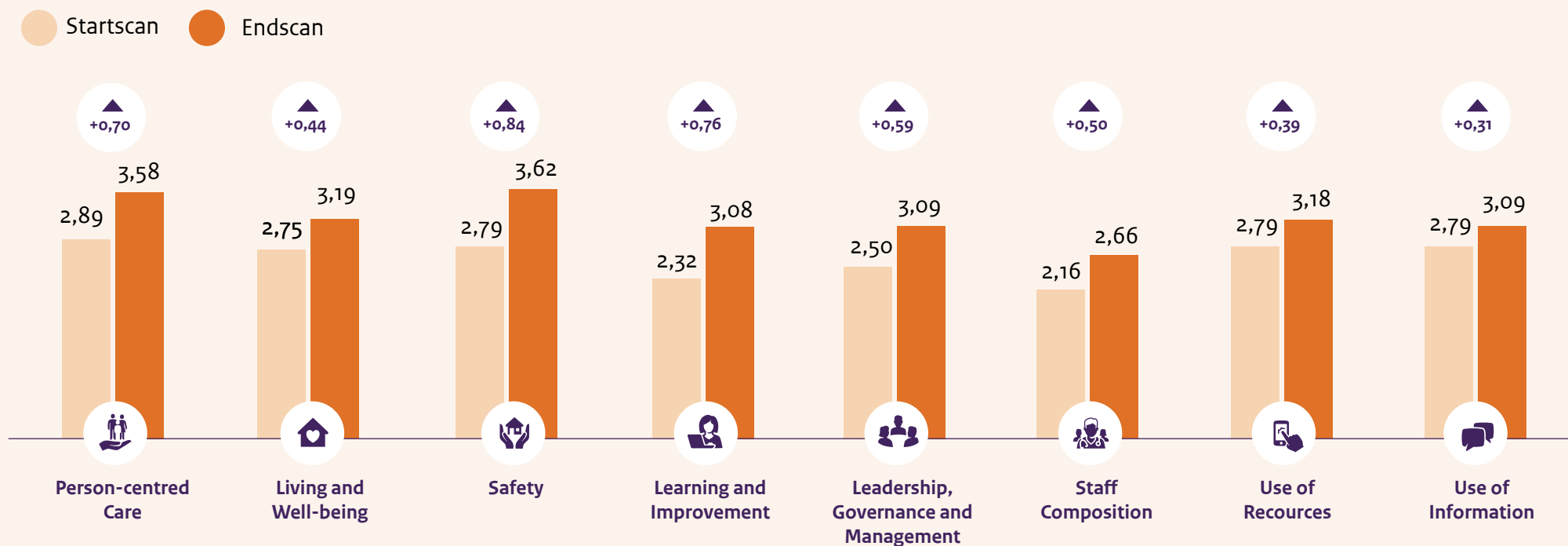|	Startscan		Endscan
Excellent	0		1
Satisfactory	18		70
Somewhat satisfactory	66		154
Needs attention	171		44
Unsatisfactory	15		2

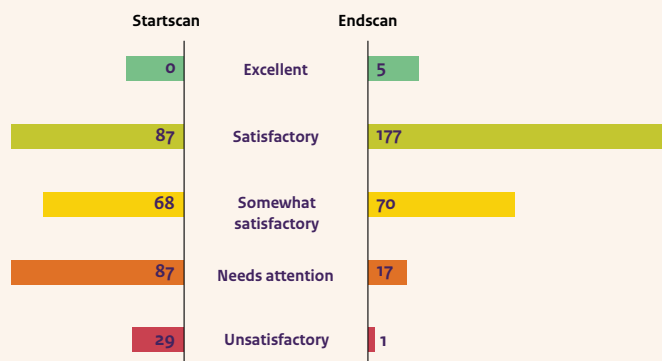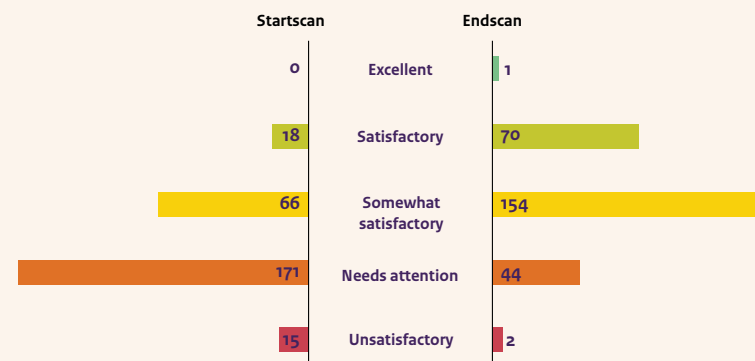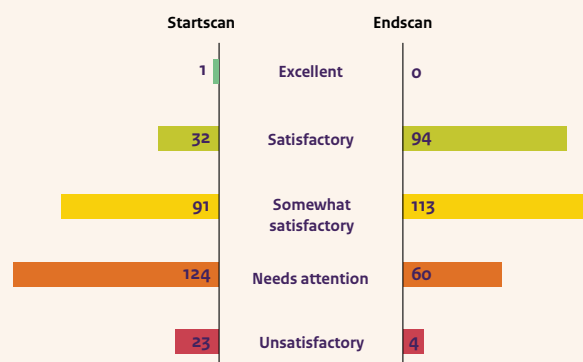*Figure 4:* **Average starting and end scores on the eight themes of the Quality Framework**

Leadership, Governance and Management

	Startscan		Endscan
Excellent	1		0
Satisfactory	32		94
Somewhat satisfactory	91		113
Needs attention	124		60
Unsatisfactory	23		4

Staff composition

	Startscan		Endscan
Excellent	0		0
Satisfactory	30		52
Somewhat satisfactory	47		94
Needs attention	129		106
Unsatisfactory	65		19

Use of Recources

	Startscan		Endscan
Excellent	1		0
Satisfactory	57		90
Somewhat satisfactory	104		140
Needs attention	103		40
Unsatisfactory	6		1

Use of Information

	Startscan		Endscan
Excellent	0		0
Satisfactory	48		64
Somewhat satisfactory	118		170
Needs attention	104		36
Unsatisfactory	1		1

Participant satisfaction

with Dignity and pride on location programme:

☺ **52%**
of the participating locations are **satisfied**

😄 **35%**
of the participating locations are **very satisfied**

Added value

- raising awareness of importance of change;
- understanding where the facility stands in relation to the Quality Framework;
- systematic approach and structure;
- coach's practical support: outside view, independent, mirror, a helping hand;
- start of a movement; good steps in the right direction.

Points for consideration

- trajectory requires long lead time, sometimes affecting motivation
- corona and associated limitations affect results;
- maintenance requires attention, especially with limited time/personnel;
- coach sometimes too top-down and controling or insufficiently visible;
- in advance, higher expectations for the desired result: this requires management of expectations.

Quotes

from the evaluation:

'It clarified the problems that were there and helped us address them in a structured manner.'

'We are making good steps in the right direction, but I think that what has been achieved is still too fragile to let go yet.'

'Unfortunately, the timing (pandemic) was kind to us, so effect may be less than it normally would have been.'

'We have learned a lot. It takes a long time, but we are already starting to see and feel results.'

# 2.2 Knowledge dissemination and communication

Most significant findings knowledge dissemination and communication

- The website averaged over half a million visitors a year. In 2020, the number of visitors peaked at over 650,000 due to the increased need for corona information.
- The number of newsletter subscribers grew from 3,000 to over 7,000 between 2018 and 2022.
- The total number of followers on Instagram, Twitter, LinkedIn and Facebook more than doubled during the programme from just under 15,000 to over 37,500.
- Three national conferences were organised, with an average of 1,650 participants, and several (online) thematic meetings took place on themes taken from the quality framework.
- During a series of events called SPOT-ON weeks (from 2021), 33 (online) meetings were organised with a total of over 2,000 participants. These meetings were rated an average of 7.8.
- The meetings reached a estimated 70% of all nursing home organisations in the Netherlands.
- A total of 19 learning networks were started and are still active. The networks reached more than 200 healthcare professionals from 138 different healthcare organisations.

