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: Rince 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
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 Booys

www.seniorvriendelijkziekenhuis.nl

Organization / project

- **Projectleader**: Marjolein de Booys
- **Projectteam**: representatives of the four senior citizen organizations
- **Research-organisations**;
  - www.mediquest.nl
  - www.mystery-quest.nl
- **Expertteam Seniors**:
- **Expertteam Professionals**
  - Geriatricians: J. Wilmer/ P. Jue
  - Internal Medicine: S. deRooij/B. van Munster
  - Geriatric Nursing: C. Knijnenburg/ H. Habets
  - General Practitioners: A. Wind
  - Fysiotherapists: M. Jacobs

Recommendation Committee
**Project planning part 1 (2012-2013)**

- Literature search
- 16 Interviews and focus group
- Questionnaire members senior citizen organisations
- Advise expert teams seniors and professionals
- Recommendation Committee
- Determine definitive criteria
- Training / data collection senior scouts
- Questionnaire hospitals
- Analyse data
- Awarding hospitals with the Quality Mark / website
- Evaluation

**Step 1**
Development of criteria senior friendly hospital care

**Step 2**
Selection measurable criteria Quality Mark

**Step 3**
Data collection & analysis

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**Criteria Quality Mark SFH I**

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<th>Content / Processes of Care</th>
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### Criteria Quality Mark SFH II

<table>
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<th>Organizational Support</th>
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<td>9 Support and organizational priority, hospitalbroad policy and committee (input seniors)</td>
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<td>10 Continuity of care: information, transitional care and care after discharge</td>
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<td>11 Policy palliative care / end of life care</td>
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<th>Physical Environment</th>
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<td>12 Accessibility / parking facilities / public transport</td>
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<td>13 Reception and hospitality</td>
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<td>15 Furniture, patient rooms, privacy</td>
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**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
Information about 12 aspects of quality (March 2013)
- Room voor remarks, innovative initiatives, collecting best practice examples

Results: 47 hospitals received the Quality Mark
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 transmural 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
Seniorfriendly Hospital Concept
(Parke et al, 2004)
Integrated Hospitalbroad approach of frailty: 5 C’s
(Habets, 2009)

- **Construction:**
The building and frail older patients
  - 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)
Complication prevention

- Hospitalbroad 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

Coach and Family

- Family members are invited to stay with the patient, rooming in option. (delirium prevention)
- 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