

Maastricht University *Leading in Learning!* Living Lab in Aging & Long-Term Care *Research*



Challenges in improving quality of care in institutionalised long-term care facilities

Prof. Dr. Jan Hamers

Health Services Research
Focusing on Chronic Care and Ageing

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Agency staff and bad management to blame for poor care in nursing homes

Diskussion um Qualität
Druck auf Pflegeheime nimmt zu
CVP-Gesundheitspolitikerin Ruth Humbel sieht Fehlanreize bei der Dekubitus-Prophylaxe und fordert ein Malus-System für schwarze Schafe. Die Pflegeheime wehren sich.



Tatort Pflegeheim: Miese Betreuung und überfordertes Personal

HOME » NEWS » HEALTH » HEALTH NEWS

A day in the life of England's bad care homes

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Das Gras auf der anderen Seite des Hügels ist immer grüner



The village where people have dementia - and fun

How is society to look after the ever-growing number of people with dementia? A curiously uplifting care home near Amsterdam may have the answers

A better way to care for the aging

In Denmark, elder care starts early, institutionalized long-term care has been eliminated and people are happier and healthier.

■ BY LAURA FRASER STAFF REPORTER | PHOTO BY ADRIEN VECCAN

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Original Study

Quality of Life and Quality of Care for People With Dementia Receiving Long Term Institutional Care or Professional Home Care: The European RightTimePlaceCare Study

Hanneke C. Beerens MSc, RN^{a,*}, Caroline Sutcliffe MSc^b, Anna Renom-Guiteras^c, Maria E. Soto MD, PhD^d, Riitta Suhonen PhD, RN^e, Adela Zabalegui MD, PhD^f, Christina Bökberg MSc, RN^g, Kai Saks MD, PhD^h, Jan P.H. Hamers PhD, RN^a on behalf of the RightTimePlaceCare Consortium¹

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^c School of Nursing Science, Faculty of Health, University of Witten/Herdecke, Witten, Germany
^d Department of Geriatric Medicine, CHU Toulouse University Hospital, Toulouse, France
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Comparative study

➤ 8 European countries

- Estonia, France, Finland, Germany, Netherlands, Sweden, Spain, England

➤ Participants

- 2014 couples of people with dementia (mean age=83 years; 68% women) and their informal caregivers (mean age=63 years; 67% women; 33% spouse)



RightTime PlaceCare
Improving health services for European citizens with dementia

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Examples QoC indicators: institutional care

Pressure ulcers

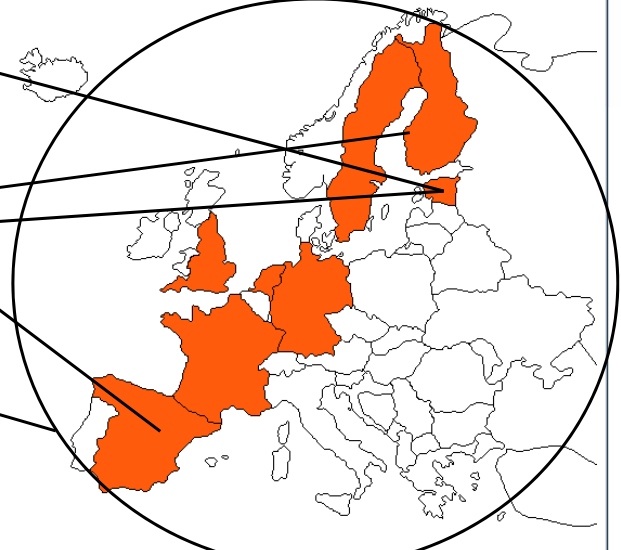
- Estonia: 14%
- (EU mean: 7%)

Physical restraints:

