

Symposium

“Quality of care and patient safety”

***High quality nursing home care:
The contribution of nursing science***

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Prof. Dr. phil. Gabriele Meyer

Institute for Health and Nursing Science

Medical Faculty, Martin Luther University Halle-Wittenberg

Halle (Saale), Germany

Nursing science must have a ...

strong clinical focus and must aim to

- reduce uncertainty and
- avoid fallacies

in nursing practice.

In short: Must inform nursing practice

Nursing research

- Therapy and prevention: benefit and harms
- Etiology, risk factors
- Disease frequency, symptoms
- Selection and interpretation of diagnostic tests, screening and assessment tests
- Prognosis
- Patients' experiences

Core topics of long-term care for older people

- The right care at the right time at the right place
- Reduction of over-treatment under-treatment, mishandling

What is quality of care?

Amazing ...

- No definition provided by organisations which carry quality in their name (examples of logos were displayed in the presentation version)

What is quality of care?

- n=10 research fellows and doctoral students
- response: n=10

What is quality of care?

That's the balancing act between
Dienstanweisungsverfahrensrichtlinienexpertenstandards
and what is good for the care recipient

A., 45 years, doctoral student and quality manager

What is quality of care?

Careful consideration of the individual needs of a care dependent person and always taking best evidence into account. Social competence and a supportive working environment lead to effective and beneficial nursing care.

A., 44 years, post doc

What is quality of care?

Is not recognised by the care dependent person and his/her family. The absence of good nursing care, however, is perceived due to physical, psychological and social consequences.

S., 42 years, post doc

What is quality of care?

Is difficult to measure.

C., 29 years, doctoral student



JAMDA

journal homepage: www.jamda.com



Original Study

Quality of Life of and Quality of Care for People With Dementia Receiving Long Term Institutional Care or Professional Home Care: The European RightTimePlaceCare Study

Hanneke C. Beerens MSc, RN^{a,*}, Caroline Sutcliffe MSc^b, Anna Renom-Guiteras^c, Maria E. Soto MD, PhD^d, Riitta Suhonen PhD, RN^e, Adela Zabalegui MD, PhD^f, Christina Bökberg MSc, RN^g, Kai Saks MD, PhD^h, Jan P.H. Hamers PhD, RN^a on behalf of the RightTimePlaceCare Consortium¹

Quality of care: nursing home (example)

Many pressure ulcers

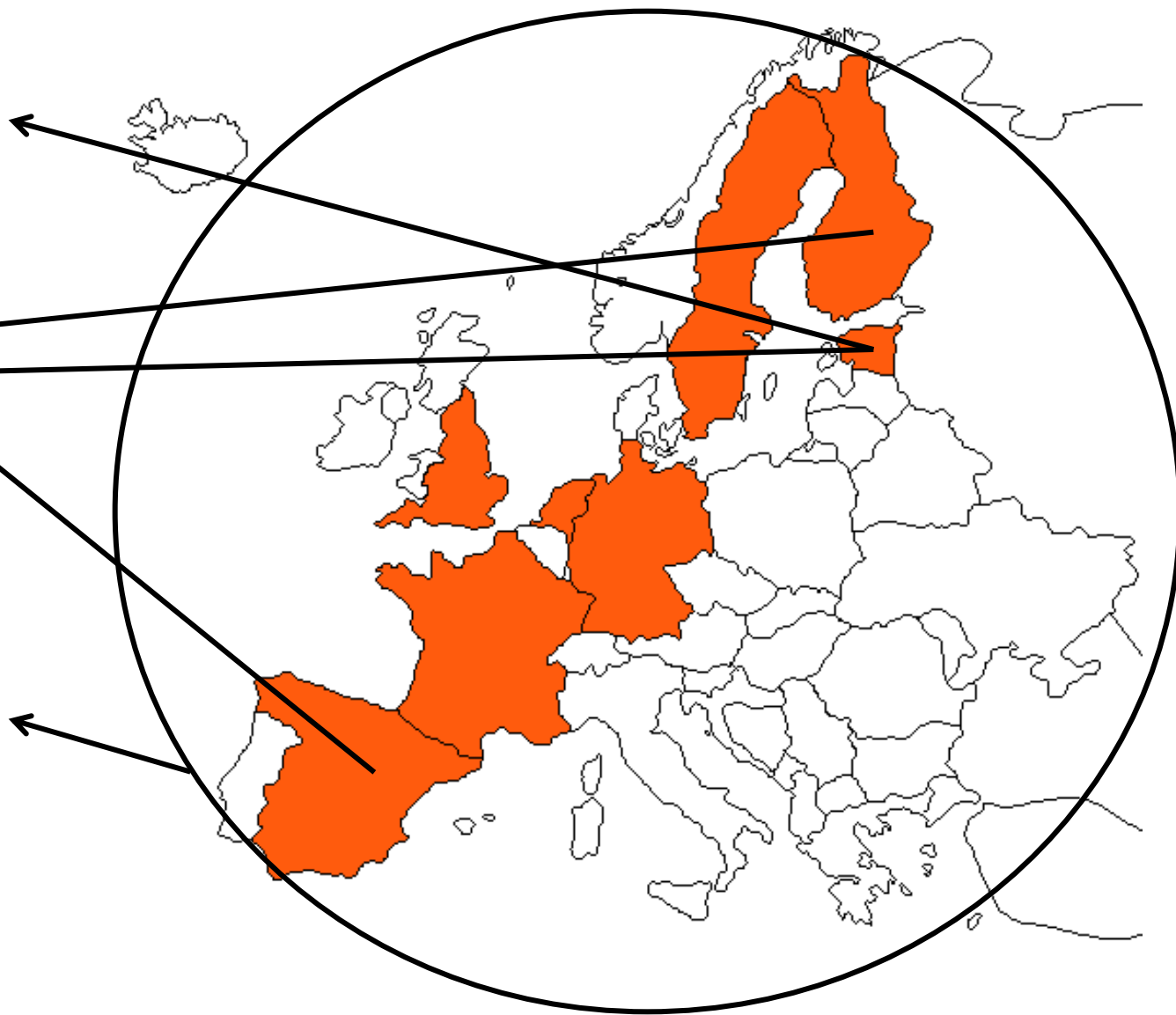
- Estonia: 14%
- (EU mean: 7%)

