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Quality of care in institutional-, and home care during 2001-2009, in Finland

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National Institute of Health and Welfare (THL)

1. Grounded in 1st January 2009,
2. Maintains social and health registers for Finland through legislation (including RAI)
3. 1300-1600 employees
4. Under the Ministry of Social Welfare and Health
5. Independent research activities

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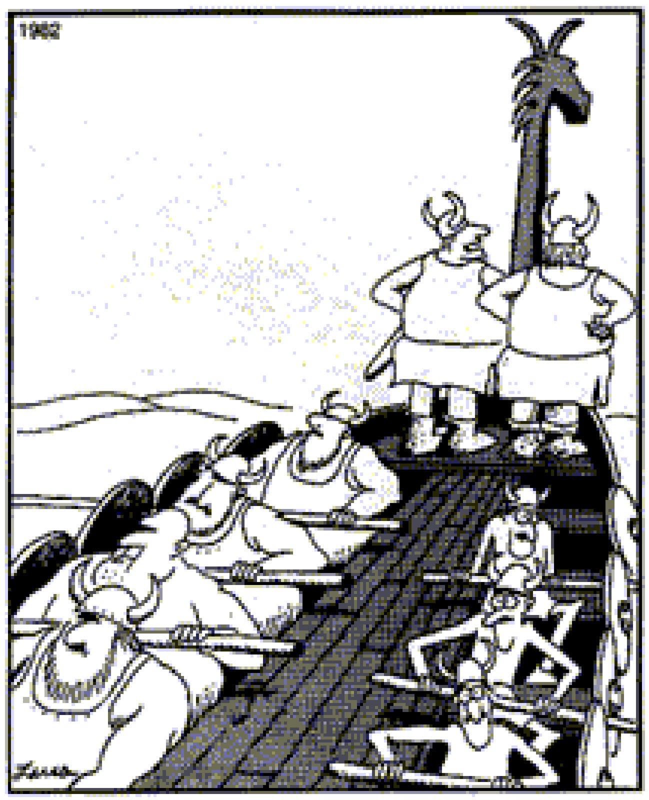
Contents

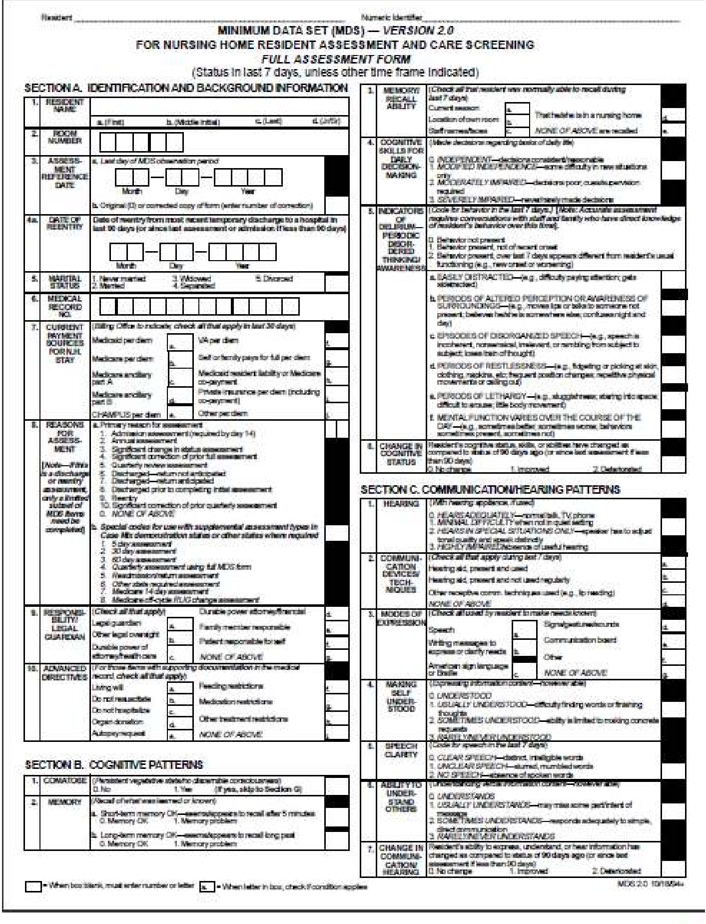
- RAI-benchmarking project launched in 2000
- Impact of benchmarking (?)
- Long/term care for older persons
- Summary
- Conclusions



"I've got it, too, Omar.... a strange feeling like we've just been going in circles."

RAI

- Originates from the US (Resident Assessment Instrument)
- Copyright interRAI™, not-for profit research organisation
- Structure
  - Questionnaire
  - Manual
  - Guidelines
- Aim <u>always</u> is to improve care planning



Resident ______ Numeric Identifier ______

MINIMUM DATA SET (MDS) — *VERSION 2.0*

FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING

FULL ASSESSMENT FORM

(Status in last 7 days, unless other time frame indicated)