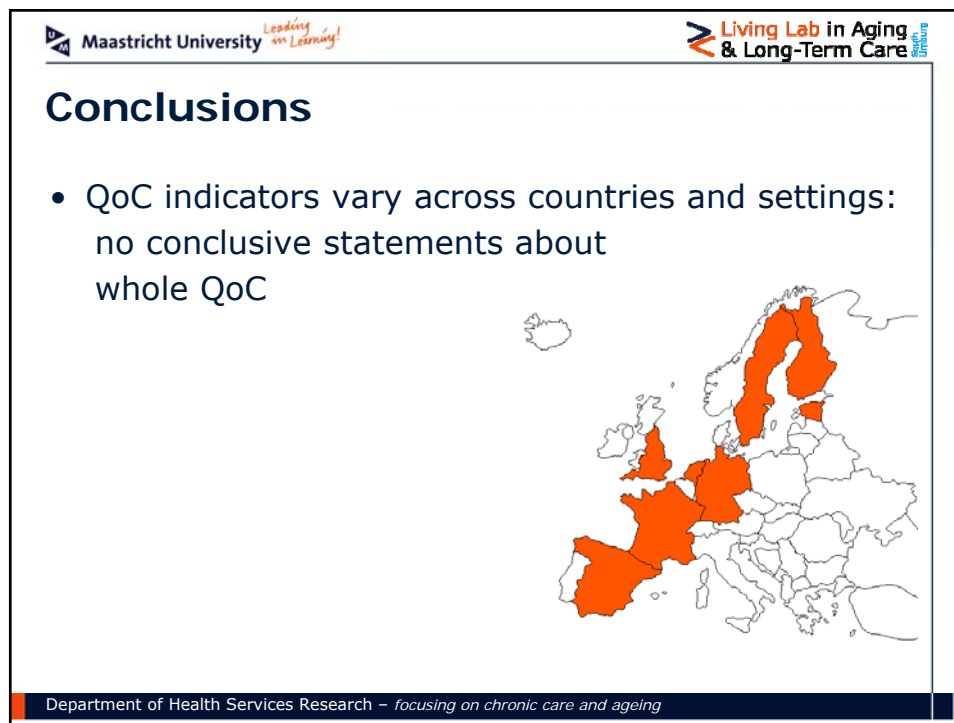
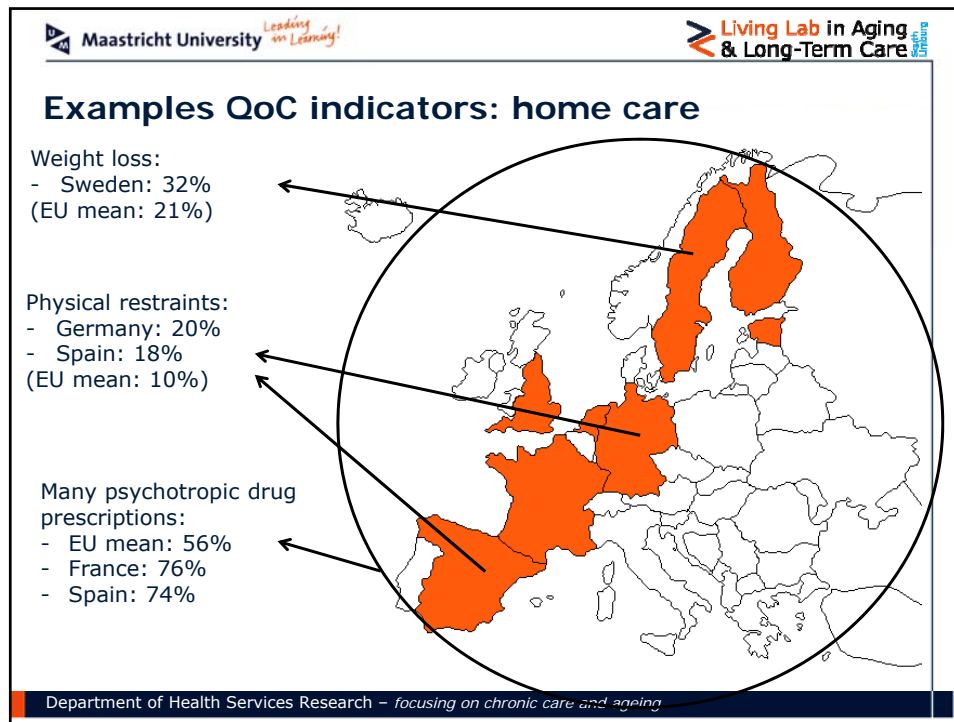
- Spain: 83%
- Estonia: 48%
- Finland: 40%
- (EU mean: 31%)