Website visitors

For knowledge, inspirational stories, tools and materials focused on the eight themes of the quality framework, employees at different levels used the (Dutch) website www.waardigheidentrots.nl. This website built on the website of the previous programme 'Dignity and pride'. The number of unique visits to the website increased steadily and almost doubled in 2020 and 2021 (Figure 5). This spike resulted from the increased need for corona information from the field. After 2021, the number of visitors declined somewhat back to pre-corona levels.

Figure 5: **The number of unique visits to the website between 2018 and 2022**

Year	Visits
2018	346.802
2019	450.074
2020	650.757
2021	633.146
2022	523.953
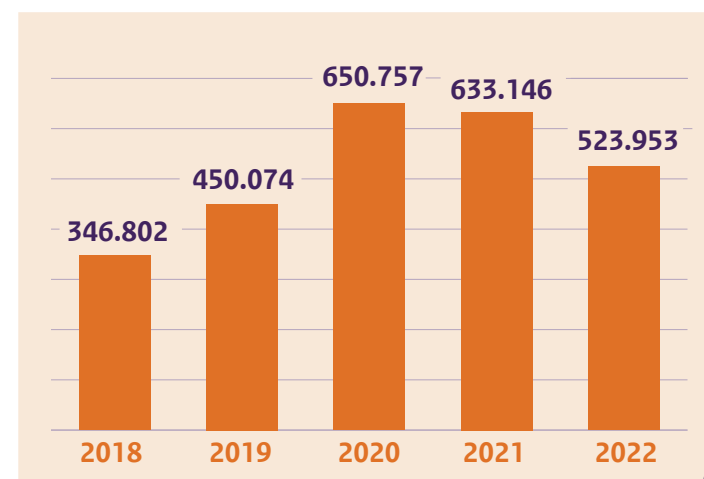
Visit the website **waardigheidentrots.nl**

Knowledge on the eight themes in the Quality Framework

Top 3 most viewed articles on the website.

Person-centred Care and Support
theme page 15.437 views

1. Day care at nursing home activities - *33.920 views*
2. Daily activities with supervision - *11.754 views*
3. Six pillars of misunderstood behaviour - *9.131 views*

Living and Well-being
theme page 10.700 views

1. Social network map ecogram - *33.178 views*
2. Tips dementia food and drink - *14.930 views*
3. Together against loneliness in the nursing home - *4.653 views*

Safety
theme page 6.815 views

1. Good cleaning nursing home corona - *9.360 views*
2. Mouth hygiene in the nursing home - *6.684 views*
3. Implementation of Care and Coercion Act in nursing homes - *3.345 views*

Use of Information
theme page 1.435 views

1. Perceived quality of publication insight - *2.234 views*
2. Client experience questionnaire dashboard - *1.051 views*
3. Inventory of instruments for measuring client experience - *984 views*

Learning and Quality Improvement
theme page 13.068 views

1. Inspiration box methodical work - *19.769 views*
2. Methodical work, how to do it - *8.557 views*
3. The do's and don'ts of the quality plan - *6.302 views*

Diagram center: optimal quality of life for the client — living and well-being, safety, learning and quality improvement, leadership, governance and management, staff composition, use of recources, use of information, person-centred care and support

Use of Resources
theme page 2.307 views

1. Technology applications nursing home care - *13.220 views*
2. Technology application living circles - *6.856 views*
3. Implementation toolkit technology in care - *5.881 views*

Staff Composition
theme page 6.923 views

1. Dsicussion board equal collaboration team - *4.514 views*
2. Strategic workforce planning toolkit - *2.875 views*
3. Workforce planning for staff retention - *2.717 views*

Leadership, Governance and Mangement
theme page 3.802 views

1. 7 tips job satisfaction good leadership - *3.694 views*
2. Good supervision nursing home care - *1.481 views*
3. Video series leadership in nursing home Vivantes - *1.345 views*

Overarching themes

In response to the needs in the field, the DOL programme also addressed themes that transcend the eight themes of the Quality Framework, such as corona, methodical work and job satisfaction. This was done, for example, in the form of a knowledge folder, a roadmap, or a game. A knowledge folder brings together theory, background information, practical experiences, materials and tools, and lessons learned on a topic. Below we list the most-visited cross-cutting topics and tools on the website.

Social media and newsletter

The knowledge on the website was also shared in a weekly newsletter and through various social media channels (Figure 6). The number of newsletter subscribers grew from around 3,000 to over 7,000 over the course of the programme. The total number of followers on the four social media channels more than doubled during the programme. Below, we list the top five most viewed posts on the two largest channels, LinkedIn and Facebook. We also give a top-5 of the best-viewed videos on YouTube.

Figure 6: **The total number followers on sociale media between 2018 en 2022**
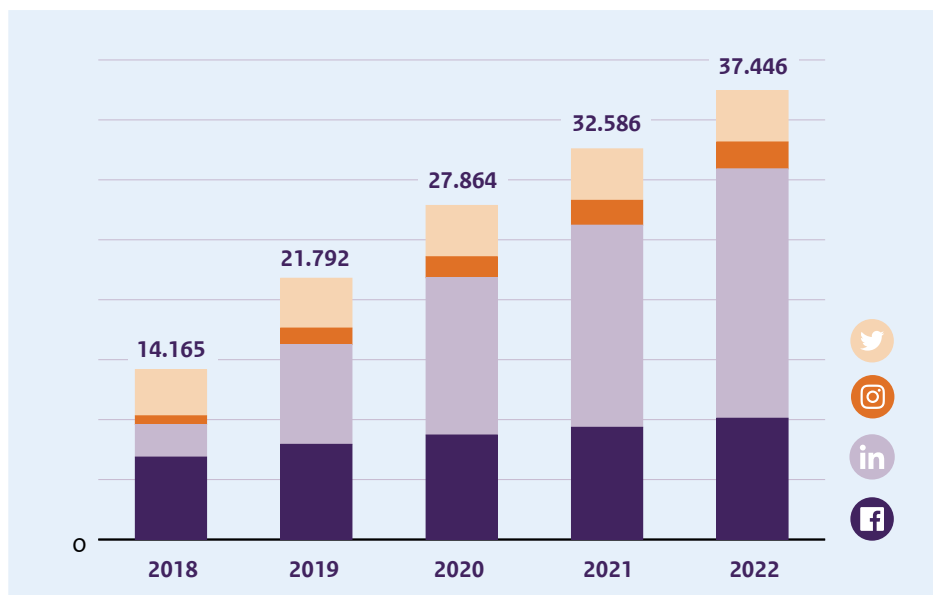
Spotlight

CORONA GUIDE

The Corona Guide (CoronaWegwijzer) was developed during the corona crisis. It consisted of a compilation of official guidelines and protocols, tools and resources, research from academic workshops and stories. The guide was consulted a total of 62545 times.

👁 **62.545**

WHEEL OF QUALITY

The Wheel of Quality (Rad van Kwaliteit) is a game to engage in conversation about the themes of the Quality Framework. In a fun way, professionals give meaning to the Quality Framework. Over 180 dice games have found their place in Nursing Home Care. The page with the online version of the game was viewed 11,846 times.

👁 **11.846**

OTHER FREQUENTLY VISISTED PAGES

Methodical work:	👁 19.103	Future nursing home care:	👁 6.769
Technology:	👁 17.550	Job satisfaction:	👁 5.367

Top 5 posts on LinkedIn and Facebook

LinkedIn

1. Epke Zonderland as doctor in the nursing home – *81308 impressions / 1636 likes*
2. Barber in the nursing home – *41586 impressions / 746 likes*
3. Unified way of working – *37390 impressions / 542 likes*
4. Discussion board first contact cooperation - *34787 impressions / 540 likes*
5. Discussion board attention to food and drink – *34638 impressions / 717 likes*

Facebook

1. Viewing tip four-legged animals in care – *46934 impressions / 298 likes*
2. Applause for employees in care – *27868 impressions / 91 likes*
3. Escape room mobile mix up – *21825 impressions / 145 likes*
4. Meaningful day care for dementia – *20648 impressions / 50 likes*
5. PDL in the nursing home – *16136 impressions / 93 likes*

Top-5 YouTube-video's

1. Methodical work in the nursing home – *5397 views*
2. Technologies in care: Raizer – *2621 views*
3. Technological applications at Zorggroep Tangenborgh– *1880 views*
4. Moving with Azmi and Fred – *1842 views*
5. Explainer video Scan Quality framework – *1571 views*

Watch the aftermovie from the Dignity and Pride conference (Dutch) 2022

Conferences and meetings

Conferences

Three national conferences were organised within the DOL programme: a physical conference in 2019, an online conference in 2021 and a conference in hybrid form in 2022. There was no conference in 2020 due to the coronavirus. The aim of the conferences was to create connection, disseminate knowledge, and promote 'learning and development'. The conferences offered a combination of content, exchange and camaraderie.

