

## EXSPECTARE: A digital string

Case study on Executive level

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### Abstract

Text

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## EXSPECTARE: A digital string

It is the hottest time of the day. On Saturday, as Henk van Dongen walks home from shopping the heat is stifling. It feels like a warm, heavy blanket around him. He is preoccupied by worries of the past two years. The pandemic and labour market shortages in the Dutch healthcare sector have demanded much attention from managers. In many ways the situation has resulted in enormous challenges and dilemmas for everyone working in the healthcare sector, whether as a carer or board member. Healthcare institutions deal with regulations, complicated financial accountability, and social issues. It is not always easy to get recognition for how much the sector serves society. Henk is almost 59 years old and has been working with heart and soul in the sector for Nursing and Care Homes & Homecare (VVT) for decades. The last six years as Chairman of the Board of Exspectare Zorg (Healthcare). It's an appropriate name for the organisation, Exspectare, Henk muses. It ties in with an important development that the sector as a whole has gone through in recent decades. Where it used to be taken for granted that elderly people who needed help were admitted to a nursing home or care home, nowadays the expectations and wishes of the elderly themselves are increasingly taken into consideration. They may wish to live at home, be an outpatient, or can no longer live at home, depending on the situation. Henk immediately thinks of his mother, now nearly 90, who still lives at home and in charge of her own housekeeping. That is not the case for many people, Henk observes. He quickly thinks of the difficult dossier that he will have to discuss next week with his Supervisory Board. His colleagues on the board, and Henk himself, are trying to weave innovation into the organisation as much as possible, but it is and remains difficult. It is not going fast enough, it is fragmented, and differs throughout the organisation. An additional issue is how to embed innovation throughout the healthcare chain with internal and external stakeholders. "Maybe I should simply discuss the innovation dilemmas with the members of the Supervisory Board. It would be good to reflect on this together, because the continuity of the organisation is also about innovation and therefore about how we can achieve a more coherent and future-oriented approach of a combination of technology, client, other external stakeholders, and employee", he considers.

Unnoticed, Henk is already getting close to his own house and enters a courtyard where children playing in bathing suits are enjoying the particularly beautiful weather. Amused he notices two children walk towards the front door of one of the houses in the courtyard. Without ringing the bell, the children open the door and walks in. The door closes behind them and, while he is still wondering how the children managed to open the door without ringing the bell,

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he notices something familiar: a piece of string hanging from the letterbox<sup>1</sup>. A memory of the past and of a speech by former politician and author Jan Terlouw immediately springs to mind. He well remembers Terlouw's interview on a Dutch TV talk show 'De Wereld Draait Door'. It had left impression on him. And not only on him, but the speech also attracted worldwide interest and approval. In fact, Terlouw was only interested in one thing which was that mutual trust must be restored in society. Henk thinks about his own organisation and what that would imply. "Impossible," is his first reaction. "How is that possible with all the demands from stakeholders and the distrust that we unfortunately have to deal with in the sector?"

When he arrives at the front door of his house, his son has already opened the door before Henk can ring the bell and another thought occurs to him. He wonders, what if trust is the foundation of our innovation in healthcare and not just an innovative tool? What would that be like in my organisation?

## **Trends and developments in the VVT sector<sup>23</sup>**

### An extensive healthcare sector<sup>4</sup>

The Dutch healthcare sector includes many different types of providers. There is care where clients or patients stay for shorter or longer periods in institutions or hospitals. There is also ambulatory care, such as general practitioners, the Joint Health Service (GGD) or home care. The sector can be divided into five branches: nursing, caretaking, and home care (VVT), hospitals, care for the disabled, mental healthcare (GGZ) and other care (e.g., dental practices, GPs, or physiotherapy). Healthcare is the largest sector in the Netherlands in terms of employment. In 2020, almost 1.4 million people are working in healthcare. This is about 16 percent of the total number of employee jobs in the Netherlands. The largest healthcare sector is the VVT, responsible for approximately 30 percent of care-related employment. Hospitals employ a quarter of the sector's personnel. Disability care, mental healthcare and other care are smaller, but together they account for more than a third of the number of employee jobs (more than 5 percent of all employees in the Netherlands). More than half of all personnel in healthcare have a nursing, pedagogic or caregiver qualification (VOV qualification). In

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<sup>1</sup> This is a typical Dutch method to give easy access to a house to trusted people, such as one's children. A string is attached to the front door pull lock on the inside and left hanging out the letterbox. By pulling the string, the door can be opened without using a key or ringing a bell.

