



Session - QUALITY IMPROVEMENT FOR NURSING HOMES – March 5, 2021

Starting from education: the Ligurian experience

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In collaboration with SIMAV and e-learning Unige

Project Financed by Regione Liguria –

A.Li.Sa, Ligurian Health Authority Resolution 360/October 7th, 2020

Quality improvement



Which definition of quality?

- The economist point of view: *value creation*
- To improve quality means to improve the *process* of value creation



How to get the maximum value from given resources?

Background

- In autumn 2019 we received some requests, coming both from a Ligurian Local health Authority and some geriatricians, to organize a new training activity to improve organizational quality in nursing homes.
- To achieve a good performance of these facilities is a relevant problem in the Liguria region, where the elderly are becoming more and more numerous and contemporarily are also suffering from more serious disease
- We immediately accepted the proposal and started planning this new business: we are convinced that to induce an improvement in quality we must start by training people and motivating them
- Following our usual AMAS strategy we addressed Health/Medical Directors, who in fact constitutes the real top managers of these facilities
- The idea was to motivate Health Directors to act as a leader for change

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Planning the training activity:

- Before planning the training activity, it was necessary to identify the specific processes in the value chain of a nursing home
- These processes were identified, following the usual literature classification:
 - *Primary (Operational) processes*
 - *Secondary (Supporting) processes*
 - *Governance (Strategic) processes*

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Methodology

A.structured interviews with Health Directors (*December, 2019 and January, 2020*)

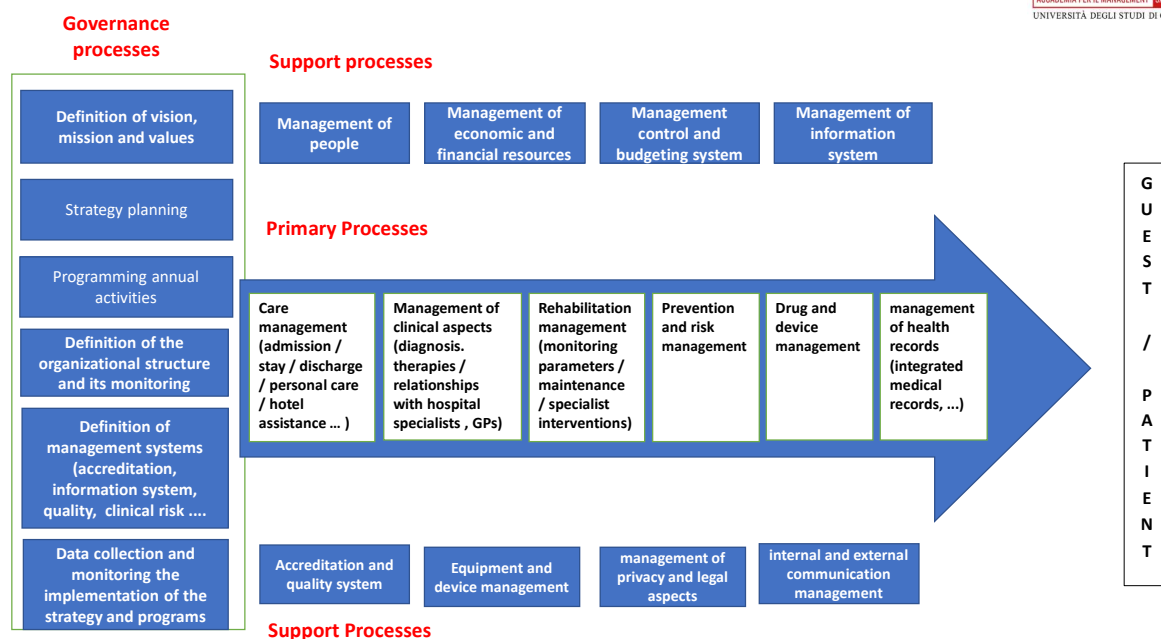
- The question was: *what are the processes to be governed and which are the corresponding skills to be acted upon in a nursing home to be a «best performer» Health Director?*

