

Best practice:

Experiment Social Innovation in Long Term Care

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The Dutch national association for long term care, ActiZ, has initiated an Experiment of Social Innovation for long term care to develop a new innovative organisational design that is intended to improve the quality of care, work and efficiency. BrabantZorg, a large care provider in the South of the Netherlands, is the pilot organisation for the experiment. In the new organisational design ICT and technology play an important role. It is used to increase efficiency in administration, but also contributes to facilitate and organise the informal care and social networks of patients. The result of the experiment will be a general instrument that should enable other care providers to initiate a similar innovation process in their own organisation. The experiment is finished in the summer of 2012. The results of the measurement will be available in 2013. At the Senior Officials Meeting of the World Ageing Forum, BrabantZorg will present the preliminary outcome of the experiment, which can be explored during the break-out session.

In The Netherlands the healthcare demand is increasing rapidly due to the ageing of the population and technological developments. As result, there is a tight labour market and healthcare costs are rising. Subsequently, the quality of care is put under pressure. In the last years, the healthcare processes have been split up to a large extent and standardised in order to decrease costs. There are many managerial organisational levels which increases the need for coordination and control. Patients see many different faces on a daily basis, resulting in an impersonal relationship with professionals. Care professionals experience a high working pressure and don't feel professional autonomy to do their work. This leads to stress and demotivation. These developments often form the most important reasons for care providers to improve and innovate. In addition, for BrabantZorg the major stimulus for the experiment is the client's request for more demand driven care and personal attention from the employees. This resulted from an internal inquiry in 2011.

There have been many initiatives to break through the bureaucracy and Taylorism in Healthcare in the recent years in order to realize a transformation of the healthcare system. Many of these innovations and improvements are initiated and implemented top down by the board and visionary managers. Although quite a number of these innovations have been implemented successfully, the majority fails due to several reasons. One important reason is the lack of support throughout the organisation. There is a high risk of resistance for change among the employees, e.g. due to the 'not invented here-syndrome'. They are expected to execute the project they didn't think of themselves in addition to their regular work which already gives them a high working pressure.

The experiment of social innovation is unique as the innovation is initiated and developed bottom up by the care professionals themselves. Managers, board and back-office are required to react on the change process started from the work floor and need to reflect upon their role and adapt it accordingly in order to facilitate the process. This makes this experiment a unique and valuable experience to learn from. The project combines organisational design with change and implementation. The project consists of three pilots of three different nursing homes. The care professionals described their dreams for their own nursing home and have been provided complete autonomy to develop and implement their innovative ideas. They have worked on these designs together with the patients and their families. The new care concepts and organisational designs developed by the three teams are each different according to their dreams and focused on different aspects of long term care. For instance, one of the designs is focused

on team design (autonomous teams), whereas another team has developed the concept of family participation in dementia care.

The University of Applied Science of Utrecht facilitates the process and helps them to translate their dreams into an organisational design and supports the change process. Moreover, the University measures the results in cooperation with PwC and observes the process in order to translate it into an instrument and working method that can be used by other care providers.

The experiment is finished in the summer of 2012 and the instrument will be developed subsequently.
The results of the measurement will be available in 2013.

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