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mosAIC's Regular Reads aims to give relevant, useful information to Community Care partners for the improvement of their operations. This section features journal articles that highlight latest research findings as well as good, evidence-based and innovative practices. While the articles aim to keep Community Care partners informed of current developments in the sector, the views and opinions expressed or implied do not necessarily reflect those of AIC, its directors or editorial staff.

» Individual service plans: Assisted living's key to quality care

The individual service plan (ISP) is a key document that ensures that residents living in assisted living community get the care they need. The ISP, also known as care plan, plan of care, and service programme, is a written or electronic document that describes resident care in each important life domain. It addresses the resident's health status, including physical health, vision and hearing, and mental health. A good ISP starts with a good assessment, which is then linked to the ISP. The ISP should be routinely reviewed and updated if necessary. When caregivers understand the resident's ISP and actively carry it out, the resident will receive excellent care that meets his or her needs, goals and preferences.

Schneider, S. (2014, June 9). Individual service plans: Assisted living's key to quality care. Long-Term Living Magazine. Retrieved July 4, 2014.

Search for the full-text article at www.ltlmagazine.com

» Making care safer from hospital to home care

This report examined how the Canadian health system is performing on three areas of risk: venous thromboembolism (VTE), surgical care and home care. It shared best practices, resources for organisations and insights from patients. The healthcare team identified medical and surgical clients at the risk of VTE and provided appropriate thromboprophylaxis. The team used a safe surgery checklist to confirm that safety steps were completed for a surgical procedure. The team conducted a safety risk assessment for clients receiving services at home. The study recommends the importance of a cross-sector case manager for home care clients; integrated, interdisciplinary healthcare teams involving clients and their caregivers; standardised medication packaging, policies and procedures; and a common chart accessible by caregivers from all sectors.

Making care safer from hospital to home care. (2014). Canadian Patient Safety Institute and Accreditation Canada. Retrieved 1 April 2015.

Search for the full-text article at www.patientsafetyinstitute.ca

» interRAI home care quality indicators

interRAI is an international collaborative to improve the quality of life of vulnerable persons through a seamless comprehensive assessment system. This paper describes the development of interRAI's second-generation home care quality indicators (HC-QIs). They are derived from two of interRAI's widely used community assessments: the Community Health Assessment and the Home Care Assessment. The two new summary HC-QI scales that were derived are the "Independence Quality Scale" and the "Clinical Balance Quality Scale". These two scales can provide a macro view of local performance and provide an understanding of the performance to the home care agency. It is also able to provide a roadmap for areas of greatest concern and in need of targeted interventions.



Morris, J., Fries, B., Frijters, D., Hirdes, J., & Steel, R. (2013, November 19). interRAI home care quality indicators. BMC Geriatrics. Retrieved January 2, 2013.

Search for the full-text article at www.biomedcentral.com

» BGS commissioning guidance: High quality health care for older care home residents

Nearly 400,000 older people live in care homes in the United Kingdom and many of them are aged 85 or more. Many suffer from some form of disability and may have high rates of necessary or avoidable admissions. This guidance looks at issues such as why there is special commissioning for older people in care homes; what are the outcomes needed from commissioned services; what activities will achieve these outcomes; and what services should be commissioned to do these things. In addition, the guidance also discusses how these activities could be monitored and evaluated.

BGS commissioning guidance: High quality health care for older care home residents. (2013, October 11). British Geriatric Society. Retrieved January 2, 2014.

Search for the full-text article at www.bgs.org.uk

Under "Resources", select "Commissioning for Excellence in Care Homes"

» 2013 AHCA quality report

This report on long-term and post-acute care providers in the United States presents an overview of the latest trends in the skilled nursing care sector, the performance of skilled nursing care centres based on national quality measures, and information on payment models and structures. It notes a shift from long-stay to short-stay services in skilled nursing centres; measurable improvements in objective measures of quality; and a national movement towards value-based payment structures. It highlights that while providers improved in almost all quality measures generally used, they need to increase their focus on infection control.

2013 AHCA quality report. (2013, October). American Health Care Association. Retrieved October 7, 2013.

Search for the full-text article at www.ahcancal.org

» Safety at home: A pan-Canadian home care study

Home care (HC) is an important component of the ongoing restructuring of healthcare in Canada. However, there is limited data on safety problems experienced by clients in these settings. This report addresses this knowledge gap. It looks at incidence, magnitude and type of adverse events in home care programmes in Canada. It explores risk factors, service utilisation factors and other contributing conditions for adverse events in general HC population and those with congestive heart failure, chronic obstructive pulmonary disease, diabetes and dementia. It looks at safety concerns and risks from the clients' and caregivers' perspectives. It identifies policies, practices and tools that could reduce avoidable adverse events in HC environments such as caregivers training and developing standard competencies for home support workers.

