CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report
Can and should the LPZ-i be implemented in the UK?

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East Midlands Academic Health Science Network
Igniting Innovation
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UK Care Homes: Some Context
Health status of UK care home residents: a cohort study

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Who lives in care homes and what are their healthcare needs?

- 75% of residents have dementia
- 2/3 have some form of behavioural symptom
- 57% are incontinent of urine
- Average number of diagnoses – 6.2
- Median number of medications – 8
- 30% malnourished
- 56% at risk of malnutrition
- Average life expectancy
  - 1 year for nursing homes
  - 2 years for residential homes
The OPTIMAL Study

Social Care Network
The NHS should see care homes as partners, not problems

Care homes provide the majority of long-term healthcare to older people but provision is uneven. Our study shows how services can work together better.

Claire Goodman
Monday 18 September 2017 11.02 BST

Care homes provide care that used to be supplied by the NHS, but they are often perceived as a poor alternative that generates avoidable demand on hospitals. Photograph: Alamy

Care homes provide the majority of long-term healthcare to older people. They rely on primary care for access to medical support and referral to specialist services, yet studies consistently show that healthcare provision for care home residents across England is unpredictable and uneven.

OPTIMAL first look
https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/11102102/
Where might the LPZ-i fit in?
Areas of concern

- Falls
- Pressure ulcers
- Delirium
- Sepsis
- Malnutrition
- Dehydration
- Social isolation
What do we know about these already?

- Patient safety thermometer
- Incident reporting
- Safeguarding referrals
- Tools from individual providers

- Not much.....
- Falls
- Pressure Ulcers
- Incontinence
- Malnutrition
- Intertrigo
- Physical restraints
What we have done so far
Year 1 – the focus group study

What we have done so far

- “Anglicised” the training package and manuals

- Year 1 (2015): 26 homes, 2 counties, 2 modules, 489 participants.

- Year 2 (2016): 30 homes, 3 counties, all modules, 511 participants.

- Year 3 (2017)
  - Official support from NHS Health and Wellbeing boards for further two counties.
  - Increased interest from the falls prevention community.

- Evaluation – focus group following year 1; Researcher in residence looking at implementation in year 3; health economics modelling underway.
What we have done so far

• Workshops
  • Expert workshops with falls, continence, tissue viability, old age psychiatry and community geriatrics input.

  • QI methodology workshops explaining the basics of how to use data to drive change.

  • 1:1 follow-up with care homes, when invited, to support specific QI plans.
What have we learned?
NEW HORIZONS

New horizons in the implementation and research of comprehensive geriatric assessment: knowing, doing and the ‘know-do’ gap

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Guideline factors

The UK Mental Capacity Act, vulnerable adults and the need for consent
Mixed skills in pressure ulcer recognition.

Very quick shift from benchmarking, to wanting to use the data to drive QI:

Variable competencies amongst healthcare staff in working with and supporting the care home sector.

"Data naïve" care home sector.

Some uncertainty and mistrust of the central propositions of QI methodology as a discipline.
Professional interactions

Tension between different sectors with differing priorities:

Care homes – “data collected by us for us”

Commissioners – “how can this save me money?”

Regulators – “who is that 95th percentile outlier? Tell me now!”
Capacity for organisational change

Differing capabilities from homes in terms of:

Ability to set staff time aside.

Core competencies of staff in place.

Current state of documentation.

Ability to modify documentation.

Computer infrastructure.

Competing priorities.
Co-production – particular emphasis on making care home staff feel valued and supporting them to tackle perceived or real hierarchies.

“This is REALLY data collected for you, by you, and we’re not going to let anybody hijack that agenda.”

”De-demonising” data

Using the immediate visual impact of the LPZ-I dashboard to get staff to recognise their own intuitive understanding of their own data.

Reassurance about routine audit

Using the Mental Capacity Act within a clinical, rather than research governance framework
Measurement

**Measuring quality and safety within and between care homes**

Presented by **Adam Gordon** – Clinical Associate Professor in Medicine of Older People, University of Nottingham

14 April 2016

This webinar covered:

- Challenges in measuring quality and safety in care homes.
- Existing measurement tools, their strengths and limitations – including the International Prevalence Measure of Care Problems (LP2) tool.
- Feedback from a project using the LPZ to benchmark prevalence of pressure ulcers and incontinence in 597 residents across 26 East Midlands care homes – outputs and insights.
Knowledge mobilisation techniques (2)

Care Home LPZ Audit

People: 432,000 people live in UK care homes.

75-80% of people living in care homes have cognitive impairment or dementia.

Continence:
- 66% of residents were incontinent of urine, faeces or both.
- 21% had an indwelling catheter for urinary incontinence.
- 80% with urinary incontinence and 74% of those with faecal incontinence had this prior to admission to their care home.

Interventions for incontinence:

Top three interventions for urinary incontinence:
- Disposable/washable dressing in men: 259
- Adopted and comfortable clothing: 157
- Individualised set toilet times: 142

Top three interventions for faecal incontinence:
- Disposable/washable dressing in men: 229
- Adopted and comfortable clothing: 143
- Individualised set toilet times: 115

26 homes took part in a pilot to audit the number of pressure ulcers and incontinence problems across Nottinghamshire and Derbyshire.

489 residents data uploaded.

204 (42%) from residential.

285 (58.3%) from nursing care homes.

307 (63%) of residents were recorded as having dementia.

90 (18.4%) of residents were recorded as having stroke.

For copies of the full EMASHN Health Analytics and Informatics data pack on care home please contact the EM PSC team:
Cheryl Crocker: cheryl.crocker@nottingham.ac.uk

www.emahsn.org.uk/PatientSafety

#carehomesLPZ
Care home readiness: a rapid review and consensus workshops on how organisational context affects care home engagement with health care innovation.

Claire Goodman¹, Rachel Sharpe¹, Charlotte Russell¹, Julienne Meyer², Adam L Gordon³, Tom Dening³ Kirsten Corazzini³, Jennifer Lynch¹ Frances Bunn¹.
We are learning that the LPZ-i can be implemented in UK care homes and more and more about how to do this in sustainable ways at scale.

The “should” is a bit more difficult and may depend upon:

- Health economics and how these influence the business case.
  - Who is willing to pay and why.
- Continued engagement of the care home sector.
- Ability to adapt to the harder to reach homes.