At home in the nursing home Conference 2019

📅 1 jul '19   📍 physical   👥 ± 2150

Themes:
1. more time and attention for the resident
2. sufficient and enthusiastic caregivers
3. continuous learning and innovation

7,7 Average score

Dignity and Pride Conferences 2021

📅 15, 22, 29 nov '22 & 6 dec '21   📍 online   👥 ± 1575

Themes (each conference focused on one theme):
1. person-centred care
2. job satisfaction
3. innovation and learning
4. future of nursing home care

8,1 Average score

Dignity and Pride Conference 2022

📅 4 jul '22   📍 physical and online   👥 ± 1275

Themes:
1. quality of care
2. at home for as long as possible
3. coping with staff shortages
4. smart working and technology

7,8 Average score

Thematic meetings and SPOT-ON weeks

In addition to the conferences, several (online) meetings were organised on themes within the Quality Framework. These meetings addressed, for example, cooperation with relatives and volunteers, a meaningful day, good employment practices and staff deployment. To inspire and motivate staff to work on themes in an even more targeted way, the SPOT ON-weeks were started in 2021. These focused on a monthly theme about which (online) knowledge was disseminated and (online) meetings were organised for a week. During the SPOT-ON weeks, a total of 33 (online) meetings were organised with a total of over 2,000 participants. The SPOT-ON meetings were evaluated in 2022 with an average rating of 7.8.

Highlights SPOT-ON meetings
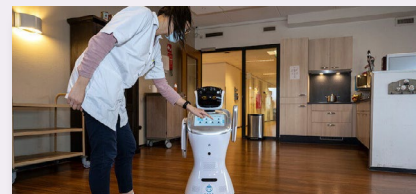
GETTING STARTED WITH COSTING TECHNOLOGY

Care technology, business cases, quality funds: for many care workers, these are not daily topics. Healthcare is changing rapidly and healthcare technology plays a role in this. So too, does its funding. Participants addressed this topic.
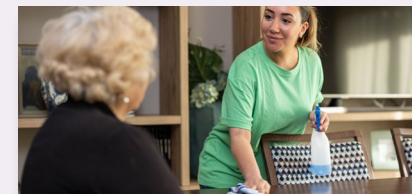
📅 **25-02-'21**

EXPERT SESSION 'CLEAN IN CARE'

A clean working environment on a daily basis is not always the norm. Cleaning is a skill where cooperation is important. What should you pay attention to as a healthcare professional? How do you deal with problem areas. That is what the expert session on 29 April 2021 was about.

📅 **29-04-'21**

INSPIRATION SESSION METHODICAL WORK

Methodical work is a tool for delivering good care and contributes to job satisfaction. How do you ensure that working methodically becomes a permanent part of daily work? That question was at the heart of the inspiration session.

📅 **21-04-'22**
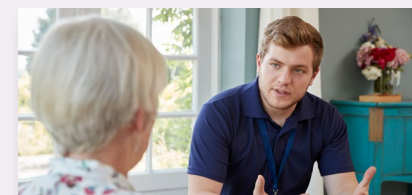
EQUAL COLLABORATION WITH INFORMAL CARE

More and more care organisations are starting to work more intensely with relatives and volunteers. To maintain long-term and people-centred care for vulnerable older people, why is it necessary to cooperate equally? How do you set up that cooperation? This was the subject matter at the webinar on 22 November.

📅 **22-11-'22**

Conferences and meetings:
an overview (by themes)

2019

Conference At Home in the Nursing Home 2019

7 meetings
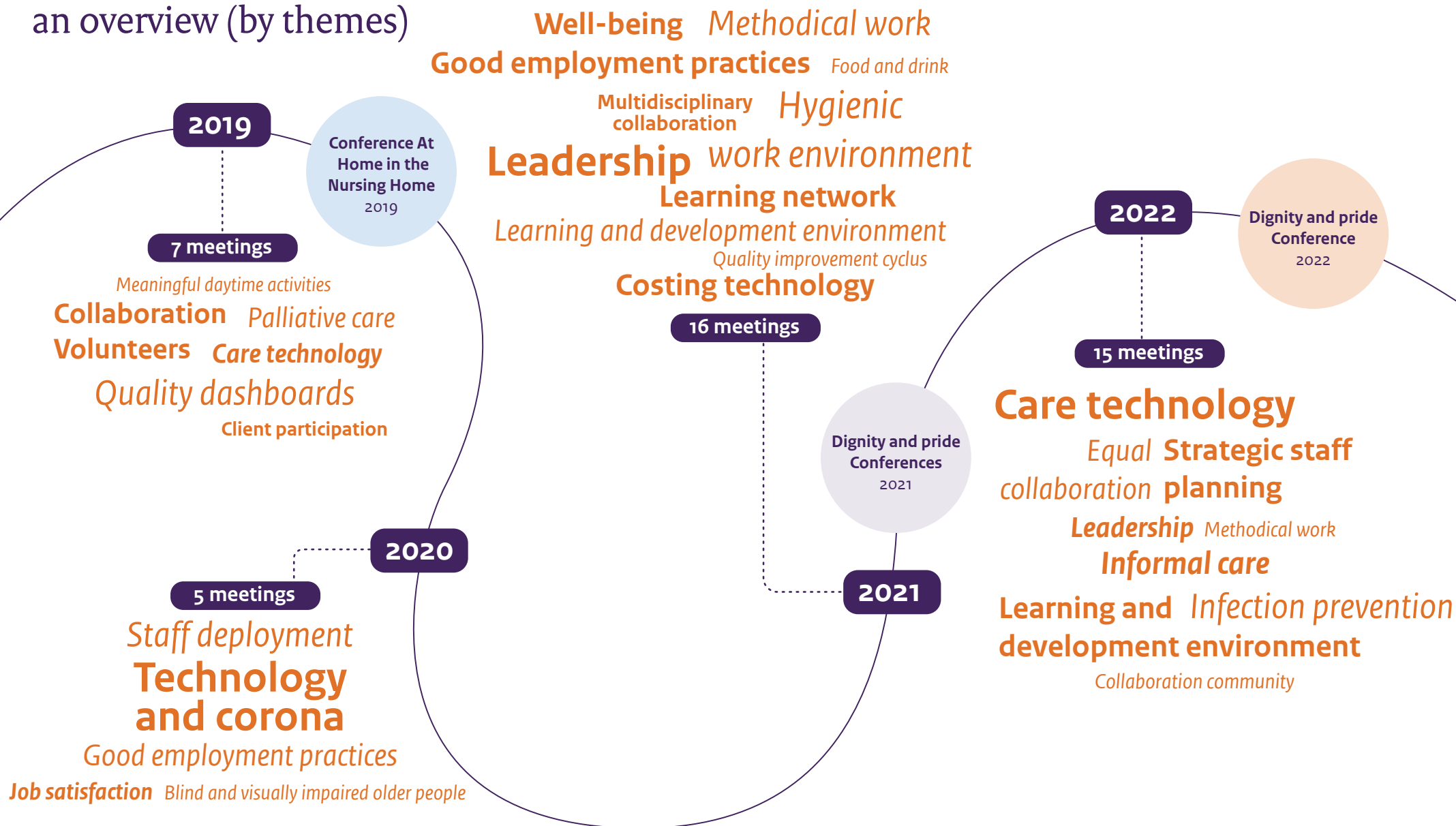
Meaningful daytime activities

