

# WORKING TOGETHER TO DEFINE QUALITY OF CARE USING THE OMAHA SYSTEM



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## How can we measure our quality of care?

Buurtzorg care is tailor-made for each client and his carers. It is not driven by referrals or limited by reimbursement issues.

To work with the client to reach his goals and Buurtzorg goals, a mixture of all Omaha System interventions may be used.

EHR's reflect care given through what is believed as best care.

## Pilot Study

1 large national health insurance company

Buurtzorg; 10 teams of nurses and their clients

Ecure Services; IT support, consultancy, data-analysis

Target client group: frail elderly clients and clients with dementia

## Methods

The tailor-made approach is combined with a description of standardized care for the target client group.

In this description, the desired outcomes for a set of problems (essential for the target group) will be used.

For example: the demented elderly may have problems concerning Residence, Medication regimen, Cognition, Personal care and Caretaking/parenting. KBS ratings will be described for the whole group when they get their 'best care'.



## Analysis

Data from daily practice from 10 teams will be compared to see whether the problems, interventions and expected outcomes match the description.

Data will be analyzed on the relationship between the selected problems and the scores on the Groningen Frailty Index (GFI), a validated instrument.

Focus group of nurses, project members and the insurance company will discuss data and possible quality indicators.

## What makes this project special?

First time Omaha System data is used to evaluate best care in the Netherlands for this target group, and with Groningen Frailty Index.

First time this type of project is done by Buurtzorg with a national health insurance company, providing them an unusual 'look into our kitchen'

Creating openness to define quality indicators together with health insurance companies.