Many psychotropic drug prescriptions:

- EU mean: 70%
- France: 90%
- Spain: 81%



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Reports on Quality of Care

- Mainly focused on outcome indicators
 - Are we focusing at the right outcomes?
- Can information on outcome indicators improve quality of care?
 - Physical restraint example

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Physical restraints in nursing homes

Bartelt et al. (2014). Quality monitoring and long term care in Switzerland. In: Mor et al. (Eds.) *Regulating Long-Term care quality*. Cambridge: University Press

Year	Sample Size (n)	Prevalence Rate (%)
Ticino (12.12.2006)	2039	~24
Ticino (12.12.2007)	2952	~21
Ticino (12.12.2009)	3273	~20
Ticino (12.12.2010)	2238	~19
Ticino (12.09.2011)	3706	~18
CH (Average)	18893	~7

Figure 4.3 Prevalence of restraint use in Ticino canton, 2006–11.
 Source: compiled by authors based on Q-Sys AG data, 2011, 2012.
 Note: The last bar indicates the average prevalence rate in Switzerland.

- The living lab approach to improve QoC

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Living Lab in Ageing and Long-Term Care

- What is the Living Lab?
- How are we organized?

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Editorial
Keys to Successfully Embedding Scientific Research in Nursing Homes: A Win-Win Perspective
 Hilde Verbeek PhD^a, Sandra M.G. Zwakhalen PhD, RN^a, Jos M.G.A. Schols PhD, MD^{a,b}, Jan P.H. Hamers PhD, RN^{a,*}

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Organization

- Interdisciplinary partnerships
 - Nursing home administrators, clinical and nursing staff, researchers and teaching staff as collaborating partners
 - Nursing science, old age medicine, physiotherapy, psychology and gerontology as core disciplines
- Joint appointments
 - Staff working at both university and long-term care organization
 - Senior researchers posted on a structural basis to long-term care organizations
 - Long-term care staff posted to university to conduct PhD projects







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Living Lab in Ageing and Long-Term Care

- General aim
 - To develop, test and implement innovative care concepts to provide sustainable solutions for current and future problems in nursing homes
- Specific aims
 - To address the right clinical and policy questions
 - To develop, evaluate and implement evidence-based innovations
 - To adequately educate nursing home staff and increase levels of expertise
- Approach
 - Identification medical and care-problems
 - Development and evaluation of interventions
 - Implementation

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Illustration physical restraints

- Physical restraints
 - Prevalence all measures: 41-64%
 - Main reason of restraint use
 - Prevention of falls (≈90%)
 - Determinants restraint use
 - Resident's characteristics (cognitive status, mobility, dependency)
 - Not organizational or work-related characteristics!
 - Negative consequences residents
 - E.g., incontinence, pressure ulcers, agitation, depression
 - Prevention and reduction of restraints should focus at different levels: EXBELT
 - Institutional policy change
 - Educational program all staf
 - Alternative measures
 - Consultation

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The reduction of physical restraints in nursing homes: the impact of nursing research on clinical practice and health care policy

In 2000, the appeal to reduce the use of physical restraints in nursing homes, and especially the use of belts, chairs with locked tray tables and low-sided full-enclouser beds, was sharply criticized by nurses and physicians in the Netherlands. In that time, at con-

ference. Our research group at Maastricht University started the first studies on restraint use around the year 2005, and presented the results of a first study on prevalence and determinants of restraint use in 2002 (Harms, Strik, Swinkels, Gijbers, & Linker, 2002).

intervention is named EXBELT, and consisted of (1) an institutional policy change discouraging the use of belts, (2) education for nursing home staff, including administrative staff, (3) consultation by nurse specialists, and (4) the availability of alternative interventions.

