Quality of Care in Geriatric Institutions

Outcomes

Process

Structure

Dr Sara Levi PhD RN

- National Chief Nurse Division of Geriatric
- Ministry of Health
Quality

בקר, מדוי, האפר קני נगל ב'. נמר, מתעגר יטער את שחים וודו, הוא מדריך-Length בורות, האיטית מהאייה, ברב יון ולא.
_quality בוקר, מדיה האפריקנים,وفقל ב' האילית.מעוורת תצט릭ים שלים ידעת היא מרידות לרוח ביותו,herent מוהמר תינר-ולא
Quality

The fastest of all land animals

If you were: אֵילִיהוּאי
When the sun begins to strike
– it is better to start running.

לרווי. שַׁמְתֶּחַל צָדִי

The fastest among animals

If you were: אֶמִּראֲתָה אֵאם
When the sun begins to strike
– it is better to start running.
Quality of Care in Geriatric Institutions

- What we will Discuss:
  - Major Roles of Ministry of Health
  - Factors Influencing quality of Care
  - Conceptual Framework:
    - Inspections & Instruments
  - Implications of the “Listed Bid” on the Inspection System: Geriatric Division / District Health Office
Major Roles of Ministry of Health

- Standards
- Policy
- Control & Inspection
- Quality Care

Elderly Population
The Role of the Ministry of Health

The Ministry of Health has overall responsibility for the health of the residents of Israel.

The main tasks of the ministry include planning, control and supervision, registration and licensing, legislation and coordination of the system.

About half of the hospital beds are operated directly by the ministry, as are the most of the preventive services in the community. The Ministry of Health operates most of the mental health and geriatric services.
The Geriatric Division at the Ministry of Health

- Policy Making
- Proposals for Legislation
- Establishing Standards
- Quality Assurance
- Inspection and Supervision
- Recommendation for Licensing
- Increase Awareness of all Professionals to Specialize in Geriatric
- Planning
CARE OF THE ELDERLY IN ISRAEL

COMMUNITY

- Home
- Acute/rehab
- Indep
- Frail

INSTITUTIONAL

- Nursing
- Mentally frail
- Complex nursing

Regulatory responsibility

- Home
- Acute/rehab
- Indep
- Frail
- Nursing
- Mentally frail
- Complex nursing

Financial responsibility

- Home
- Acute/rehab
- Indep
- Frail
- Nursing
- Mentally frail
- Complex nursing

HMO
Min.Welfare
NII
Min Health
Long Term Care

Community
Split by

Service
Medical- HMO
* Ambulatory
* Home Care
* Social Aid - MW

Institutional
Split by

Functional State
* Frail – MW
* Nursing- MH
* Skilled N- HMO

Main Issue:
Service Coordination

Main Issue:
Patient allocation & Transfer
Factors Influencing Quality Care in L.T.C

Inter-organizational Factors

- Internal Mechanism of Quality Assurance
- Administration & Management
- Record’s Quality
- Staff Ratio & Quality
- Update of the Care Givers
- Norms, Values, Expectations Of Care Givers & Patients
- Physical Conditions in the Organization
- Referral Quality

External Factors

- Government Inspection & Supervision
- Payment Policy
- Training & Education Policy
- Referral Policy
- Family Involvement
Supervision & Inspection of Geriatric Institutions

- Establishment of Approval Mechanism
- License, Certification & Registration
- Periodical Inspections & Supervision
  - Geriatric Division
  - District Health Office
- Enforcement: License Period
  - Stop Referrals
  - Closing the Institution
- Expending the Inspection to “Active Units”
  (Post Acute, Geriatric Rehabilitation, Complex Nursing etc.)
Quality Assurance

Quality

What ???
Quality Assurance
Quality Knowledge

- Donabedian Model as Conceptual Model to define quality.
- Three Components of the Model
  - Structure
  - Process
  - Outcome
Quality Assurance

Outcome | Structure | Process
Quality Assurance: Issues

- **Structure** – Describe Organizational Characteristics at Work Where the Treatment Interaction Take Place
  - Indirect Measure of Quality
    - Staff Level, Ownership, Institution’s Size, Building Condition
- **Process** – Activities between care givers and Patients
  - Indirect Measures of Quality
    - Assessments, Skills, Adequate & Suitable Treatment, Performance Timing
- **Outcome** – Define as Changes in Health Care Conditions
  - Direct Measures of Quality
    - Changes in Attitude Knowledge & Behavior
    - Mortality, Rehospitalization, Pressure Ulcers, Incontinence
    - Infection Diseases
# Quality Assurance

Quality Assurance deals with:

<table>
<thead>
<tr>
<th>Quality Standards Definitions</th>
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</thead>
<tbody>
<tr>
<td>Checking and Relating to Standards</td>
</tr>
<tr>
<td>Emphasize Ceaseless Improvement of Work Processes</td>
</tr>
</tbody>
</table>
Inspection and Quality Assurance

Goals

Quality Assurance

- Ensure Quality as Defined
- by the Interest Group
- Increase the Quality Level
- Aspiration to Organizational Excellence

Inspection

Ensure Implementation Of Required Standards
Inspection and Quality Assurance

Standards for Checking

- Checking the Standards
- Establishing Standards based on Experts Opinion
- The Required Standards are Minimal

Quality Assurance

- Checking Current & Planned Standards
- Establishing Standards of the Group of Interest
- Opportunity for Improvement

Inspection

- Checking the Standards
- Establishing Standards based on Experts Opinion
- The Required Standards are Minimal
Inspection and Quality Assurance

The Inspectors

- Inspectors External to Inspected Organization
- Inspectors Part of the Regulatory System
- Seniors & Experts in the Organization
- Colleagues Evaluation