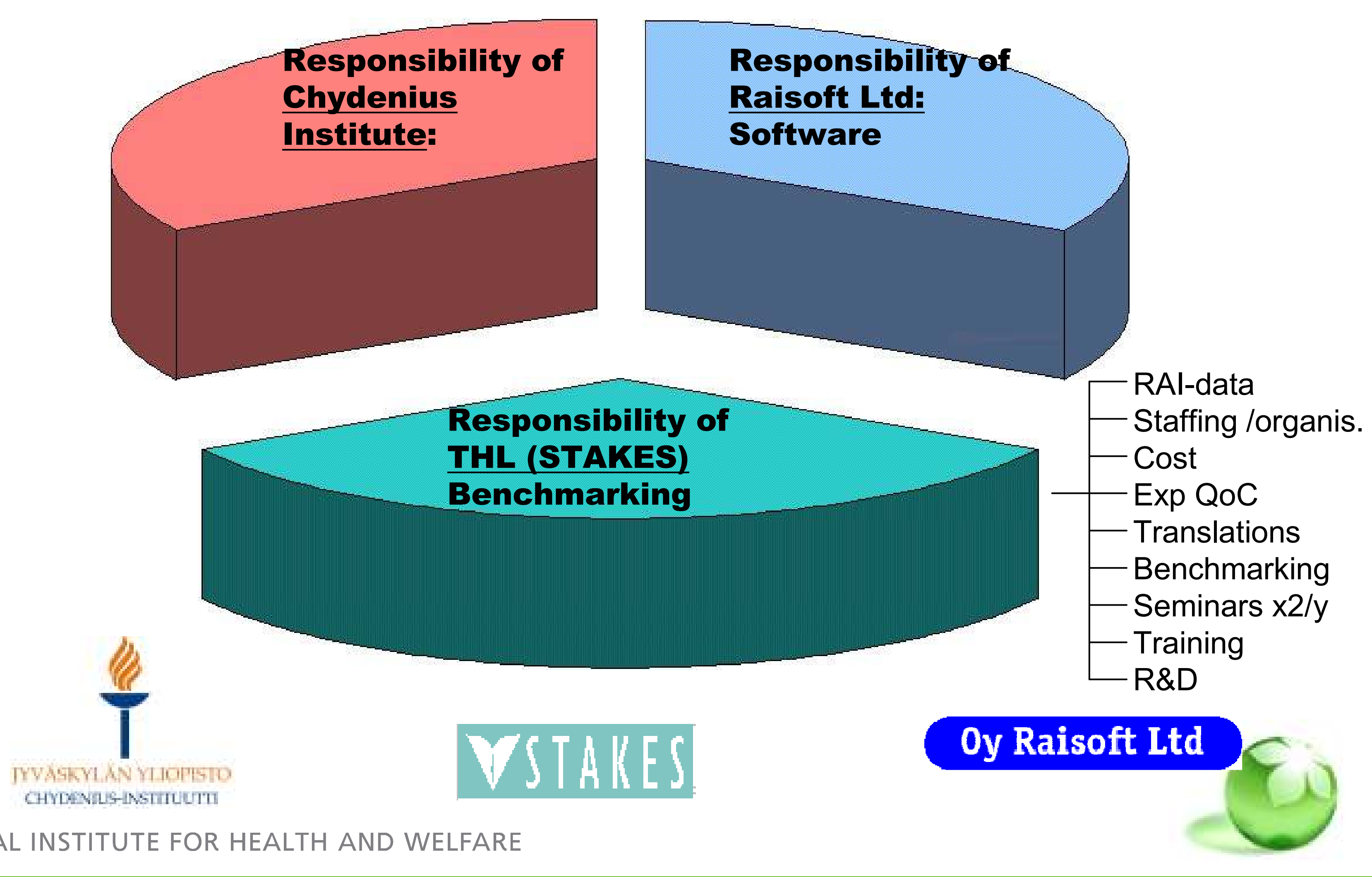
SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