Collaboration *Palliative care*
Volunteers **Care technology**
Quality dashboards
Client participation

2020

5 meetings

Staff deployment
Technology and corona
Good employment practices
Job satisfaction *Blind and visually impaired older people*

Well-being *Methodical work*
Good employment practices *Food and drink*
Multidisciplinary collaboration *Hygienic*
Leadership *work environment*
Learning network
Learning and development environment
Quality improvement cyclus
Costing technology

16 meetings

Dignity and pride Conferences 2021

2021

2022

Dignity and pride Conference 2022

15 meetings

Care technology
Equal **Strategic staff**
collaboration **planning**
Leadership *Methodical work*
Informal care
Learning and *Infection prevention*
development environment
Collaboration community
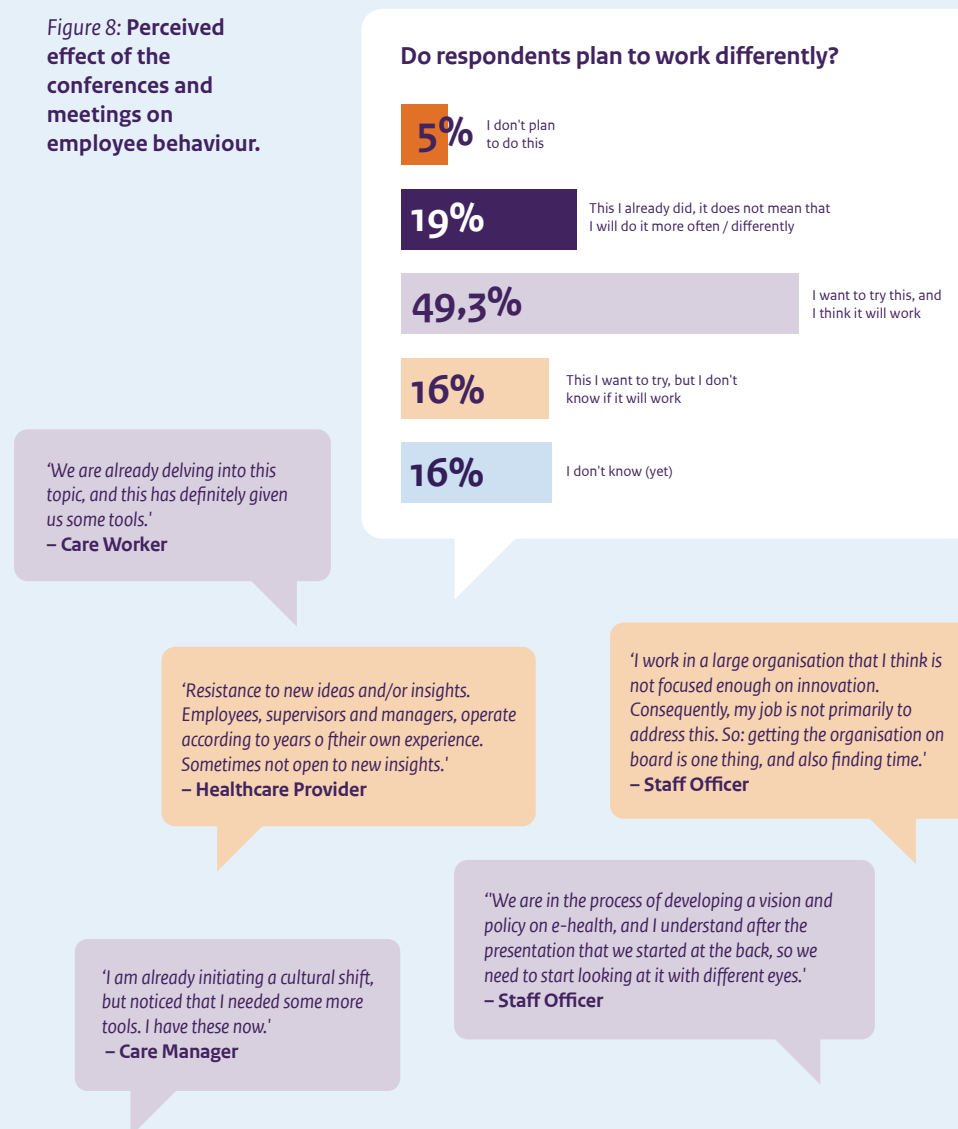
Meeting evaluations

Of the participants in the conferences and theme meetings, just over half (51%) were from facilities that also received support from the DOL programme. Based on the 'public database nursing home care' [8] of Zorginstituut Nederland, the meetings are estimated to have reached 70% of all nursing home organisations in the Netherlands. In 2022, 667 visitors (33% of the total number of visitors) gave their opinions about the meetings in a survey. This indicated that mainly care providers and staff members attended the meetings (figure 7).

Figure 7: **Functions of participants in the conferences and thematic meetings.**

Caregivers **31,7%**
Staff **28,5%**
Other **28%**
Healthcare administrators and managers **7,4%**
Education **3,2%**
Informal care **1,2%**

660 respondents
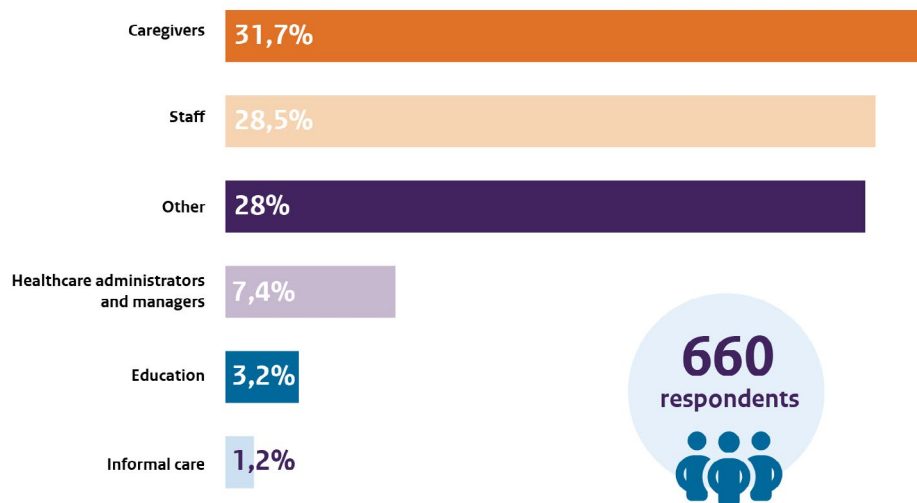
Of all visitors who completed the survey, 90% said they would recommend the meeting to colleagues. Over 80% of them expressed their intention to apply the knowledge from the meetings in their daily work, of which a large majority thought they would be able to do so. (figure 8).

Figure 8: **Perceived effect of the conferences and meetings on employee behaviour.**

Do respondents plan to work differently?

5% I don't plan to do this

19% This I already did, it does not mean that I will do it more often / differently

49,3% I want to try this, and I think it will work

16% This I want to try, but I don't know if it will work

16% I don't know (yet)

'We are already delving into this topic, and this has definitely given us some tools.'
– Care Worker

'Resistance to new ideas and/or insights. Employees, supervisors and managers, operate according to years o ftheir own experience. Sometimes not open to new insights.'
– Healthcare Provider

'I work in a large organisation that I think is not focused enough on innovation. Consequently, my job is not primarily to address this. So: getting the organisation on board is one thing, and also finding time.'
– Staff Officer

"We are in the process of developing a vision and policy on e-health, and I understand after the presentation that we started at the back, so we need to start looking at it with different eyes.'
– Staff Officer

'I am already initiating a cultural shift, but noticed that I needed some more tools. I have these now.'
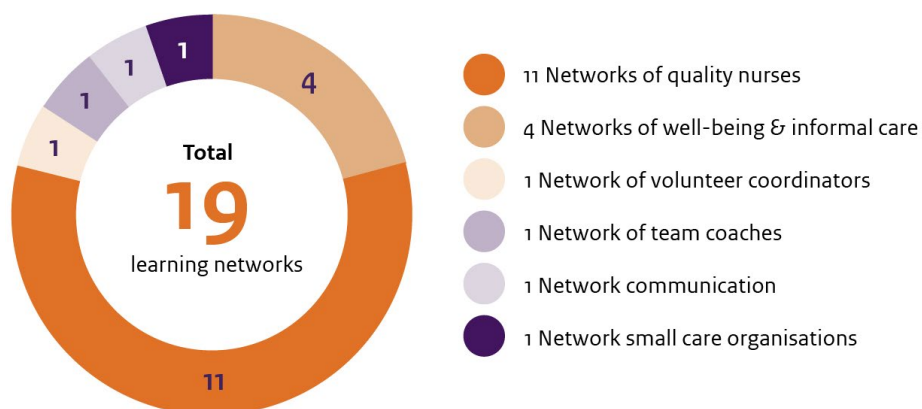**– Care Manager**

Learning networks

Learning networks are informal connections of employees from different organisations with similar functions, who exchange knowledge and experiences and learn from each other. A total of 19 learning networks were started within the DOL programme and are still active (Figure 9). Most of the networks focus on Quality Nurses. The networks meet online or physically about six times a year, with the participants themselves preparing the content of the meeting.

