

# Measuring quality in long-term care

## EXPERIENCES AND PITFALLS FROM SEVEN EUROPEAN COUNTRIES

In the PROGRESS project an international list of quality indicators was developed and important lessons on measuring quality in long-term care were learned.

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‘Measuring quality of care objectively, is trickier than was estimated beforehand’ and ‘Figures regarding quality of care for the elderly are questionable, as a result of a flawed measuring system.’ These are two of many quotes, published over the past year in the Dutch media about the current *Quality Framework for Responsible Care* (Normen Verantwoorde Zorg VVT). According to several parties in the Netherlands, the current quality framework was no longer adequate, and it was also lacking support. Fortunately, in May 2012 a new version of the framework was launched. This new framework with indicators is smaller and there is more focus on quality of life. It is also called a ‘development-document’, because according to the makers of the framework, what they learned during the process, is that the development of a quality framework is never finished.

Over a period of two years, Vilans (Centre of Expertise for Long-Term Care) and organisations in six other European countries systematically collected and compared experiences and different European approaches to quality measurement. This project has produced an international set of result-oriented indicators, that may also inspire quality measurement in the care for the elderly in other countries. An im-

portant lesson of the project was that the focus should be on developing an improvement measure for the care homes themselves, and not just for purposes of accountability to the outside world.

### The importance of measuring

Care workers often think measuring is tiresome. ‘We did not choose a career in health care to spend time writing down numbers.’ Reducing the time burden is one way to encourage care workers to measure correctly and consciously. During the *Care for Better* improvement programme<sup>1</sup>, Vilans observed that care workers are often insufficiently aware of the effects of their interventions, and of the need for improvements in their organisation.

By measuring a limited number of indicators, care workers were able to discover evidence of issues that need more improvement. Repeated measurement during the implementation of these improvements allowed them to see whether or not the situation indeed improved, and if it did, to what extent.<sup>2</sup>

### Which subjects are being measured in European countries?

Policymakers and care providers in European Member States recognize the need for a good



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quality framework for elderly care. Therefore, the European Centre for Social Welfare, Policy and Research started a project to develop an international list of result-oriented indicators that assist care homes in other European countries to measure quality of care and quality of life of clients in care homes.

## Methods

### ***First draft list with result-oriented indicators***

At the onset of the project, all partners collected and compared the quality frameworks and indicators that were then used in their own countries.<sup>3</sup> Despite the fact that the United States did not participate, the project team used the American Minimum Data Set as a starting point. The indicators had to fulfill five conditions, among which were feasibility, reliability and the ability to steer change. Only process and outcome indicators (result-oriented indicators) were selected for the draft list.

### ***Validation of indicators***

After the draft list of 91 indicators was compiled, the included indicators were validated. Consensus had to be reached on the indicators among 70 field experts (by means of the Delphi method – 10 from each country) and by validation workshops with managers and professionals in care homes. Added to this, the experts made proposals for further refinement, and/or formulation of additional indicators. After each round, the project team analysed results and made preparations for the input for the next round. Vilans coordinated the Delphi study, and analysed the results. In addition, representatives of about twenty care homes in three countries (Austria, Germany, Luxembourg) were invited to take part in four validation workshops. The workshops were organised to validate the applicability of indicators in care homes. They were organised by E-Qalin Ltd.<sup>4</sup>, and partners from Austria, Germany and Luxembourg.

In the final phase of the project, the collected data were analysed and accepted by all partners in the project team. Indicators on which no consensus was reached during the three Delphi rounds and/or during the validation workshops, were discussed by the research team, some of the experts who participated in the Delphi Study and some of the participants from the validation workshops. During this meeting, these indicators were either definitively included or excluded from the list.

### ***Five domains in the Handbook***

The resulting new handbook, entitled ‘Measuring Progress: Indicators for care homes’, contains a validated list of 94 result-oriented quality indicators. Also, suggestions are made on how to use these indicators in practice, especially how to apply them with a focus on quality of life improvement of clients in care homes.

Five domains were considered to be relevant for care homes (table 1).

The ‘Measuring progress’ handbook is meant to be a source of inspiration for stakeholders in EU members states. It is possible for a country, region or local authority to compare this list to an existent quality framework, or use it as a basis for developing a new quality framework (in the absence of an existing quality framework). It provides an overall picture of the possibilities regarding quality measurement, and – much more important – of how to use these indicators.

