

The Quality Mark: Senior Friendly Hospitals in the Netherlands

The Dutch delta of innovative hospital care for older people

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The Netherlands: a silvering delta



Photo: Rinco De Jong



A biking nation



Frail elderly in the Netherlands

- Older persons rarely use the word frail to describe their situation
- A broad definition of frailty is used in the Netherlands
- Early identification GP
 - C. Van Campen, 2011

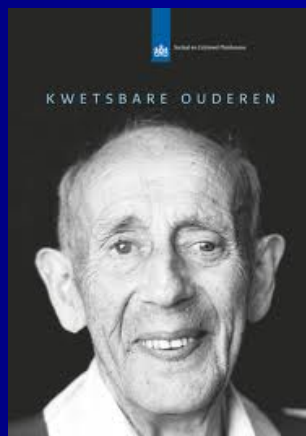


Photo: Rinco de Jong

National Care for the Elderly Programme

www.nationaalprogrammaouderenzorg.nl



Hospital care and Older Persons

National Safety Program 'Frail elderly people in hospital' : VMS 2009 - 2012



Development of a national Quality Label Senior Friendly Hospitals 2012 - 2015



Quality Mark Senior Friendly Hospital



Project
2012 – 2015

Initiative
The four large senior citizen
organisations in the
Netherlands
Unie KBO, PCOB, NOOM, NVOG

Projectleader
Marjolein de Booy

www.seniorvriendelijkziekenhuis.nl



Organization / project

- **Projectleader;** Marjolein de Booy
- **Projectteam;** representatives of the four senior citizen organizations
- **Research-organisations;**
 - www.mediquest.nl
 - www.mystery-quest.nl
- **Expertteam Seniors:**
8 Seniors of the four senior citizen organizations: *J. Festen, T. Aussems, J. Pothof, H. Wolters, W. Samson, J. Blom, A. Vermast*
- **Expertteam Professionals**
 - Geriatricians *J. Wilmer/ P. Jue*
 - Internal Medicine *S. de Rooij/ B. van Munster*
 - Geriatric Nursing *C. Knijnenburg / H. Habets*
 - General Practitioners: *A. Wind*
 - Fysiotherapists: *M. Jacobs*

Recommendation Committee

Projectplanning part 1 (2012-2013)

Step 1
Development of
criteria
senior friendly
hospital care

- Literature search
- 16 Interviews and focusgroup
- Questionnaire members senior citizen organisations

Step 2
Selection
measurable
criteria
Quality Mark

- Advise expertteams seniors and professionals
- Recommendation Committee
- Determine definitive criteria

Step 3
Datacollection
& -analysis

- Training / data collection senior scouts
- Questionnaire hospitals
- Analyse data
- Awarding hospitals with the Quality Mark / website
- Evaluation

Criteria Quality Mark SFH I

| | Content / Processes of Care |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Screening complications / (preventive) interventions (≥ 70) |
| 2 | Availability and intervening of a specialized geriatric team |
| 3 | Coordination of all necessary examinations, if possible on 1 day (policlinic) |
| 4 | Specific polyclinic /outdoor department and clinical measures admission of frail older patients with complex care needs: 1-patient rooms, rooming-in option, geriatric skills staff |
| 5 | Attention medication / medication use and preventing readmissions (personalized discharge information/letter) |
| 6 | Coordination of care |
| 7 | Physical and social participation patients (communication devices, mobilisation and activating programmes, volunteers) |
| 8 | Special measures Emergency Department for frail older patients |

Criteria Quality Mark SFH II

| Organizational Support | |
|-------------------------------|-----------------------------------------------------------------------------------------|
| 9 | Support and organizational priority, hospitalbroad policy and committee (input seniors) |
| 10 | Continuity of care: information, transitional care and care after discharge |
| 11 | Policy palliative care / end of life care |
| Physical Environment | |
| 12 | Accessibility / parking facilities / public transport |
| 13 | Reception and hospitality |
| 14 | Signage / orientation |
| 15 | Furniture, patient rooms, privacy |