Many physical restraints:

- Spain: 83%
- Estonia: 48%
- Finland: 40%
- (EU mean: 32%)

Many psychotropic meds:

- EU mean: 70%
- France: 90%
- Spain: 81%



We were aware of physical restraints in nursing homes through own earlier studies on prevention of falls and fall-related injuries.

Papers

BMJ VOLUME 326 11 JANUARY 2003

Effect on hip fractures of increased use of hip protectors in nursing homes: cluster randomised controlled trial

Gabriele Meyer, Andrea Warnke, R Bender, I Mithlhauser

Age and Ageing 2009; **38**: 417–423
doi: 10.1093/ageing/afp049
Published electronically 12 May 2009

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Comparison of a fall risk assessment tool with nurses' judgement alone: a cluster-randomised controlled trial

GABRIELE MEYER^{1,2}, SASCHA KÖPKE¹, BURKHARD HAASTERT³, INGRID MÜHLHAUSER¹

¹Unit of Health Sciences and Education, University of Hamburg, Martin-Luther-King-Platz 6, 20146 Hamburg, Germany

²Faculty of Medicine, Institute of Nursing Science, University of Witten/Herdecke, Stockumer Strasse 12, 58453 Witten, Germany

³medStatistica, Lambertusweg 1b, 58809 Neuenrade, Germany

Address correspondence to: G. Meyer. Tel: (+49) 2302 926 317; Fax: (+49) 2302 926 318. Email: Gabriele.Meyer@uni-wh.de

Literature review

Substantial lack of valid data on the frequency of the use of physical restraints.

Let's investigate it!



Restraint use among nursing home residents: cross-sectional study and prospective cohort study

Gabriele Meyer, Sascha Köpke, Burkhard Haastert and Ingrid Mühlhauser

Aims and objectives. To investigate (1) the prevalence of physical restraints and psychoactive medication, (2) newly administered physical restraints, frequency of application of the devices and frequency of psychoactive medication on demand during 12-month follow-up and (3) characteristics associated with restraint use in nursing homes.

Background. High quality data on restraint use in German nursing homes are lacking so far. Such information is the basis for interventions to achieve a restraint-free care.

Design. Cross-sectional study and prospective cohort study.

Setting and subjects. Thirty nursing homes with 2367 residents in Hamburg, Germany.

Methods. External investigators obtained prevalence of physical restraints by direct observation on three occasions on one day, psychoactive drugs were extracted from residents' records and prospective data were documented by nurses.

Results. Residents' mean age was 86 years, 81% were female. Prevalence of residents with at least one physical restraint was 26.2% [95% confidence interval (CI) 21.3–31.1]. Centre prevalence ranged from 4.4 to 58.9%. Bedrails were most often used (in 24.5% of residents), fixed tables, belts and other restraints were rare. Prevalence of residents with at least one psychoactive drug was 52.4% (95% CI 48.7–56.1). The proportion of residents with at least one physical restraint after the first observation week of 26.3% (21.3–31.3) cumulated to 39.5% (33.3–45.7) at the end of follow-up (10.4 SD 3.3 months). The relative frequency of observation days with at least one device ranged from 4.9–64.8% between centres. No characteristic was found to explain centre differences.