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- Do outcome indicators give a complete picture of quality of care?

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Quality of care

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graph TD
    S[Structural elements] <--> P[Process elements]
    S --> O[Outcomes]
    P --> O
  
```

Structural elements

Characteristics of:

- community
- institution
- provider
- patient

Examples:

- geographic location of facility
- nurse-to-patient ratio
- availability of technologies
- hospital size
- physician training

Process elements

- treatment process
- stages of treatment
- appropriateness
- services process

Examples:

- use of efficacious therapy
- use of diagnostic tests
- use of procedures
- treatment delays (including wait times)

Outcomes

- death
- adverse events
- readmissions to hospital
- resource use (costs, length of stay in hospital)
- patient satisfaction with care
- quality of life
- patient ability to function in daily activities

Figure 1: The Donabedian model of measuring health care system performance¹⁰

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Reports on Quality of Care

- Mainly focused on outcome indicators
 - Are we focusing at the right outcomes?
- Can information on outcome indicators improve quality of care?
- Do outcome indicators give a complete picture of quality of care?
 - Structure and process indicators are missing
 - Complete picture needed for quality improvement!
 - Better information for interventions

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Quality of care

- Poor quality of care is not necessarily associated with number of available staff or financial cuts
- Illustrations:
 - Prevalence of care problems often is not associated with shortages in nursing home staff nor high levels of workload
