



## "From Epidemiological and Clinical Research to Models of Care"

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In this paper, we focus on the situation of nursing homes within Long-Term Care in Catalonia, an autonomous community within Spain. We will approach the topic of research and quality of care in nursing homes in our country following the next areas: epidemiological and clinical research, research on the models of care and research on clinical management. Last, we will point out some limitations and possibilities of research in nursing homes.

### **Epidemiological studies and clinical research**

On behalf of the Health Department of Catalonia, our Institute on Aging conducted in 2008 the first descriptive epidemiological study on the health status of people living in nursing homes. The study is called ESPI<sup>1</sup> (Estat de Salut de Persones Institucionalitzades) and is on process of being published. Until then, periodically conducted epidemiological studies on health status only included community-dwelling people. The data pointed out the frequency from geriatric syndromes, allowing us to detect the main problems to be addressed which are: cognitive decline and dementia, falls, pain and its undertreatment, inadequate pharmacological treatment: overuse of psychoactive drugs and underuse of calcium and vitamin D, physical restraints, malnutrition, dehydration and high dependency. These results are consistent with the results obtained in other countries.

In fact, our current research already covers many of these areas and we are currently working on fall prevention, malnutrition, dehydration and cognition in Nursing Homes. We are also involved in professional networks within Spain focused on: fall prevention, sarcopenia management, person-centred dementia care and reduction of physical restraints. Further on, we identify as relevant topic to implement disability prevention in Nursing Homes addressing frailty and sarcopenia.

### **Research on the Models of care**

Older people's movement, experts on the gerontological field and also the Spanish welfare and health administrations are interested in studying and implementing news models of long-term care. Our institute is working on this field with the main aim to define a new model which should guarantee a better quality of life and be based on the person-centred care. The models of housing established in the Nord of Europe, which are being expanded around the world, are seen as an example. However, since the existing options of long-term care nowadays in Spain are far away from this model, many questions arise:

How could we adapt the actual model to the different models of housing? How could we guarantee adequate health assistance in the new model when we have still shortcomings in the actual nursing homes? What about the costs of the new model and the characteristics of the human resources which differ a lot from our current model? How can we organize the especial care units for Alzheimer diseases in this model? Thus, how can we change our places of care, our practice of care and, in summary, our culture of care within our culture?

These questions are certainly relevant topics to be addressed by research as well.

### **Research on clinical management and quality of care**

There is a high agreement on the multidisciplinary of the team as basic to provide global care. Some clinical management instruments such as the RAI System<sup>2</sup> have been developed to conduct a multidimensional evaluation and interventions. Following this principle, in 2000 the Health department of Catalonia established a Minimum Data Set<sup>3</sup> based in the Resident Assessment Instrument as a compulsory tool in long-term care. This methodology allows obtaining the RUG classification, which evaluates the case-mix and gives support to the clinical management. Furthermore, the RUG classification obtained since 2001 allows following the case-mix evolution in these facilities. Moreover, the quality-oriented management in the provided services requires establishing on-going evaluation strategies to introduce progressive changes in the model. This policy has been followed as well by the Health Department of Catalonia, which has established quality of care indicators<sup>4</sup>.

### **Practicing clinical research on nursing homes**

Our experience on nursing homes allows us to draw some limitations and possibilities of doing research in these units. The work overload of the professionals is a main barrier which difficult them carrying out research besides their usual tasks. Further on, most of the nursing home professionals are used to work with data for the clinical practice, which differs from collecting data for research. We have also experienced some opportunities. For instance, when professionals conduct the assessments and they receive training before, they can be motivated and trained at the same time and, further more, their experience doing research may improve daily care in long-term care facilities.

In summary, research in long-term care is urgently needed to ameliorate the health care provided, to change the actual model into different housing models which offers person-centred care and so guarantees a better quality of life, to adapt clinical management to specific needs and to improve the quality of care. However, although carrying on clinical research in long-term care faced difficulties due to the training and disadvantageous working conditions of the professionals, it also provides paths to improve the quality of care and thus the quality of life.

## References

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