



MEASURING AND ENSURING QUALITY IN LONG-TERM CARE

Yuki Murakami

Francesca Colombo, OECD

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Does quality in LTC matter?

- Ensuring and improving quality of LTC ranked the second most important
- Users of care services want to have more voice and control over their life
- Given the growing cost of care, there is need to increase accountability for public spending on care
- Government has a role and responsibility to play in protecting vulnerable older people



Quality in LTC framework

- **Safe and effective**
- **User-centered**
- **Care coordination**
- Workforce
- Care environment
- Information Communication Technology and non-ICT assistive assistive technologies



Do OECD measure quality and how do they do that?

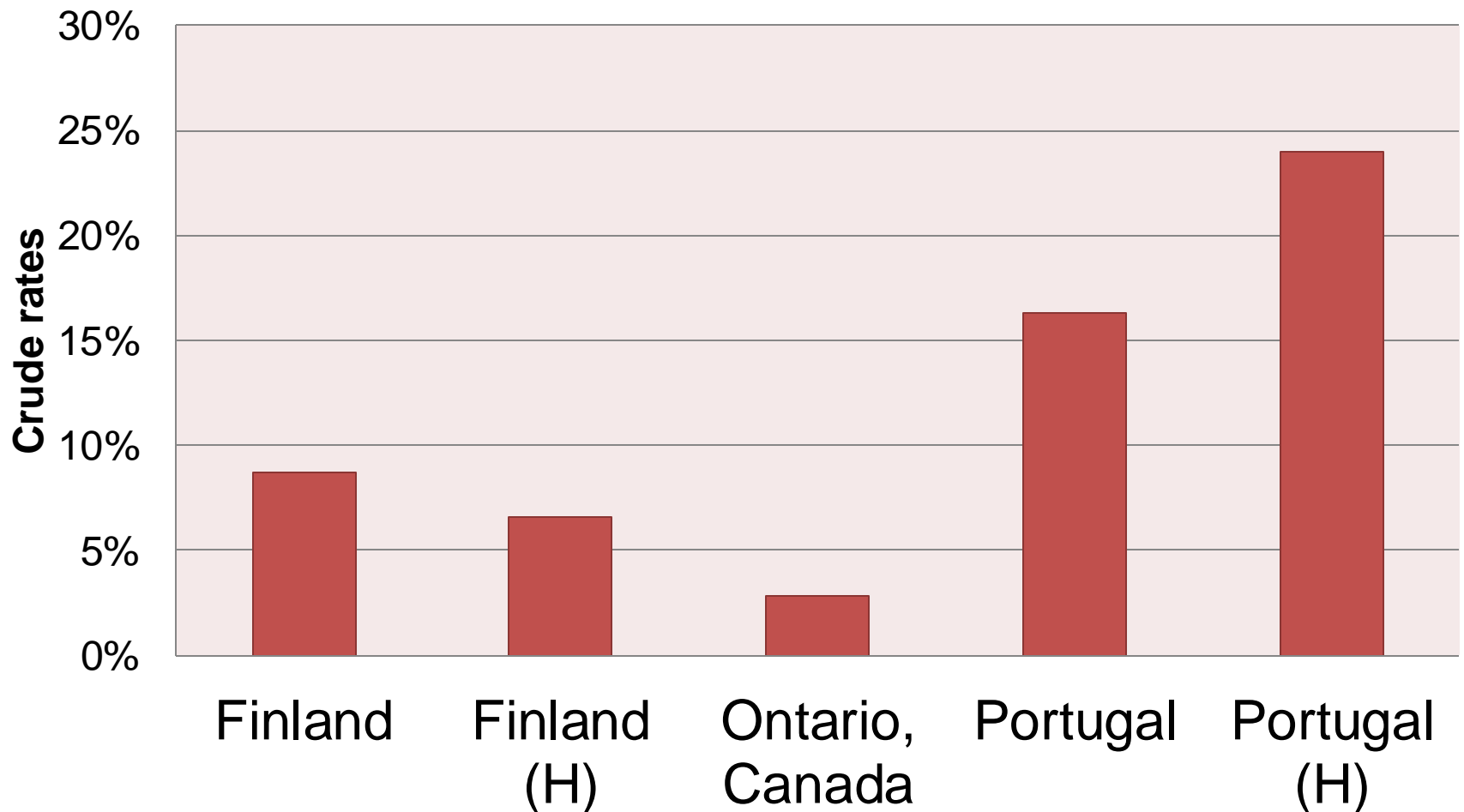
- Bedsores (i.e. Pressure ulcers)
- Falls
- Use of restraints
- Involuntary weight loss
- Medication use
- Depression
- For nursing homes and possibly home care



