

**141: THE TOOL PROJECT:
A COMPREHENSIVE MODEL FOR IMPROVING THE QUALITY OF ELDERLY CARE**

Authors:

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Objective:

The purpose of the TOOL project was to develop a system for measuring and evaluating the quality of care and workload in geriatric community care organizations.

Methods:

Health care worldwide is experiencing an increase in the number of elderly patients. In Sweden, with a population of nine million, nearly 500,000 people are 80 years of age or older. Many of these elderly are in poor physical health and in need of much help in both residential care and nursing institutions. This has caused an increased workload for personnel in elderly care, at the same time placing demands on competence development. Geriatric care organizations in Sweden, with approximately 300,000 employees, are troubled by high rates of staff sick leave, turnover and difficulties recruiting new personnel.

The TOOL project measured quality of care and personnel workload from a 360-degree perspective in seven community geriatric care units. This included measuring views of personnel, patients and patient relatives concerning quality of care and personnel work load. Results from these questionnaire surveys were compared with organizational data concerning personnel sick leave, absenteeism, turnover and occupational injuries.

Well-validated patient and personnel questionnaires were used in the questionnaire surveys. Focus group discussions with personnel, patients, patient relatives and community administrators were also used in developing additional questions. All three questionnaires were piloted in April 2001 and the main survey was conducted in September 2001.

Each questionnaire consisted of several validated quality of care indices called improvement areas. Four of the quality of care indices – Information, Treatment, Activity and Staff work environment - were included in all three questionnaires. The ratings by personnel, patients and patient relatives on these indices could therefore be compared. A structured method for presenting the results for personnel and management in each elderly care unit was used. The results were presented in easy-to-understand graphs. These pictures, along with guidelines for studying and interpreting the results, were intrinsic aspects in the engagement of, and feedback process to, personnel, which is a crucial component of successful quality improvement work.

During the year 2002 the TOOL project continues to develop measurement tools for monitoring patient data, such as pressures sores, medicine consumption and joint contractures. This data will be studied together with the survey results.

Results:

The analysis revealed that patients in elderly care were more positive than both personnel and patient relatives in their judgment of all four improvements areas. Personnel were most critical about two improvement areas, Treatment and Activity. Patients' relatives were most negative about Information and Staff work environment. The improvement area Activity, concerning satisfaction with physical training/physiotherapy and social activities, had the lowest ratings from all three survey groups.

The results indicated that there was a negative correlation between personnel sick leave and ratings of two personnel improvement areas, Participation and Leadership. Those elderly care units that had lower rates of sick leave per employee during the last year also had higher personnel ratings for Participation and Leadership.

Conclusions:

The TOOL project is based on the theory that work load, work satisfaction and quality of care are all interrelated. Measuring these concepts from a 360-degree perspective includes surveying the views and perceptions of health care providers as well as patients and their relatives. Complementing the survey results with factual data concerning both personnel and patient well-being may be a model for quality improvement that can be applied in many other health care environments.