In a learning network, one or two employees from around seven to 10 organisations participate; these are often the same employees. In total, the networks reach more than 200 healthcare professionals from 138 different healthcare organisations. Based on Zorginstituut Nederland's 'public database nursing home care' from 2021 [8], this number covers 27.8% of all nursing home organisations in the Netherlands. Almost half of the organisations participating in a learning network (49%) did not receive support from the programme.

'I feel less alone by listening to the experiences of others. As a person, I take this into my daily work. By participating, it becomes clear to me that we are all doing quite well in our organisation. I like to share this with my colleagues. I notice that I am much prouder and more positive in my work by focusing on what goes well. I have a lot of energy and radiate this to my colleagues.'
-**Experience of a quality nurse**

Evaluation of the learning networks

In 2022, we asked 60 participants (30% of over 200 participants in total) in a survey about their experiences with the learning networks. All participants who completed the survey said they would recommend participating in a learning network to colleagues. They mentioned that their participation gave them valuable ideas, more job satisfaction, a broader perspective and that they felt stronger in their profession.
They named the following improvement points for the learning networks:

•   more content depth;
•   invite experts;
•   meet up outside regular meetings as well;
•   central platform to share documents.

A large majority of the participants who completed a survey indicated that their participation in the learning network had enabled them to put new ideas into practice. On the perceived impact of the learning networks, nine in-depth interviews were conducted with staff from various types of networks. The results are summarised in an infographic.

Figure 9: **The various learning networks within the Dignity and pride on location programme.**

Total
19
learning networks

● 11 Networks of quality nurses

● 4 Networks of well-being & informal care

● 1 Network of volunteer coordinators

● 1 Network of team coaches

● 1 Network communication

● 1 Network small care organisations

2.3 Activities concering coronavirus and infection prevention

Most significant findings coronavirus and infection prevention

- The increased need for corona information from the field resulted in a peak of over 650,000 visitors to the website in 2020.
- The CoronaWegwijzer (Corona Guide) gave nursing home organisations insight into the extent to which they were acting in accordance with applicable guidelines. The CoronaWegwijzer was consulted over 60,000 times in total.
- -During the pandemic, 75 organisations received corona support from the programme, which is 15.1% of all nursing home organisations in the Netherlands. A total of 396 facilities were involved.
- In 2022, a total of 47 trajectories from 44 organisations started receiving support from the 'Working Together on Infection Prevention' (SWIPE) project.

Corona knowledge, tools and guidelines

From the Dignity and pride on location (DOL) programme, knowledge on the consequences of the corona pandemic for nursing homes was developed and shared from the beginning of the corona crisis. Through the Vilans knowledge platforms and via the programme's website, quick and tailored communication was provided, in line with the concerns coming from the field. The increased need for corona information from the field resulted in a peak of over 650,000 visitors to the website in 2020 (see 2.2). Knowledge development and dissemination around corona had three substantive focal points:

- Share (policy) information relevant to the target group
- Provide knowledge, tools, tips, inspiration, guidelines and practical examples
- Answer questions and brainstorm with employees and management over dilemmas.

Regarding knowledge development and dissemination about the coronavirus, cooperation was established with the 'Learning Together' knowledge coalition. This knowledge coalition was a combination of the DOL programme, the academic workplaces for elder care, ActiZ, GGD Nederland and the regional care networks Antibiotic Resistance. The coalition focused on making clear and consistent information around coronavirus available to nursing homes.

In June 2020, the Corona Guide (CoronaWegwijzer) was published on the programme website and on the Zorg voor Beter and Vilans websites (see 2.2). With this Guide, nursing homes could quickly get a picture at organisation level of the extent to which they acted in accordance with the applicable guidelines, with references to information on 15 specific coronavirus topics. These included topics such as visits and social contact, staff workload, and prevention and personal protection. The CoronaWegwijzer was consulted a total of 62545 times. The corresponding post on visiting arrangements in nursing homes was viewed 21807 times. Information and tips on 'providing day care during corona' and 'combating loneliness' were also popular.

To make all publications easy to find for nursing home staff, the website had a special coronavirus folder. The information in this folder was arranged according to the themes in the Roadmap. In addition to the Guide, the CoronaAudit was also developed to gain insight into the impact of coronavirus policies on staff, teams or departments. The audit was published on the website in September 2020 and was viewed 3090 times and downloaded 2953 times.

Top 5 most viewed pages related to the coronavirus:

1. CoronaWegwijzer - *62545 views*
2. Visiting arrangement nursing homes coronavirus - *34826 views*
3. Epke Zonderland as doctor in nursing home - *30957 views*
4. Tips on dealing with corona - *18792 views*
5. Tips on day care during coronavirus - *13799 views*

VIsit the coronavirus folder

Coronavirus support from external coaches

Targeted support to nursing home organisations in their corona approach started within the DOL programme in July 2020. The support lasted up to four months, depending on the issues within the organisation. Thirty coaches were trained and deployed. The support focused on issues relating to preventing infections or responding quickly and effectively to a new outbreak. It could also involve support on other issues related to coronavirus, such as one-and-a-half meter care, cohorting, end-of-life care or staffing issues.

Unlike regular support, in preparation for coronavirus support, no scan was carried out. Instead, the Corona Guide was used to check whether the organisation was working according to current coronavirus guidelines and knowledge. The Guide was also used to monitor how support was progressing. During the pandemic, 75 organisations received support from the DOL programme, which is 15.1% of all nursing home organisations in the Netherlands. Thirteen of these organisations did not receive regular support from the programme. A total of 396 facilities were involved.

Working together on infection prevention

In January 2022, the project 'Working together on infection prevention' (SWIPE) was set up, as an extension to the coronavirus response, The aim of the project is to encourage and support healthcare professionals in nursing homes to sustain lasting behavioural change in infection prevention. In the SWIPE project, the programme works together with Verenso, ActiZ and V&VN. The project consists of an approach aimed at institutions, and activities of the umbrella organisations aimed at their own members. The activities and results of the SWIPE project in 2022 were recently described in a report and an infographic [5, 11]. Below, we briefly discuss the main outputs of the organisation-focused approach, which was implemented from the DOL programme (see 1.4).

We learned a lot, from the Guide as well as from the review made by the Dignity and pride coach on how we made it through the first wave. Earlier and wider communication with residents and family is an important lesson. The support process also brought oversight and confidence.'.
-**Director**

'Because of the coronavirus support from Dignity and pride on location, everyone now knows exactly what to do or where to find the information'
- **Interim director**

In 2022, a total of 47 processes from 44 organisations started with support from SWIPE. Of these 44 organisations, 11 also participated in the DOL programme, one in coronavirus support and four in both. By the end of 2022, another 25 organisations were recruited to participate in the follow-up to SWIPE in 2023. The SWIPE processes include working on the role of focal persons, the visibility of experts in the organisation and amending policies and rules in the organisation.

