

Manual for completing the Quality Indicators for Geriatric Care Answer Sheet (2010)

(1) Support of oral food intake

[Purpose of evaluation]

To take food by mouth is a basic function directly related to the will to live. This quality indicator evaluates the organizational action to realize a patient's hope to eat by mouth. Appropriate care should include assessment of a patient's ability to chew and swallow, planning and offering of treatment and/or a care base plan.

[Point of evaluation]

Any three consecutive business days 4 times a year; in January, April, July and October.

calculating formula	numerator () (# of patients)	Total number of inpatients, who received treatment and/or care for oral intake during three consecutive days.
	denominator () (# of patients)	Total number of inpatients, who had difficulties in chewing or swallowing during three consecutive days.

[Criteria of evaluation]

Based on the evaluation by a physician or a speech therapist patients, who have difficulties chewing or swallowing, are defined as patients who are in need of "treatment and/or care for oral intake". "Treatment and/or care for oral intake" should be based on the nursing or care plan, and should be offered by speech therapists and care staff. Direct training and indirect training such as ice massage are included. Oral care such as a brushing or gargling to maintain oral hygiene is part of the basic care and is not included in the "treatment and/or care for oral intake" in this survey.

(2) Rehabilitation

[Purpose of evaluation]

Many patients are in need of rehabilitation. Rehabilitation is effective in treating deceases and their after-effects, preventing disused syndrome, and overall improves the will and joy of life. This indicator focuses on the rehabilitation plan based on the assessment of a patient's needs.

[Point of evaluation]

Any three consecutive business days 4 times a year; in January, April, July and October.

calculating formula	numerator () (# of patients)	Total number of inpatients, who received rehabilitation by licensed rehabilitation staff during three consecutive days.
	denominator () (# of patients)	Total number of inpatients, who needed rehabilitation during three consecutive days.

[Purpose of evaluation]

Physical, occupational and speech therapists are defined as “licensed rehabilitation staff”. A need for rehabilitation should be evaluated by a physician or by licensed rehabilitation staff. Rehabilitation is limited to that offered by licensed rehabilitation staff irrespective of reimbursement by public medical insurance. Both rehabilitation plans, the one based on a physician’s order and reimbursed by public medical insurance, and the one based on a nursing or care plan and not reimbursed by public medical insurance, are to be included. Rehabilitation offered by non-licensed staff is not included.

(3) Hospital stay without febrile episode

[Purpose of evaluation]

Patients in chronic care hospitals are subject to complications such as pneumonia and urinary tract infection. For example, specialists should assess patients, who have difficulties chewing or swallowing. Care including oral hygiene, appropriate meals, and bedside activities should be offered to prevent these complications. This indicator focuses on a hospital stay without febrile episodes, thanks to the above-mentioned care.

[Point of evaluation]

Any three consecutive business days 4 times a year; in January, April, July and October.

calculating formula	1 —	Numerator () (# of patients) :
		Total number of febrile inpatients (body temperature $\geq 37.5^{\circ}\text{C}$) during three consecutive days. Patients, who are febrile when admitted, are excluded.

Denominator () (# of patients) :

Total number of inpatients over three consecutive days. Patients, who are febrile when admitted, are excluded.

[Criteria of evaluation]

A patient is “febrile” when his/her body temperature is $\geq 37.5^{\circ}\text{C}$ at any time during 1 day. The patient does not have to be febrile over three consecutive days.

Ex) If patient A is febrile during two days and patient B is febrile during one day, and there are no other febrile patients over the three consecutive days, then the total number of febrile patients is 3. Because this indicator focuses on the quality of inpatient treatment and care, patients who are febrile when admitted to the hospital, are excluded.

(4) Avoidance of physical restrain

[Purpose of evaluation]

Physical restrain may be used to secure treatment to prevent falls or ingestion of unusual materials, and to prevent annoyance and harms to others. But physical restrain also includes physical and psychological pain and can worsen a patient’s condition. Physical restrain should be minimized; it is allowed only when no other options are available. This indicator focuses on the treatment and care without physical restrain, paying attention to the patients’ dignity.

[Point of evaluation]

Any three consecutive business days 4 times a year; in January, April, July and October.

calculating formula	1	—	Numerator () (# of patients) :
			Total number of inpatients being physically restrained during three consecutive days
			Denominator () (# of patients) :
			Total number of inpatients over three consecutive days

[Criteria of evaluation]

The definition of physical restrain in the Long Term Care Act is used. A patient does not have to be physically restrained over the three consecutive days.

Ex) If patient A is physically restrained during two days and patient B during one day, and there are no other physically restrained patients over three consecutive

days, then the total number of physically restrained patients is 3.

(5) Prevention of new bed sores

[Purpose of evaluation]

In chronic care hospitals inpatients often develop bed sores. This indicator focuses on the assessment based treatment and care, and on the prevention of new bed sores.