SECTION B. COGNITIVE PATTERNS

SECTION C. COMMUNICATION/HEARING PATTERNS

The RAI-benchmarking concept – Finland

Slide (modified): Magnus Björkgren



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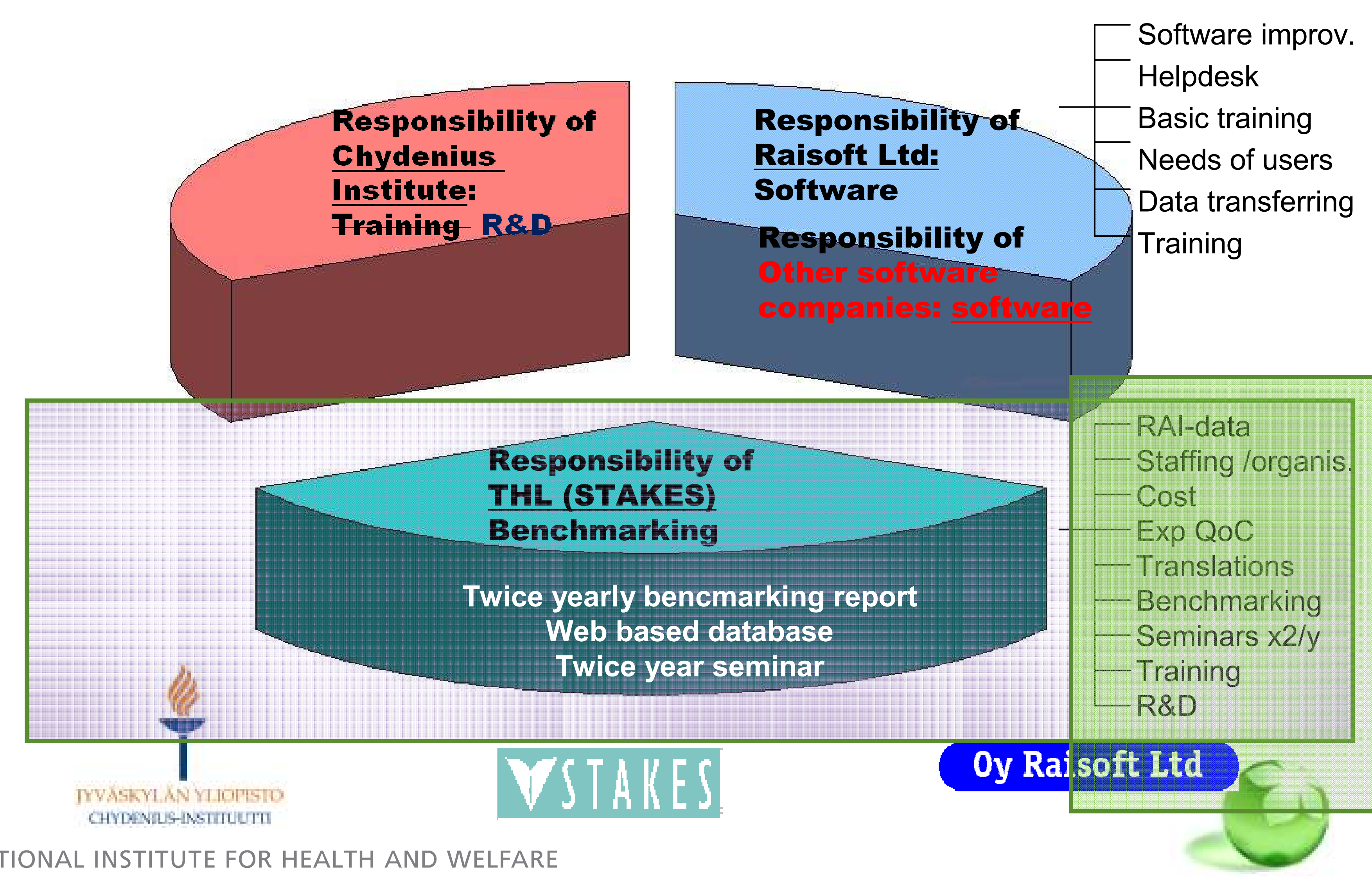