<sup>2</sup> <https://www.rabobank.nl/kennis/s011076602-stijgende-zorgvraag-in-vvt-sector-innovatie-is-noodzakelijk>

<sup>3</sup> <https://www.actiz.nl/over-actiz/anbi/meerjarenambitie2022-2025>

<sup>4</sup> <https://www.cbs.nl/nl-nl/dossier/arbeidsmarkt-zorg-en-welzijn/welke-branches-vallen-onder-de-sector-zorg-en-welzijn-#:~:text=The%20branche%20nursing%2C%20care%20and%20work%20social%20work%20other>

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particular, the carer at senior secondary vocational education (mbo) level 3 and the nurse at mbo level 4 are common. The lower qualification levels (such as care assistant mbo level 1 and mbo level 2) are particularly represented in the VVT. The GGZ has a relatively large number of higher VOV qualifications. About a quarter of the employees in the health sector have a position that is not care-based, for instance in administration, facility services or management.

### Challenges in the VVT are structural

Working in the care sector is regularly stressful due to challenges of a structural nature such as an ageing population and longer life expectancy, staff shortages and the need to innovate. The fact that the elderly people are in general reaching an older age, and that government contributions are progressing less in line with the demand for care, means that increasingly the costs of care are being borne by the elderly themselves. They often are involved in the care they receive. That is why many nursing and home care organisations are thinking about their concept of care and whether it is client-oriented and future-proof. They often want to be able to provide tailor-made services. The differences in type, price and location of healthcare institutions are only increasing. This development goes hand in hand with growing competition. Besides the regular VVT institutions, more and more private, small-scale housing solutions are emerging, where the elderly pay the rent and the service costs themselves and their care is reimbursed.

### Social network is crucial

In addition to healthcare institutions, the social network of informal caregivers is becoming increasingly important for the elderly. Whereas in 2018 there were still almost five potential informal carers for a person aged 75 or over, in 2040 it is expected that there will only be three. Nursing, caretaking, and home care organisations are trying to respond to this by helping informal carers with new forms of service provision. As a result, elderly people are living at home longer and longer, receiving digital remote care or on-call service. Given the shortages and waiting lists for senior housing, this solution meets a clear need and, for the time being, is an interim solution that seems to be helping.

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### Shortage of care homes

The health care real estate market is a growth market, the demand is enormous. In order to meet the current shortages and waiting lists, there is a need for approximately 126,000 additional nursing home beds (source: Netherlands Organization for Applied Scientific Research, TNO) and some 1,000 new nursing homes are required in the Netherlands (source: CBRE, Insights and Research). These are mainly houses where the elderly residents pay their rent and service costs themselves and the care is reimbursed by the government. Besides the shortage of these homes, the degree to which the homes are sustainable is also important. Healthcare institutions are increasingly being judged on their sustainable activities. New investments are being made in more sustainable and energy-neutral buildings with, for example, heating pumps and/or recyclable raw materials. Sustainable construction also means that buildings can be designed flexibly, so that they can later be rented out as independent accommodation, for example.

### Increasing personnel shortage in the health care sector

In the coming years, the Netherlands will be ageing rapidly: there will be more and more elderly people. And the elderly population is getting older. Also, the elderly patients increasingly have more than one disorder. This threatens a shortage of staff in elderly care. This is why there is a double aging problem, because employees are also getting older and there are fewer young employees available. To be able to provide care in the future for the increasing number of people aged 75 and over, the number of jobs in elderly care will have to double from 350,000 in 2016 to around 700,000 in 2040. This is in spite of a slightly shrinking working population as of 2025. In addition, the changes in the way of working requires staff to be regularly trained in the areas of digitisation and robotisation.

### Coronavirus-related pandemic

The pandemic has increased the pressure on nursing, caretaking, and home care. Many elderly people living in nursing homes or small-scale residential care facilities have become ill as a result of the corona virus. Government regulations have kept the sector going. The crisis has also led to a considerable increase in absenteeism among employees. Because it is difficult to attract extra staff, the work pressure in the sector has increased even more.

