

THE USE OF INDICATORS TO IMPROVE LONG-TERM CARE IN VARIOUS COUNTRIES

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Setting the scene – defining LTC

International perspectives on performance indicators LTC require a common understanding of the issue.

“Long-term care (LTC): is defined as a range of services required by persons with a reduced degree of functional capacity, physical or cognitive, and who are consequently dependent for an extended period of time on help with basic activities of daily living (ADL). This “personal care” component is frequently provided in combination with help with basic medical services such as “nursing care” (help with wound dressing, pain management, medication, health monitoring), as well as prevention, rehabilitation or services of palliative care. Long-term care services can also be combined with lower level care related to “domestic help” or help with instrumental activities of daily living (IADL).”

OECD, European Commission. A Good Life in Old Age? Monitoring and Improving Quality in Long-term care. Paris: OECD Publishing; 2013.

Setting the scene – defining LTC

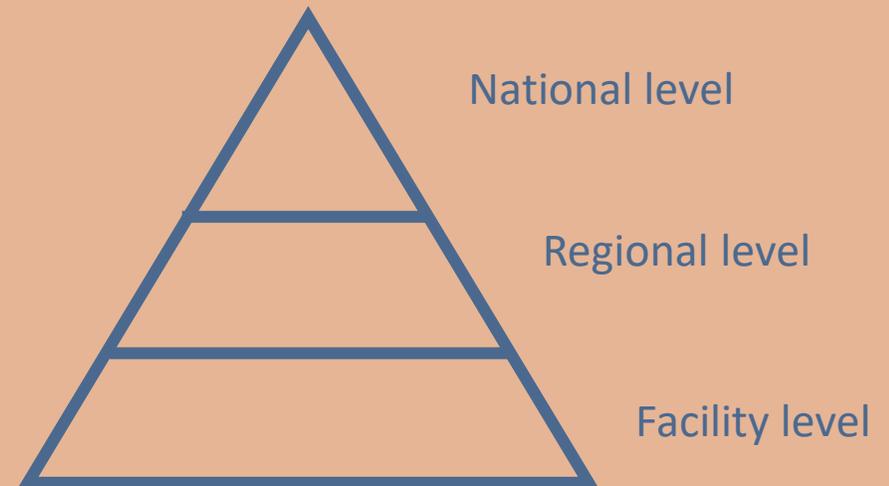
However, performance indicators in various countries are chosen, depending on **how the national social and care system are organized**

- LTC and rehabilitation hospitals
- Indicators of care for older people (irrespective of care settings)
- LTC hospitals and LTC social care facilities
- Home care organization, that includes long-term care and other types of care

Setting the scene – data availability

Tends to vary with scale

- Coordinating data collection system at the higher level is more challenging
- Granularity is another dimension to consider, relevant for risk adjustment and tailoring
- What is desirable cannot be assumed



Common performance indicators in LTC

- Pressure ulcer
- Falls
- Unplanned weight loss
- Use of restraints
- Limitations to activities of daily living
- Polypharmacy
- Hospital admission
- Completed assessment
- Pain

Can we compare indicators between countries?

International comparability

1. Challenges with Indicator definitions

For example: Use of **restraints**

- What are they: Include bed-rail? Use of drugs?
- What is the unit of observation: occasions of use? Number of persons? Duration of use?
- What is the denominator: in the last 3 days? In the last month?

International comparability

2. Challenges with LTC settings

For example: **Pressure ulcer**

- Health condition, mobility,... influence the risk of PU
- Are the populations comparable across countries and settings? What are the characteristics of the population in LTCF in various countries?

International comparability

3. Different data collection methods and reliability

For example: **Pressure ulcer**

- How do you know a person has a PU? What processes support the data collection? What kind of training supports data collection?

Table 1
Key features of the pressure ulcer measurement systems.