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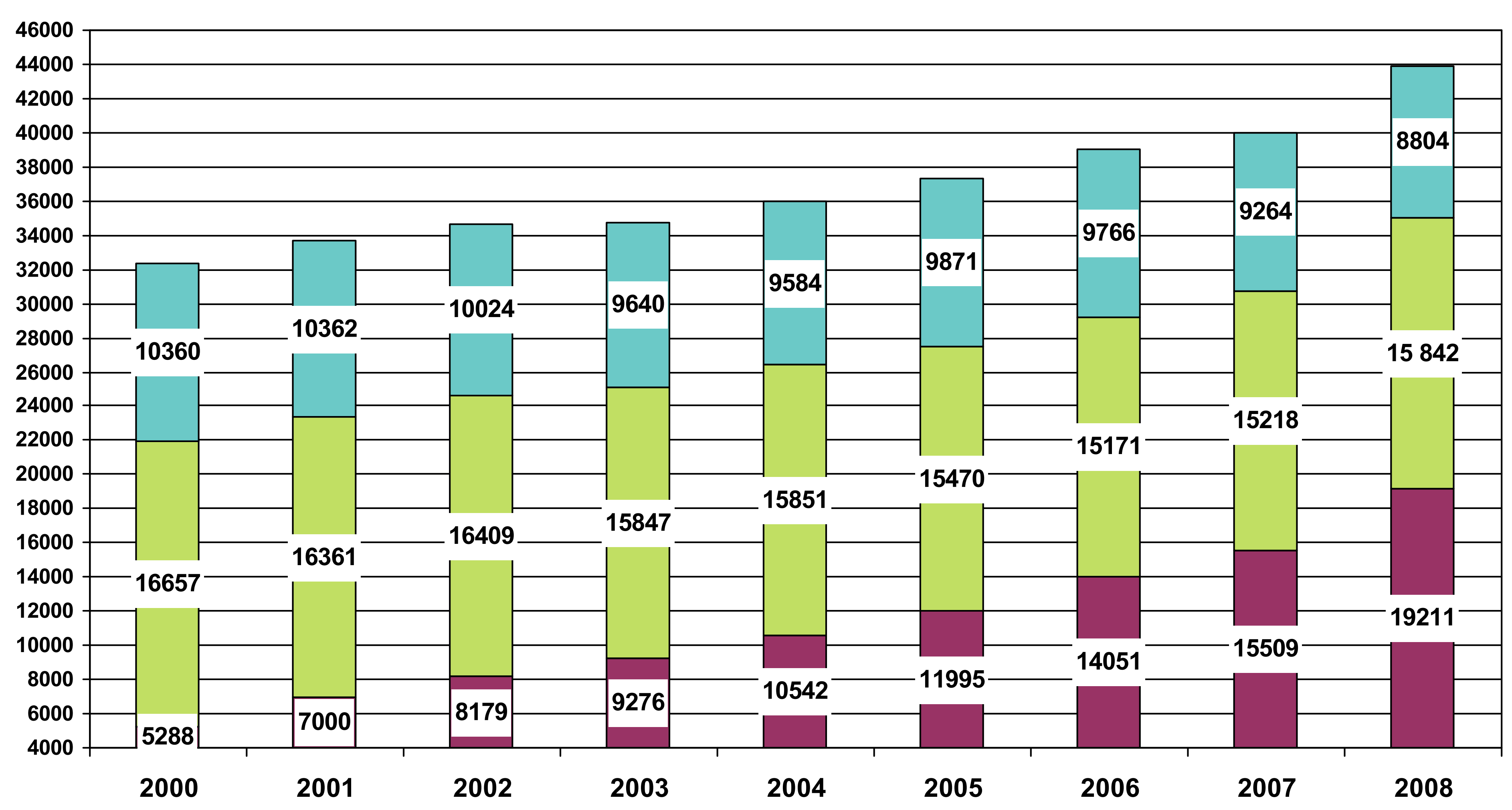
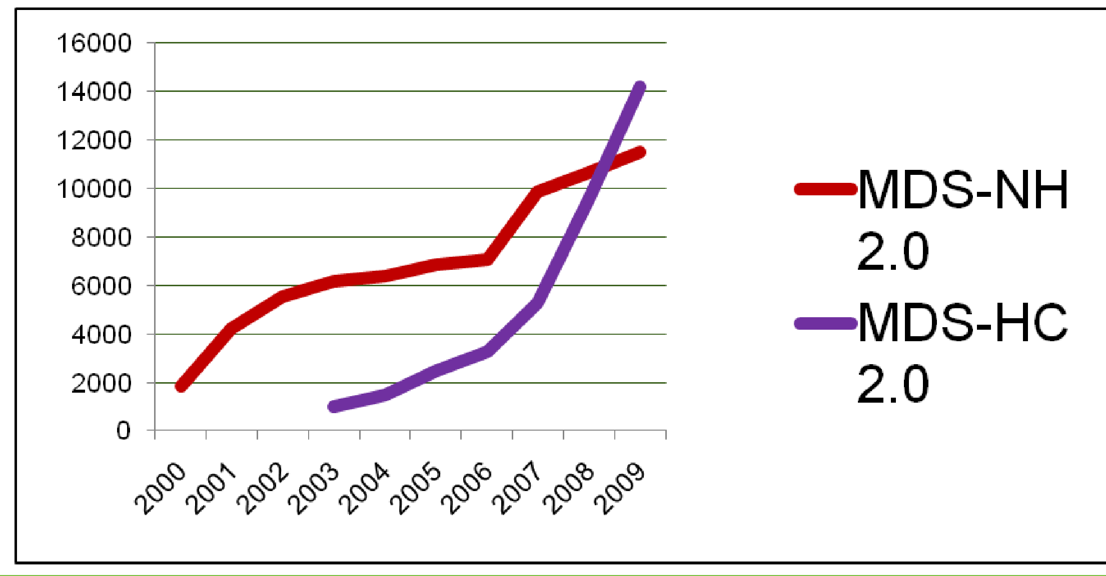
Individuals (n) in 24/7 care, during 2000-2008 (Source: THL)



interRAI instruments in Finland

	MDS2,0	MDS HC	interRAI MH	interRAI CMH	interRAI AC	interRAI LTCF	interRAI ID	interRAI CA
2000	1826							
2001	4235							
2002	5530							
2003	6164	991						
2004	6384	1485						
2005	6864	2491						
2006	7093	3245						
2007	9856	5302						
2008	10677	9524	525	56				
2009	11477	14207	2000	100	500	600	50	510



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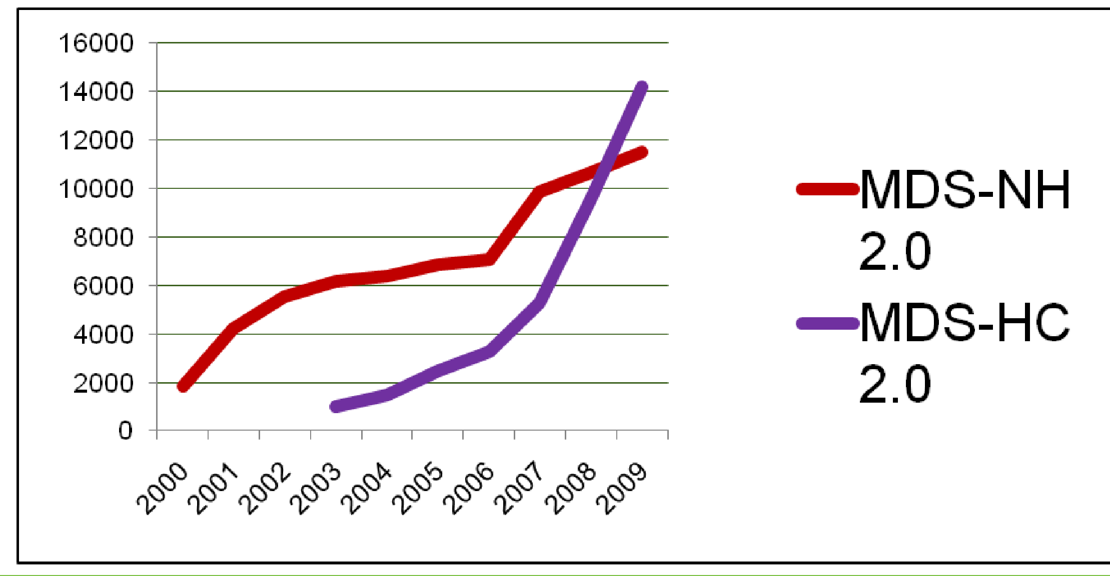