Conclusions. The frequency of physical restraints and psychoactive drugs in German nursing homes is substantial. Pronounced centre variation suggests that standard care is possible without restraints.

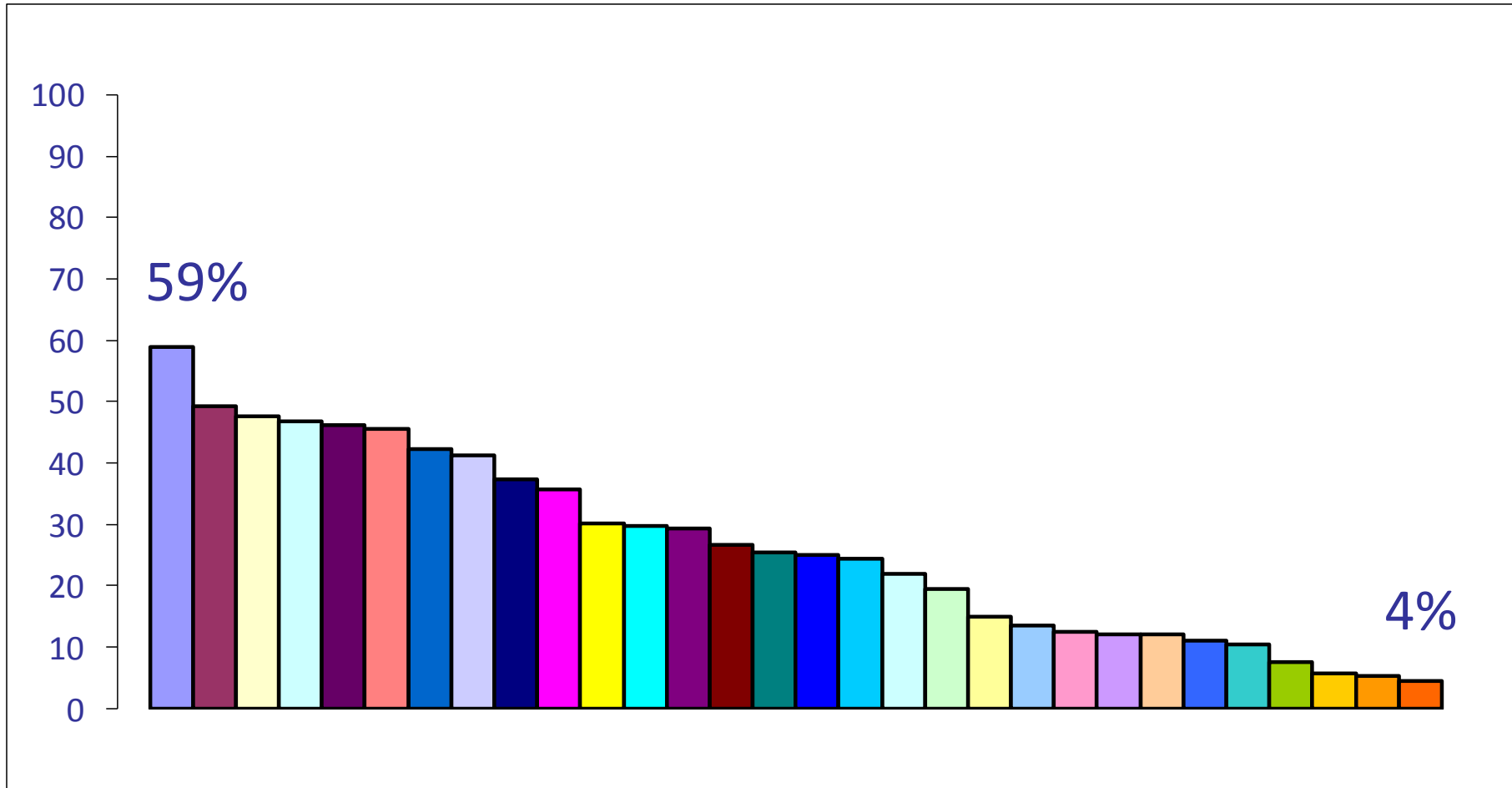
Relevance to clinical practice. Effective restraint minimisation approaches are urgently warranted. An evidence-based guideline may overcome centre differences towards a restraint-free nursing home care.

