



***The performance evaluation system of Nursing Home
in the Tuscan Region: the target diagram of
50 Nursing Home***

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Overview

Since 2004 Tuscan Region has been adopting a performance system (PES) for the whole health care system (<http://www.meslab.sssup.it>)





In 2012 the Tuscan Region decided to start a process to evaluate NH quality performances and variability too

WHY ?

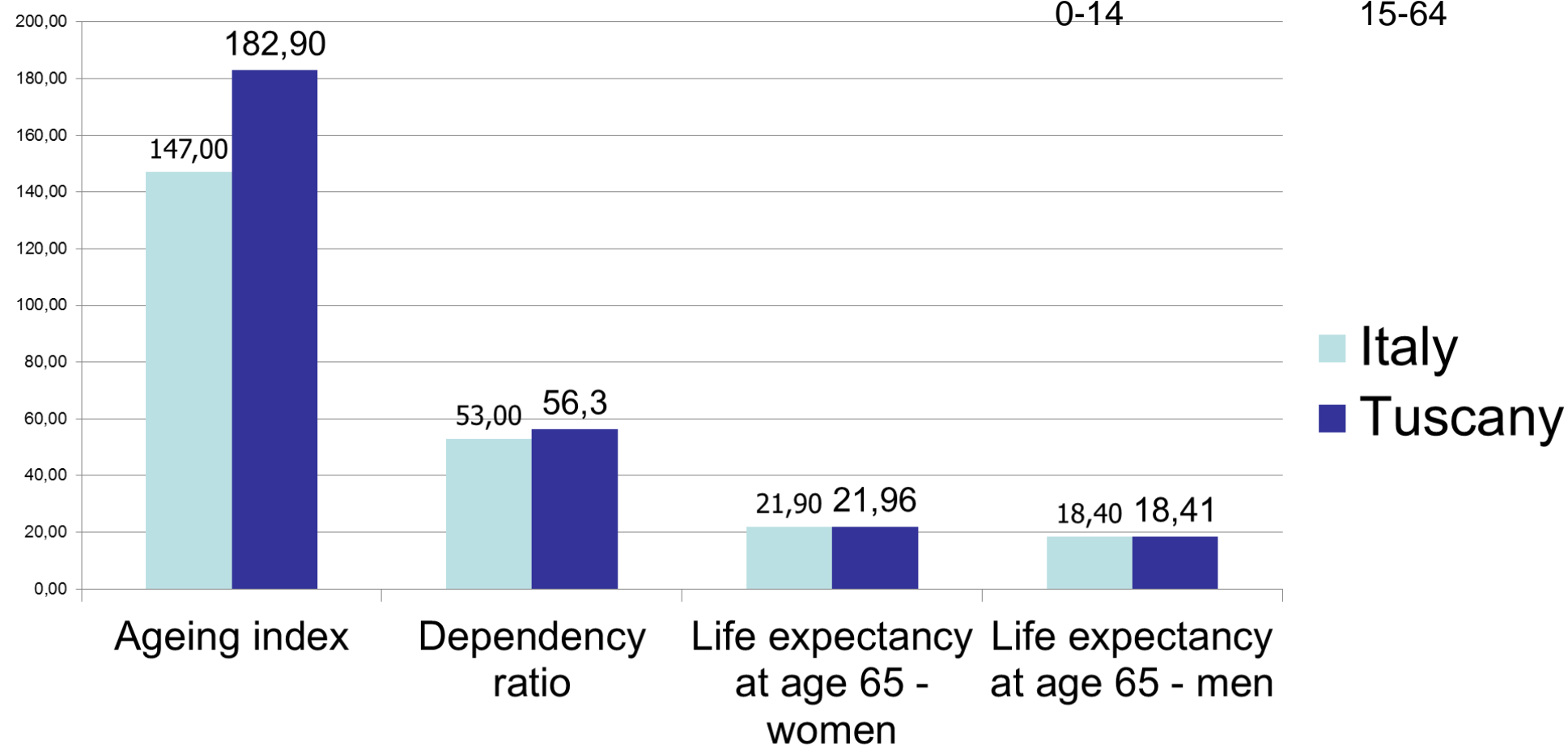
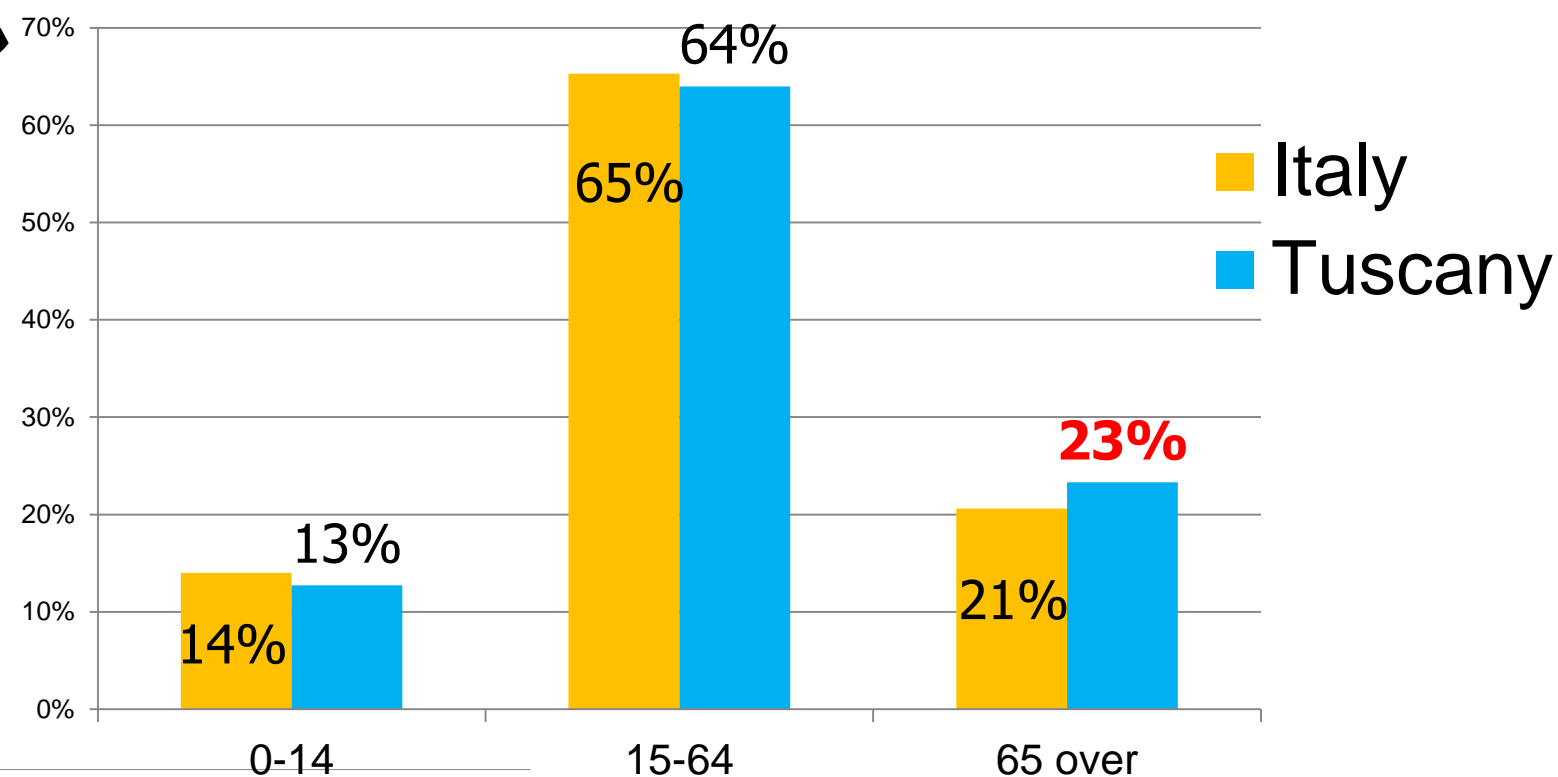
There are 3 main reasons

1. Regional demographic indicators and social and economic context
2. NH context
3. Absence of database and agreed criteria to compare the different realities





1. Demographic indicators





Social and economic context

How public resources are used?