Senior scouts investigated the physical environment

With the help of Mystery Review

- 70 trained scouts (55 – 85 jaar)
- First quarter of 2013: all 130 hospitals were visited
- Judging accessibility, hospitality, information given by phone, aspects of public spaces
- Reporting via internet Mystery Review, data editing
- Hospitals got feedback



Questionnaire Hospitals

Information about 12 aspects of quality (march 2013)

- Room voor remarks, innovative initiatives, collecting best practice examples

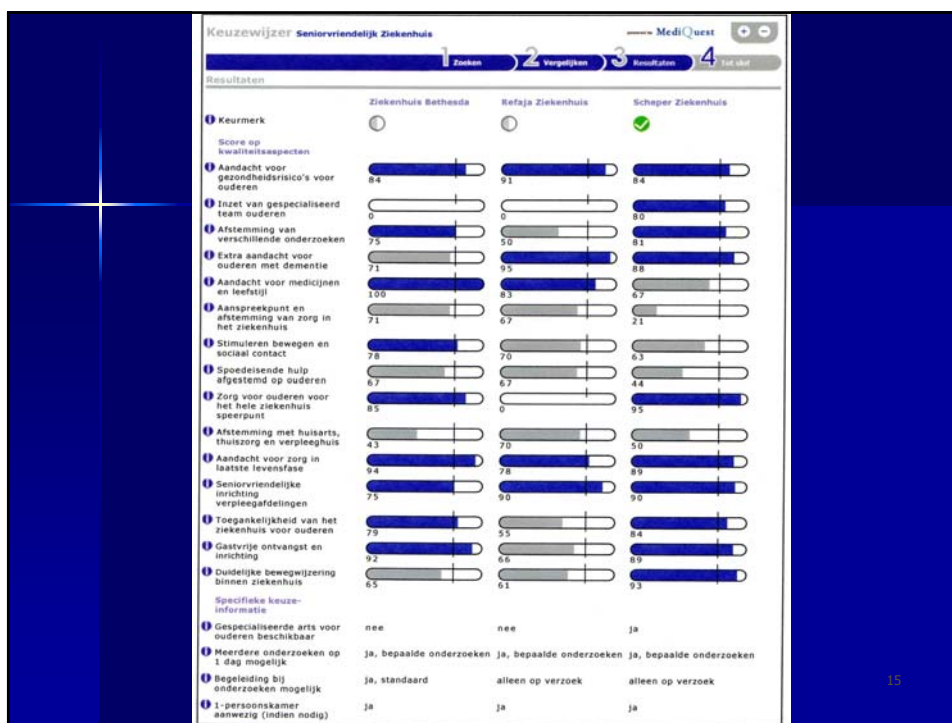
Respons

- 90% organisations (N=130)



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Planning part II 2014-2015

- **Evaluation**
 - Criteria adjustment
- More attention to:
- Continuity of care
- Communication and attitude on wards
- Experiences of older patients
- Quality Mark 2015