 - There is a large variety in quality of care in institutional care settings using the same budgets
- Better Quality of Care seems to be associated with:
 - Expertise of staff
 - Leadership

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Reports on Quality of Care

- Mainly focused on outcome indicators
 - Are we focusing at the right outcomes?
- Can information on outcome indicators improve quality of care?
- Do outcome indicators give a complete picture of quality of care?
 - Structure and process indicators are missing
 - Complete picture needed for quality improvement!
- Different stakeholders besides the professional view
- What are the expectations of consumers?
 - Quality of life, well-being, autonomy, independence, food
 - Different than annual questionnaire

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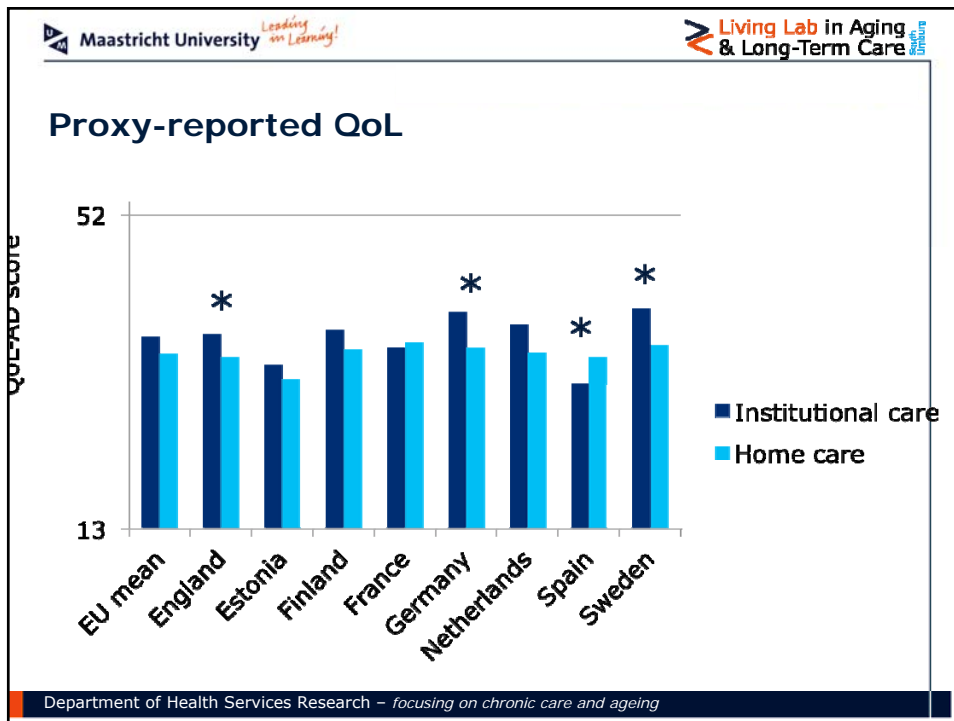
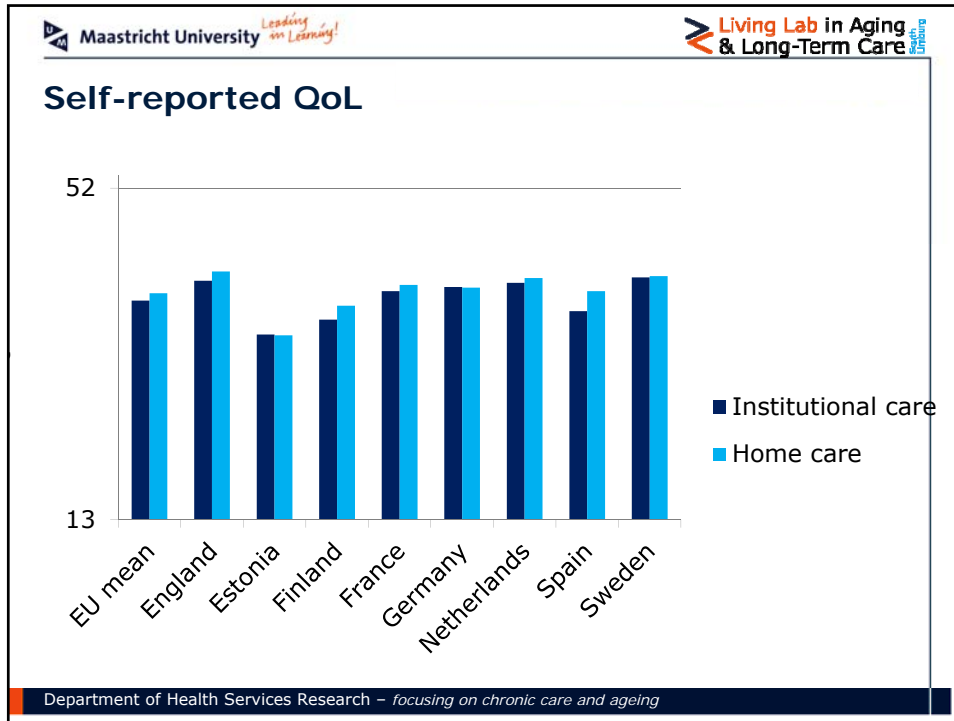
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Challenges in improving quality of care

- Das Gras auf der anderen Seite des Hügels ist meistens nicht grüner
 - However, we can certainly learn from our neighbours!
- Reports on outcome indicators can lead to improvement of quality of care
 - But, give a limited indication
- Include process and structure indicators
- We should focus more at the expectations of consumers!
- Living-lab example
 - Collaboration science-education-practice
 - Regional approaches

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The race for optimal quality of care will have no finish line!



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Living Lab in Aging & Long-Term Care *Research & Innovation*

Thank you for your attention!

Meandergroep cicero Envida Evagram ivyderland mosae VIVATES Zorg Ondernemen ZUYD Maastricht University

More information about the Living Lab or specific research projects, please contact us via:
www.accop.nl