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### Innovation is necessary but there are obstacles<sup>5</sup>

To make care for the elderly future-proof, and to take up the challenges, innovations are necessary. These include innovation in the area of products (such as video telephony), processes (new residential care concepts) and systems (new funding). The modest gains from innovation to date apply more to 'care' (home care, nursing home care, care for the disabled) than to 'cure' (hospital care). Sometimes more productivity is not desirable; after all, time and attention for the client are an important part of care in VVT. It happens more and more often that technological and social innovations are hindered. For instance, the health care sector works in a decentralized manner, which means that experiences with new concepts are not easily shared, and the efficiency benefits of technology are less significant. The level of education in 'care' is also relatively low and the distance between management and the workers is sometimes great. Strict quality protocols and legislation prevent staff from looking for new innovative ways of working. Managers are not clearly assessed for innovation and are not always able to guide their teams in this. There are visions on the interaction between client welfare, employee, and technology - such as Triple Aim and Value Based Health Care - but their application is still in its infancy. Care offices and other financiers are not always able or willing to invest in innovation up front. And last but not least, the work pressure is high and on the work floor there is little time for innovation. The result of these barriers is that innovation takes place to a limited extent and generates little effect. When it does materialize, new technologies and working methods are applied on an ad hoc basis, with the risk that employees continue to follow their own work processes, and therefore clients, employees and business operations do not benefit optimally. This undermines the sustainability of care. A vicious circle is threatening without innovation, the sustainable employability of employees will come under further pressure and the attractiveness of healthcare as an employer will decline. Innovation, on the other hand, can lighten and enrich work in healthcare. In this sense, improving the quality of work and the quality of care are two sides of the same coin.

### Ambidexterity

Breaking through the barriers requires employees (from carer to director) who know how to make innovation an integral part of current healthcare provision. That is the combination of exploitation and exploration. In business administration, this combination is referred to as

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<sup>5</sup> Klink, H.A. van, 2022. 'Innovatie in VVT', Research Centre Business Innovation, (Innovative Nursing and Care Homes & Homecare)

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ambidexterity. Ambidexterity or bipartisanship<sup>6</sup> is a form of organisation that enables organisations to combine two seemingly contradictory processes: optimisation and innovation.

Exploitation and exploration require different skills and resources from an organisation and are therefore difficult to reconcile. Nevertheless, this is necessary in order to innovate and move forward. A stronger emphasis on exploration is needed in healthcare. This requires a top-down and a bottom-up approach and a change in mentality at all levels: more than ever, managers will have to put innovation on the agenda, provide frameworks and offer employees the opportunity. Health care workers will have to take a more critical look at existing work processes, make new connections and take ownership of change.

### **‘Exspectare Zorg’**

Exspectare Zorg has been providing expert care, treatment, and companionship to elderly people at home or in one of the homes for nursing and/or rehabilitation in the Dutch province of South Holland since 2007, with a staff of approximately 1700 FTEs. Every day, employees are committed to caring for elderly people with physical and/or mental problems.

#### Mission and Vision

Everyone deserves love and attention, every day, at every moment. That is why they stand for the quality of care they provide to the frail elderly entrusted to them, in life and in death. They provide this care in a loving and expert manner.

Exspectare Zorg chooses to respond to the care needs of clients and their relatives. By providing care and treatment, they contribute to the quality of life of vulnerable elderly people living in and around our homes.

#### Internal organisation

Exspectare Zorg is an organisation that grew out of various legal predecessors with a final merger in 2007. As such, Exspectare Zorg has had many years of experience in the care, support, and treatment of vulnerable elderly people.

Exspectare Zorg is active throughout the Dutch province of South Holland and organises activities and outings for the elderly. The Expertise and Treatment (E&B) department consists

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<sup>6</sup> O'Reilly, C.A., and M.L. Tushman (2005), The ambidextrous organization, Harvard Business Review, April  
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of doctors and practitioners who provide (para)medical care in the facilities. Exspectare Zorg also has various central staff services that support the primary process: Human Resource Management, Client & Innovation, Facility Management, ICT & Real Estate, Economic Affairs and Policy & Quality. The organisation has four hierarchical levels:

- Executive Board.
- Managers Central Management Team: Regional Managers, Manager Expertise & Treatment and Central Staff Service Managers.
- Tactical managers: Housing and Care, Operations, Facilities, Expertise & Treatment managers, and central staff services.
- Operational managers such as Housing and Care/ Rehabilitation managers, Home Care team leaders and support services managers.