Name of the Measurement system	The Healthcare-Associated Infections in Long-Term Care Facilities survey (HALT) coordinated by the European Centre for Disease Prevention and Control (ECDC)	Emerging Infections Program (EIP) Nursing Home Prevalence Survey coordinated by the Centers for Disease Control and Prevention (CDC), United States	Point prevalence survey performed within the Pressure Injury Prevention Project (PIPP), coordinated by the Clinical Excellence Commission in New South Wales, Australia	Landelijke Prevalentiemeting Zorgproblemen (LPZ) survey, coordinated by Living Lab in Ageing and Long-term Care of Maastricht University, The Netherlands
Feature	HALT	EIP	PIPP	LPZ
Breadth of the measurement system				
Primary objective of the data collection system	Estimation and monitoring of healthcare-associated infections and antimicrobial use in long-term care facilities [14].	Measurement of the prevalence and description of the types of healthcare-associated infections and antimicrobial use in nursing homes.	Measurement of pressure ulcers.	Measurement of the prevalence, preventive measures and treatment of pressure ulcers, malnutrition, falls, restraints, incontinence and pain [17].
Embedding in a larger quality improvement or accountability system	Pressure ulcer data are collected as a risk factor for healthcare associated infections. The overall aim is to identify priorities for national and local interventions and evaluate their implementation in participating countries and long-term care facilities [14].	This is an independent public health healthcare-associated infections and antimicrobial use surveillance activity. Pressure ulcer data are collected as a risk factor for healthcare-associated infections and antimicrobial use.	The annual point prevalence survey is part of a broader pressure ulcer prevention initiative, aiming to reduce the occurrence of pressure ulcers and if they do occur, to help reduce the recovery time for the patient [20].	The primary purpose of the project is to give health care organizations insight into their basic care quality. The project also provides information about the prevention and treatment of care problems (22).
Feature	HALT	EIP	PIPP	LPZ
Time dimension and form of presentation of the results to the target public	There is an ad-hoc software that can generate preliminary summary reports immediately. ECDC provided facility-level feedback reports (through national coordinators), with	Staff at each of the 10 participating states has immediate access to the data for the nursing homes participating from their state. Upon data entry, CDC has immediate access	The Clinical Excellence Commission developed the Quality Audit Reporting System, through which health entities collect data privately. Access to the system is not open to the	Each participating institution has access to its own results and national data for benchmark purposes. The data are presented in specially designed digital dashboards with interactive

