

Quality of Care and Transparency in the German Long-Term Care System



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Inspections to evaluate quality in long-term care (LTC)

- Before 1994: inspections in nursing homes performed by the local authorities
- 1994/95: Implementation of the LTC-insurance system
- ... additional inspections (Medical Advisory Services)
- ... additional criteria (enhanced professional standards)
- ... systematic inspections of home care services
- ... new guidelines of LTC-insurance funds

Internal quality management

- **Significant upturn of quality management since 1995**
- **Professional standards for nursing care**
- **Sophisticated approaches of quality management**

However:

- **Great differences between the service providers**
- **Adhering closely to criteria used for external inspections, i.e. lack of measuring outcomes of care**

Discussion on quality evaluation in LTC

- **Too strong emphasis of structure and process**
- **Too much impact of the documentation**
- **Misleading media coverage – main interest: scandals**
- **Lack of valid methods for measuring quality of care**
- **What is an adequate approach to improve transparency of quality?**

Reform Act of 2008

- **At least one external inspection per year (unannounced)**
- **Results of external inspections have to be published in an appropriate way**
- **Focus: outcomes of care and quality of life**
- **Aim: Transparency of quality – to enable people to make well informed decisions when searching for a nursing home or a home care service**
- **LTC-insurance funds and associations of service providers have to make an agreement on criteria and methods**

>>> „Pflege-Transparenzvereinbarungen“

Example: Domains of transparency in nursing homes (in total: 82 criteria)

- **Nursing care, including support on the field of medical care**
- **Support of residents with dementia**
- **Social support**
- **Housekeeping, meals and lodging**
- **Evaluation by the residents**

Similar to school grades: Range 1 to 5 („very good“ to „fail“)

Qualität der stationären Pflegeeinrichtung



Growing criticism against the current approach of transparency

- Adaptation of nursing homes and home care services: Trend to grades „very good“ and „good“, decrease of differences
- Growing doubt if current criteria really meet the reality of care
- Again: Too much focus on structure and process
- Random sampling procedure needs to be re-defined
- Insufficient methods of valuation

Broad consent that the current approach has to be revised

Meanwhile...

**Project “Development and implementation of
outcome measures for nursing homes”**

funded and commissioned by

**Federal Ministry of Health
Federal Ministry of Family Affairs, Senior Citizens,
Women and Youth**

performed by

**Institute of Nursing Science, University of Bielefeld
Institute for Social Science and Social Policy, Cologne**

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Conception of “outcome”:

- a measurable change in the resident’s health status, behavior and perception
- a change which is related to the receipt of nursing care.

Set of indicators: Domains

- 1. Functional outcomes: Promotion of independence**
- 2. Safety outcomes: Protection from risks and burdens**
- 3. Outcomes related to particular needs**
- 4. Lodging and household assistance***
- 5. Activities and communication***

Cooperation with resident's relatives*

*Mainly founded on surveys/interviews with residents or relatives

Trial in 46 nursing homes

- January to October 2010**
- Complete evaluation in 10 facilities (domains 1, 2 and 3), partial in 36**
- Data collection (related to health status) at three points of time during 6 months**

Methods

- Extracting data from routine nursing records
- Additional assessment (dependency, cognition etc.)
- Interviews/surveys (residents and their relatives)

1. Domain: Functional outcomes – Promotion of independence

Indicators:

- Steadiness of mobility*
- Steadiness of self-care ability*
- Steadiness of ability to organize everyday life

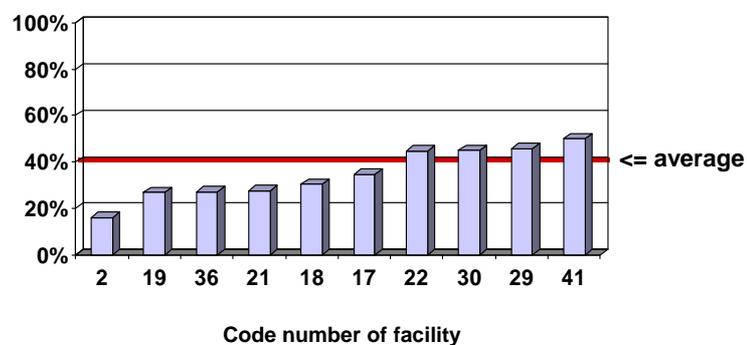
* two indicators: separate calculation for two groups of residents characterized by cognitive status

Example: Percentage of residents whose mobility did not decrease during the last 6 months

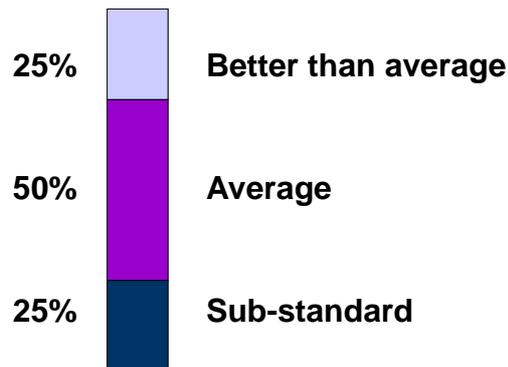
Residents with **no or mild** cognitive impairments: 66,3% (n = 608)

Residents with **substantial** cognitive impairments: 39,8% (n = 917)

Percentage of residents whose mobility did not decrease during the last 6 months (10 facilities, substantial cognitive impairment)



Benchmarking approach



2. Domain: Safety outcomes (changes during 6 months)

Pressure sores acquired during stay in facility – residents with low risk	2,1%
Pressure sores acquired during stay in facility – residents with high risk	8,9%
Unintended loss of weight – residents with no or mild cognitive impairments	3,7%
Unintended loss of weight – residents with substantial cognitive impairments	7,6%
Incidence of falls with severe physical consequences – residents with no or mild cognitive impairments	8,2%
Incidence of falls with severe physical consequences – residents with substantial cognitive impairments	12,9%

Implementation

- To achieve reliable results, measuring outcomes requires a sampling rate of 100%. So data collection and assessment is a task within the frame of internal quality management.
- Inspections by external agencies are necessary to ensure reliable results (sampling rate may be low, e.g. 10%).
- We need a new functional interaction of inspections and internal quality management.

Expectable effects of implementing assessment of outcomes on the national level in Germany

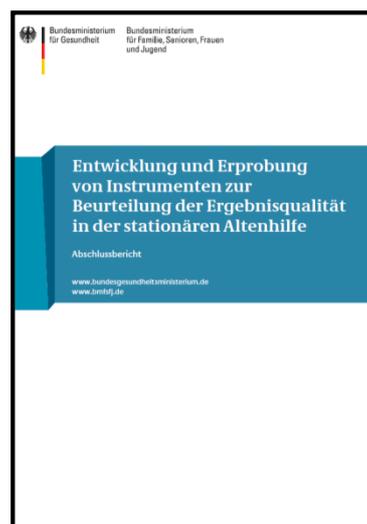
- Stimulus to improve internal quality management with a strong emphasis on needs and well-being of the resident.
- Options for more effectiveness of resources designated to quality assurance.
- Sticking to facts:
objectification of the quality discussion in Germany's LTC
- Valid information on quality for the (potential) user of LTC services

Challenges

- Important components of care that cannot be assessed by conventional means (e.g. outcomes of end-of-life care)
- Quality of life – Methods? To what extent open to influence?
- Well thought out adaptation of inspections and internal quality assurance
- Find a well defined balance of measuring structure, process and outcome quality

Next step:

Further proceedings coordinated by the Federal Ministries, clarification of basic conditions for implementation.



Thank You for Your attention!



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