The gradual ageing
of the population



increasing social and health
costs



the need to ensure personalized service

have become a major political priority regionally, nationally and internationally

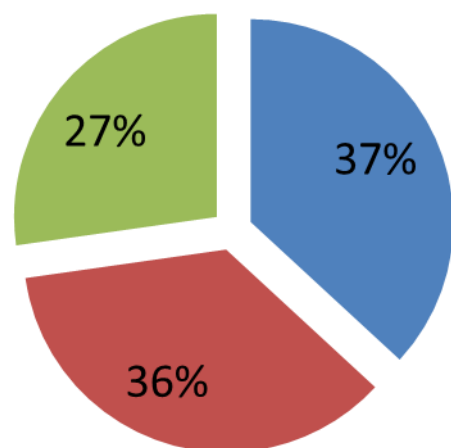
- The assisted and their families express a willingness to be involved and have a say in the choices of care plans;
- The elderly today have higher expectations than their parents





2. NH Tuscany Contest

324 NH



public
private
charity

Total Beds: 14008

Social Fee :

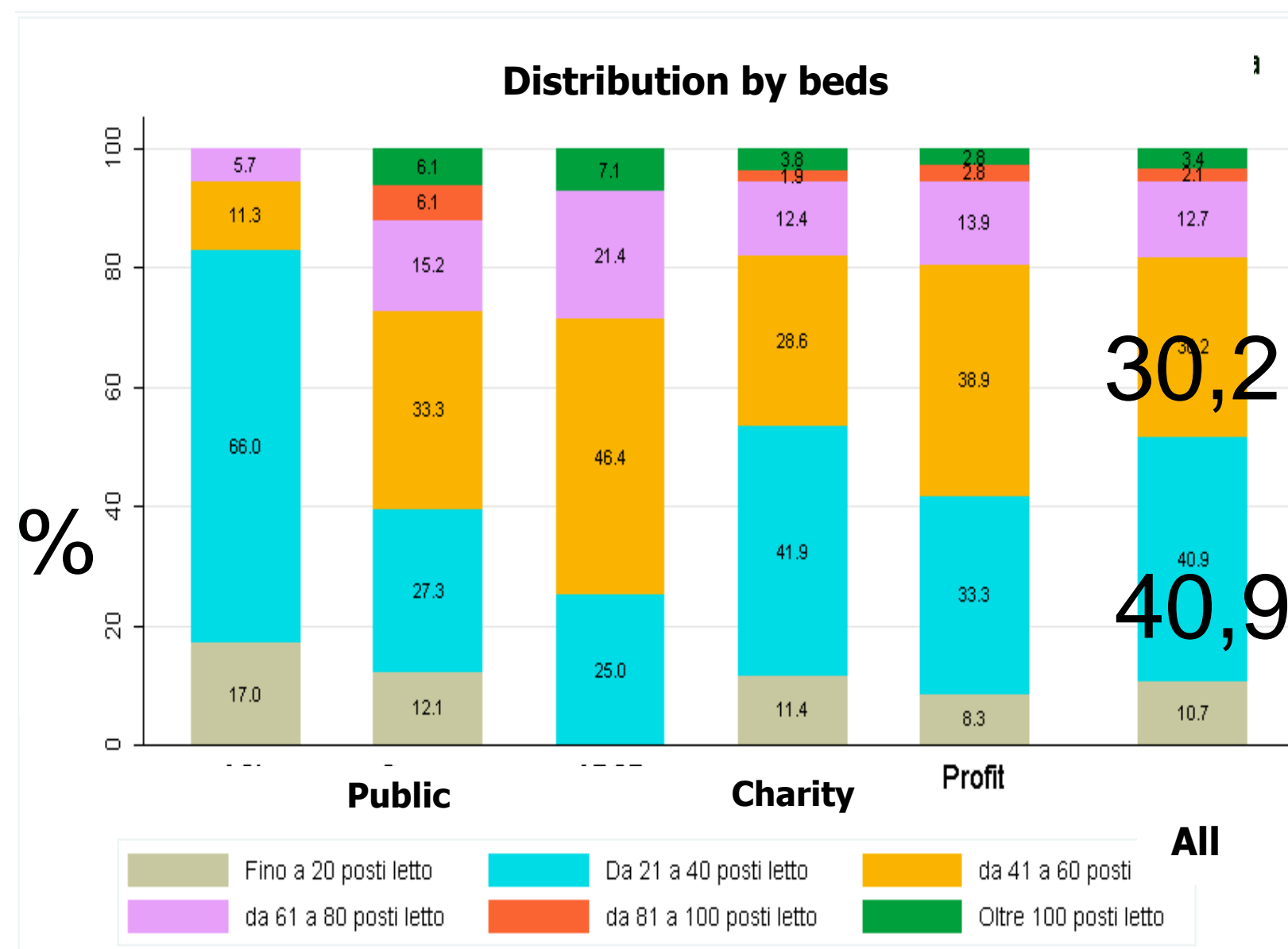
Min 29,17 €/day

Max 103,45 €/day

Average 50,92 €/day

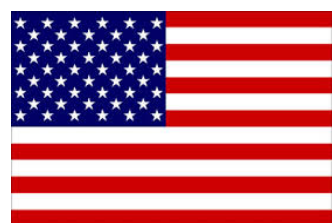
Median 50,50 €/day

Legal form, dimension and fee of NH Tuscan Region





3. Absence of database and agreed criteria to compare the different realities



Standardised assessment results



Registers



Ad-hoc surveys





The pilot project started with a group of voluntary NH and consisted of two main stages:

- The map of NH organization and services in order to develop a benchmarking context in which compare quality, equity and efficiency
- The development of a systematic PES involving the managers and workers of facilities





The characteristics of the performance evaluation system (PES)

- ✓ It is a management tool based on the comparison.
- ✓ It takes into account the different services and different aspects of running a business.