What indicators tell us

What indicators tell us

Association between performance indicators and Covid 19

**Facility
Size**

**Community
prevalence**

LTC facility characteristics
associated with Covid 19
outcomes

Staffing

Use of temporary staff
Staff statutory sick pay
Compartmentalizing

Ownership

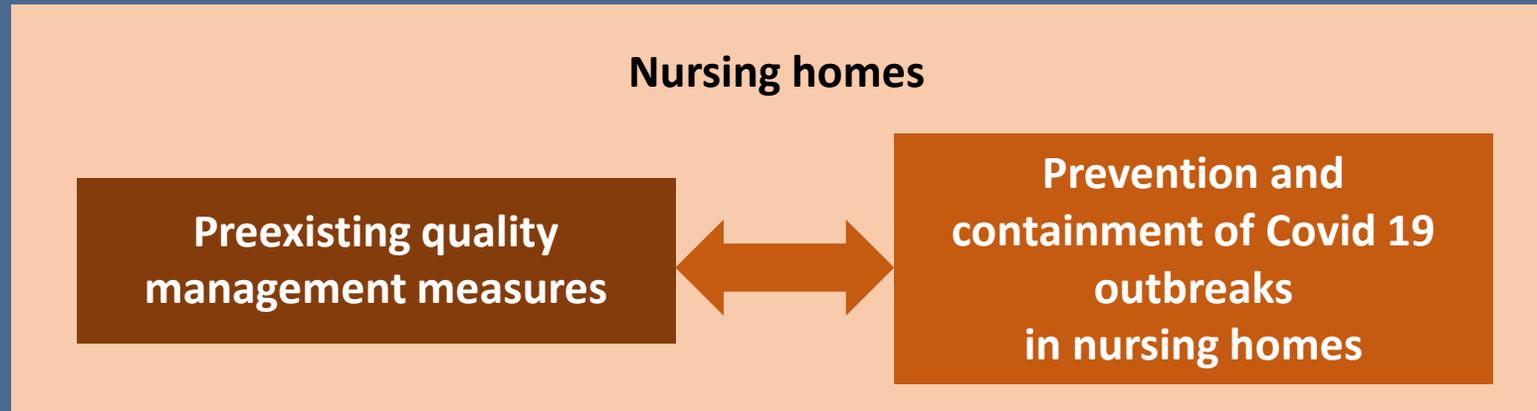
Architecture

Quality

Quality ratings
Infection control
Inspection findings

What indicators tell us

Association between performance indicators and Covid 19

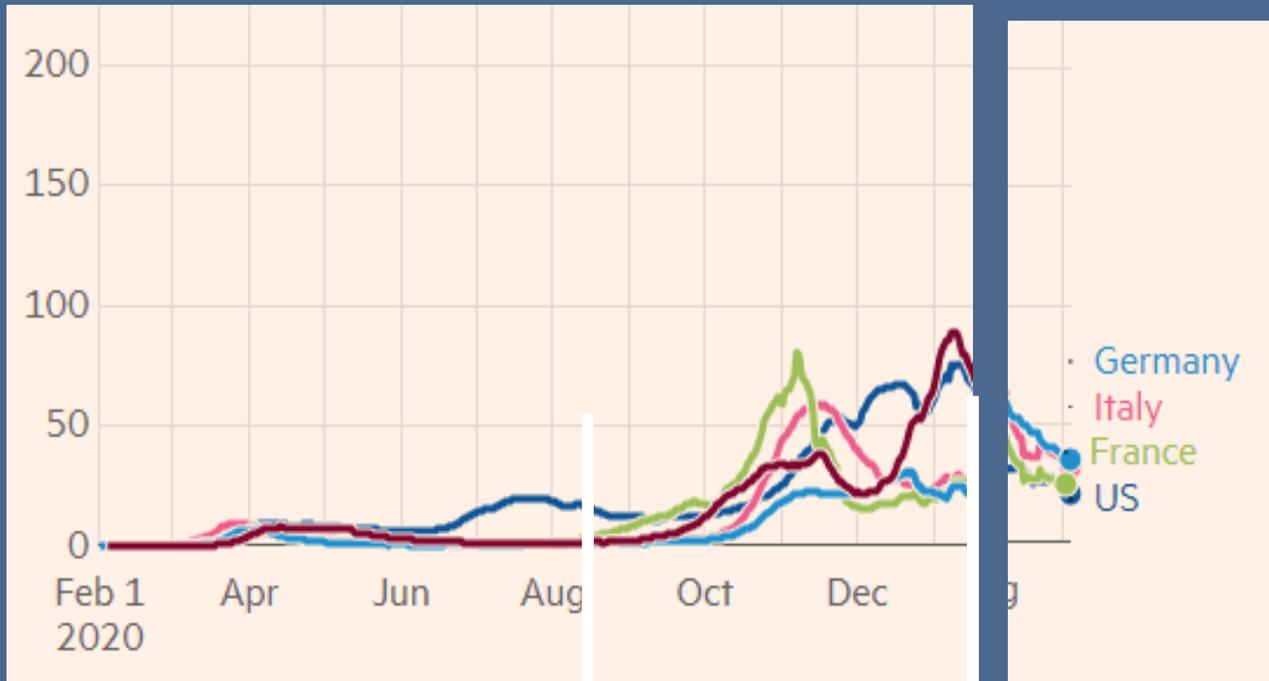


- Is there an association between pre-existing quality management measures of nursing homes and the prevention and spread of Covid 19 within the nursing homes?
- What is the relation between these measures and prevention and spread of Covid 19 from the perspective of nursing homes?

What indicators tell us

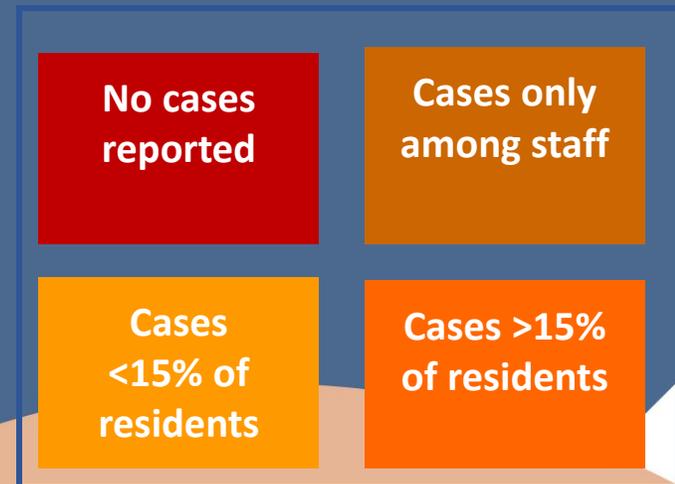
Association between performance indicators and Covid 19:
the case of nursing homes in Tuscany, Italy

New cases of Covid 19 per 100k in 2020, selected countries



Source: Financial Times, <https://ig.ft.com/coronavirus-chart>

Grouping of nursing homes in Tuscany by Covid 19 outbreak



What indicators tell us

Association between performance indicators and Covid 19:
the case of nursing homes in Tuscany, Italy

Quality management measures

Outcome

- Pressure ulcer rates
- Falls
- Restraints use
- Urinary tract infection
- Pain above the threshold