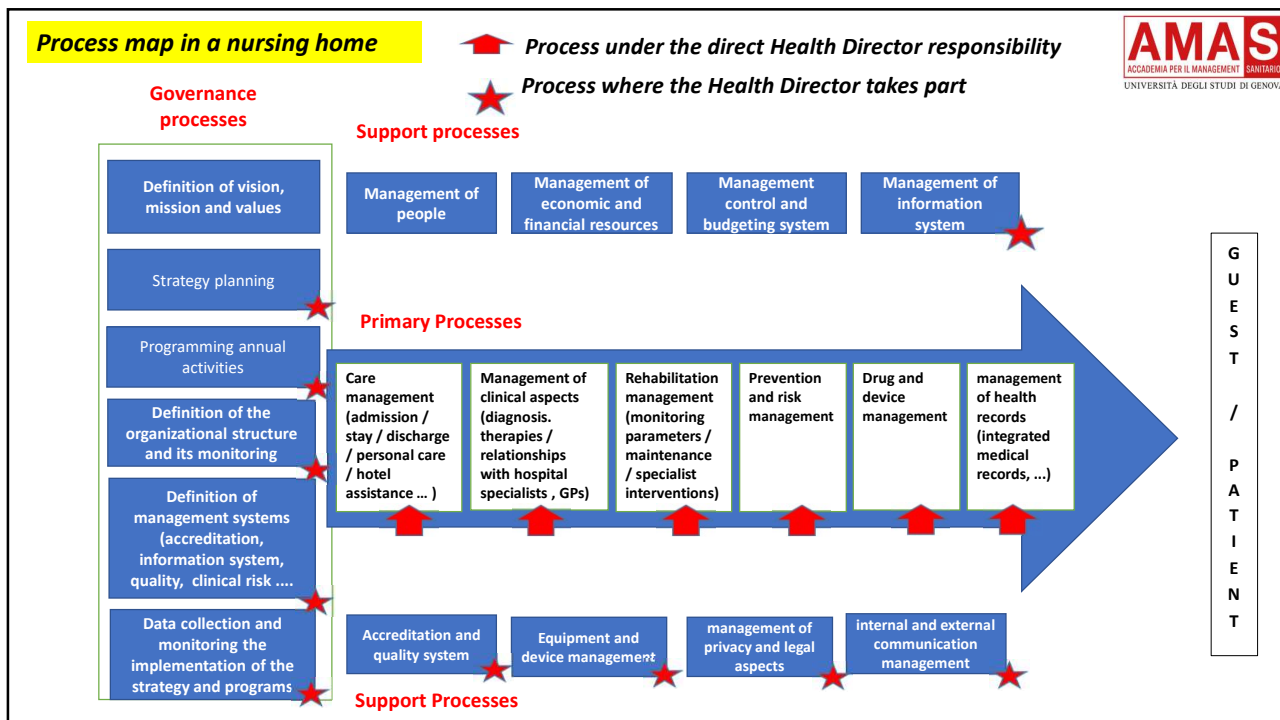
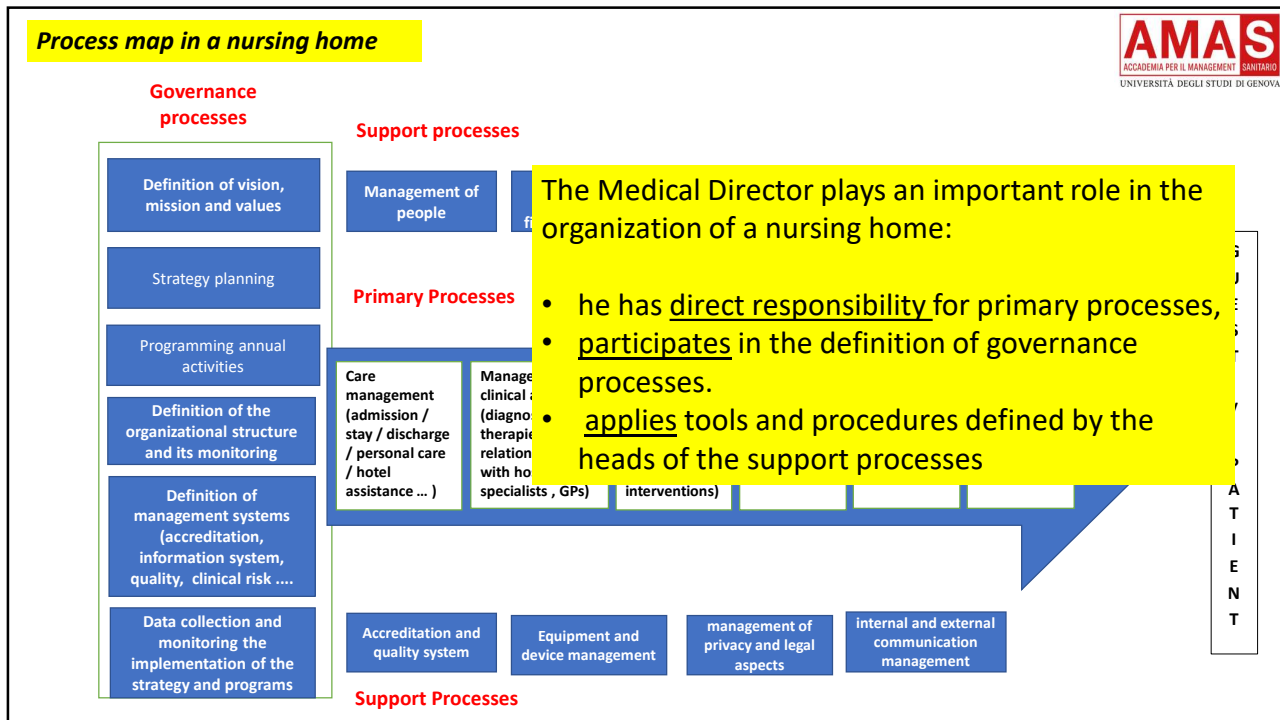
B. We compared the interviews output with the processes identified in the accreditation manual of the Liguria region

