
POSTER ABSTRACT

Enhancing care quality and safety for (older) adults with long term support needs: A review of quality and safety indicators

24th International Conference on Integrated Care, Belfast, 22-24 April 2024

Kim Daniels^{1,4}, Marlies Claesen², Melissa Desmedt², Ward Schrooten², Johan Hellings², Jochen Bergs^{1,2,3}

1: Department of PXL – Healthcare, PXL University of Applied Sciences and Arts, Hasselt, Belgium

2: Faculty of Medicine and Life Sciences, Hasselt University, Diepenbeek, Belgium

3: THINK3 Simulation & Innovation lab, Faculty of Medicine and Life Sciences Diepenbeek, Belgium

4: REVAL Rehabilitation Research Center, Faculty of Rehabilitation Sciences, Diepenbeek, Belgium

Introduction: The global healthcare landscape faces considerable challenges due to the changing population and rise of chronic conditions. These challenges have led to fragmented healthcare services, unaligned care provision, and reduced quality. The World Health Organization (WHO) advocates for a shift towards integrated, people-centred health services that enhance value-based healthcare by reducing fragmentation, improving care quality, and controlling costs. Integrated care (IC) involves delivering comprehensive, multidimensional healthcare across the life course with coordinated multidisciplinary teams. However, despite its importance, standardized and validated instruments for measuring integrated care, especially quality and safety (Q&S) indicators, are scarce. Q&S indicators are measurable items related to outcomes, processes, or care structure and are crucial for assessing care quality. This systematic review seeks to identify and summarize the available Q&S indicators for IC in (older) adults, providing insights into the most valuable indicators for evaluating care quality.

Methodology: A systematic literature review was conducted to identify valid Q&S indicators for IC in (older) adults. The methodological quality of these indicators was assessed using the Appraisal of Indicators through Research and Evaluation (AIRE) instrument, while following PRISMA guidelines. Our search, carried out on September 16, 2021 (with a re-evaluation on March 29, 2022), encompassed databases Medline, CINAHL, and Web of Science without language or date restrictions. Indicators were evaluated in domains like: 'Stakeholder involvement,' 'Scientific evidence,' and 'Additional evidence formulation and usage,' with scores above 50% indicating high quality. Compatibility with the WHO definition of IC and other criteria, including relevance, comprehensibility, measurability, and feasibility, was also assessed.

Results: A systematic search yielded 1135 results, leading to the inclusion of 14 studies. Most studies were in the Netherlands, the USA, followed by Canada, and others from diverse countries. Target groups included older adults in residential care settings (7), persons with head and neck cancer (2), dementia (2), and other conditions (2). The 390 indicators covered different domains with an emphasis on 'coordination and continuity of care' (37%). Process indicators were most common (46%), followed by outcome (42%) and structure (12%). Methodological quality varied,

with stakeholder engagement scoring the highest (86%). An additional selection round reduced indicators to 75 based on specific criteria.

Discussion and conclusion : This study aimed to overview published Q&S indicators for IC in (older) adults. The systematic review found various indicators for assessing care quality but noted significant differences in content and quality. Indicators were often tailored to specific groups, limiting their generic applicability. The indicators showed mixed methodological quality, with weaknesses in 'scientific evidence' and 'purpose, relevance, and organizational context'. Prioritizing patient participation in integrated care evaluation is crucial. Existing QIs should be chosen over creating new ones and should be tested in different contexts. The ageing population and increasing chronic diseases challenge healthcare systems, necessitating innovative solutions. A consensus on the IC definition captured from various perspectives is essential. Clear frameworks, patient-centred approaches, and scientific research are vital for better implementation.