Knowledge dissemination within SWIPE was done through the programme's website and through the Zorg voor Beter website. The infection prevention section had almost 20,000 visitors on the programme's website and over 260,000 on the Zorg voor Beter website. The 'infection prevention roadmap' was downloaded 1224 times. Apart from online knowledge dissemination, several meetings were organised with the aim of widely sharing knowledge from the support programmes and best practices from the sector. This happened, among others, at the Dignity and pride conference and during the SPOT-ON infection prevention week in September 2022.

2.4 In-depth research within the programme

Within the Dignity and pride on location (DOL) programme, research was conducted into effective elements for good quality of care and for quality improvement in nursing home organisations.

Preconditions for quality of care

Question: Which preconditions are most critical for the delivery of good quality of care?
Approach: Analysis of data from the Nursing Home Care Quality Framework Scan.
Outcomes: The topic 'Learning and improvement' was the strongest predictor of good quality care. Especially 'sufficient consultation moments', 'a culture of learning and improvement' and 'the use of the quality management system' proved to be very important. The topics 'staff composition' and 'use of information' were also strong predictors. In particular, these included 'good cooperation in teams', 'knowledgeable staff' and 'experiencing job satisfaction' (staff composition) and 'using client experiences to improve care', 'reducing administrative burdens' and 'availability of (guidance) information for learning and improvement' (use of information).

> **More information? (Dutch)**
> - Onderzoek 500 verpleeghuislocaties: randvoorwaarden voor goede kwaliteit van zorg. - *Waardigheid en trots*

Being a good employer and job satisfaction / employee retention

Question: Which components of 'being a good employer' are most important for job satisfaction and employee retention?
Approach: Analysis of data from the self-analysis questionnaire.
Outcomes: Good team cooperation was found to contribute most strongly to increased job satisfaction and reduced turnover and absenteeism. Other important factors were shared reflection, learning from experiences and an engaged and supportive board and management.

> **More information? (Dutch)**
> - Wel geluisterd maar niet gehoord. *Zeggenschap vraagt om leiderschap* - *Zorgvisie*.
> - Onderzoek 500 verpleeghuislocaties: *Goede teamsamenwerking belangrijk voor behoud medewerkers* - *Waardigheid en trots.*

Evaluation of the Nursing Home Care Quality Framework Scan

Questions: What has been achieved by using the Scan Quality Framework for Nursing Home Care Locations? What are important preconditions and limitations in the scanning process? To what extent can and do locations want to use the scan independently?
Approach: Interviews with scanners and location employees.
Results: The scan is used to create insight, increase quality awareness at the location and use the scan results to initiate an improvement process. Due to the time and effort required by the scanning process, sufficient motivation and support are essential. The scan can be seen as a starting point of the learning and improvement process, from where the location must provide a follow-up (whether independently or not).

> **More information? (Dutch)**
> - Scan Kwaliteitskader Verpleeghuiszorg waardevol voor verbeteren kwaliteit - *Waardigheid en trots.*
> - 'Kwaliteitsverbetering als een gezamenlijke opgave, Artikel TSG – *evaluatie van een kwaliteitsinstrument in de verpleeghuiszorg'.*

Indicators of a learning organisation

Questions: What are the main characteristics, drivers and obstacles for the learning organisation? How does the learning organisation take shape in daily practice?
Approach: Narrative (stories) interviews among coaches and staff, systematic literature review, and feld-based research according to the effects map.
Outcomes: Based on existing theories and experiences from the programme, a preliminary model of characteristics of the learning organisation in the nursing home was drawn up. This model is used as a starting point for further analyses

> **More information? (Dutch)**
> - Aandacht voor leren in 6 inzichten - *Waardigheid en trots*.
> - Omzien naar elkaar vraagt om lerende, reflexieve zorgorganisaties - *Skipr 2022.*

Chapter 3:
Reflection on the programme results

3.1 Reflecting on the results

This report describes the results of the programme Dignity and pride on location (DOL), which took place between 2018 and 2023. In this chapter, we reflect on the results in relation to the goals and objectives of the programme. The DOL programme was part of the broader programme 'At Home in the Nursing Home' [1], through which the Ministry of Health, Welfare and Sport (VWS) sought to initiate a movement towards further improvement of nursing home care'. In this way, the VWS wanted to ensure 'sufficient time, attention and good care for residents'. The programme contributed to these objectives through customised support for healthcare institutions in implementing the Nursing Home Care Quality Framework [2] and through knowledge dissemination and exchange through the website, social media, newsletter, meetings and learning networks.

Starting points for the provision of support and knowledge distribution through the programme were increasing results awareness, insight and motivation of employees to better meet the standards of the quality framework and the strengthening of the culture of learning and improvement at the facility. Here, a comprehensive scan served as the basis for a tailor-made plan of action for the facility. When the corona pandemic broke out in early 2020, the programme responded by developing and disseminating up-to-date knowledge and by offering support to nursing home facilities for urgent corona issues.

> **Due to its broad focus, the programme managed to reach a wide audience**

Moving towards further improvement in nursing home care

The DOL programme built on the experiences of the earlier programmes 'In voorZorg!' (IvZ!; 2009 - 2017) [3] and 'Waardigheid en trots' (W&t; 2016 - 2019) [4]. Unlike IvZ!and W&t, however, the DOL programme focused on quality improvement across the entire breadth of the nursing home sector. With this broad focus, the programme managed to achieve a wide audience: more than 500 facilities received customised support, involving more than 50,000 employees. The conferences, including online during corona time, attraxted a large number of attendees, with over 2,000 in 2019. An estimated 70% of all nursing home organisations in the Netherlands participated in the thematic meetings. As with the learning networks, around half of these received no support from the programme.

The DOL and D&p programmes together reached around 54,000 residents; this is almost 45% of all residents in nursing homes.

The scans showed that, on average, significant improvements were achieved in all eight themes of the quality framework. There was a clear shift from red and orange scores ('quality unsatisfactory' or 'needs attention') to yellow and light green scores ('quality partly up to standard' or 'quality up to standard'). These results, combined with the outreach figures, show that the programme has contributed to the targeted 'movement towards further improvement of nursing home care'.

Despite these positive results, the final scans also show plenty of room for improvement. For almost all topics, with the exception of 'person-centred care' and 'safety', more than half of the locations still did not score green or dark green by the end of the programme. This may be partly due to the design of the scan as a self-assessment tool. An in-depth study of the scan [12] found that topic scores were often adjusted downwards after the quality interview in comparison with the self-analysis questionnaire. This finding shows that the more quality is considered and discussed, the more critical people become about their own actions. This increase in quality awareness translates into lower scores on the scan. Nevertheless, all themes showed clear progress.

"

All eight topics from the Quality Framework showed significant improvement

"

Sufficient time, attention and good care for residents

For the Ministry of Health, Welfare and Sport, creating sufficient time, attention and good care for residents was an important starting point for improving quality of care. The care-related themes of the quality framework, 'person-centred care', 'living and well-being' and 'safety', served as benchmarks for this. The scans showed that significant improvements had been made in all three areas. This is in line with the emphasis placed in the programme plan of 'At Home in the Nursing Home' [1]. The improvements were greatest in the themes 'person-centred care' and 'safety'. Much less progress was made on the theme 'living and well-being'.

Despite the improvements, about a third of the organisations still did not score green or dark green on the themes 'person-centred care' and 'safety' at the end of the programme. For 'person-centred care' in particular, the topics concerning putting residents' wishes and needs first scored even lower (see annex). This can be explained by the fact that these topics often require drastic

adjustments in the behaviour and actions of staff, residents and relatives. Such behavioural change takes more time, effort and support than adapting a more concrete topic such as 'draw up a life care plan within six weeks'. On the theme of 'safety', 'following up incidents' proved to be an ongoing concern.

The limited improvement on the theme 'living and well-being' can be explained by the coronavirus crisis: due to illness and absenteeism, there was less room for well-being and a meaningful daily routine - volunteers and informal carers were not allowed to visit, and adjustments to buildings or living spaces, over which the programme little influence, had to wait. The topic 'family participation', which already scored relatively low at the start of the programme, even showed a small decline (see annex).This result makes it clear that, even apart from the influence of Corona, it is still difficult for employees to shape the cooperation with relatives in a meaningful way. The topics 'safety', 'person-oriented care' and 'learning and improving' showed the greatest progress.