From the assessment to the impact QI:s for long-term care

1. University of Wisconsin (CHSRA) Quality Indicators were chosen in 1999/2000 QIs (total 26; 5 with risk adjustment, 4 measuring incidence 22 measuring prevalence
2. Q-metrics
3. Mega QI's

- The current official interRAI quality indicators focusing on transitions: What happens to the individual during the care episode

Zimmerman DR, Karon SL.
Developing and Testing of Nursing Home Quality Indicators.
Health Care Financing Review 1995;16:107-28.

Hirdes Fries BE. Morris JN. Ikegami N. Zimmerman D. Dalby DM, Aliaga P, Hammer S, Jones R,
Home care quality indicators (HCQIs) based on the MDS-HC.
Gerontologist 2004; 44(5): 665-679.

Quality Domains

- Accidents
- Behavioral & Emotional Patterns
- Clinical Management
- Cognitive Functioning
- Elimination & Incontinence
- Infection Control
- Nutrition & Eating
- Physical Functioning
- Psychotropic Drug Use
- Quality of Life
- Skin Care

Source: www.CHSRA.wisc.edu/

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Light care residents in institutions 2002-2009

12 %
10 %
8 %
6 %
4 %
2 %
0 %
Spring Fall Spring Fall Spring Fall Spring Fall Spring Fall Spring Fall Spring Fall
2002 2003 2004 2005 2006 2007 2008

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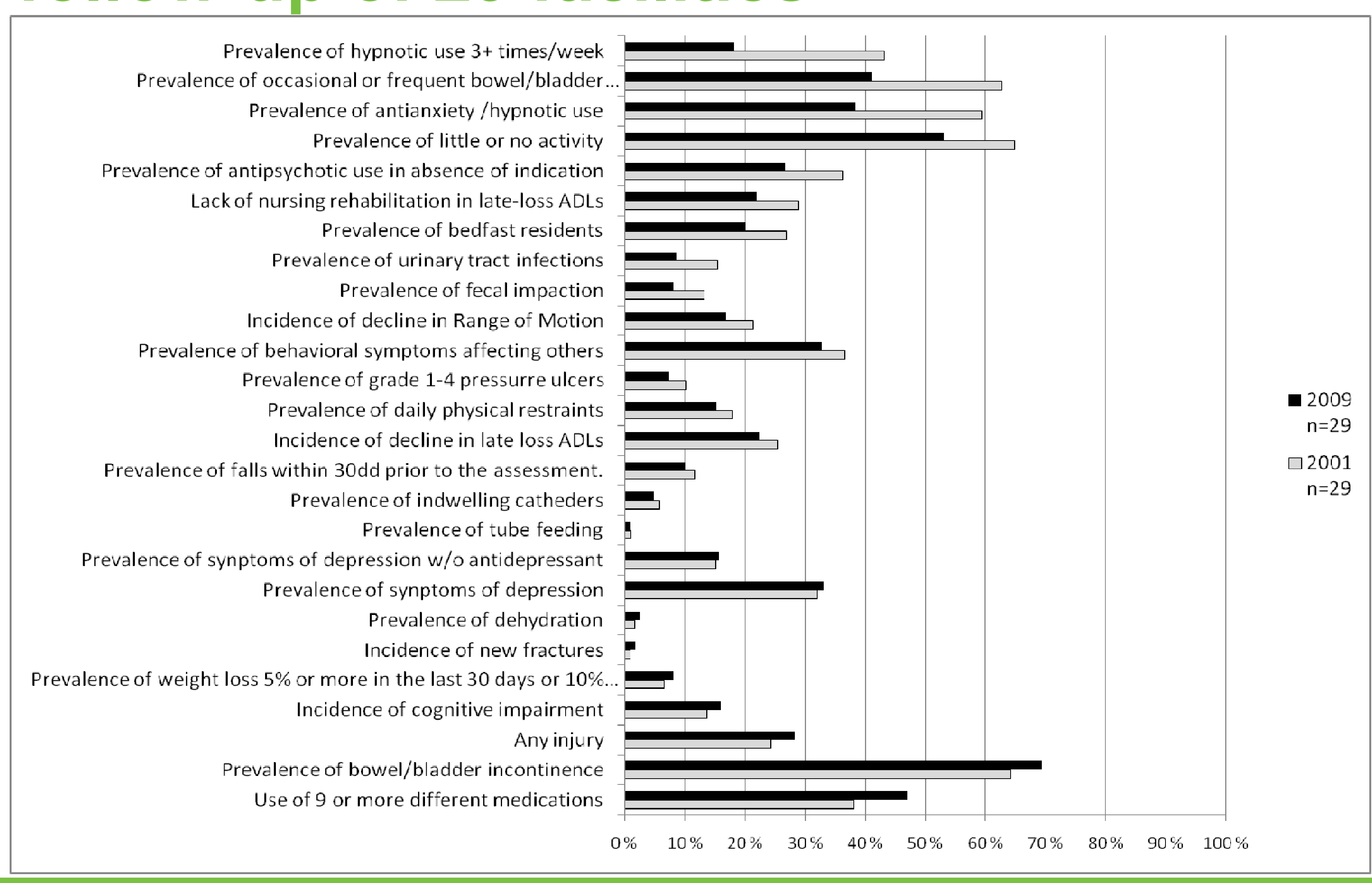
Nine-year performance measure follow-up of 29 facilities



