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

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Health Services Research
Focusing on Chronic Care and Ageing

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

Druck auf Pflegeheime nimmt zu
CVP-Gesundheitspolitikerin Ruth Hambel sieht Fehlanzeige bei der Dekubitus-Prophylaxe und fordert ein Malus-System für schwarze Schafe. Die Pflegeheime wehren sich.

Tatort Pflegeheim: Miese Betreuung und überfordertes Personal

A day in the life of England’s bad care homes
A better way to care for the aging

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

BY LAURA FRASER STAFF REPORTER | PHOTO BY ADRIEN VECZAN
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)

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%
Examples QoC indicators: home care

Weight loss:
- Sweden: 32%
  (EU mean: 21%)

Physical restraints:
- Germany: 20%
- Spain: 18%
  (EU mean: 10%)

Many psychotropic drug prescriptions:
- EU mean: 56%
- France: 76%
- Spain: 74%

Conclusions

- QoC indicators vary across countries and settings:
  no conclusive statements about whole QoC
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

Physical restraints in nursing homes

- The living lab approach to improve QoC

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
Living Lab in Ageing and Long-Term Care

What is the Living Lab?

How are we organized?

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
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

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 staff
  - Alternative measures
  - Consultation
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?

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Quality of care

**Structural elements**
- Characteristics of:
  - community
  - institution
  - provider
  - patient

- Examples:
  - geographic location of facility
  - nurse-to-patient ratio
  - availability of technologies
  - hospital size
  - physician staffing

**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 performance
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

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
Reports on Quality of Care

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  - 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

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

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Self-reported QoL

Proxy-reported QoL

Department of Health Services Research – focusing on chronic care and ageing
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

The race for optimal quality of care will have no finish line!
Thank you for your attention!

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