### Innovation

Innovation is a matter of great urgency at Exspectare Zorg, due to the rising demand for care and the shortage on the labour market. Yet it is still difficult to convey this urgency properly. Henk van Dongen, Chairman of the Board and his colleagues on the board, must get behind the issue and avoid generalities. To actually implement innovation the organisation should be motivated. For example, Exspectare experimented with 'Skype for Business' before the pandemic and many arguments were put forward by employees, such as "our Wi-Fi is not good enough." Now, because of the pandemic, everyone is used to Teams and 'remote contact' is suddenly much more natural. In the past, Exspectare Zorg innovated spontaneously for the most part. Practical ideas originating from practice and subsidy possibilities were leading. By implementing them on a stand-alone basis, it was relatively easy to experiment and scale them up. Two successful examples of this approach are:

- Exspectare Mobile was set up eight years ago by Exspectare Zorg at the instigation of a municipality to fill the gap left by regular taxi companies and WMO transport companies (medical transport trips up to 3 km). With 45,000 passengers a year transported with electric vehicles, this is now a mature and sustainable service in the province. The lesson here is to give space to employees to transform the idea into concrete and manageable activities.
- Google Glass. A few years ago, Exspectare was approached by a care start-up to develop applications for the healthcare sector based on the Google Glass. With a

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subsidy they were able to take steps. Informal carers are trained to perform certain care tasks, in case of doubt or problems they put on the Google Glasses and a district nurse can watch remotely. The patient and the informal carer have more control, the patient can live at home longer and time is saved.

In long-term care, at Exspectare Zorg as well, a distinction is made between extramural and intramural care. Extramural care is about care provided to clients who do not reside in an institution. It is caring the client receives by appointment from the care provider, or which the care provider delivers to the client's home. Intramural and extramural are still two different worlds. They do not easily communicate and exchange knowledge. Moreover, care workers are strongly oriented to routines, and we can speak of a certain 'project fatigue'. The latter is partly caused by the 'corporate strait-jacket' in which healthcare employees are expected to work including many requirements.

For two years now, Exspectare has been bringing more focus and structure to innovation, such as:

1. An innovation strategy and agenda have been drawn up with a longlist and shortlist of projects. Anyone can submit project ideas; they are assessed on their contribution to job satisfaction, work pressure, administrative pressure and saving time. Four central innovation projects are included in the annual plan and are owned by a number of managers.
2. There is an innovation department, which carries out central innovation projects and serves as a sounding board for projects at locations and departments.
3. Curiosity is stimulated throughout the organisation. Employees in 'cure' are usually more focused on improvement and renewal than those in 'care'; this is due to the working environment and their education. Many employees at Exspectare do have ideas for improvement, but they are often not asked. Team leaders and managers are not always motivated to do so. The location managers have therefore been given the task of structurally putting innovation on the agenda and coming up with their own initiatives.
4. There is an annual 'Innovation Market' where all kinds of ideas and projects are presented, and relatives of the residents and other interested parties are also welcomed.

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Exspectare Zorg is convinced that the crux of successful innovation lies in the dialogue with and among employees. They are the ones who have the best idea of what can be improved, and they are the ones who should want to start working with new tools. Exspectare Zorg works with quality cycles. Teams of employees from various departments get to work on an issue, including visits to other companies.

Exspectare Zorg has had a data analyst for several years now. This provides an enormous amount of insight; absenteeism can be predicted, and benchmarking can take place of departments and locations. They are now working on dashboards, harmonising work processes and also mapping out 'customer journeys'. It took some time for data analysis to gain support in the organisation, because it is quite confrontational. Claiming to be in an exceptional position suddenly appears to be 'less justified'.

In principle, a business case is drawn up for each innovation. This has proven to be a bit of a challenge still. Some ideas are easy to substantiate, others are impossible to calculate right from the start. In that case, the choice is mainly made on the basis of a gut feeling and a vote of confidence. There is sufficient expertise in the organisation to assess ideas and draw up business cases. The budget for innovation is skimmed centrally. The care office is involved where necessary and is flexible. For example, the budget can be redistributed if one healthcare institution wants to tackle a topic while another does not. Collaboration in the region is also good: ideas and experiences are exchanged and there is a joint innovation lab.