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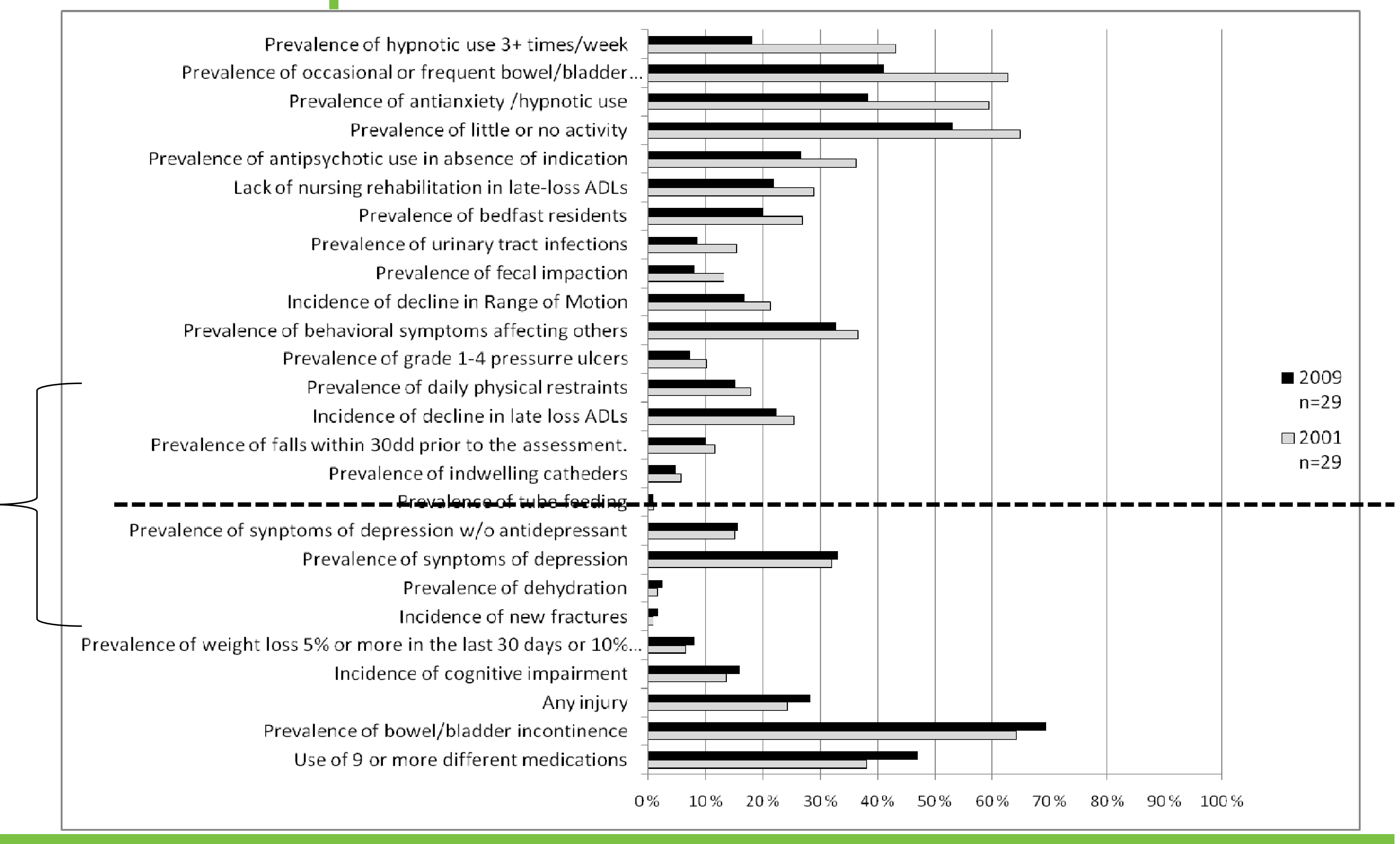