- The manual, in line with national guidelines, is built according to the logic of the Deming cycle and *continuous quality improvement. It matches exactly with our definition vision of quality (no pre-defined optimum level to reach, but always a better one, towards a continuous improvement)*

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Process map in a nursing home





Outbreak of the pandemic



- Our project **was ready**, aimed at strengthening the managerial skills of the Health Director
- Soon after, the pandemic outbreak **stopped** everything
- The first months showed a **weakness of the nursing homes organization**, so our project proved to be very appropriate
- In the meantime, however, there were also **regional elections** and so only in October we could go on with our project... but the Region gave us **an urgent partially different focus**:
 - *We were asked to plan the dissemination of some basic "knowledge" essential for emergency management to all operators of the structures*

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The final Project financed by Regione Liguria

[A.Li.Sa, Ligurian Health Authority Resolution 360/October 7th, 2020]

Two training activities:

- A video tutorial: **"What everyone should know and be able to do"**  The strength point is that this video was dedicated to all operators whatever their role and task within the facility
- A short course (20 hours) dedicated to Health Directors : **"Organizational tools for the prevention and management of emergencies in a nursing home"**  The strength point is that this course was based on the processes to be governed by the Health Director in the value chain

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Videotutorial



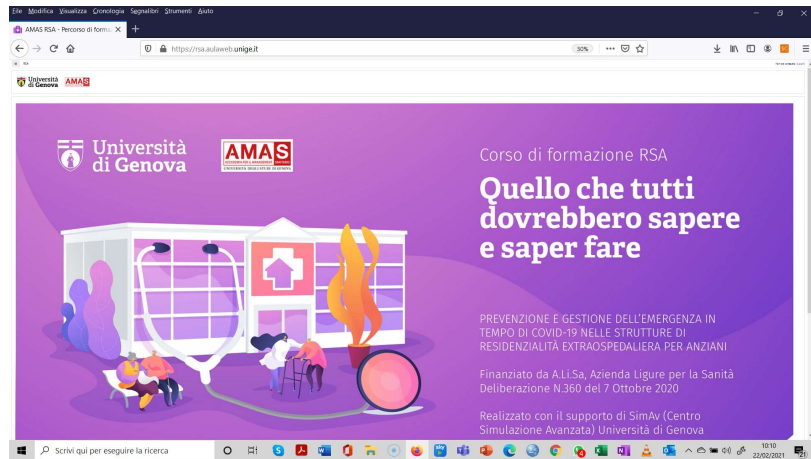
“What everyone should know and be able to do”