Ideally, innovation in home care helps people to live at home for longer and thus reduces the pressure on nursing home care. Exspectare Zorg provides extramural and intramural services, and has found that in practice, however, things are quite difficult to achieve. It is not easy to manage intramural care - hospital admissions and the wishes of family members, for example, are decisive. Clients in nursing also come from other home care organisations. So smart home care is not necessarily advantageous for nursing home care. However, this does apply to day-care for seriously ill patients (such as people with cerebral infarctions): here, innovation can indeed help people to live at home longer. The question is, therefore, whether all initiatives are sufficient to relieve the pressure on care. As far as the Exspectare Zorg board of directors is concerned, the answer is unfortunately 'no'. As an organisation, you are making a tremendous effort, but you are simply locked into the current care system. But what you are able to carry out, you must do well in the interests of your clients and your staff.

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## A digital string

A day later, the weather has completely changed. Yesterday's blistering heat has turned to heavy rain and thunderstorms and the temperature has halved as Henk walks his dog early on Sunday morning. "I can compare the sector to the weather", he sighs, and Henk pulls the zip of his mackintosh a bit higher so as not to get his shirt even wetter, "one moment you think you've got everything sorted and settled, and the next moment it turns out to be the opposite of what you thought."

Back home, Henk quickly puts on the uniform of his care organisation Expectare, because he is working side by side with his employees for a day, as he is used to doing at least once a month.

Today, he is with caregiver, Petra, on what is popularly known as a 'locked hospital unit'. "A nasty expression", says Henk, thinking of the special care provided and the responsibility his employees have in that unit: "People should be aware of how well staff cares for the patients in those units and how special the personal attention is. And by 'people' Henk thinks of all those stakeholders involved in care and nursing. The resident/patient, the family, the employees, the insurance company, the inspectorate, the ministry. Together with Petra, Henk visits Mr. Verstegen who needs some extra attention because of the medication he is receiving. Mr. Verstegen smiles as always and is happy when he recognizes Petra. "Hello girl," he says jovially and puts an arm around her. Petra says she has to check the medicine before Mr. Verstegen can take it. She grabs a pair of Google Glasses from her medicine trolley and contacts her colleague. "The four-eyes principle, you know, Mr. Van Dongen", she says to Henk. "We used to have to carry this out with two people, but fortunately, we now have these glasses. That saves a lot of time, and we can still comply with the rules." Henk thinks back to the initiative taken by one of the carers to comply with the regulations on supplying medicines and to use the time instead on residents and carers. "When I think back to that proposal, I don't understand why we saw so many obstacles at the time," Henk thinks, watching Petra and her colleague doing the checks together virtually.

"So", says Petra, "that's done" and she gives Mr. Verstegen his medicine. "Fortunately, we now have some time for a chat," she says to Mr. Verstegen, grabbing a chair and placing it next to him. Henk thinks of another idea from one of the employees, in this case to do more with data so that there is more insight into absenteeism and capacity problems, for example. Many of these ideas often are not implemented because people were expecting a business case before the idea could be implemented or carried out. In case of the Google glasses, that

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was no longer required. "And look how beautiful and useful the result is," concluded Henk, as he too took a chair and sat down with Petra and Mr. Verstegen.

The day passes quickly as he works along Petra. Henk realised how much work is involved for her and her colleagues and he had to admit that he was rather tired. Just before Henk wants to thank Petra for the past day and for letting him have a look, she asks him: "What did you think of today?" Henk has to search for the right words, thinks back to his mother and replies, visibly emotional: "I realise how important the work is that you do and how carefully it is done". Petra senses his appreciation and

feels free to respond: "You know, Mr. Van Dongen, we do our work with the best intentions, and we don't want anything to happen to our residents. It's nice to know that you express that trust in us. That will do many people good. Trust in each other is important for everyone inside and outside the organisation."

Henk grabs his coat and umbrella, but when he gets outside, he sees that it is dry, and the sun is coming out. He walks to the car park and smiles as he thinks back to what Petra has just said to him, reminding him that yesterday he watched the video of Jan Terlouw's speech about the 'string from the letterbox' again. "What did Terlouw say again? We were able to enter into each other's houses, and we trusted each other. But taking the initiative and taking personal responsibility are two things that are no longer appreciated. We can do anything, but we can only solve it together." Henk likes that thought and decides that that will also be the message in the discussion with the Supervisory Board next week. If we were to take trust as a foundation, set up our organisation and systems in such a way that we are transparent internally and externally, a 'digital string' if you will, what would the effects be for innovation at Exspectare?