		2001 n=29	2008 (all) CCH & LTCF n=95	2008 CCH & LTCFs included in 2001 n=29
Deteriorated	Use of 9 or more different medications	34,9	41,4	41,8
2% or more	Incidence of cognitive impairment	11,1	15,2	14,9
	Prevalence of bowel/bladder incontinence	68,2	72	71,2
No change	Any injury	25,5	26,4	25
(+/-2%)	Prevalence of falls within 30dd prior to the assessment.	9,9	8,7	8,6
	Incidence of new fractures	0,8	1,1	1
	Prevalence of synptoms of depression	34	32,2	31,9
	Prevalence of synptoms of depression w/o antidepressant	14,9	15,9	15,6
	Prevalence of indwelling catheders	5,6	4,7	5,4
	Prevalence of weight loss 5% or more in the last 30 days or 10% or more in the last 6 months	7	7,3	7,8
	Prevalence of tube feeding	0,8	1,3	1,2
	Prevalence of dehydration	1,7	2	1,9
	Incidence of decline in late loss ADLs	23	24,4	23,3
	Incidence of decline in Range of Motion	17,22	17,9	16,8
	Prevalence of grade 1-4 pressurre ulcers	9,8	8	8,8
Improved	Prevalence of behavioral symptoms affecting others	39,8	34,2	34,4
2-9%	Prevalence of occasional or frequent bowel/bladder incontinence w/o toileting plan	64,9	49,5	49
	Prevalence of fecal impaction	14,3	9,2	8,8
	Prevalence of urinary tract infections	14,3	8,8	8,7
	Prevalence of bedfast residents	29,5	24,6	25,8
	Lack of nursing rehabilitation in late-loss ADLs	28,4	28,8	22,3
	Prevalence of antipsychotic use in absence of indication	35,6	27,1	27,2
	Prevalence of daily physical restraints	20,3	16,7	16
Improved	Prevalence of antianxiety /hypnotic use	58,4	38,7	38
10 %or more	Prevalence of hypnotic use 3+ times/week	40,8	18,9	18
	Prevalence of little or no activity	65,5	56,4	52,1

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Light care residents in home care 2006-2009

Lightcare, %

100 %
90 %
80 %
70 %
60 %
50 %
40 %
30 %
20 %
10 %
0 %

2006		2007		2008		2009	
spring	Fall	spring	Fall	spring	Fall	spring	Fall

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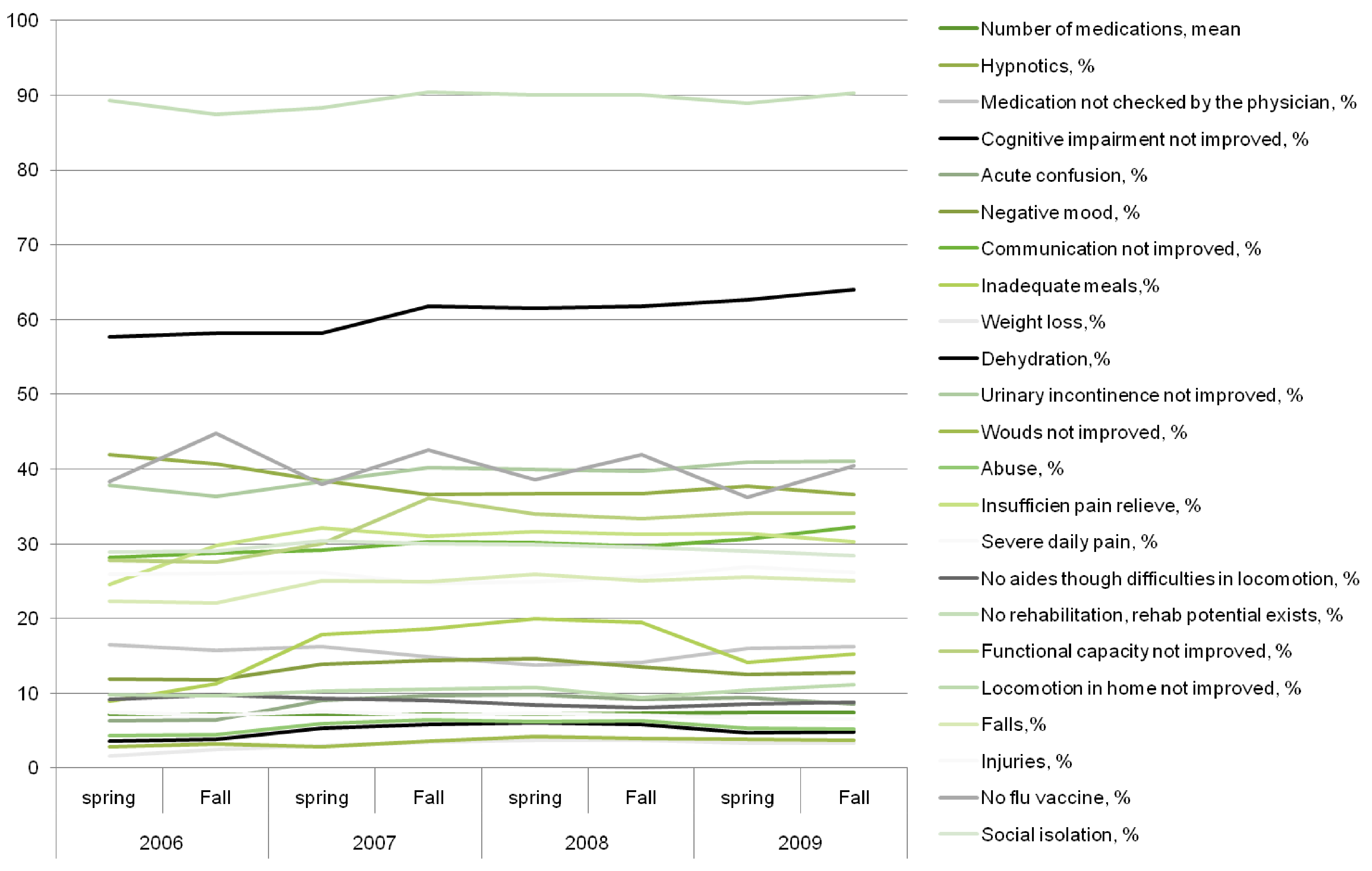
Home care Qis 2006-2010