realized with the support of

- **SimAv, Center for Simulation and Advanced Training of the University**

SimAv Centro di servizio di Ateneo di Simulazione e formazione Avanzata

- **e-learning service of the University of Genova on the Moodle Platform**



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contents



- **videos, simulated situations and practical demonstrations**
- **Topics:**
 - *Knowing the virus*
 - *Access to the facility*
 - *The protection of operators*
 - *The protection of the workplace*
 - *Respiratory emergency management*
 - *The handover between operators (SBAR methodology)*
 - *Difficult communication (Spikes methodology)*
 - *Pathways and procedures*
- **8 learning assessment tests**
- **Open period of the videotutorial: 13 weeks**

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Preliminary impact evaluation (1)

- Invitation was sent to facilities. Each nursing home had the possibility to register as many people as it wanted
- No particular incentive was offered, no ECM credits, no premium on wages
- **170** facilities replied to the invitation.
- Most of them (about **70%**) are accredited. All are of course authorized. With very few exceptions they are all **private**, but very different from each other: small or large scale, religious institutes, facilities belonging to large healthcare groups, etc.

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Preliminary impact evaluation (2)

Audience target: all staff of any role and task:

- a total of **3728** people were enrolled by the management of the facilities into the platform to be able to see the video tutorial, but the participation was not made compulsory:
 - 67 facilities with a number of participants equal to or greater than 20
 - 50 structures with a number of participants between 6 and 19
 - 53 structures with 5 or less than 5 participants
- These numbers do not tell us the actual size of the staff: there are large structures that have enrolled few people....

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Difficulties encountered in viewing the videotutorials

- The period was very difficult (2nd pandemic wave)
- Many facilities were experiencing a decrease in staff: many people moved to public facilities, many, especially if with temporary contracts or cooperatives gave up their jobs..... The remaining staff was overloaded with work,
- Some facilities had previously already organized prevention courses on their own
- Many people forgot login, password and did not ask again; there were some language barriers... there were a large number (**more than 300**) requests of **technical help**

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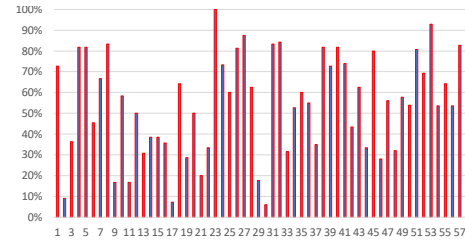
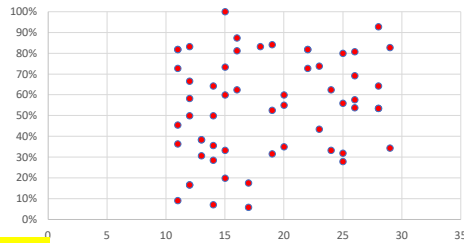
Preliminary impact evaluation (3)

- **In spite of the difficulties a large number of people (2117) have completed the course and downloaded the certificate (57%).**
- **There is a great variation** between the facilities
- There are probably **many causes** that interact with each other and it is difficult to identify a single trend