"

The topics 'Safety', 'Person-oriented Care' and 'Learning and Improvement' showed the greatest progress

"

Implementation of the Nursing Home Care Quality Framework

At the end of the programme, significant improvement was seen on average in all eight quality framework themes. This result is in line with the objective of the DOL programme to support nursing home facilities in implementing the Nursing Home Care Quality Framework. Besides the themes 'Safety' and 'Person-centred Care', the themes 'Leadership' and 'Learning and Improvement' also showed significant progress. Further investigation also showed that these themes are directly related to good quality care and also to staff retention and job satisfaction.

The theme 'Staff Composition' showed less improvement on average, and in about half of the participating locations, this theme still scored poorly (red or orange) at the end of the programme. This picture is understandable in the current context of a tight labour market, high absenteeism, high turnover and high work pressure in healthcare [13]. In addition, the coronavirus epidemic also had a major impact on staff employability. This view was confirmed in a report by the Healthcare and Youth Inspectorate (IGJ) covering the period 2017 - 2021 [14]. On the basis of supervision visits, the IGJ concluded that in many organisations, not enough staff were deployed or expertise was not available. However, these limitations in staffing do not appear to have stood in the way of more person-centred and safe care among programme participants. On the contrary, the greatest improvements were realised in these areas, despite the staff shortages.

The secondary themes 'Use of Resources' and 'Use of Information' also showed improvement, although to a more limited extent. For 'Use of Resources', only a third of the facilities scored green or dark green after the end of the programme with regard to 'opportunities for the use of (innovative) technology'. This result shows that the use of technology still needs extra attention. With 'Use of Information', it concerns issues such as using client experiences to improve care and the availability of reliable and up-to-date management information. This data-driven work is an important starting point for learning and improvement in teams and within the organisation. In line with this, the theme 'Use of Information' was found to be the most important predictor of quality care in additional research.

Increasing understanding, awareness and motivation among staff

An initial premise of the DOL programme was that the activities would contribute to insight, awareness and motivation among staff to better meet the requirements of the quality framework. Fittingly, interviewees in the evaluation of 'At Home in the Nursing Home' [7] indicated that the programme had led to an awareness of quality among care providers and to a clear picture of areas in which locations still have work to do. These findings are in line with the findings from the Nursing Home Care Quality Framework Scan [12]: scanners and facility managers mentioned that the scan contributes to understanding how the location is doing with respect to the quality framework and to awareness that improvement is needed. This quality awareness strengthens the motivation to actually implement changes.

In addition to the scan, customised support by external coaches and knowledge dissemination also contributed to insight, awareness and motivation among employees. The evaluation of 'At Home in the Nursing Home' [7] showed that locations were mostly happy and satisfied with the coaching, as this is often lacking in the sector itself. In the earlier IvZ! and D&P programmes, facilities appeared to value the coaches especially for their sharp and objective 'outside view', for the knowledge and experience they bring in from other processes and for their role as a 'mirror' or sounding board [3, 4]. At the same time, there is a danger that the use of external expertise discourages providers from working permanently on quality themselves and securing it within their organisation [7].

Practical examples, experiences, tips, tools and instruments on the Nursing Home Care Quality Framework were shared with participants and non-participants through knowledge dissemination within the programme, In addition, knowledge was shared on overarching themes such as corona, technology and methodical work. The assumption was that this knowledge gave nursing home facilities and staff the right tools to better comply with the quality framework. This assumption was supported by the evaluation of the IvZ! [3], in which retrieving and sharing knowledge from the field was seen as an important working element. The high penetration rates of the website and meetings attendance show that the dissemination of knowledge within the programme responded well to the needs of employees. Moreover, evaluations of the learning networks and meetings showed that participants know how to apply the knowledge acquired in practice.

"The scan, customised support and knowledge dissemination contributed to understanding, awareness and motivation among staff"

Strengthening the culture of learning and improvement

A second starting point of the DOL programme was a focus on strengthening the culture of learning and improvement within participating facilities. This was in line with the quality framework's emphasis on learning and improvement as the basis for continuously working to improve quality [2]. The results show that this focus was embraced by participants: the theme 'learning and improving' showed the greatest improvement on average. This includes topics such as having an organisational culture of learning and improvement, learning from experience and shared reflection in teams. In keeping with the focus on learning and improvement, the 'knowledge folder methodical working' on the programme's website was frequently consulted. This folder offered practical information for integrating learning and improvement into daily work.

Despite the generally high improvement rate, almost three quarters of the participants did not score a green at the end of the programme on the theme 'Learning and Improvement'. The theme 'Use of Information', a key starting point for learning and improvement, also showed limited progress. These results are in keeping with the evaluation of the programme 'At Home in the Nursing Home' [7], which showed that learning and improvement as a continuous process still requires attention. Additional research into 'the learning organisation' provides insight into factors that play a role in learning and improvement and thus in a lasting approach to quality [15]. It appears important to pay sufficient attention to the 'soft factors', such as good cooperation in teams, shared reflection and facilitating leadership, to create a healthy culture of working and learning together.

Also in the new WOZO programme is a major role for learning and improvement [16]. To continue to meet the care demand of an ever-growing group of older people in the future with fewer available staff, care must be organised differently. This makes an urgent appeal to the innovativeness and change capacity of nursing home organisations. As part of this, nursing homes must increasingly evolve into learning organisations, where learning and improvement are fully embedded in the organisation's culture and work processes.

> **"Results show that the focus on learning and improvement had been embraced by participants"**

Effects of the cononavirus on the programme

The corona pandemic had a major impact on the nursing home sector, on the DOL programme, and on organisations in elderly care and all those involved there. When the pandemic broke out, there was an acute knowledge deficit on preventing and managing corona, especially in vulnerable target groups such older people. The programme responded to this quickly and flexibly by making up-to-date and relevant information available as quickly as possible, in collaboration with healthcare professionals, ActiZ, umbrella organisations, GGD Nederland and others. With this, in all the turmoil, the programme has quickly built a position as a reliable source for several issues surrounding corona. This is shown, among other things, by the peak in reach figures on the website at the time of corona and the large number of people who downloaded the Corona Guide.

The measures around corona, including the visitor ban in nursing homes, also had a great impact on support from within the programme. Coaches could only participate online, and illness among residents and staff shifted the priority within organisations to basic care. In some places, mortality rates were sky-high, with great impact on everyone involved. Organisations found themselves in 'survival mode', forcing actions planned under the programme to be postponed. This led to delays and extension of trajectories in many organisations.

From July 2020, the programme started supporting facilities with urgent corona issues. The specially trained coaches actively contributed knowledge, helped devise an on-site approach and helped sites to deal with a new outbreak in the best possible way. Corona support was frequently used by organisations, often in addition to regular support from the programme. From January 2022, corona support continued under the project 'Working together on infection prevention' (SWIPE) [5, 11]. This project, which continues into 2023, works on sustainable behavioural and organisational change in the field of work hygiene and preventing infections.

3.2 Conclusion

The results as described in this report show that the programme Dignity and pride on location, as part of the programme 'At Home in the Nursing Home', has made a major contribution to 'the movement towards further improvement of nursing home care' and therefore, to the well-being of and good care for older people. Despite the influence of coronavirus, programme participants showed visible improvements in all quality framework themes. The activities contributed to insight, awareness, and motivation of care staff to better comply with the quality framework and to strengthen a culture of learning and improvement. Moreover, during the corona epidemic, the programme managed to respond quickly and flexibly to urgent issues from within the sector.

Despite the steps made by the programme, the results also show much need for improvement, not only in the field of person-centred and safe care, but also for important considerations, such as sufficient and expert staff, cooperation with family and relatives, the use of technology, and data- driven work. These themes also occupy an important position in the new WOZO programme [16] and in the recently submitted 'Quality Compass for Nursing Care' [17] as starting points for 'appropriate care': care that focuses on the wishes and needs of residents, that is based on the resident's own perceived health and functioning, and is created together with and around the resident [18].