Data availability and type, coverage

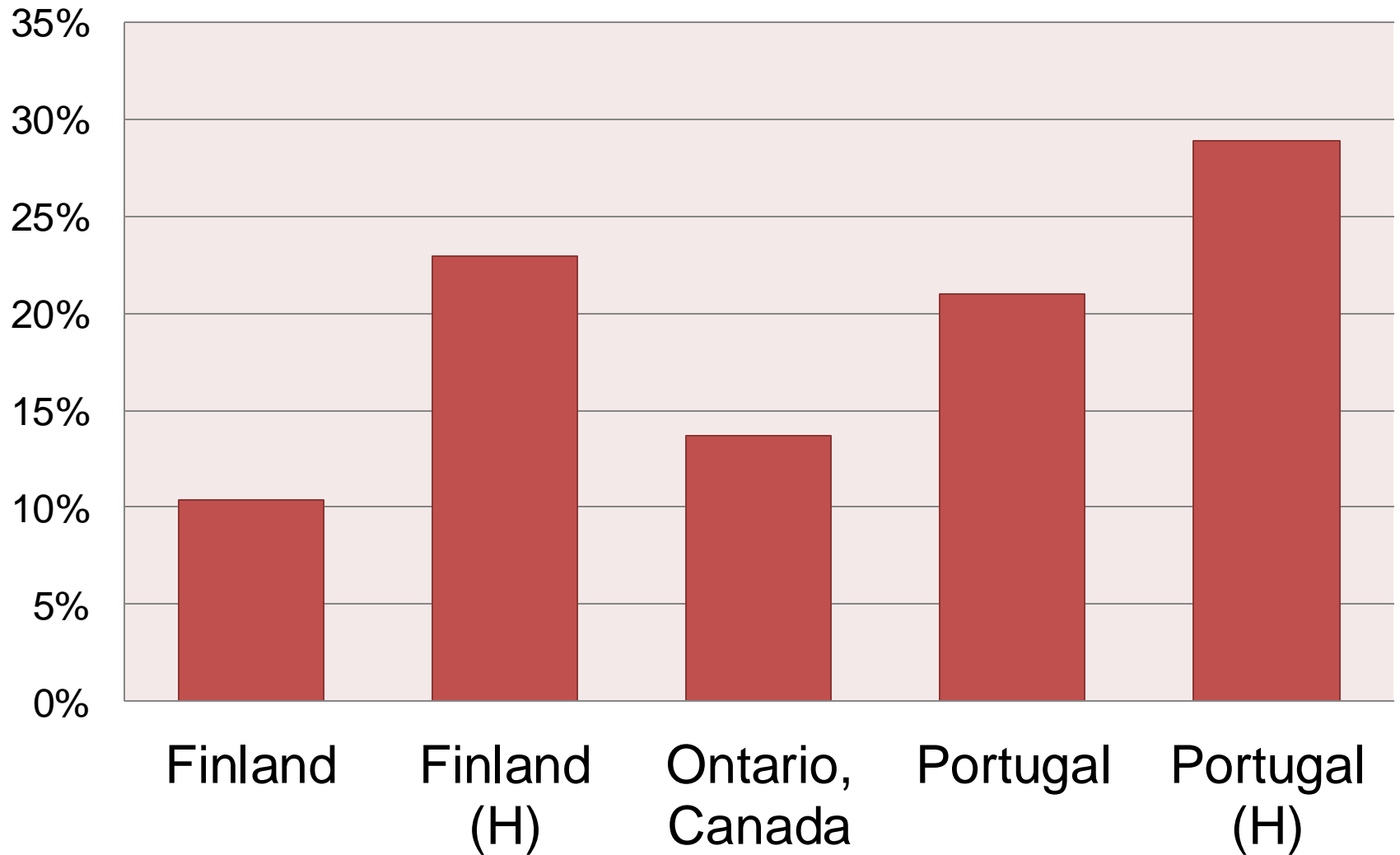
- Korea, Finland, Norway, Portugal, USA, Ontario (Canada)
- National level data - NOR, PRT, USA
- Data of nursing homes and home care – FIN, USA, PRT
- Administrative data at regular basis
- Surveys for specific information
- Compulsory