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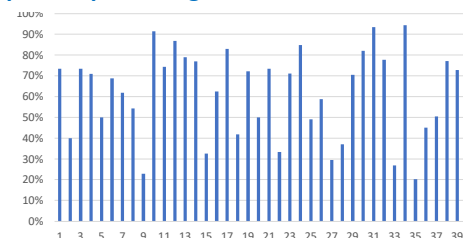
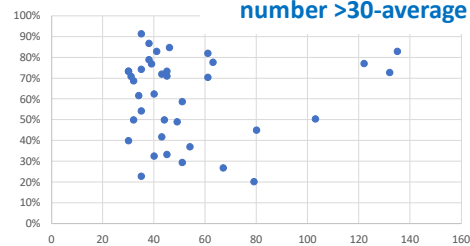
percentage of those who completed the course by number of people enrolled

number <30 –average completion percentage 56%



Growing number

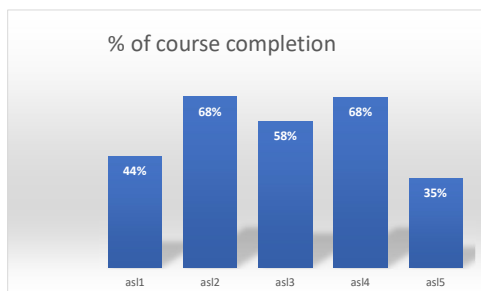
number >30 –average completion percentage 63%



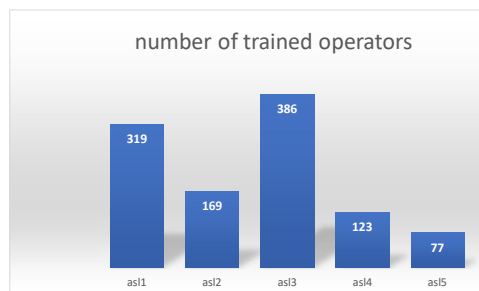
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Different geographical areas (LHA)

% of course completion

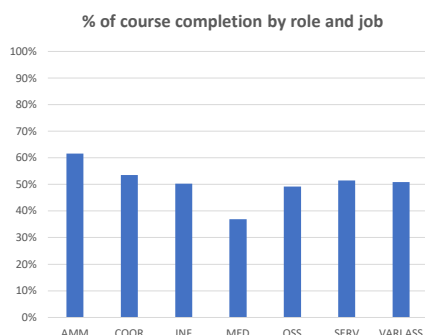


number of trained operators



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Different roles and jobs



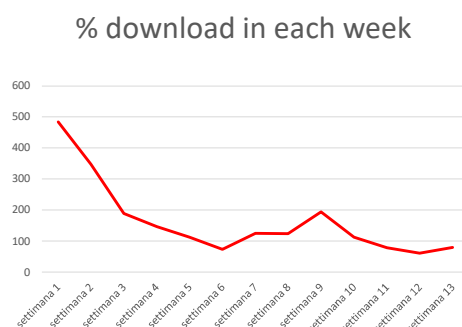
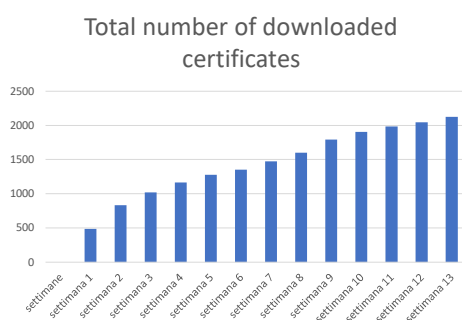
job	a	b	c = a x b
administrator	62%	3%	2%
coordinator	53%	3%	2%
nurse	50%	16%	8%
doctor	37%	6%	2%
OSS	49%	54%	26%
Hotel services	52%	7%	4%
Other professionals	51%	12%	6%
Total	49%	100%	49%

a) degree of adherence to training by job: lower for doctors, higher than average for people who have no direct relationship with guests such as administrators, all services, etc.

b) proxy of the personal composition of the staff in nursing homes. The most numerous are the OSS

c) = a) x b) = of those formed, the largest group is obviously that of the OSS which is affected both by the fact that they are more numerous, and by the fact that their adhesion is rather high, equal to the average