Key words: epidemiology, nurses, nursing, nursing homes, older people, restraint

Cross-sectional and 12 month data on physical restraints (Meyer et al. 2009)

	Cross-sectional	After 12 months
Resident \geq 1 PR	26.2	39.8
Resident with ...		
bedrail	24.5	38.5
belt	2.7	8.9
table at chair	2.1	9.9

Cross-sectional data on physical restraints (Meyer et al. 2009)



Variation between nursing care centers

- Indicator for routines which are not driven by professional reasons, but related to tradition and conviction

Deeper investigation of the topic

- Surveys on attitudes and burden of nurses and relatives (Hamers et al. Int J Nurs Stud 2009; Haut et al. J Nurs Scholarsh 2010)
- Systematic literature reviews (attitudes, efficacy of reduction programmes, existing guidelines) (Möhler et al. Cochrane Database Syst Rev 2011; Möhler & Meyer Int J Nurs Stud 2014; Möhler & Meyer BMC Geriatr 2015)
- Development of an evidence-based guideline on physical restraints (www.leitlinie-fem.de)

Starting point for intervention development

- Discrepancy between nursing practice and best scientific knowledge (and nursing ethics)
- Routine application of measures with high potential of harm and questionable benefit
- Nursing home residents have the right to receive gold standard care (evidence-informed and ethically justified care)

Developing and evaluating complex interventions:

new guidance

Box 1. What makes an intervention complex?

- Number of interacting components within the experimental and control interventions.
- Number and difficulty of behaviours required by those delivering or receiving the intervention.
- Number of groups or organisational levels targeted by the intervention.
- Number and variability of outcomes.
- Degree of flexibility or tailoring of the intervention permitted.

(Craig et al. 2012; IJNS)

Abraham *et al. BMC Geriatrics* (2015) 15:86
DOI 10.1186/s12877-015-0086-0



STUDY PROTOCOL

Open Access



Implementation of a multicomponent intervention to prevent physical restraints in nursing home residents (IMPRINT): study protocol for a cluster-randomised controlled trial

Jens Abraham¹, Ralph Möhler^{1,2}, Adrienne Henkel³, Ramona Kupfer^{3,4}, Andrea Icks⁵, Charalabos-Markos Dintsios⁵, Burkhard Haastert⁶, Gabriele Meyer^{1*} and Sascha Köpke³

