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 administrational 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.

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Conclusion: Stories from multiple perspectives provide valuable information for quality improvement initiatives. Yet, in order to implement Connecting Conversations successfully organizational support is indispensable

Interpreting and evaluating open norms of person-centred care in daily regulatory practice of the Dutch nursing home care setting

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Objective: The emphasis on person-centred nursing home care poses a key challenge for inspectors who regulate quality of care, because of its situated characteristics (i.e., for each client different and changing over time). This makes it difficult to assess with predetermined norms in contrast to for example requirements of medication safety. In this paper, we therefore empirically investigate how inspectors operationalize and evaluate open norms of person-centred care in the Dutch healthcare setting.

Methods: Qualitative methods were used to study the work of inspectors who assess the quality of nursing home care within the Dutch Health and Youth Care Inspectorate. The first author7it observed the inspection process of nursing home care organizations (preparation, inspection visit, consults between inspectors and team meetings) and conducted semi-structured interviews with the observed inspectors and managers of the assessed organizations. Furthermore, different versions of the quality report were analyzed.

Results: Easy made operationalizations of person-centred care (e.g., choice for meal) received more attention than other, less easily made, operationalizations of person-centered care (e.g., group dynamics). The following three exclusion mechanisms show why certain aspects of person-centred care got less attention than others: 1) not being able to triangulate information 2) doubting the trustworthiness of a person 3) not being able to deviate from the structure of the inspection program. Furthermore, there are two exclusion mechanisms that show how the assessment of person-centred care is ignored or overruled by other values in the assessment framework: 1) downplaying person-centredness by mitigating circumstances and, 2) prioritization of safety risks over risks of lacking person-centredness.

Conclusion: In evaluating person-centred nursing home care using open norms, certain mechanisms are in place that exclude the assessment of quality of (certain aspects of) person-centered care. To overcome these mechanisms, a different, more reflexive approach for regulation might be needed to encourage stakeholders to engage in self-observation and self-criticism. Reflexive regulation using narrative methods can be especially helpful with complex issues, which are associated with uncertainty about standards and where different perspectives play a role. In further participative action research, we will experiment with and study the use of reflexive regulation using narrative methods in long-term care.

S20: Adapting and implementing WHO iSupport among dementia caregivers worldwide: users' perspectives and future development (Session II)

The WHO Global Action Plan against Dementia calls for “at least 75% of member states providing carer support and training by 2025”. In response to the global target, WHO has developed iSupport aiming to provide support for caregivers of people living with dementia. The generic WHO iSupport has been translated and adapted in 39 countries and 37 languages so far. The adapted versions of WHO iSupport are now being implemented worldwide, usually as an online program for caregivers. The feasibility, accessibility, effectiveness and sustainability of the iSupport program in different cultural context is now being explored extensively. This symposium aims to share the up-to-date research findings and lessons learned on the adaptation and implementation process and users’ perspectives from diverse cultural background. It will include seven presentation and be divided into sessions: 3 presentations on Session I and 4 presentations on Session II.

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