Dutch Dementia Program 2005 – 2008 90% of the Netherlands improves care for people with dementia and family

Brief outline of context Dutch National Dementia Program (NDP)

57 regions in the Netherlands (covering 90% of the country) improved care for people with dementia and their families living in their region. Providers of care, welfare and cure worked together with volunteers of the Dutch Alzheimer Associa-



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Brief outline of problem

Until 2030 the number of people with dementia will increase from 210.000 to 320.000, and at the same time the number of informal care givers will shrink, while they are essential in taking care of the patients. There are different health services available, but they don't work together properly and clients don't know which care is available and the care doesn't meet their needs.

tion (DAA), to solve problems patients and their families encountered, and to realize patient centred integrated care.

57 participating regions

Strategy for change

• quality collaborative

• regions participated for 1,5 year: problem analysis, plan of change followed by a regional working conference to involve the regional community (6 months). implementation and sustain of results (1 year).



• Regions got individual support from a consultant, learned from each other and (inter)national experts during meetings for project leaders and working conferenc-

20% off the informal caregivers is overloaded due to giving care, and lack enough professional care to continue caring. They report needs for extra professional help:

- **1.** support, so the family will get more understanding for the behaviour of the person with dementia,
- 2. to know what to do when the person with demen tia is afraid, angry or upset,
- 3. to learn how to manage with the behaviour of the person with dementia and
- 4. emotional support,
- 5. earlier detection of dementia and better in formation and help after medical diagnostics, 6. better communication with care providers.

es for the regional improvement teams and trough a website.



Assessment of problem and analysis of its causes

Above analysis was made in each region by trained DAA volunteers, by organising focus groups (n=102) with informal carers (n=621) and filling out the NDPquestionnaire (n=1750) with them. Each regional improvement team created their own local solutions to solve regional problems.

Results

Each region measured it's own indicators on it's improvement goals. Evaluation research on a national level is being done, with the following results:

- In 57 regions dementia networks of care providers are realized
- Clients were structurally involved
- 206 started projects were a direct answer to informal carers' problems
- 90% of regions realized casemanagement, which appears to be a solution for the majority of informal carers problems
- 85% developed information about available professional help
- 46% realized earlier detection and diagnosis of dementia

Lessons learnt

- Every region found its own solution to its problem, which gave strong motivation to change but not per definition the best result. A database with 'proven' best solutions helps and is being developed now.
- Diversity in projects made measuring results on national level difficult. Indicators to measure quality of integrated care were developed during the program.

Message for others

Arrange participation of clients to identify problems of clients, give motivation to professionals, reach high levels of implementation and give the right focus to improvements.