Process

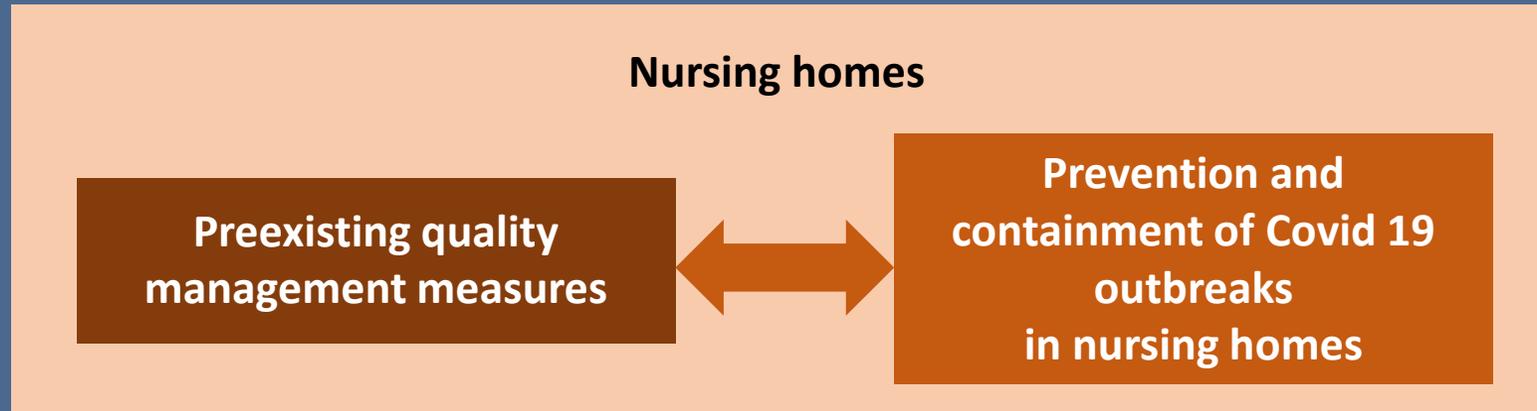
- Residents who received influenza vaccine
- Availability of a quality officer
- Quality certification
- Availability of administrative software
- Job satisfaction ratings

Structure

- Number of beds in the facility
- Healthcare workers per available bed
- Availability of an isolation area

What indicators tell us

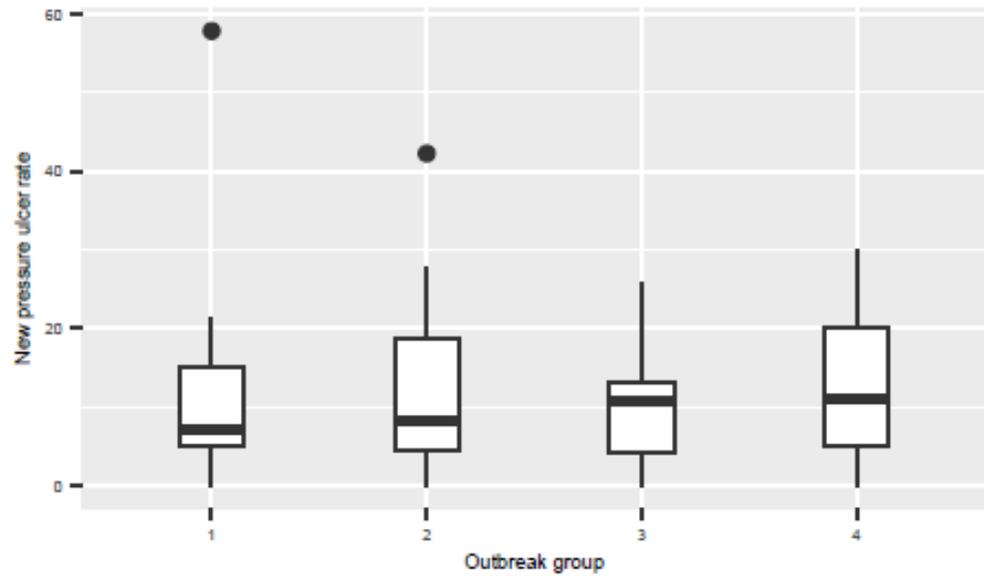
Association between performance indicators and Covid 19



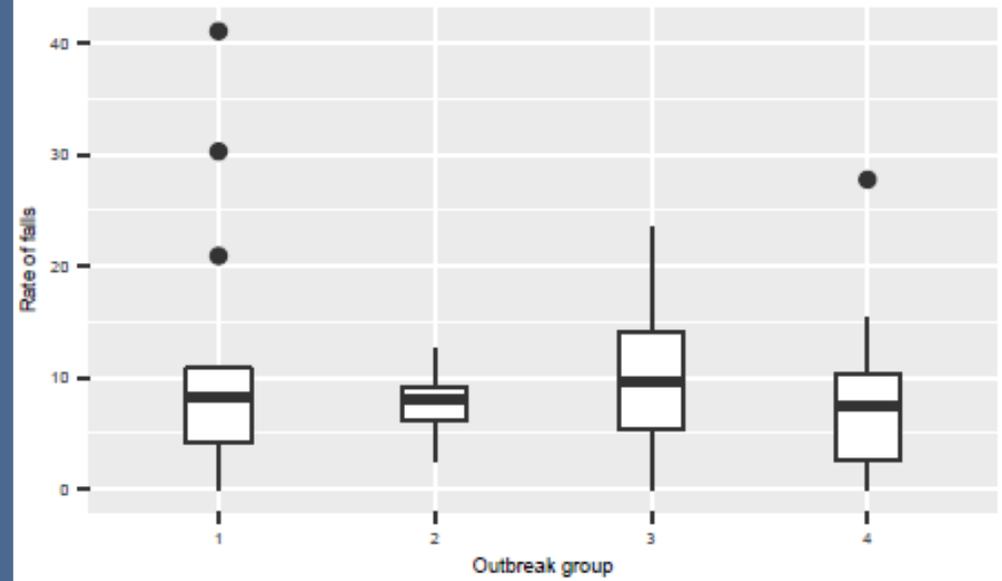
Mixed methods approach:

- Data analysis
- Group discussions with nursing home managers

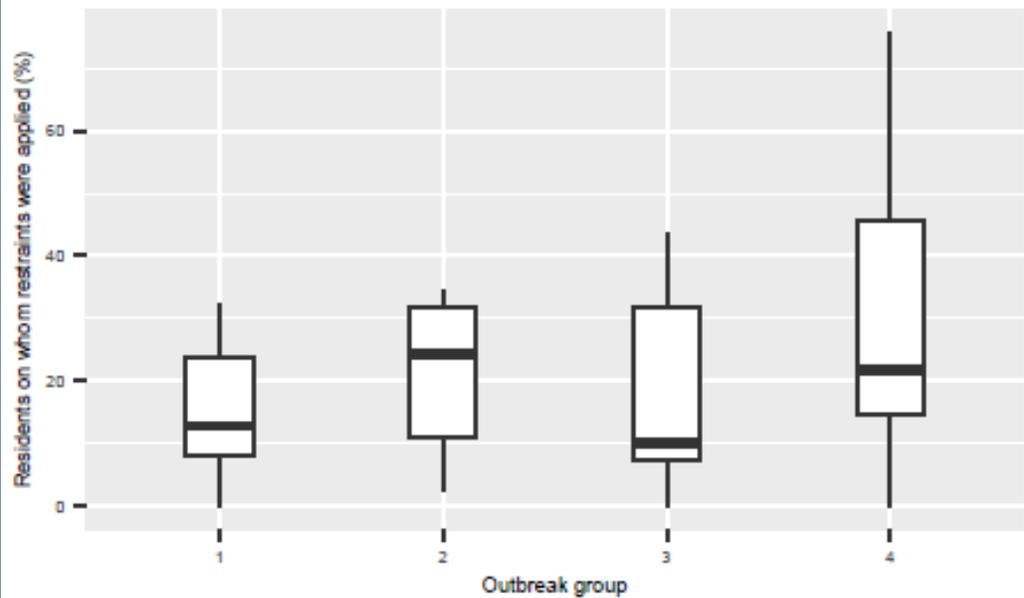
Nursing homes' pressure ulcer rates of category 2 to 4 developed in the facility in 2019



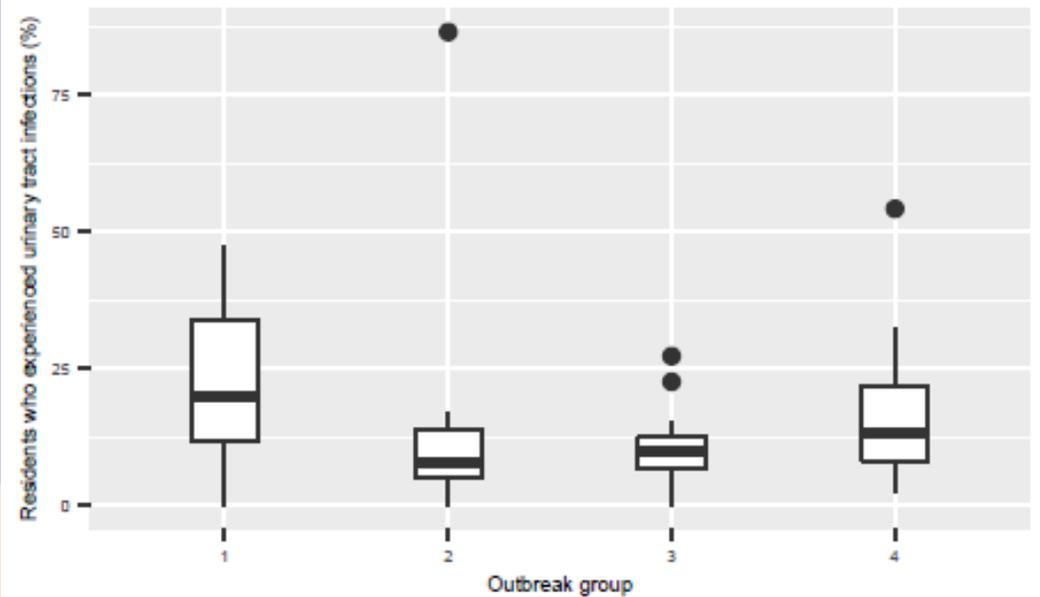
Nursing homes' rate of falls leading to ER visit, hospitalization or death in 2019 by Covid



Nursing homes' rate of restraints use other than bed rails in 2019 by Covid 19 outbreak