Doran, D., et. al. (2013, June 26). Safety at home: A pan-Canadian home care study. Canadian Patient Safety Institute. Retrieved August 22, 2013.

Search for the full-text article at www.patientsafetyinstitute.ca



» Time to listen in care homes: Dignity and nutrition inspection programme 2012

This report highlights the findings of the inspection conducted by the Care Quality Commission in 2012 on care provided to older people across 500 care homes in the United Kingdom. The focus this year was on respecting and involving people who use the services and meeting nutritional needs. It found that two thirds of the homes that met the standards promoted a culture of care that put residents first and adopted the right systems. Those homes that failed to meet the standards usually put tasks before people and failed to respect the privacy and dignity of the resident or did not involve them in their own care.

Time to listen in care homes: Dignity and nutrition inspection programme 2012. (2013, March). Care Quality Commission. Retrieved May 2, 2013.

Search for the full-text article at www.cqc.org.uk

Beside search box, choose "Publications" > Key in "Dignity and nutrition for older people"

» Low expectations: Attitudes on choice, care and community for people with dementia in care homes

More than 80 per cent of residents living in care homes in the United Kingdom have dementia or significant memory problems. This report presents new evidence about the experiences of and views on people with dementia living in care homes. 70 per cent of UK adults responding to the survey said that they would feel scared about moving into a care home in the future. The lack of support in the community and being unable to cope were the most common reasons for admission into care homes. Mixed experiences about the care of people with dementia in care homes were gathered. The Alzheimer's Society recommends that the government and care sector must work together to help the public understand that people with dementia in care homes can enjoy a good quality of life.

Quince, C. (2013, February). Low expectations: Attitudes on choice, care and community for people with dementia in care homes. Alzheimer's Society. Retrieved March 11, 2012.

Search for the full-text article at www.alzheimers.org.uk

» When a nursing home is home: How do Canadian nursing homes measure up on quality?

Canada's nursing home residents have an average age of 85 years or older and have many health and mobility issues. While incidents of abuse and neglect are uncommon, there is still the need for quality performance information in this sector to be made available. This report establishes a baseline for keeping track of the quality of care provided to these residents. "It profiles eight quality indicators derived from the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) collected through the Continuing Care Reporting System (CCRS) at the Canadian Institute for Health Information (CIHI)." The indicators are defined in this report, which also describes how each indicator is important. In addition, results across the jurisdictions are presented along with descriptions as to how some facilities have used quality indicator information to improve quality of care for their residents.

When a nursing home is home: How do Canadian nursing homes measure up on quality? (2013, January). Canadian Institute for Health Information. Retrieved March 11, 2013.

Search for the full-text article at <https://www.cihi.ca>



» The effect of state regulatory stringency on nursing home quality

This study sought to test the hypothesis that more stringent quality regulations contribute to better quality nursing home care. Data sources included primary and secondary data from all states and United States' nursing homes between 2005 and 2006. It estimated seven models, regressing quality measures on the Harrington Regulation Stringency Index and control variables. Principal findings indicate that regulatory stringency was significantly associated with better quality for four of the seven measures studied. The study concludes that quality regulations lead to better quality in nursing homes on some dimensions, but not all. The estimates of cost-effectiveness suggest that increased regulatory stringency is in the same range as other acceptable cost-effective practices.

Mukamel, D. B., et. al. (2012, October). The effect of state regulatory stringency on nursing home quality. *Health Services Research*. Retrieved January 2, 2013.

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» Measuring outcomes of nursing care, improving the health of Canadians: NNQR(C), C-HOBIC and NQuiRE

This paper describes three Canadian initiatives to advance nursing towards the goal of quality improvement based on the standardised measurement of nursing-sensitive indicators and outcome evaluation. The three initiatives are: Canadian National Nursing Quality Report, a national nursing report card that would contain structure, process and outcome nursing-sensitive indicators that could be used by all healthcare sectors to measure nursing care; Health Outcomes for Better Information and Care (HOBIC), which focuses on the collection of a set of patient outcomes sensitive to nursing care in acute care, long-term care, home care and chronic care settings; and Nursing Quality Indicators for Reporting and Evaluation (NQuiRE), a central data repository and e-reporting system that provides national and international comparative data on nursing care and resultant clinical outcomes.