## Lessons from the Progress project

### ***Always assess indicators in a certain context***

The outcomes of result-oriented performance indicators show only to some extent what quality of care and the quality of the provision of services is, within a care home. They point out the specific strengths and weaknesses of a care home, or possible problem areas that need further investigation. Quality improvement within care homes requires accurate description of objectives, selection of relevant indicators and establishing target values. Whether target values have actually been achieved or not, can only be asserted after collection of data on, e.g., the ‘percentage of residents with

#### **Key points: quality measurement in long term care**

- Quality measurement is necessary but unpopular with care workers and a lower priority in their work.
- Based on an international comparison, a Delphi study and validation workshops a list of 94 outcome indicators for long term care has been developed by 7 European countries.
- The 7 participating European countries are convinced that measuring quality in Long-Term Care is important. But each country differs in the way they measure the quality and on which domains. Therefore, European countries can still learn a lot from each other.
- Lessons learned during the Progress project:
  - use the set as inspiration and ‘pre-work’: select the indicators which are relevant; don’t measure all 94;
  - choose indicators for external accountability and internal quality improvement;
  - always assess indicators in a certain context;
  - be alert on benchmarking opportunities;
  - include indicators for quality of life not only of quality of care.

Domain	Perspective	Number of indicators
Quality of care	Clients, staff	24 indicators
Quality of life	Clients, relatives and friends, staff	45 indicators
Leadership	Management, staff	16 indicators
Economic	Management, funder	3 indicators
Context	Funder, legislator, suppliers, general public	2 indicators

Table 1. Quality domains

pressure ulcers in the care home at onset', and only if target values were established in the first place. Analysis of the question why certain targets were not achieved, allows a care home to take measures and realise this improvement after all.

#### ***Do not measure all 94 indicators in the Handbook***

Result-oriented indicators reveal the performance of a care home, but they will never be able to fully demonstrate all merits and qualities. Therefore, it is useless to collect data for hundreds of indicators (e.g., all the indicators mentioned in the European handbook), because they cannot be controlled and steered simultaneously. To begin with, a care home might consider using a limited number of indicators for continuous control of important domains that have to be controlled and managed (supplemented with a number of external indicators for legally required annual reporting). Each care organisation selects its own relevant indicators. The primary objective is to use measurement results for gaining insight into the quality of a certain theme and for internal improvement.

A disadvantage of this procedure is that it makes benchmarking among care homes more difficult, unless the same indicators are being selected on a large scale. The question, however, is to what extent actions are truly based on insight in an organisation's own scores, as compared to those of other care homes. Comparing one's own scores to those of others may provide an insight and a motivation to improve, but the question remains whether it is advisable to compare data with the entire group of care homes, or if it sufficient to do so with only a select number.

#### ***Include Quality of Life measurement***

In matters of quality measurement, there is still a tendency in the Netherlands to emphasize quality of care, and much less quality of life or wellbeing. However, over the past years we are noticing a shift. From a focus on 'hard measuring data', such as the percentage of pressure ulcer clients and the number of fall

incidents, to increased attention for measuring the client's wellbeing, his or her quality of life. In this respect, the Netherlands may learn from the United Kingdom, where measuring quality of life is a bigger issue.

Research into effective methods of quality of life measurement in elderly care, and also in elderly patients suffering from dementia, is still in an initial stage. It is hard to obtain reliable data from interviews (CQ-index), e.g., because questionnaires are (too) long and impersonal, and also because of the danger of socially desirable answers. Despite this, opinions of individual clients and their family caregivers are important data to collect. They are the ones that experience care directly, and in the end they are best able to decide whether the care delivered satisfies their needs. Objective data and experiences together provide insight in quality of care. The *My Home Life* programme in the United Kingdom is a quality framework that is mainly directed at the experience of clients, their family caregivers and staff. *My Home Life* is inspired by relationship-centered care by Tresloni, the *Pew-Fetzer Task Force* (1994), and the *Senses Framework* by Nolan, in which the importance of good relationships between clients, relatives and staff is a focal point. The programme is a UK-wide collaborative initiative, led by *Help the Aged*<sup>5</sup> in collaboration with the *National Care Forum*<sup>6</sup> and City University, which brings together the experience of staff, volunteers, clients and their relatives, to promote quality of life in care homes. *My Home Life* is based on eight themes for promoting quality of life in care homes.

