Senior alert
- Care prevention of the elderly and a Swedish national quality registry

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Demographic challenges

- 9 million inhabitants
- Life expectancy: women 83 years and men 79 years
- Increasing number of elderly people
  2011: 17% – 2020: 25%
- Elderly care and care of the disabled account for about 30% of municipalities’ budgets
- New expectations and demands
- Limited resources

1950-2050

Number of people aged 65–79 and 80+ in 1950–2007, with forecasts up to 2050.
Prevention for 65 +!
Preventive care from the individual viewpoint - no harm!

The person and the staff:
- **know** if there are any risks of falling, pressure ulcers, malnutrition, bad oral health or incontinence

**make** preventive actions

will **follow it up** and know that the actions are making difference

Always ask – What matters to you?

Lilly, 95
Senior alert

• A national quality register since 2008.
• Measures and follows care prevention online.
  – The care preventive process
  – Outcome
National Quality registries in Sweden

Vision

National Quality Registers are used in an integrated and active way for continuous learning, improvement, research and management to create the best possible health and care together with the individual.
National Quality registries in Sweden

- 100 national registries that receive national funding in Sweden.

- It is annually monitored and approved for financial support by an Executive Committee.

- A national quality registry contains individualized data concerning patient problems, medical interventions, and outcomes after treatment; within all healthcare production.
Senior alert...

supports a systematic method for care prevention amongst elderly in hospitals, community care, primary care

• falls
• pressure ulcers
• malnutrition
• oral health
• Incontinence

• prevalence measurement: health care associated infections (oct 2015)
• rehabilitation (spring 2016)
• mental health (2016)
The care preventive process of Senior alert

Risk Assessments → Team based analysis → Preventive interventions → Evaluation → Discharged

Follow the process to be sure it makes difference, Reflect results and do improvement work
Risk assessments

**Malnutrition**
Mini nutritional assessment, MNA  
(Rubenstein LZ 2001; Barone, Milosavljevic et al. 2003; Guigoz 2006).

**Pressure ulcer**
Modified Norton Scale  
(Flanagan 1993; Gunningberg, Lindholm et al. 2000; Pancorbo-Hidalgo, Garcia-Fernandez et al. 2006)

**Fall**
Downton fall risk index, DFRI  
(Rosendahl, Lundin-Olsson et al. 2003)

**Oral Health**
Revised Oral Assessment Guide, ROAG  
(Andersson P. 2004; Hassel AJ et al. 2008)

**Incontinence**
Swedish network Nikola  
(www.nikola.nu, 2014)
Plan and execute preventive actions

- Team based analysis of the causes behind discovered risks
- Suggested preventive interventions
- Follow up
- Possibility to register falls, pressure ulcers and weight changes
From some to everyone 2010-2015

Municipalities

County councils/Regions
Risk of fall, pressure ulcers, malnutrition, bad oral health (+ 65 yrs) (n= 1 500 000)

Risk of fall 66%
Risk of malnutrition 59%
Risk of bad oral health 48%
Risk of pressure ulcers 23%
No risk 17%
2011-2015
Percentage systematic care prevention in nursing homes, municipalities of Sweden

Percentage systematic care prevention in nursing homes, municipalities of Sweden

2011-2015
Percentage systematic care prevention in nursing homes, municipalities of Sweden

Percentage systematic care prevention in nursing homes, municipalities of Sweden

Percentage systematic care prevention in nursing homes, municipalities of Sweden
Pressure ulcers are reduced
Weightlosses >5% are reduced 2011-2015

- Municipalities: 14% → 12%
- County councils: 5% → 4%
Better oral health

Percentage with at least one "2" or "3" in ROAG

Less oral problems with
- oral mucosa
- teeth
- saliva
- gum
The falls??
Urinary incontinence (nursing homes) 2014-2015

- 10,000 basic assessments of incontinence
- 82% had incontinence
- 28% had further diagnosis and tests
### Are we doing the right things?

**The most commons preventive actions**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Malnutrition</th>
<th>Pressure ulcers</th>
<th>Oral health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert/extra supervision</td>
<td>Extra meal</td>
<td>Skin control</td>
<td>Assistance during toothbrushing</td>
</tr>
<tr>
<td>Assistance in moving</td>
<td>Nutritional drink</td>
<td>Extra meal</td>
<td>Lubricate the lips</td>
</tr>
<tr>
<td>Assistance with personal care (get dressed, showering etc)</td>
<td>Reduce overnight fast</td>
<td>Decubitus equipment</td>
<td>Moisten the oral mucosal membranes</td>
</tr>
<tr>
<td>Walking exercise</td>
<td>Weigh every three months</td>
<td>A good position in the chair and bed</td>
<td></td>
</tr>
<tr>
<td>Go through drug list with a doctor</td>
<td>Encouragement and warnings</td>
<td>Reduce overnight fast</td>
<td></td>
</tr>
</tbody>
</table>
Register in Senior alert

Systematic work process

Improvement work

Analyze and reflect results
Risk Assessments → Team based analysis → Preventive interventions → Evaluation → Discharged

Events

Oral health

Pressure ulcers

Weightlosses
Follow the preventive care online

Get started

Follow the process

The outcome
Only 1 pressure ulcer in the nursing homes in the municipality of Lycksele

- Risk assessments of everyone
- Everyone with a risk get preventive assessments
- Everyone are followed up
- The assessments are adjusted when needed
- Teamwork
- Follow results and do improvement work
Team work
Improvement collaboratives
Learning goals collaboratives

1 = rated lowest knowledge
10 = rated highest knowledge
Large scale spread 2010 →

- Part of a national program 2010-2014 – *Better life for sick elderly*
- Staff in Qulturum
- 25 hired coaches 2010-2011, 10 hired coaches 2012 and fw
- 1200 region koordinators all around Sweden
- 5000 in Basic education
- 900 improvement teams in micro study circles
- 250 Webinars: over 2500 participants
  for example: To register, the preventive process, measure, improvement work, good examples, oral health,
- 2000 in inspirations days
- Daily support by phone and e-mail
- www.senioralert.se
- Social medias
Spread and learn from good examples

• The cake of the month
• Good examples in all training
• Networking
• Webinars
• Folders, webbsite
• Social medias
• Meeting places
Care prevention web course

Introduction – care prevention – improvement work
Senior alert 2.0

- Total make over 2016
“Giving systematic attention to risks rather than to injuries has been a revelation for me and my colleagues”

“Now we can see what a difference a preventive way of work makes to the elderly, and to ourselves”

Nurse and occupational therapist
Success factors

- Knowledge – care prevention is important
- A quality registry with on-line data
- As usual – senior leadership must be interested and follow the results
- Person centred care and teamwork
- Improvement work
- Being a part of a national program
- Persistence