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