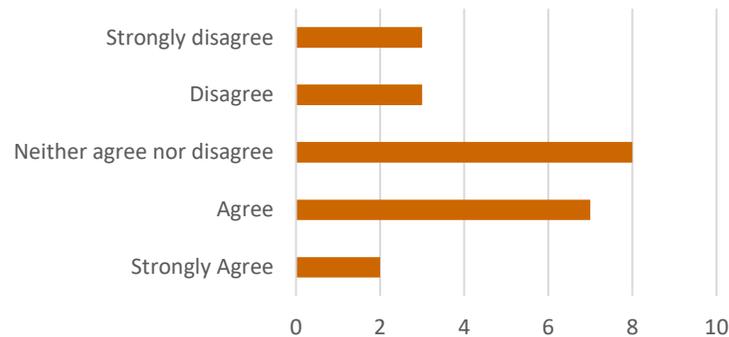
Nursing homes' percentage of residents with a urinary tract infection in 2019 by Covid



What indicators tell us

Outcome indicators used in Tuscany nursing homes

The attainment of **good results on clinical indicators** influenced the ability of the NH where I work to prevent and contain Covid 19 outbreaks



Possible explanations for the existence of an observable relationship

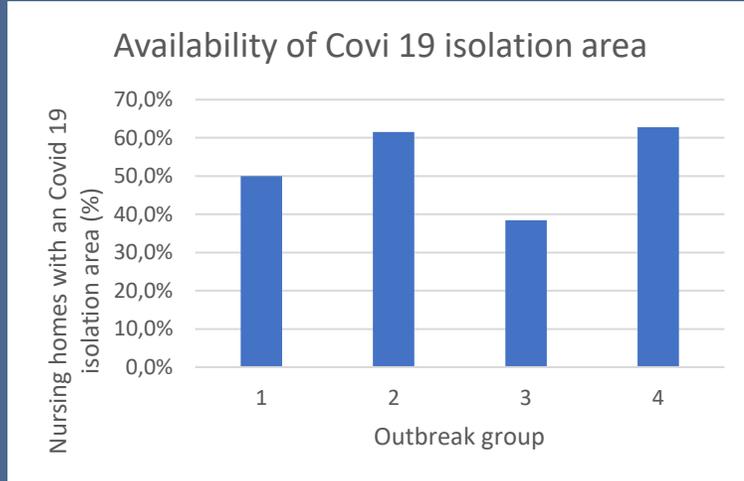
- strengthens experiences with establishing and **implementing protocols and procedures**.
- strengthens experiences with **on the job training**.
- encourages a proactive approach to **risk management**.
- may imply more attention to **infection prevention** prior to Covid 19.
- may imply less need for visits to emergency departments and hospitals, hence **reducing Covid 19 exposure risk**.

Possible explanation for the absence of an observable relationship

- Covid 19 was a **new challenge** for which work on outcome performance indicators did not prepare.

What indicators tell us

Availability of isolation rooms in Tuscany nursing homes

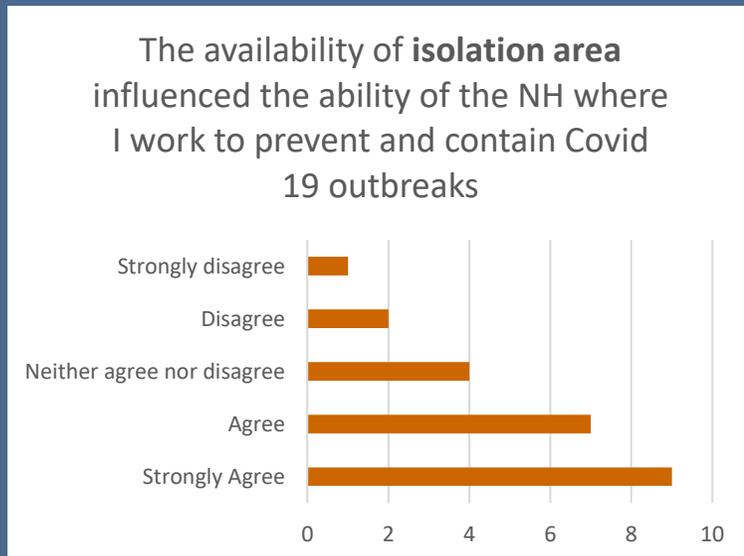


Possible explanations for the existence of an observable relationship

- The isolation area was used for **quarantine**.