[Point of evaluation]

4 times a year in January, April, July and October over a 1-month period.

$$\begin{array}{lcl} \text{calculating} & & \text{Numerator () (\# of patients) :} \\ \text{formula} & 1 - & \text{Total number of inpatients, who developed new bed sores (grade} \\ & & \text{>=2) during a 1-month period} \\ & & \hline & & \text{Denominator () (\# of patients) :} \\ & & \text{Average number of inpatients over a 1-month period} \end{array}$$

[Criteria of evaluation]

The level of bed sore is used to evaluate the depth and severity of bed sores.

The total number of patients, who experienced new bed sores during a 1-month period and the average number of inpatients are used for this calculation.

The average number of inpatients can be determined by dividing the “total number of patient days” of a month by the “number of days” of the same month. The “total number of patient days” can be requested from the administrative department of the hospital. If the nominated month is January, the “total number of the patient days” is to be divided by 31.

If a patient develops two new bed sores at the same time, the count is 1.

Ex) Patient A develops two bed sores on January 3; one on the sacrum and the other on the right ankle, then the count is 1.

If a patient, who already has a bed sore, develops a new sore, the count is 2.

Ex) Patient A developed a bed sore on the sacrum on January 3, and a second one on the right ankle on January 15, then the count is 2.

If a new bed sore develops after an older one healed (recurrence), then the count is 2.

Ex) Patient A developed a bed sore on the sacrum on January 3, then it healed on

January 15. A new bed sore developed again on the sacrum on January 20. Then the count is 2.

(6) Prevention of fall

[Purpose of evaluation]

A fall is one of the major adverse events during in-hospital care. It may cause fractures and head injury, and in addition worsens the patient's mental condition. To prevent falls, a patient's condition and risk of a fall is to be assessed, and preventive methods should be offered. This indicator focuses on the prevention of falls based on the above-mentioned activities.

[Point of evaluation]

4 times a year, in January, April, July and October over a 1-month period).

$$\begin{array}{lcl} \text{calculating} & & \text{Numerator () (\# of patients) :} \\ \text{formula} & 1 - & \text{Total number of inpatients, who experienced a fall during a} \\ & & \text{1-month period} \\ & & \hline & & \text{Denominator () (\# of patients) :} \\ & & \text{Total number of inpatients over a 1-month period} \end{array}$$

[Criteria of evaluation]

A fall is defined as an unintended contact with the floor by any body part other than the sole of a foot. If one patient experienced more than one fall, the total number of falls is to be used.

Ex) If patient A experiences 2 falls on January 2 and 3 falls on January 7, then the count is 5.

(7) Care conference before discharge

[Purpose of evaluation]

Patients with chronic diseases are likely to need treatment and care after discharge. A care conference to prepare patients for a safe life at their homes or other facilities after discharge is evaluated.

[Point of evaluation]

4 times a year, over the following periods: January 1 - March 31, April 1 - June 30, July 1 - September 30, and October 1 - December 31.

	Numerator () (# of patients) :
	Number of inpatients for whom a care conference was held
calculating	Denominator () (# of patients) :
formula	Number of discharged inpatients. Patients, who died during admission and patients discharged temporally for diagnostic tests, procedures and treatment, are excluded.

[Criteria of evaluation]

Patients, who died during their hospital stay, and patients, who are temporally discharged, are excluded. Temporal discharge is defined as the transfer to another facility for diagnostic tests, procedures such as gastric tube placement, and closure of tracheotomy orifice with planned re-transfer to the original hospital.

Essential parts of the care conference are: 1) Interdisciplinary assessment of the patient's needs and development of a care plan by a physician and other professionals of the hospital, 2) bi-directional communication between the hospital staff, the patient, and family members, and 3) bi-directional communication between hospital staff and care staff at the home health care facility and/or nursing home responsible for the patient after discharge. Participants at the care conference should be: at least two different kinds of professionals of the hospital, health care staff of the home health care facility and/or nursing home, and the patient or a family member. If a patient is admitted to take diagnostic tests and treatments for a short period only, and is discharged in the same condition as before admission, he/she is excluded.

(8) Discharge to home

[Purpose of evaluation]

Treatment and care at the hospital should be connected to a safe life at home. This indicator focuses on whether a patient can lead a safe life at home after discharge.

[Point of evaluation]

4 times a year, over the following periods: January 1 - March 31, April 1 - June 30, July 1 - September 30, and October 1 - December 31.

calculating	Numerator () (# of patients) :
formula	Number of patients who stayed home for 1 month after discharge without stay at a hospital or a care facility

Denominator () (# of patients) :
Number of patients discharged to home

[Criteria of evaluation]

“Home” includes the patient’s own home, a family member’s home, a group home, and a retirement house. It does not include a discharge to a hospital or long-term care insurance care facilities (geriatric care hospital, nursing home).

“A stay at a hospital or a care facility” is defined as an admission and stay at least one day at a hospital or long-term care insurance care facility after discharge. A planned admission to a hospital whose purpose is not to treat but to for example take diagnostic tests, and a short stay at a care facility are not included in “a stay at a hospital or a care facility”.

If a patient is in a terminal stage, and he/she wants to leave the hospital to stay and pass away at home, he/she is included in the calculation (both numerator and denominator). If a terminal patient stays at home for a short time, and comes back to the hospital as scheduled, he/she is excluded from the calculation (both numerator and denominator).