- ✓ It is flexible and suitable for any type of business, regardless of size and type.
- ✓ The data is returned and analyzed in regular meetings





The characteristics of the evaluation system (PES)

✓ **Benchmarking**



The use of benchmarking is an essential tool to avoid the self-activated processes of learning from best practice in self-sustaining and adopting innovative forms of management and organization and in the interests of greater orientation towards the client.

✓ **Multidimensionality (6)**

A. Health of population; B. Organization of social care; C. Health and healthcare; D. Patients' and family experience/satisfaction; E. Organizational well-being (included staff satisfaction) ; F. Financial efficiency.

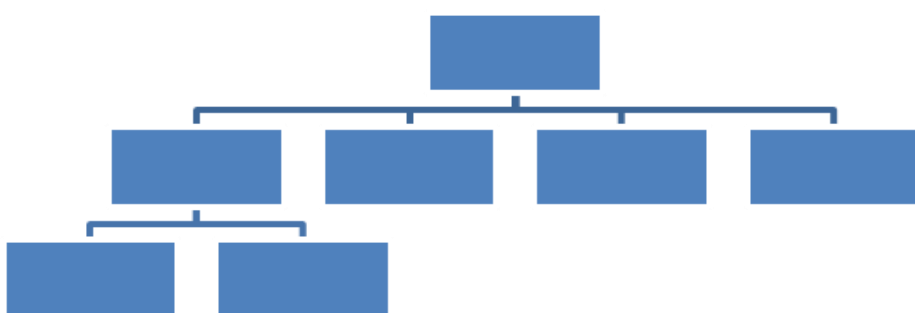




✓ Use of indicators

- ✓ Indicator is a quantity that is used to measure performance. The indicators are, in fact, prevalence or incidence of phenomena: - Eg. prevalence:% assisted restrained (on the day index) or incidence:% falls (in the 3 months preceding the index)
- ✓ Answers to the criteria of priority and importance.
- ✓ It is easy to interpret and refers to shared standards.
- ✓ Guides the actions and behaviors
- ✓ It is flexibly to the needs of the residences and suitable for all types of NH
- ✓ May change over time, to adapt to changing organizational methods to measure and renew processes.