Continuous work on quality and quality improvement is important to continue providing appropriate care in the future. The development of nursing homes into learning organisations contributes to the agility and manoeuvrability needed to meet the challenges facing the sector. In line with this development, both the WOZO programme and the new Nursing Care Quality Compass have assigned a major role to learning, reflecting and improving together [16, 17]. This lays the foundation for a future in which living with dignity and working with pride remains central.

"The foundations have been laid for a future in which living with dignity and working with pride remains central."

References

1. Ministerie van Volksgezondheid, Welzijn en Sport. Programma Kwaliteit Verpleeghuiszorg. Thuis in het Verpleeghuis: Waardigheid en trots op elke locatie. Den Haag; 2018

2. Zorginstituut Nederland. Kwaliteitskader Verpleeghuiszorg: samen leren en verbeteren. Diemen; 2017.

3. Sio. Doen wat nodig is: Evaluatieonderzoek In voor Zorg! Utrecht; 2017.

4. Vilans. Aandacht voor kwaliteit. Evaluatie ondersteuningsprogramma Waardigheid en trots voor kwaliteitsverbetering in verpleeghuisorganisaties. Utrecht; 2021.

5. Projectpagina project 'Samen werken aan infectiepreventie' (SWIPE). Beschikbaar via: Samen werken aan infectiepreventie - Waardigheid en trots voor de toekomst

6. Ministerie van Volksgezondheid, Welzijn en Sport. Vijfde voortgangsrapportage Thuis in het Verpleeghuis. Den haag; 2021.

7. Kessels & Smit the learning company. Review thuis in het verpleeghuis. Utrecht; 2021.

8. Zorginstituut Nederland. Openbaar databestand Verpleeghuiszorg verslagjaar 2021. Diemen; 2022. Beschikbaar via: Open data Verpleeghuiszorg | Zorginzicht.

9. ActiZ. Personeelssamenstelling verpleeghuizen 2021: visuele weergave. Utrecht; 2022.pdf.

10. ActiZ. Hoe staat het met de wachtlijsten voor verpleeghuizen? Utrecht; 2022.

11. ActiZ, V&VN, Verenso, Vilans en Waardigheid en trots op Locatie. Samen Werken aan Infectiepreventie – resultaten 2022. Utrecht; 2023.

12. Waardigheid en trots op Locatie. Evaluatieonderzoek Scan Kwaliteitskader Verpleeghuiszorg. Utrecht; 2022.

13. Inspectie Gezondheidszorg en Jeugd. Stroomversnelling voor krappe arbeidsmarkt in verpleeghuiszorg – uitgebreide rapportage. Utrecht; 2020.

14. Inspectie Gezondheidszorg en Jeugd. Verpleeghuiszorg in beeld 2017 – 2021. Utrecht; 2022. Beschikbaar via: Verpleeghuiszorg in beeld 2017-2021 | Verpleeghuiszorg | Inspectie Gezondheidszorg en Jeugd (igj.nl)

15. Waardigheid en trots op Locatie. Rapport aandacht voor leren in 6 inzichten. Achtergrondinformatie en hulpmiddelen voor de praktijk. Utrecht; 2022.

16. Ministerie van Volksgezondheid, Welzijn en Sport. WOZO Programma: Wonen, Ondersteuning en Zorg voor Ouderen. Den Haag; 2022.

17. Generiek kompas Samen werken aan kwaliteit van bestaan Thuis, in de wijk en in het verpleeghuis. Ingediend bij Zorginstituut Nederland te Diemen, door een brede vertegenwoordiging van betrokken organisaties, o.l.v. L. Bouwmeester. Maart 2023.

18. Zorginstituut Nederland en Nederlandse Zorgautoriteit. Samenwerken aan Passende Zorg: de toekomst is nú. Actieplan voor het behoud van goede en toegankelijke gezondheidszorg. Diemen; November 2020.

Annex:
Subject scores from the scan per Quality Framework theme

Theme 1. Person-centred Care

startscore	endscore	difference	description
3,21	3,62	0,41	Attention for residents
3,38	3,81	0,43	Life care plan drafted together with resident
3,19	3,61	0,42	Life care plan ready within six weeks
3,06	3,51	0,45	Life care planner, staff know the resident
2,93	3,38	0,45	Staff provide care in accordance with life care plan
2,98	3,37	0,39	Staff and therapists work well together
3,35	3,75	0,40	Life care plan is discussed at least twice a year
3,17	3,55	0,38	Resident's wishes and needs are determining factors for staff

Theme 2. Living and Well-being

startscore	endscore	difference	description
3,07	3,51	0,44	Attention to quality of life questions
2,79	2,75	-0,04	Family participation: active contribution
3,56	3,78	0,22	Personal care of residents
2,75	2,93	0,18	Hygiene: clean rooms
2,72	3,03	0,31	Meaningful use of time and activities
3,03	3,26	0,23	Volunteers: good cooperation clear tasks
3,26	3,50	0,24	Satisfied with meals
3,07	3,29	0,22	Living spaces suited to target group

Theme 3. Safety

startscore	endscore	difference	description
3,35	3,80	0,45	Identifying risk: staff monitor health of residents
3,42	3,79	0,37	Staff provide safe care
3,04	3,58	0,54	No threshold for reporting incidents
2,61	3,17	0,56	Incidents are followed up
3,44	3,83	0,39	Qualified and competent for risky interventions
3,24	3,81	0,57	Medication is stored and dispensed according to instructions
3,06	3,44	0,38	Restrictive interventions (VBM) anticipated and deployed
3,35	3,63	0,28	Employees work hygienically
3,71	3,87	0,16	Food safety

Theme 4. Learning and Quality Improvement

startscore	endscore	difference	description
2,51	3,12	0,61	Reflection and discussing what can be improved
2,77	3,25	0,48	Sufficient discussion moments
2,86	3,25	0,39	Care staff can provide input to quality plan and quality report
2,97	3,47	0,50	Quality management system, quality manual and protocols
2,62	3,20	0,58	Culture of learning and improvement
2,43	2,50	0,07	Sufficient time and space for participation in learning network

Theme 5. Leadership, Governance and Management

startscore	endscore	difference	description
2,99	3,35	0,36	Organisation has clear vision
3,23	3,49	0,26	Board and MT lead on quality
2,71	3,12	0,41	Management is involved: participates, knows what is going on
2,70	3,04	0,34	Management is supportive: knows what employees need
2,43	2,79	0,36	Employees van influence policy

Theme 6. Staff Composition

startscore	endscore	difference	description
2,83	3,39	0,56	Expert staff: sufficient knowledge and skills
2,40	2,59	0,19	Sufficient staff to implement care
2,57	2,83	0,26	Sufficient staff: intensive care moments (at least two care staff)
2,35	2,77	0,42	Sufficient staff: always someone in the living room or common room
2,68	2,94	0,26	Good balance permanent-flexible
3,14	3,42	0,28	Good team cooperation
3,05	3,42	0,37	Sufficient (advanced) training, in line with needs
2,90	3,16	0,26	Employees have sufficient time for training
2,52	2,79	0,27	Sufficient attention to development opportunities and training needs of employees
2,23	2,37	0,14	Absenteeism is not a structural problem
2,53	2,59	0,06	Staff turnover is not a structural problem
3,85	3,94	0,09	Employees enjoy going to work

Theme 7. Use of Recources

startscore	endscore	difference	description
3,04	3,34	0,30	Working methods and procedures are supportive
2,92	3,23	0,31	Regular evaluation of operating procedures
2,90	3,14	0,24	Availability and accessibility of materials and tools
2,74	3,09	0,35	Possibilities for the use of (innovative) technology
3,14	3,48	0,34	Facility services support care staff
2,84	3,14	0,30	Support services support care process

Theme 8. Use of Information

startscore	endscore	difference	description
3,01	3,45	0,44	Client experiences measured at least once a year
2,92	3,18	0,26	Use client experiences to improve care
2,83	3,13	0,30	(Management) information is available for, among other things, learning and improvement
2,57	2,67	0,10	No unnecessary registration of data (administrative burden)