Lessons from using the *LPZ prevalence measurement* to benchmark quality of care across three countries

**INTRODUCTION**

Prof. dr. JMGA Schols, chair symposium
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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report
Quality of Care and Patient Safety are actual and very relevant issues!

- Fulfilling the basic care needs and adequately tackling relevant care problems are both very fundamental and important for the wellbeing and health of patients; and to a large extent also for patients’ safety!

- QoC has to contribute to QoL

- Health care organizations and health care professionals have to be transparent w.r.t their performance related to patient safety and QoC.

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Nowadays...

Health care organizations and health care professionals need data about their performance.; we call them ‘quality indicators’ or ‘performance indicators’

Related to health care an indicator =
“a measurable element of the provision of care that gives an indication about the quality of care”

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The prevalence of relevant care problems is representative for the basic quality of care

- Malnutrition
- Falls
- Incontinence
- Pressure Ulcers
The annual (inter)national prevalence measurement of care problems (called LPZ-international)

- Allows uniform measurement of the prevalence of relevant care problems in all health care sectors

- Benefits HC-organizations/professionals, nationally and internationally:
  - Feedback
  - Benchmark
  - Cues to optimize their (basic) care

- Puts care problems on the agenda and leads to care improvement activities

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Method LPZ-International

LPZ-I:

✅ Annual measurement of the prevalence, prevention, treatment and structural indicators of basic care problems

✅ Pressure ulcers, malnutrition, incontinence, falls, restraints and since 2016 pain;.......

✅ In different health care organizations (hospitals, nursing homes, home care) in different countries: Austria, Switzerland, UK, Turkey, The Netherlands
Method LPZ-International

- Hospitals, care homes and home care providers in each participating country are invited to participate each year.
- Prevalence measurement on one day in April or November.
- All patients are assessed by two assessors.
- Questionnaire on three levels:
  - patient level
  - ward level
  - institutional level


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Quality of basic (medical) care

**Structure**
- Presence of:
- Qualified personnel
- Guidelines
- Equipment
- Educational system

**Process**
- Execution of:
- Activities related to:
  - Daily care
  - Prevention
  - Treatment

**“Outcome”**
- Measurement of:
  - Prevalence of care problems:
    - PU
    - Malnutrition
    - Falls
    - Etc.

**LPZ Questionnaire: model of Donabedian**
- **Structure**
  - Structural quality indicators at ward level | at institutional level
- **Process**
  - Prevention | Treatment
- **Outcome**
  - Prevalence | Incidence
- **Other**
  - Patient characteristics, Braden Scale, Care Dependency Scale (CDS)
Data entry LPZ-International

Data can be entered in a web-based data-entry program after measurement or during the measurement with tablet/laptop.
Validity and Reliability

👍 Questions based on valid instruments or developed by experts

👍 Data are gathered by trained workers of the organization itself

👍 Organizations get their own results

👍 They have to pay to participate

👍 No data of individual organizations are published.
Feedback LPZ-International

- Results are presented on a private site for each individual organization/institution.
- Each organization/institution receives the results compared with the results of the years before and the national figures of the related sector (benchmarking).
- Both on organizational/institutional as on department/ward level.
- Data are presented in dashboards.
- Raw data are also available for each institution in SPSS and in Excel.

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LPZ-i also allows research on care problems in and between different countries and also on the relation between individual care problems!
Program symposium

1. Which pressure ulcer preventive measures are used in Dutch nursing homes? A longitudinal study from 2005-2014.  
*Martin van Leen, MD, PhD (The Netherlands)*

2. Structural quality indicators of care problems in Austrian hospitals over a 3-year period.  
*Doris Eglseer MSc, BBSc (Austria)*

3. Can and should the LPZ-i be implemented in the UK?  
*Adam Gordon, MD, PhD (United Kingdom)*