Tree of indicators



126 Indicators:51 (O) + 75 (E)

Code	C 7.1 Pain
Definition	percentage of not self-sufficient assisted who are subject to monitoring programs of pain
Numerator	number of nss assisted who have been made at least one pain assessment in day index * 100
Denominator	Number of nss assisted present in NH in day index
Methodological note	Consider all those who have been in NH during the year. If the NH has not a card for pain assessment , the indicator is not calculated. The day index is
Source	Social- health folder, the attendance register



✓ Data collection by questionnaire CAWI and web-based technology



Taking responsibility for the transmission of data

Each NH can access to the platform with personal credentials (username and password)

<https://performance.sssup.it/rsa>





The use of web-based technology allow:

- ✓ To create the target of synthesis for all NH participating in the project and navigate to the target by clicking on the individual indicators
- ✓ To see all indicators of the system in benchmarking between the NH
- ✓ To refer to all of the data by typing of NH (charity, public, private)
- ✓ View and download data to calculate indicators
- ✓ to access to the NH Report for each structure adhering to the project (name, address, email and telephone contacts)



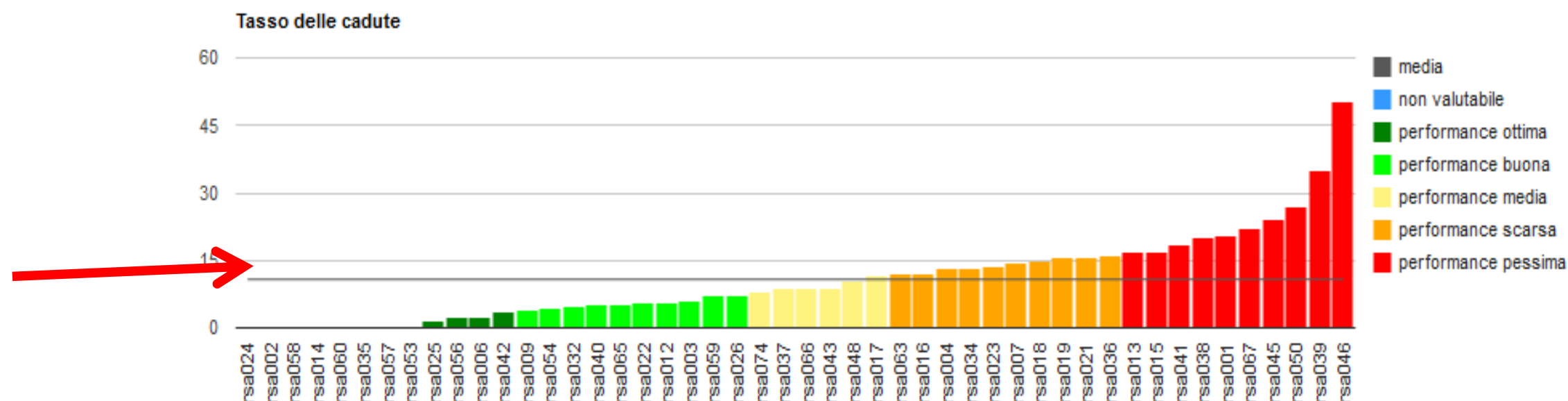


✓ Evaluation

How to calculate the performance of each indicator ?