Prevalence of stage 1-4 pressure ulcers

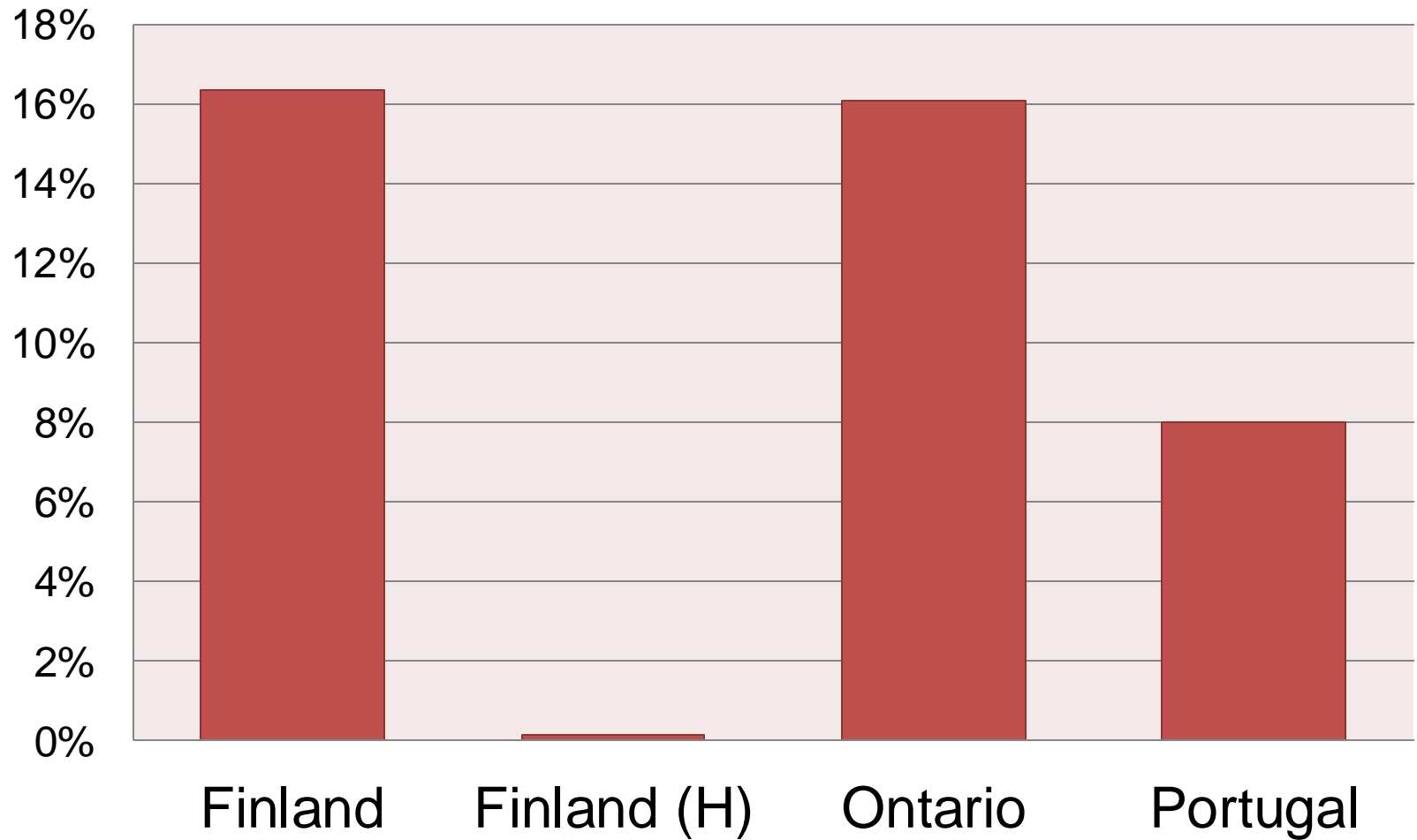


Note: Data from Ontario, Canada cover stages 2-4

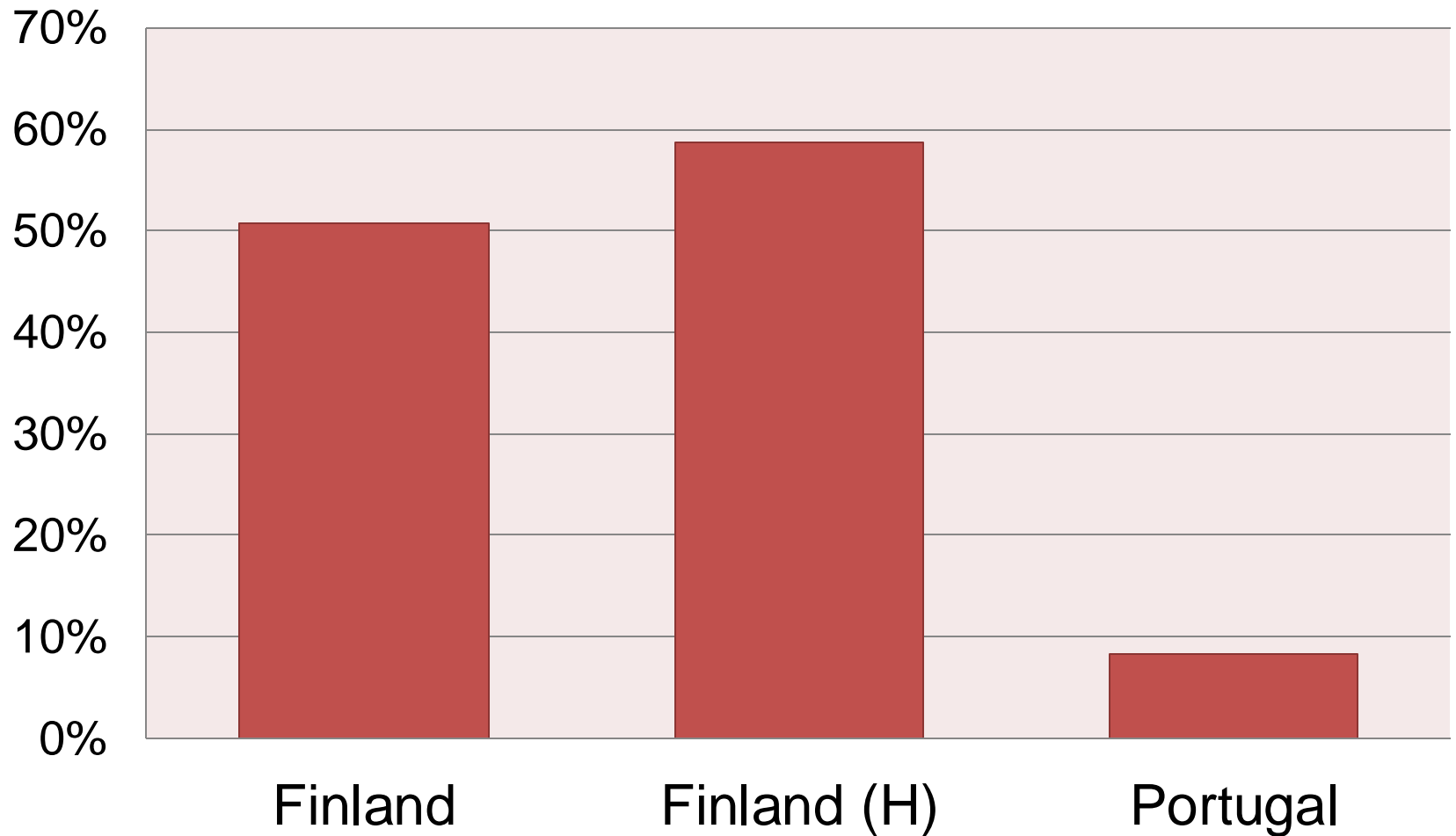
Incidence of falls



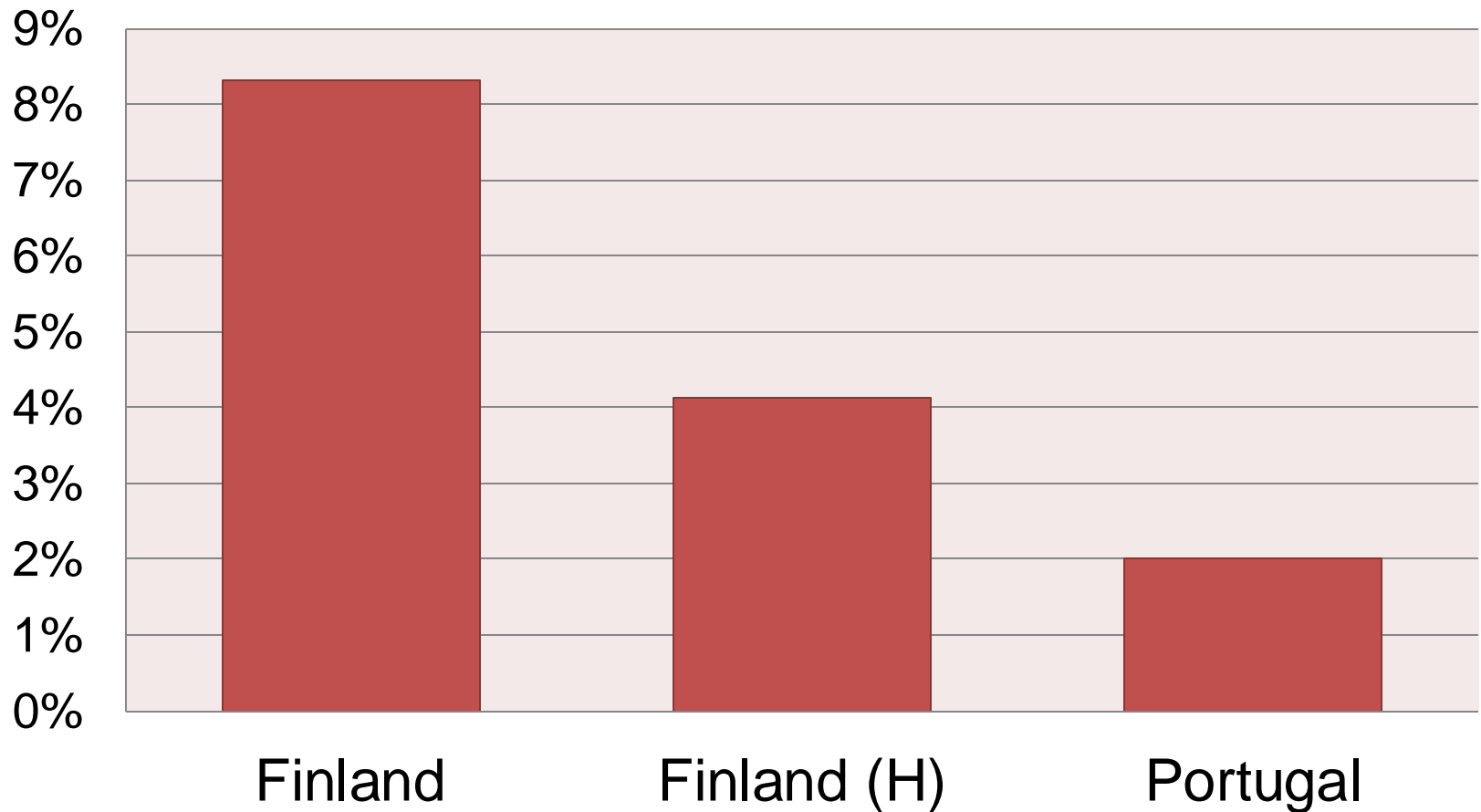
Prevalence of use of physical restraint



Prevalence of use of 9 or more medications



Prevalence of unplanned weight loss





Policy instruments into three categories

- **Controlling input**
 - setting minimum acceptable standards and inspecting
- **Monitoring quality indicators and developing standards**
 - seeking to normalise practice in desirable ways
- **Stimulating improvement**
 - using incentives such as financial and public recognition directed at providers and choice at users, and stimulating competition bases on performance



REGULATORS' OVERSIGHT AND CONTROL OVER INPUTS

- Guide providers and facilities on how to improve quality and safety of services