VanDeVelde-Coke, S., et. al. (2012, July). Measuring outcomes of nursing care, improving the health of Canadians: NNQR(C), C-HOBIC and NQuiRE. *Nursing Leadership*. 25(2). Retrieved September 7, 2012.

Search for the full-text article at www.longwoods.com

» Improving person-centred care in nursing homes through dementia-care mapping: design of a cluster-randomised controlled trial

This study evaluates the effectiveness and cost effectiveness of dementia-care mapping in nursing home dementia care. It provides insights on how dementia-care mapping, which is an integrated person-centred care method, might reduce the high rates of neuropsychiatric symptoms among nursing home residents and work-related stress among staff. There are three intervention components of dementia-care mapping: training, organisational briefing and two dementia-care mapping cycles (observations-feedback-action plan). The approach covers psychosocial interventions as well as systematic adaptations in management style and organisation climate. It may be useful in improving the quality of care.

Ven, G., et al. (2012, January 3). Improving person-centred care in nursing homes through dementia-care mapping: design of a cluster-randomised controlled trial. *BMC Geriatrics*. Retrieved July 6, 2012.

Search for the full text article at www.biomedcentral.com



» Dementia care model facilitates quality outcomes

This article explains the dementia-capable care model to improve interventions in long-term care. It consists of three components – proactive facilitation of active engagement, abilities-focused approach, and person-centred care. Staff must undergo basic training to obtain key skills to deliver dementia-capable care. This includes a paradigm shift from negative beliefs to positive perspectives; awareness of the best functioning abilities at the different stages of dementia; changing the environment to support and not hinder; communication between client and the caregiver; and behavioural management and prevention. This interdisciplinary, proactive care approach will enable dementia patients and the staff serving them to cope better.

Warchol, K. (2012, March/April). Dementia care model facilitates quality outcomes. *Aging Well*. 5(2): 32. Retrieved July 6, 2012.

Search for the full-text article at www.agingwellmag.com

» Creating a professional practice model for postacute care: Adapting the chronic care model for long-term care

The Chronic Care Model (CCM) developed for outpatient physician practices covers six components for optimal management of chronic diseases – the community; the healthcare system; self-management support; delivery system design; decision support; and clinical information system. The Jewish Geriatric Services developed a professional practice framework for long-term chronic disease care by redefining the components to include community resources, self-management support, delivery system design, decision support and clinical information. The sixth component – the nurse – is laid in the centre of the circle surrounded by the other five components. This article looks at the outcome of implementing this model.

Jacelon, C. S., Furman, E., Rea, A., MacDonald, B., & Donoghue, L.C. (2011 March 8). Creating a professional practice model for postacute care: Adapting the chronic care model for long-term care. *Journal of Gerontological Nursing*. 37(3): 53. Retrieved April 7, 2011.

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» On-time quality improvement manual for long-term care facilities

This manual is intended for long-term care facilities to implement the On-Time Quality Improvement programme. The key focus area is its application in pressure ulcer prevention but covers other areas such as fall prevention and management, pressure ulcer healing, and prevention of emergency department and inpatient hospital transfer. On-Time looks at improving clinical outcome by integrating it with health information technology and clinical report information. This report covers the tools used, the process involved and the implementation of On-Time. It also provides feedback of teams who have implemented On-Time.

Sharkey, S., Hudak, S., & Horn, S. (2011, January). On-time quality improvement manual for long-term care facilities. Agency for Healthcare Research and Quality. Retrieved April 7, 2011.

Search for the full text article at www.ahrq.gov

» Quality of chronic disease care for older people in care homes and the community in a primary care pay for performance system: Retrospective study

This study compares residents of care homes (nursing and residential) and residents in the community, aged 65 to 104 and



registered for 90 or more days with their general practitioner, to understand the quality of care for chronic diseases in these two settings in the United Kingdom. The findings revealed that the residents of care homes attained a lower quality as compared to community residents. Heart disease and monitoring of diabetes showed the largest quality differences. The report revealed scope for improving management of chronic diseases in care homes.

Shah, S. M., Harris, T., DeWilde, S., & Cook, D. G. (2010, November 29). Quality of chronic disease care for older people in care homes and the community in a primary care pay for performance system: Retrospective study. *BMJ*. Retrieved April 7, 2011.

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