Quality-efficiency ladder, in the care for older persons, in Finland

Chronic care hospitals
- **Functional capacity:** ADL=4,4
- **Cognition:** CPS=4,0 (MMSE 7)
- **Mood:** DRS=1,9
- **Behaviour:** BEH=1,9
- **Staffing ratio:** 0.69 carers/person

Nursing home
- **Functional capacity:** ADL=3,6
- **Cognition:** CPS= 3,5 (MMSE 21)
- **Mood:** DRS= 2,4
- **Behaviour:** BEH= 2,2
- **Staffing ratio:** 0.66 carers/person

Assisted living (sheltered housing) - night time help is available
- **Functional capacity:** ADL=2,6
- **Cognition:** CPS=3,2 (MMSE 14)
- **Mood:** DRS=2,2
- **Behaviour:** BEH=2,1
- **Staffing ratio:** 0.57 carers/person

Assisted living (sheltered housing) -no night time help available
- **Functional capacity:** ADL=1,25
- **Cognition:** CPS=1,9 (MMSE 19)
- **Mood:** DRS=1,4
- **Behaviour:** BEH=1,3
- **Staffing ratio:** 0.36 carers/person

Integrated home care (social+health)
- **Functional capacity:** ADL=0,68 — Scale 0-6, 0=independent, 6=totally dependent
- **Cognition:** CPS=1,3 (MMSE 21) — Scale 0-6, 0=normal, 6=very severe dementia
- **Mood:** DRS=1,4 — Scale 0-14, 0-2=normal, 3+=depression
- **Behaviour:** BEH=0,6 — Scale 0-5, 0=none, 5=all measured problems
- **Staffing ratio:** 0.17 carers/person

- Long-term care for older persons, in Finland, is delivered either at home, in sheltered housings, residential homes (nursing homes), or health centre inpatient wards (chronic care hospitals).
- In 2008, more than 10 % of those 75 years of age or older received 24-hour care elsewhere than in their original homes and 6% lived in institutions

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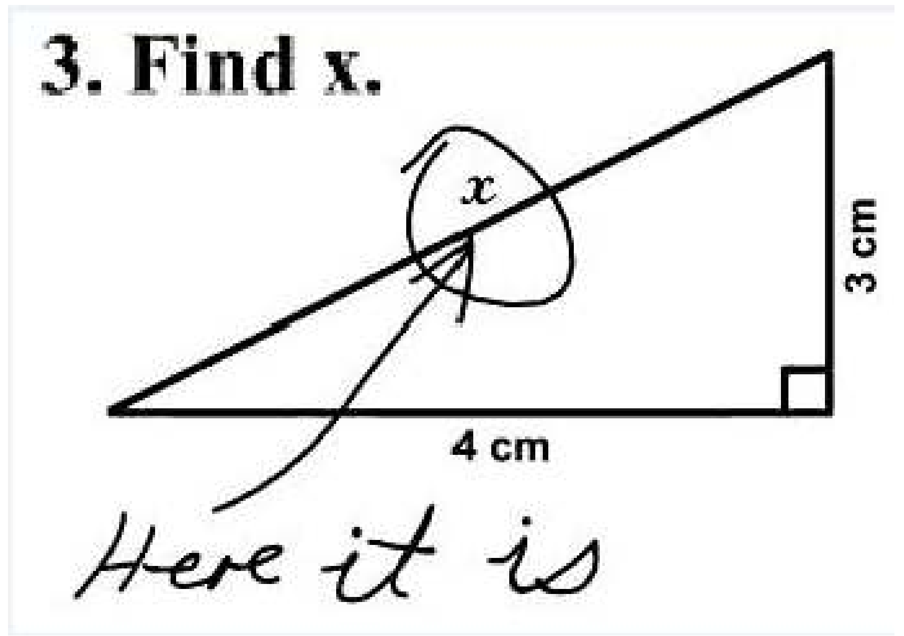
Summary

- The long-term care sector is under construction
- Burden of care has slightly increased in the units and in home-care
- Incontinence and pain need special attention
- Reducing restraints in the institutions is a further issue
- Improvement in institutions seen in
  - nutritional procedures and outcomes
  - fall prevention
  - pressure ulcers
  - psychotropic medications
  - nursing procedures such as rehabilitative care
  - possibilities for social life have increased slightly
- Further analyses are needed to unveil the nature of these changes
- Trends of improvement are not as visible in home care WHY?

Conclusions-2

- We are on the right way, in Finland, but not there yet
- Home care needs special attention
- Quality of care and cost of it are not always contradictory
- Use of standardized data gathering and documenting instruments, such as RAI, is a useful method of gathering comparable information from different care providers in the elderly care sector
- Benchmarking pays off with strong leaders and clear targets

In real life there are no simple solutions



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