- :
- If available, it is considered an international standard recognized
 - In the absence of an international standard of reference, any standard defined by regional decree is considered;
 - In case of absence of the regional standard, the regional average, corrected with possible factors in the risk adjustment to allow comparison between companies, is considered

Indicatore	Valore rsa001	Valutazione rsa001	Media RSA	Anno
C2.1 Tasso delle cadute	20,62	0,00	10,75	2012





The representation of evaluation through the target

Overview : Health of the population over 65 in the area where NH is (A)

Organization of social care (B)

Financial efficiency (F)

Quality of health care (C)

Organizational well-being (E)

Assisted and family satisfaction (D)

Dimensione A
Salute della popolazione
Contesto demografico

Dimensione F

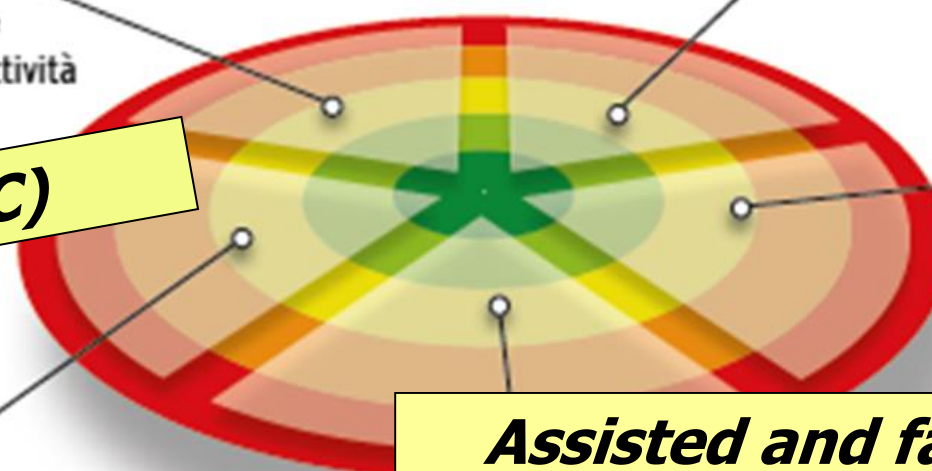
Occupazione posti letto
Costi operativi

Organizzazione dei servizi
assistenziali
PAI
Attività di animazione
Partecipazione alle attività
Bagni assistiti
Fine vita

Dimensione C
Assistenza sanitaria
Ulcere da pressione
Cadute, Infortuni
Contenzione
Incontinenza, Infezioni
Dolore
Appropriatezza prescrittiva
Risorse sanitarie esterne

Partecipazione all'indagine
Rapporto con il responsabile
Tempi di lavoro
Comunicazione interna
Formazione