Quality Assurance

- Inspectors External to Inspected Organization
- Inspectors Part of the Regulatory System
- The Authority of the Inspectors

Inspection
Assurance  Inspection and Quality

- Institution’s License Period
- Enforcement Sanctions
- Continuity based on Improving & Correction the Required Changes

- Outcomes as a mean of Institutional Improvement
- Institution’s Interest
- Base for National Improvement

Quality Assurance  Outcome  Inspection
The Nursing Care Model
Nursing Home Care Quality

Measuring Quality

Quality as Opportunity
Holistic World View

Quality as Inspection
Mechanistic World View
Quality As Inspection

- Mechanistic world view
- Focuses on parts
- People like machines
- As the theory of bad apples
Quality As Inspection

- Good quality is the absence of negative or no harmful outcomes
- Approached with passive longing
- Constantly focusing on negative or bad quality
- Trying to remove or improve it

Find the bad apples and remove them
Quality As Opportunity

- Holistic World View
  - Focuses on the whole
  - Parts are acknowledge but have meaning within the context of the whole
  - People are seen as active participants
  - As the theory of continuous improvement
Quality As Opportunity

- Quality is seen as something powerful in its own right
- Focus is on noticing opportunities for improvement
- Mistakes are not generally viewed as being caused by lack of workers
  but
Quality As Opportunity

- Rather as a result of problems in the system, including poor job design, failure of leadership, an unclear purpose, complexity or poor communication.

Quality Become Every One’s Job But Management’s Responsibility
Nursing Home Care Quality

Quality Care as Measure of:

- Structure
- Process
- Outcome

Donabedian 1969, 1998
Model of Nursing Home with Good Quality Care

Central Focus
Residents & Family

Environment

Care & Treatment

Milleu

Staff
Model of Nursing Home with Good Quality Care

Environment
Clean, No Odor, Maintained, Bright & Good Lightening

Millue
Clean, Active, Friendly.
Presence of Community Volunteers. Animals, Children. Residents Engaged in Activities

Care & Treatment
Attentive, Caring, Listens to Residents. Treated as Individuals, Retorative Care, Ambulating. People up, Dressed, Clean, Well Cared’ Food is Good

Staff
Knowledgeable, Professional.
RN’ Involved in Care, Listen to Family, Interacting & working with Residents, Low Turnover

Central Focus
Residents & Family

Education Encouragement
Model of Nursing Home With Poor Quality Care

Central Focus

Survival of the Institution

Environment

Care & Treatment

Milleu

Staff
Model of Nursing Home
With Poor Quality Care

Environment
Odor of urine feces, Shadowed, Lightening poor

Central Focus
Organizational Survival
Financial Gain?
Leadership Void?

Care & Treatment
Resident unkempt, Exposed,
Not clean, Dirty close, Poor nail care,
Complaints from residents, Lying in urine

Staff
Interact Inappropriately
Ignore residents,
Visitors can’t find staff

Milleu
Chaos, Residents screaming. No one paying attention
Unfriendly atmosphere
What We Supervise

Current Situation

- Structure Components
  - Building Standards
  - Staff Ratio & Knowledgable Professionals

- Process Components
  - Professional Standards of Care
  - Institution’s Organizations
Ministry of Health: General Criteria and Inspection Processes

a. Institution Location
b. Building Criteria: Unit, Rooms, Public Area etc.
c. Licenses Processes - Division of License & Registration
d. Staffing – Multidisciplinary
e. Geriatric Division Inspections & District Health Office Inspections
L.T.C Beds in Israel

- Acute Geriatric unit
- Post acute Geriatric Unit
- Geriatric Rehabilitation unit
- Complex Nursing unit
- Nursing & Mental frail units

*General Hospitals

20,000 Beds<
# Geriatric Institutions Distribution according to Ownership

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<thead>
<tr>
<th></th>
<th>Private</th>
<th>Public</th>
<th>Government</th>
<th>Total</th>
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<tr>
<td></td>
<td>168</td>
<td>146*</td>
<td>5</td>
<td>319</td>
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* Including Kibbuts - 65
Supervision & Inspection Geriatric Units

- Nursing / mentally frail units.
- Complex Nursing units.
- Geriatric rehabilitation units.
- Post – acute geriatric units.
- Chronic ventilated units.
Geriatric Division Inspections

- During 2005: 59 Inspections
  - 49% Notified Inspections.
  - 51% Not Notified Inspections.
- During 2006: 79 Inspections
  - 49% Notified Inspections.
  - 51% Not Notified Inspections.
- During 2009: Planned 750 Inspections
  (Geriatric Division & District Health Office)
Quality Assurance: Quality Indicators

Quality Indicators in Geriatric Institutions

- Restrains
- Weight Loss
- Pressure Ulcers
- Loss
- Falls
- Incontinence
How is Long Term Care Financed

- Institutional LTC – Not Universal Benefit within National Health Law-1995
- Ministry of Health Subsidizes ~ 70% of LTC beds
- Family Co – Payment ~ 25%
- Other ~ 30% of beds covered by private funding, private insurance & government programs
National Bid = Listed Bid
The bid is not on Price but on Quality
Ministry of Health: The New System of Supervision & Inspection

1. Medicine
2. Nursing
3. Social Work
4. Physiotherapy
5. Occupational Therapy
6. Dietitian
7. Maintenance
8. Pharmacist

Geriatric Division
2 Teams
District Health Offices - 6
Ministry of Health Policy

- Required Minimum Staffing – Gradually until 15.1.2011
- New Building Program - Gradually until 2017
Thank You