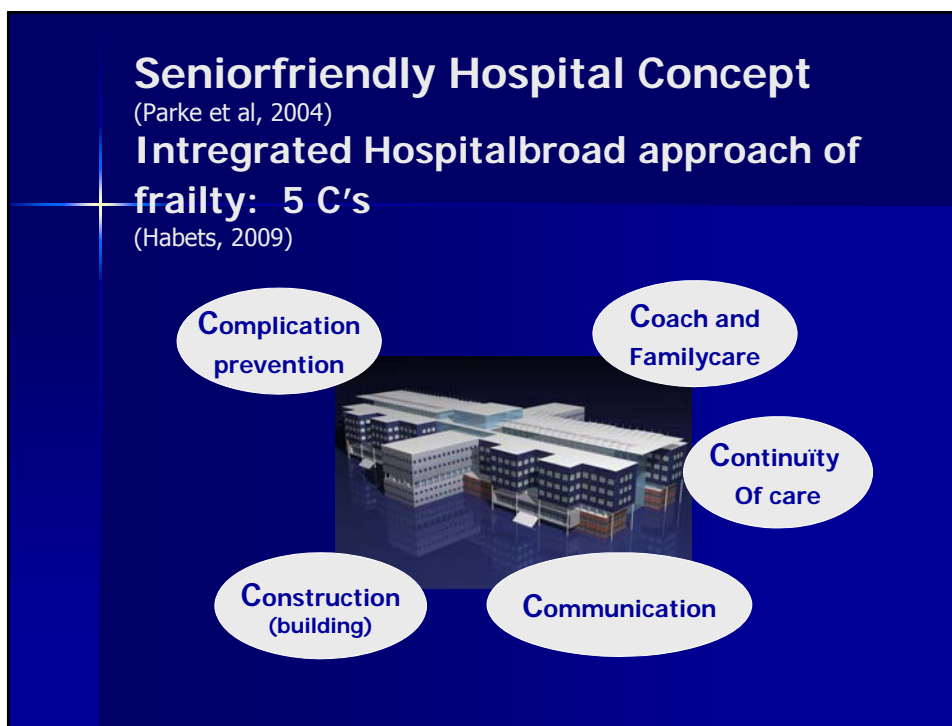




Basic principles Orbis Medical Centre (2009)

- 1 Ministry of health: build a hospital that is not already out of date when delivered
- 2 Hospital as part of an integrated, regional transmurial care circuit
- 3 Balance between technical innovation / human attention
- 4 Information is place/time independently accessible
- 5 425 private rooms with own sanitary facilities
- 6 Coach is welcome 24/7
- 7 Rooms are in the sequence of the healing process: private room, living room and activity centre





Construction: The building and frail older patients



- Translation and use of the Code Plus Parke & Friesen, 2007
- Use of technology: fall prevention: infra red sensors, seducing older people to mobilise
- Adapting space and environment to promote independence and mobilisation
- Using evidence based knowledge from longterm care in hospital environment (cognitive problems)



Erik Stroobants en Patrick Verhaest
Architectonica. Een thuis voor mensen met dementie

Complication prevention

- Hospitalbrood detection frail older patients by using the 'Groningen Frailty Indicator (GFI)' and risks: delirium, falls, malnutrition, risk functional decline
- geriatric consultation team aimed at complication prevention: analyse /advice
- Multidisciplinary toolbox for (preventive) interventions
- Participation in multidisciplinary rounds

| | |
|------------------------------|---------------------------------------------------------------|
| Valrisico: | <input type="radio"/> Nee <input checked="" type="radio"/> Ja |
| Risicofactoren: | |
| 1. Duizeligheid/hypotensie | Ja |
| 2. Mictieproblemen | Nee |
| 3. Mobiliteitsstoornis | ja |
| 4. Visusstoornis | Ja |
| 5. Gehoorstoornis | Nee |
| 6. Verwardheid | Nee |
| 7. Medicatie | Ja |
| SNAQ score | 0 |
| GFI score | 5 |
| Risico delirium | Ja |
| KATZ score | 5 |
| Eerder delirant geweest | 0 |
| Totaal GFI + eerder delirant | 5 |

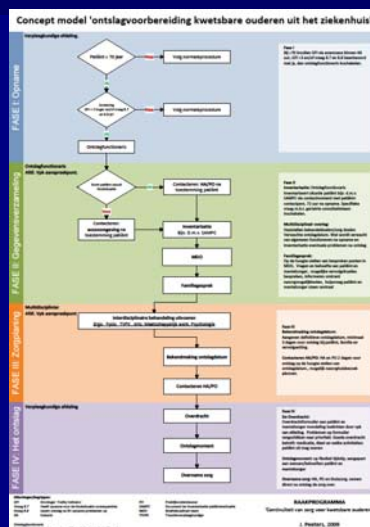
Coach and Family



- Family members are invited to stay with the patient, rooming in option. (deliriumprevention)
- Family members participate in a pro-active approach to prevent complications
- New national programme: Family care and frail older patients in hospital (2014)

Continuity of care / transition

- Model of transition preparation for frail older patients
- A checklist for transition of people with dementia (when admitted to OMC from a nursing home): june 2013
- NEW Best Practice:
- 'Transmurale Zorgbrug AMC' : home care nurse in hospital before discharge



Communication and Older People

- Participation of students in innovative projects as:
- Preparation of discharge
- Toolbox-design
- New ideas about mobilisation of older patients
- Short movie for older patients 'How to minimize risks during your hospital stay'.



Thanks for your attention!



Photos: Truus Groen