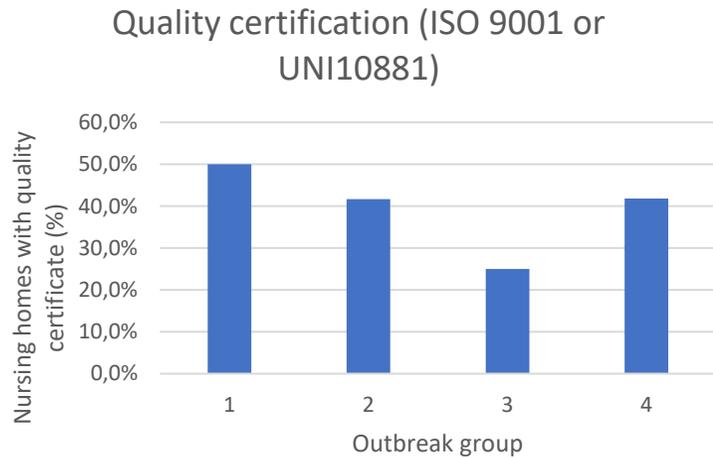
Possible explanation for the absence of an observable relationship

- Having an isolation room is **not sufficient** to isolate residents, the facility's **architecture** is often a limiting factor.
- Strict isolation is **not really feasible** in a nursing home, with or without an isolation area
- Once a case is identified the virus has **already spread** in the facility



What indicators tell us

Quality certificate in Tuscany nursing homes



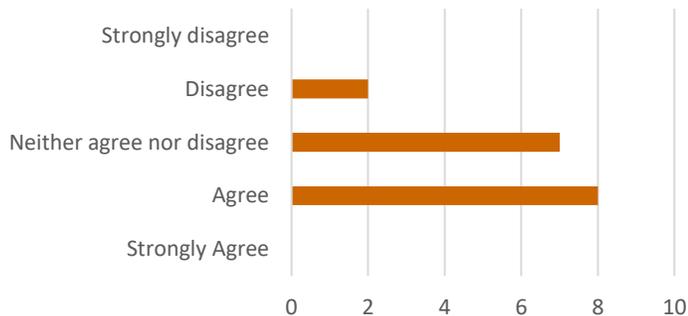
Possible explanations for the existence of an observable relationship

- Helpful to the extent that contingency plans were required and prepared because of certification requirements

Possible explanation for the absence of an observable relationship

- The requirements of any certification system did not foresee Covid 19, so there were no related requirements
- Established obligatory accreditation system in Tuscany

The availability of a **quality certificate** influenced the ability of the NH where I work to prevent and contain Covid 19 outbreaks



How supervisory organizations use LTC indicators

How supervisory organizations use LTC indicators

EPSO
MALTA
2023

Open access

Original research

BMJ Open How are regulatory oversight organisations using long-term care performance indicators: a qualitative descriptive study in 10 high-income countries

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► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2022-067495>).

ABSTRACT

Objectives Regulatory oversight organisations play an important role in quality stewardship in long-term care (LTC) facilities. Performance indicators are a key tool for any quality-related work. Our aim was to better understand how and what performance indicators are used by regulatory oversight organisations for long-term care facilities oversight and which features are affecting their fitness for use.

Design Qualitative descriptive.

Setting and participants We explored the use of LTC facility performance indicators by 10 regulatory oversight organisations from England, Ireland, Malta, New Zealand, Norway, Scotland, Singapore, Slovenia, Sweden and the Netherlands. We collected information by means of a questionnaire, 13 follow-up interviews with 20 experts

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The inclusion of regulatory oversight organisations from 10 countries meant a wide variety of practices has been explored within the same study.
- ⇒ The in-depth interviews allowed a nuanced understanding of the use of performance indicators within the context of specific organisations and countries.
- ⇒ A limit of the study is the inability to claim a complete overview of existing practices, as it is based on a sample of 10 oversight organisations.

received increased attention.¹⁻³ Regulatory oversight organisations are part of the system of regulation in health and LTC.^{4,5} These

Based on interviews with experienced professionals (manager, inspectors/auditor, IT experts) from **10 supervisory organizations** from 10 countries.

