The development and implementation of an integral framework of quality for the Flemish nursing homes: a process of culture change and collaborative efforts

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Abstract

Background: In line with international developments, the Flemish government is concerned about the quality of care in Flemish nursing homes. In 2003, new legislation shifted the attention from structural quality aspects to introducing quality processes. From from 2010 on, this evolved further with growing interest in the outcomes of quality management. This presentation will describe the subsequent steps taken towards the development and implementation of an integral framework of quality for the Flemish nursing homes using quality indicators.

Objective: The aim was to develop an integral framework which supports nursing homes in quality management and improvement. This framework also needs to be informative for policy makers and be useful for inspection services and public communication.

Process description: As a research partner, we started with formulating six process agreements, for instance, defining the objectives of the project, the roles of partners or clarifying the distinction between monitoring and evaluation.

In 2011 and inspired by the Progress-study (Hoffman e.a. 2010), an integral framework of quality was developed through focus group discussions with all relevant stakeholders, including representatives of residents and family, nursing home workers, representative organisations,
representatives of policy and inspection. This framework involved three themes: (1) quality of care and safety, (2) quality of life and (3) quality of caregivers and care organisations. The second year, a pilot study was conducted in eight nursing homes to develop feasible, scientific and essential quality indicators that can be self-administered for the themes (1) and (3). Based on this pilot study, a manual and a stepwise implementation plan were formulated. In 2013 the first self-registrations were initiated and further efforts were made to develop the monitoring of quality of life of residents. Here too, a pilot study informed the further steps to be taken.

**Conclusion:** A comprehensive framework was developed capturing both quality of care aspects ('objective') and quality of life ('subjective'). The success of the project can be attributed to several factors: building on scientific evidence, intensive collaboration with all relevant stakeholders, participation of practice workers in pilot study and facilitating leadership of policy makers.

**Discussion:** The six process agreements guided the whole process. Continuing efforts are needed to build trust between all collaborating parties. However, this project demonstrates that policy can really initiate innovations while recognizing partnerships with research and practice.


**Keywords**

quality of care, quality of life, nursing homes, participation, monitoring, collaboration

**Powerpoint presentation:**

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