REDEFINING QUALITY IN LONG-TERM CARE

Perspectives from Barbara J. Zarowitz

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It's a sector characterized by complexity – and the challenges faced by long-term care providers are numerous. From multiple EHR systems to competing priorities, increased reporting requirements, resource limitations and variation in knowledge and clinical practices, it's a sector that's incredibly demanding to navigate.

Here at Think Research, we're fortunate to engage with many industry thought leaders and are pleased to share an insightful piece of thought leadership authored by Barbara J. Zarowitz, PharmD, BCPS, BCGP, FCCP, FASCP. Specializing in Geriatric Pharmacotherapy and Clinical Research, Barbara J. Zarowitz is the Senior Advisor at The Peter Lamy Center on Drug Therapy and Aging at the University of Maryland's College of Pharmacy, and an Independent Consultant in Las Vegas, Nevada.

Exploring the topic of quality in long-term care, Barbara shares insight on how to overcome barriers to achieving quality clinical outcomes in an increasingly demanding sector.

PART ONE: SETTING THE LONG-TERM CARE QUALITY AGENDA

The quality of care in long-term care facilities can be described rather like United States Supreme Court Justice Potter Stewart defined "obscenity" in a 1964 court case of Jacobellis vs. Ohio: "I shall not today attempt further to define the kinds of material I understand to be embraced within that shorthand description…But *I know it when I see it*."[1] Quality is a value you recognize when you see it yet it is difficult to measure meaningfully in long-term care (LTC).

Despite substantial improvements in nursing home quality, the quality of care delivered to long-term care residents remains inconsistent. Nearly 25% of nursing homes have serious deficiencies that cause actual harm to residents or place them at risk of death or serious harm.[2] Some key quality gaps are the rate of re-hospitalization in the 30 days following hospitalization, use of physical and chemical restraints, pain management, falls and fractures, unintended weight loss, untreated depression, adverse drug events, and antimicrobial prescribing practices.[3–6] Efforts to improve quality are frequently thwarted by barriers due to the complexity of care in older adults and an insufficient number of clinical staff trained in managing geriatric syndromes and multimorbidity, such as behavioral symptoms in patients with dementia.

Surveyor-reported nursing home deficiencies have identified an estimated mean of 1.5 falls per nursing facility bed per year, with 4% resulting in fracture and 11% resulting in serious injuries such as lacerations and head trauma.[7] Another systematic review of 66 studies of medication safety in nursing homes reported that the incidence rates of adverse drug events in nursing homes ranged from 1.89 to 10.8 per 100 resident-months.[6] The most common adverse drug events were bleeding, thromboembolic events, hypoglycemia, falls and constipation, only some of which are captured in current quality measures.[10] These types of persistent quality problems, with regard to medication management, result in adverse medication consequences.[8–10]

How do healthcare providers and nursing homes work together to improve performance and the quality of clinical care for older adults? In Ontario, Think Research™ Clinical Support Tools (CSTs) have been included in the Ministry of Health and Long-Term Care's (MOHLTC) programming plan. Through support from the MOHLTC, the Ontario Long-Term Care Association and AdvantAge Ontario, the Clinical Support Tools help drive standardization, quality improvement initiatives, access to data and ensure appropriate care is put in place to reduce avoidable hospitalizations.

The condition-specific CSTs, some of which include Palliative and End-of-Life, Hypoglycemia, Urinary Continence and Behavioural Symptoms of Dementia, enable clinicians to provide individualized and holistic care for residents. As the service provider of these tools, Think Research, along with program partners, has already begun to transform long-term care by creating greater visibility on clinical quality, bringing resident and provider satisfaction to the forefront, and basing patient care decisions on the best scientific evidence available.

Nursing home quality does not have to remain elusive, so we "know it only when we see it." Quality can be defined, expected, measured and made public with transparency. In addition to setting expectations and holding health care providers accountable, technology and evidence-based clinical support tools are significant assets for achieving quality clinical outcomes.

PART TWO: PROVIDING ACCESS TO THE "EXPERT NEXT DOOR": CLINICAL SUPPORT TOOLS

How often have you said, if only I had that when I needed it? In healthcare, as in so many other fields, the "expert next door" is frequently not available when most needed. But through technology, that expert can be available to nurses, physicians and others taking care of the nation's older adults in long-term care homes whether they are next door or in another part of the country.

Quality outcomes improve when clinical tools are embedded into workflow and electronic health records (EHR).[11] These tools and information, referred to as clinical decision support or CDS, can make the difference between nursing homes that achieve their quality goals and those that don't. CDS can take the form of prescribing alerts, algorithms to streamline care processes, order sets that align with clinical evidence, triggers for care plans, or suggested interventions for members of the interprofessional care team. CDS, consistent with organization clinical guidelines and standards of care, provides clinicians with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and health care.[12] Or, in other words, the "expert next door". CDS is most beneficial when it provides the best knowledge at the time it is needed, it fits into the health team's workflow so there is high adoption and effective use, and it is updated continuously thus providing only current and timely recommendations. CDS is the artificial intelligence that provides just the right guidance at the bedside at the time of care delivery.

It has been stated that a barrier to achieving high quality clinical outcomes in older adults in nursing homes is a lack of confidence in one's own clinical skills and judgment.[13] Through telehealth technology, the "expert next door" can be consulted to verify a diagnosis, recommend alternative treatment options, guide monitoring, and potentially prevent an avoidable hospital admission.[14] A tenet of providing high quality health care is to have the best-informed evidence base to guide treatment decisions and interventions. Telehealth is an effective method of delivering evidence-based information and processes of care to the care team or providing a skilled clinician to assess the patient and confer with the nursing staff remotely.

Slow adoption of technology that can enhance care quality hampers long-term care (LTC) facilities from consistently delivering excellent care. Most LTC electronic health records (EHRs) lack CDS tools that can be used easily in everyday practice. Many LTC clinicians do not utilize the EHR. Failure to adopt technology with embedded CDS can leave LTC facilities constantly clawing up the quality chasm.

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Our evidence-based clinical support tools empower long-term care providers across the country. From decision support and workflow optimization to clinical content standardization, these tools are transforming care in important ways – creating efficiencies, improving care quality and enhancing resident outcomes.

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