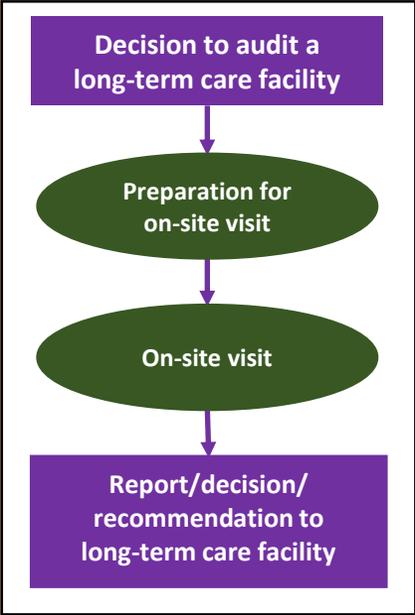
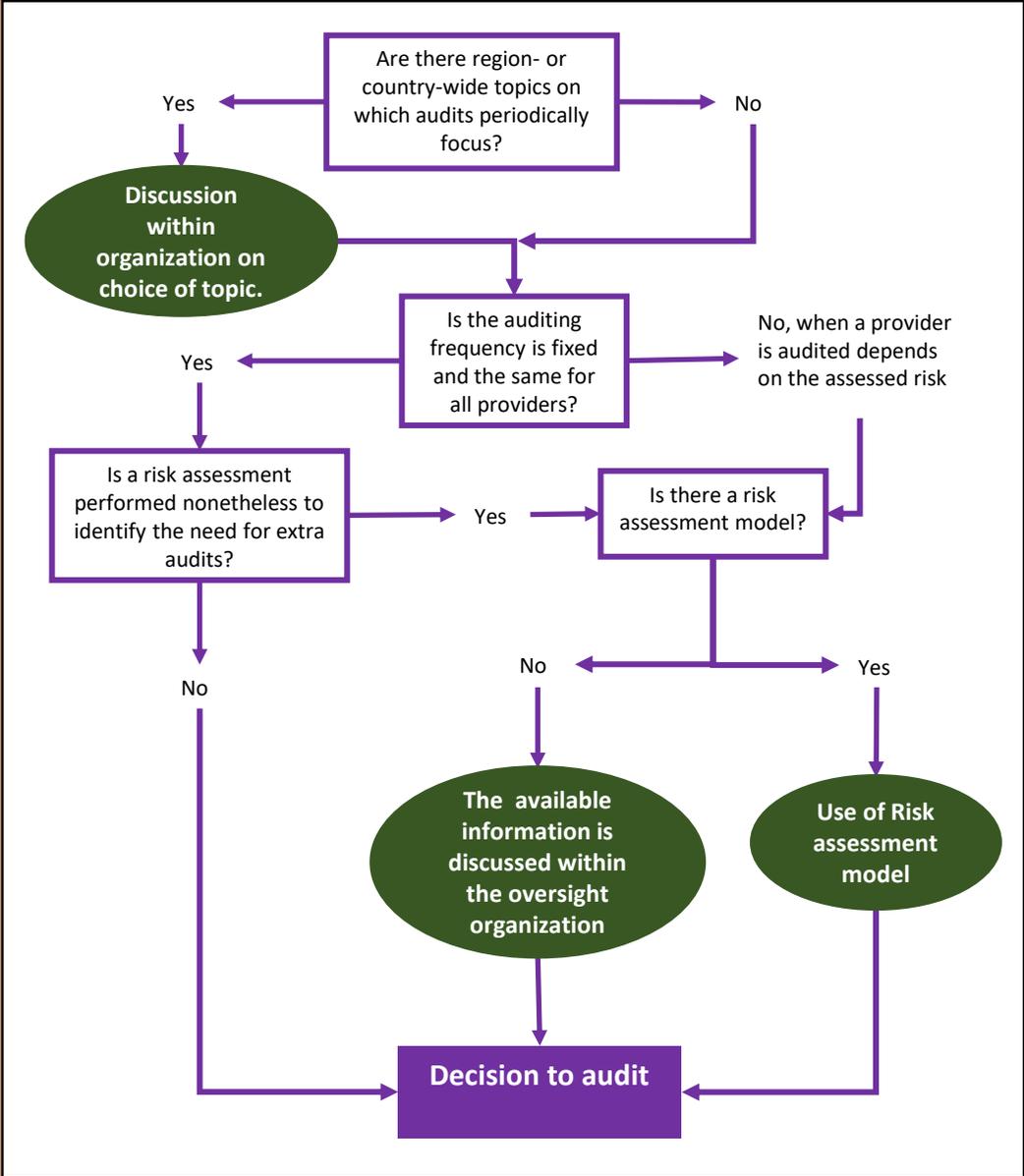
Study supported by **EPSO**

EPSO European Partnership for Supervisory Organisation in Health Services and Social Care

SCSA SOCIAL CARE STANDARDS AUTHORITY

 **GOVERNMENT OF MALTA**
MINISTRY FOR ACTIVE AGEING

How supervisory organizations use LTC indicators



How supervisory organizations use LTC indicators

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Performance indicators are used by supervisory organizations to **assess risk** (as opposed to assing quality).

This has implications for the type of indicators you are interested in:

- You don't want to overlook existing issues
- It is less important, if indicators point to area, that turn out not to be a problem
- This is not the case for public reporting

Sometimes supervisory organizations provide data to other institutions, in other case it is the opposite. The desirability of **sharing of indicator data** with other institutions **cannot be assumed**.

Conclusions

- Many countries have prioritised similar performance indicators for LTC
- However, comparisons are challenging, because of differences in definitions, methods and the organization of LTC system
- Caution is needed when using indicators: there is a difference between what you measure and what are the (perceived) issues on the ground
- Supervisory organizations represent a key link between what is measured and the reality on the ground
- Indicators have a steering role in supervision, but are not a shortcut to quality assessment by supervisory organizations