Soddisfazione degli assistiti
e dei familiari





The target of one NH

B1 Plan of care

B 2 Entertainment activities

F2 operating costs

F1 bed occupancy rate

B 3 Entertainment activities:
participation

B 4 Basic care –
assisted bath

C 1 Pressure ulcers

C2 Falls

C 3 Accidents

C 4 Restraint

C 5 Incontinence

C 6 urinary tract infections

C 7 Pain

E5 Training

E4 internal communication

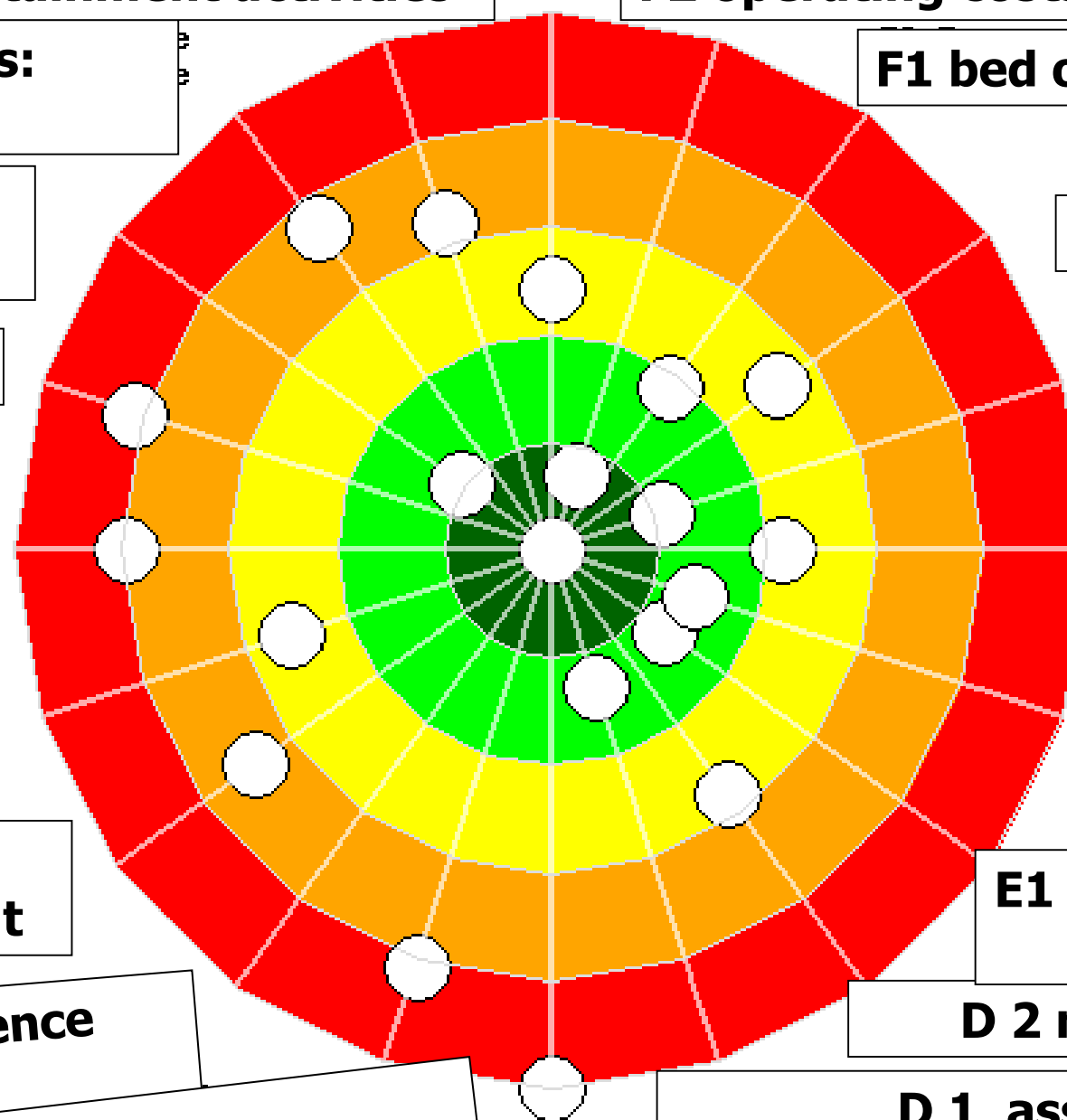
E3 work time

E2 relationship between
operators and their
managers

E1 % participation in the survey
of climate

D 2 relatives' experience

D 1 assisted' experience





Conclusion

The introduction of such framework has helped nursing homes

- go beyond self-reference,
- making them more aware and responsible to respond to the assisted and their families as well as responding to the use of resources.
- It was used by NH managers to identify critical areas and discuss with their workers the improvement actions to be undertaken, the organizational changes to be introduced and the investments which require priority.
- It is acting as a stimulant for quality and data management system improvement.
- In addition, NH are thus encouraged to compare their performances and identify best practices.



What's next ?

From the Tuscan Region point of view, the PeS is acting as a stimulant in resource and care planning and the results were so positive that the Region has support all the facilities to adopt the evaluation system.

So, there are 50 new NH which have decided to adopt this PeS!



The evaluation system of residences for the elderly in Tuscany in 2012 Pilot Project

Published July 2014

<http://www.meslab.sssup.it/it/index.php?page=report-rsa>

- Enter the required data and click 'submit'
- Check the mail you have received your Username and Password
- On the web page indicated enter Login and Password; click 'send'



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Thanks !

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