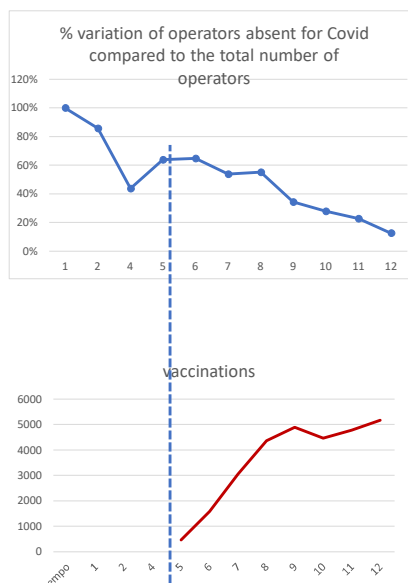
Progression of downloading over time



Importanza dei direttori sanitari nello spronare



What happened
during the training
period



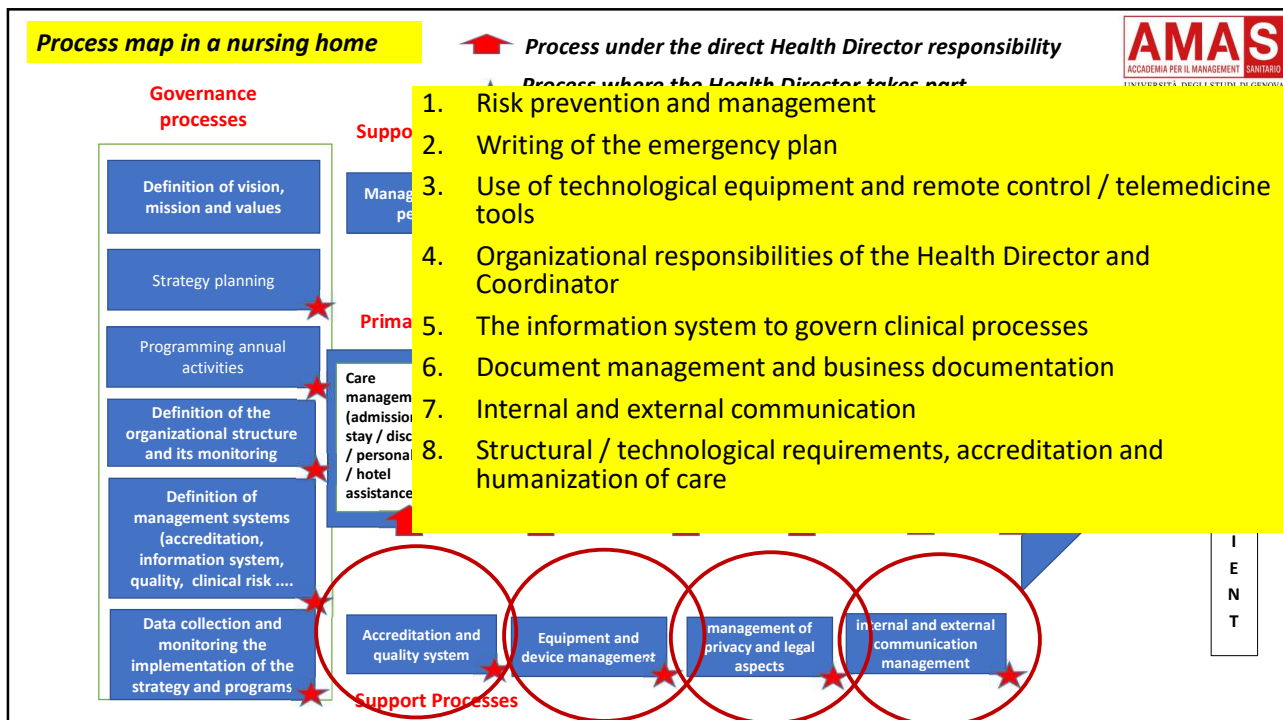
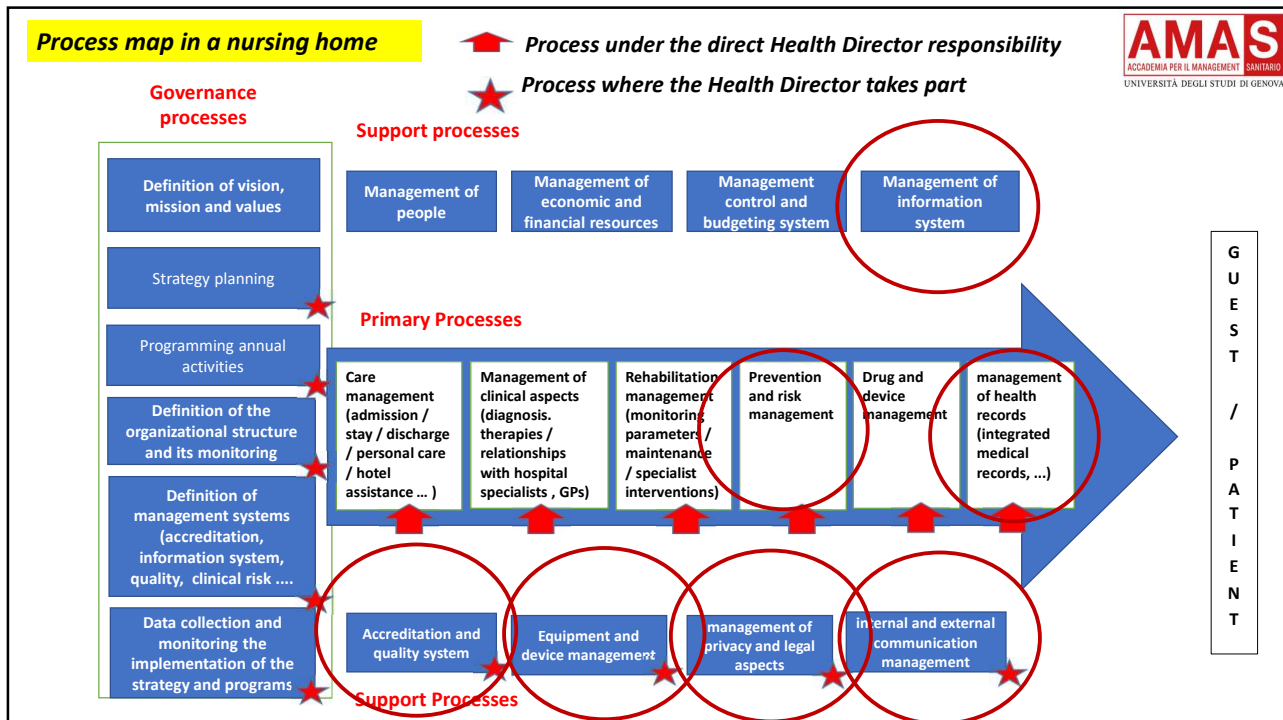
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A short course (20 hours) dedicated to Health Directors and Coordinators