- Inform service users and their families as to what they can reasonably expect from a service
- Inform regulators on various aspects of care provided, helping to identify gaps



Accreditation recognises that an LTC facility meets certain criteria and is granted license to operate

- Compliance to rules and regulations are monitored through accreditation linked to:
 - Registration/Licensing (England, Spain, Ireland, etc)
 - Contractual agreements (Australia, Germany, Portugal, France)
 - Reimbursement/public funding (Australia, US, Spain, Ireland, England, etc)



Dimensions of quality included in minimum standards have evolved

- Basic criteria in standards are proxy to quality – level of staff, safe environment
- Specification of criteria and standards have expanded to outcomes, quality of life, empowerment and accountability, and also for dementia care
- Interviewing and checking clinical records become part of inspection
- Trend towards opening up and publication of results of inspections.



MONITORING AND STANDARDISATION OF CARE PROCESSES

- Standardisation and monitoring are the area that a field of long-term care is most developed (for needs assessment) and lacks most (monitoring)



Need assessments, basis for care planning

- Standardisation of care process: care guidelines and protocols, needs assessment and care planning
- User satisfaction survey
- Consumer protection mechanisms against elder abuse
- Public reporting



POLICIES TO DRIVE SYSTEM IMPROVEMENT

- Policies to drive system improvement offer incentives (financial, choice, public recognition) and management tools to achieve better quality outcomes.



Coordination of care

- Clinical and professional integration
 - Single assessment and care planning, interdisciplinary care
- Functional and service integration
 - Care management, single entry system
- Organizational and structural integration
 - Aligning system through regulatory, accountability and financial framework
- Integrated health and care information system
 - MDS (interRAI countries), GestCare CCI (Portugal)



Consumer direction mechanisms, workforce, pay for performance, ICT

- Informed decision, choice over one's care, cash entitlement, public reporting with start rating
- Pay for performance (Korea, US)
- Improving staff training, strengthening educational requirements
- Roles of ICT



Keys to success?

- Regulation of inputs is a first step, need therefore to be complemented by wider approaches.
- Move beyond traditional regulatory tool towards the use of tools to standardize, improved monitoring framework, and emphasis on incentives for actors to achieve desired outcomes processes



Thank you very much!

Yuki.Murakami@oecd.org