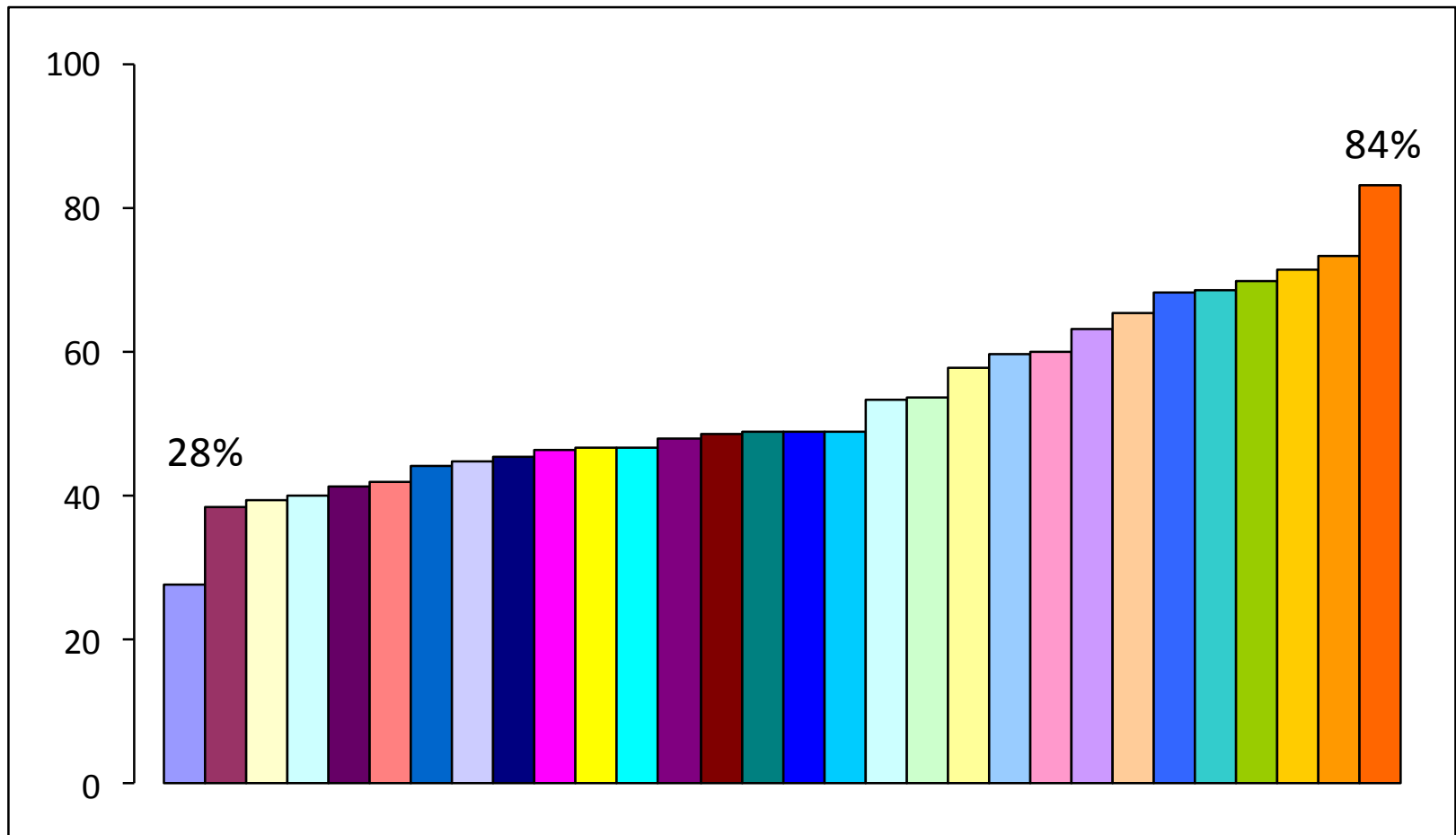
Variation between nursing care centers

- Indicator for routines which are not driven by professional reasons, but related to tradition and conviction



Cross-sectional data on psychotropic medication

(Meyer et al. 2009)





**Effect of
Person-Centred Care**



**Effekt personenzentrierter
Pflege und Versorgung auf die
Verschreibungshäufigkeit von
Antipsychotika in Pflegeheimen**



MARTIN-LUTHER-UNIVERSITÄT
HALLE-WITTENBERG

GEFÖRDELT VOM



Bundesministerium
für Bildung
und Forschung

Richter *et al.* *Implementation Science* (2015) 10:82
DOI 10.1186/s13012-015-0268-3



IMPLEMENTATION SCIENCE

STUDY PROTOCOL

Open Access

Effect of person-centred care on antipsychotic drug use in nursing homes (EPCentCare): study protocol for a cluster-randomised controlled trial



CrossMark

Christin Richter^{1*}, Almuth Berg¹, Steffen Fleischer¹, Sascha Köpke², Katrin Balzer², Eva-Maria Fick², Andreas Sönnichsen³, Susanne Löscher³, Horst Christian Vollmar^{3,4}, Burkhard Haastert⁵, Andrea Icks⁶, Charalabos-Markos Dintios⁶, Eva Mann⁷, Ursula Wolf^{1,8} and Gabriele Meyer¹

Joint contractures in nursing home residents

- Epidemiological studies: prevalence ranges between 20% and 80%
- In Germany, joint contracture risk assessment and prevention as quality indicator of nursing home care
- Nurses obliged to conduct risk assessment and to offer preventive and therapeutic treatments
- Joint contractures usually assessed by measuring the range of motion and other functional measures
- Sound assessments measuring aspects relevant to nursing care lacking (impact on functioning, quality of life, and social participation)
- No proven nursing interventions for prevention and treatment of joint contractures

(Gnass et al. Z Gerontol Geriatr 2010)

Martin Müller^{1,2}
Gabriele Bartoszek³
Katrin Beutner⁴
Hanna Klingshirn¹
Susanne Saal³
Anna-Janina Stephan¹
Ralf Strobl^{1,2}
Eva Grill^{1,2,5}
Gabriele Meyer⁴



Bewegung verbindet



OPEN ACCESS

Research Article

Developing and piloting a multifactorial intervention to address participation and quality of life in nursing home residents with joint contractures (JointConImprove): study protocol



GMS German Medical Science 2015, Vol. 13, ISSN 1612-3174

Entwicklung und Pilotierung einer multifaktoriellen Intervention zur Verbesserung von sozialer Teilhabe und Lebensqualität von Pflegeheimbewohnern mit Gelenkkontrakturen: Studienprotokoll

Conclusions

- Nursing science has the mandate to conduct clinical studies with high potential for improvement of the situation of care recipients.
- Practice variation without rationale must be reduced towards general improvement/upgrading of standard care.
- Innovations for nursing practice must be developed in a systematic way, i.e. need careful development, evaluation and implementation (if of proven benefit)



Thank you very much for your listening!