

rich narrative portraits of residents' experiences. The third speaker will present the results of a study investigating how the narrative quality evaluation method 'Connecting Conversations' can be implemented in nursing home organizations. And, the last speaker will present findings on how the Dutch healthcare inspectorate is currently overseeing the quality of person-centred care in long-term care facilities and discuss the potential of a more reflexive approach using narrative methods.

Experience Matters: using micro-narratives for the co-creation and evaluation of good care

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Objective: The narratives of care staff, residents and significant others (SOs) about their personal experiences with care offer insight into their perceived care quality. This information enables the co-creation and evaluation of good care. Therefore, we aimed to develop a method to systematically collect and reflect on micro-narratives, on multiple levels.

Methods: From January 2020 to April 2022, we conducted a participatory action study in two care home locations. By continuously following the cycle of action research, we collaboratively worked on the content development, organizational implementation, and technical realization of our method. We used a distributed ethnography software tool (SenseMaker®) as the starting point. Input from care staff, residents and SOs was obtained through participatory observations, interviews, focus groups, and informal conversations.

Results: Together, we developed Experience Matters, a method for collecting, sharing and reflecting on micro-narratives about personal experiences with care. In Experience Matters, care staff, residents and SOs share their experiences as micro-narratives and add meaning to them by answering a number of quantitative questions. The answers to these questions are attached to the micro-narratives as metadata. Using this method, the micro-narratives and metadata can be used to co-create and evaluate care for individual residents (micro-level application) and care provided by a team (meso-level application), and to develop quality policy and accountability reports (macro-level application). Care staff indicated that using Experience Matters contributes to job satisfaction, team spirit and feelings of empowerment. Residents reported increased feelings of equality, and SOs felt more involved in the care process. Lastly, managers and directors indicated that the method leads to real-time insights into the quality of care.

Conclusion: Collaboratively developed with all stakeholders, Experience Matters enables collecting, sharing and reflecting on micro-narratives for the co-creation and evaluation of good care. To implement the method effectively, organizations may consider deploying Experience Matters as part of a larger transition towards being a learning organization.

Collective learning as means to improve quality of long-term care

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Objective: Collective learning is a widespread aim in long-term care. When professionals share detailed information on their perspective regarding quality of care, they can enter each other's perspective and create a new joint perspective which may generate a broader meaning together. Reflective spaces are helpful in learning processes as tacit and explicit

knowledge is bridged when people come together to reflect on concrete care practices. This study aimed to evaluate the use of the narrative quality instrument 'The story as a quality instrument' as a means for collective learning to realize quality improvement.

Methods: A qualitative evaluation was performed in 2021-2022 on six field sites of four large care organizations providing long-term care to older adults in the Netherlands. On every field site. The story as a quality instrument was applied: an action plan was formulated based on narrative portraits of older adults in a quality meeting and 8-12 weeks later the progress was evaluated. The data collection concerned the transcripts of both meetings and the observation reports of the researchers. Data were analyzed using thematic analysis.

Results: Four mechanisms became visible that stimulate learning among participants to reach quality improvement: in-depth discussion, exchange of perspectives, abstraction, and concretization. The participants reported on several outcomes regarding individual learning such as change of attitude, looking to older adults more holistically and the realization that possibilities to work on quality improvement could be small and part of everyday work. Participants learned from each other, as they gained insight into each other's perspectives. The added value concerned getting insight into the individual perceptions of clients, the concrete areas for improvement as outcome, and the diverse people and functions represented. Time was found to be the main challenge for the application of the instrument. Furthermore, the anonymity and quality of the portraits, structural embedding of the instrument and communication were four main conditions for future execution.

Conclusion: The story as a quality instrument is deemed promising for practice, as it allows care professionals to learn in a structured way from narratives of older adults in order to improve the quality of care.

The implementation of the narrative assessment method 'Connecting Conversations'

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Objective: Connecting Conversations is a narrative method that assesses experienced quality of care in nursing homes from the resident's perspective. This study aimed to identify facilitators and barriers in implementing Connecting Conversations.

Methods: In 2022, Connecting Conversations was actively implemented in a nursing home organization where the organization was in the lead. A process evaluation was performed focused on completeness (to what extent did the planned wards complete participation?), value and burden (how did respondents, care teams, ward managers and interviewers experience Connecting Conversations?), and usability of the findings (to what extent was the narrative data used for quality improvement initiatives?). Data were collected with interviews, focus groups and structured observations.

Results: In 2022, 6 internal interviewers followed the Connecting Conversations' interviewer training and performed 42 conversations (13 residents, 14 family, 15 caregivers) in 4 nursing homes on 5 wards within the care organization.

Findings show that vision & leadership, flexibility in performing the conversations, and clear instructions for respondents and participating wards are necessary for successful implementation. Identified barriers for implementation into the quality management cycle were the continuation of existing quality assessments, lack of resources and the administrative burden linked to research, such as randomization of participants and retrieving informed consent. In addition, it was identified as crucial to provide participating care teams ownership regarding how to use the data for learning and improvement initiatives. This process needs guidance from for example an internal facilitator.