See the 'Measuring progress' handbook (free download from the Vilans website ([www.vilans.nl](http://www.vilans.nl))) for more information on how the different quality frameworks measure quality and the other themes of *My Home Life*.

#### ***New ways of measuring quality***

Indicators for long-term care are important for several reasons. Vilans advises the steering group VV&T to use the experiences, lessons learnt and pitfalls from other countries for the continuing improvement of the Quality Framework for Responsible Care in a way befitting the culture and methods of working in the Netherlands. Recently a new version of the Framework was launched, which illustrated that measuring and indicators are still an important issue in the care sector.

After having listened to the multiple international experiences, it is not surprising to conclude that creating a solid and practical framework is a complex task. However the

following ingredients are necessary for a good quality framework for care homes and home care:

- Construction of the indicators should comply with a number of conditions: ability to steer change, feasible, usable, reliable and quantifiable.
- Differentiate between internal and external indicators. First and foremost, internal indicators are meant to be used within the internal quality framework of a care home, whereas external indicators deal with accountability to the outside world. Therefore, not all indicators must necessarily be published by care homes.
- Care homes establish their own set of indicators, and only a limited number of indicators should be carefully investigated and evaluated. Staff and client councils should be involved in the process of building that set. The care home should only measure those indicators that are relevant to their particular situation, and serve a particular purpose (improvement or maintaining quality). That way, the number of indicators remains compact and workable, and should deal with current issues within the organisation (e.g. increased prevention of fall incidents).
- Care homes compare themselves to themselves, and to care homes that measure for the same indicators.

#### Notes

- 1 Zorg voor Beter (translation: Care for Better) (2005-2012) is an initiative of the Ministry of Health, Welfare and Sport, in consultation with branch organisations, professional organisations and client organisations. ZonMw has the lead. Together, these organisations collaborate for the sake of better health care through improvement programmes, innovations and the implementation of norms and indicators for proper care.
- 2 Dissertation Loes Schouten 'Quality improvement collaboratives; cost-effectiveness and determinants of success', 2010.  
The most important quality frameworks in the list are, among others: the German (Nordrhein-Westfalen) Referenzmodell, Kwaliteitskader Normen Verantwoorde Zorg, E-Qalin, the National Minimum Standards and Key Lines of Regulatory Assessment (KLORA), My Home Life (MHL).
- 3 E-Qalin Ltd. has accredited national partners for training, consulting and certification. In cooperation with these partners E-Qalin Ltd. fosters further development of products and services, coordination, networking and knowledge management.
- 4 An international good cause for underprivileged elderly people, who are suffering from isolation, poverty and neglect.
- 5 Forum that represents not-for-profit residential care facilities across the UK.

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#### Samenvatting

##### Wat is bekend?

Volgens verschillende partijen voldoen de Normen Verantwoorde Zorg VVT niet meer en is het draagvlak weg. De Stuurgroep VV&T herzielt momenteel het kwaliteitskader.

##### Wat is nieuw?

Vilans (het kenniscentrum voor de langdurige zorg) heeft gedurende twee jaar, samen met zes Europese landen, de ervaringen en aanpakken uit Europa rondom het meten van kwaliteit op een systematische wijze verzameld en vergeleken in het 'Progress project'. Het resultaat van dit project is een internationale set van 94 resultaatgerichte indicatoren die als inspiratiebron dient voor het meten van kwaliteit in de ouderenzorg. Wat gedurende dit project vooral bevestigd werd, was het belang van hoe je naar indicatoren kijkt én hoe je deze toepast. De focus dient vooral te liggen op een verbeterinstrument voor de zorgorganisaties zelf en niet alleen ter verantwoording naar de buitenwereld.

##### Wat kun je ermee?

Voor het debat over het vernieuwde Kwaliteitskader voor Verantwoorde Zorg vindt Vilans het belangrijk dat de stuurgroep VV&T de ervaringen, geleerde lessen en valkuilen uit andere landen benut.

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