“Organizational tools for the prevention and management of emergencies in a nursing home”

- **Audience targets:** Medical Directors and Coordinators of the health professions of Ligurian residential facilities for the elderly
- **170** facilities replied to the invitation (2/3 people for each facility, i.e. Health Director and Coordinator) (20 hours in 4 living streaming meeting)
- 10 hours November 2020 – 10 hours January 2021
- About **400** people attended each meeting and **289** required the complete attendance certificate

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Preliminary impact evaluation (1)

The final quality questionnaire administered to users found a very high level of satisfaction with the topics. Many participants said also that they would like to continue training



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Preliminary impact evaluation (2)

- About 35-30 questions for each meeting addressed to ask for further explanation, but also to propose changes aimed at ensuring that nursing homes have a more active and integrated role in the regional health system for the future
- Some of these proposals have been transmitted to regional policy makers and are currently under consideration. In particular:
 - More connection and integration with the Regional Information System (possibility to get and transmit information on patients, implementing telemedicine in concrete situation, ...)
 - Accreditation manual changes to make structural requirements more stringent
 - Requests for mandatory training for Health Directors (this proposal has been brought to the National Accreditation Table.
 - To provide regional institutionalized meetings among all the nursing homes Health Directors to have a space for discussion and comparison on common problems

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- *A lot , but very stimulating future work is still to be done*