



UiO • Institute of Health and Society
University of Oslo

The establishment of teaching nursing homes – Norway's experience



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- 5.3 million people
- 2.5 mill. live in or close to the three largest cities
Oslo (1.3 mill.), Bergen and Trondheim
- Long distances & rural communities

Key Aspects of the Norwegian Health Care system

- Norway is a welfare state (health care, education, social services are public)
- Long term care predominantly publically financed & run
- Two major levels:
 - state owned hospitals (local, regional, national)
 - primary health care & social services at municipal level

Key Aspects of the Norwegian Health Care system (2)

- Total number of hospital beds: ca. 17.500 (1/3 older people)
- Total number of health and care recipients: 340.000
- Total number of **nursing home beds**: 64.000 (ca. 450 homes)
- Other residential «homes»: 38.000
- Total number of **home care recipients**: 240.000 (ca. 430 municipalities)

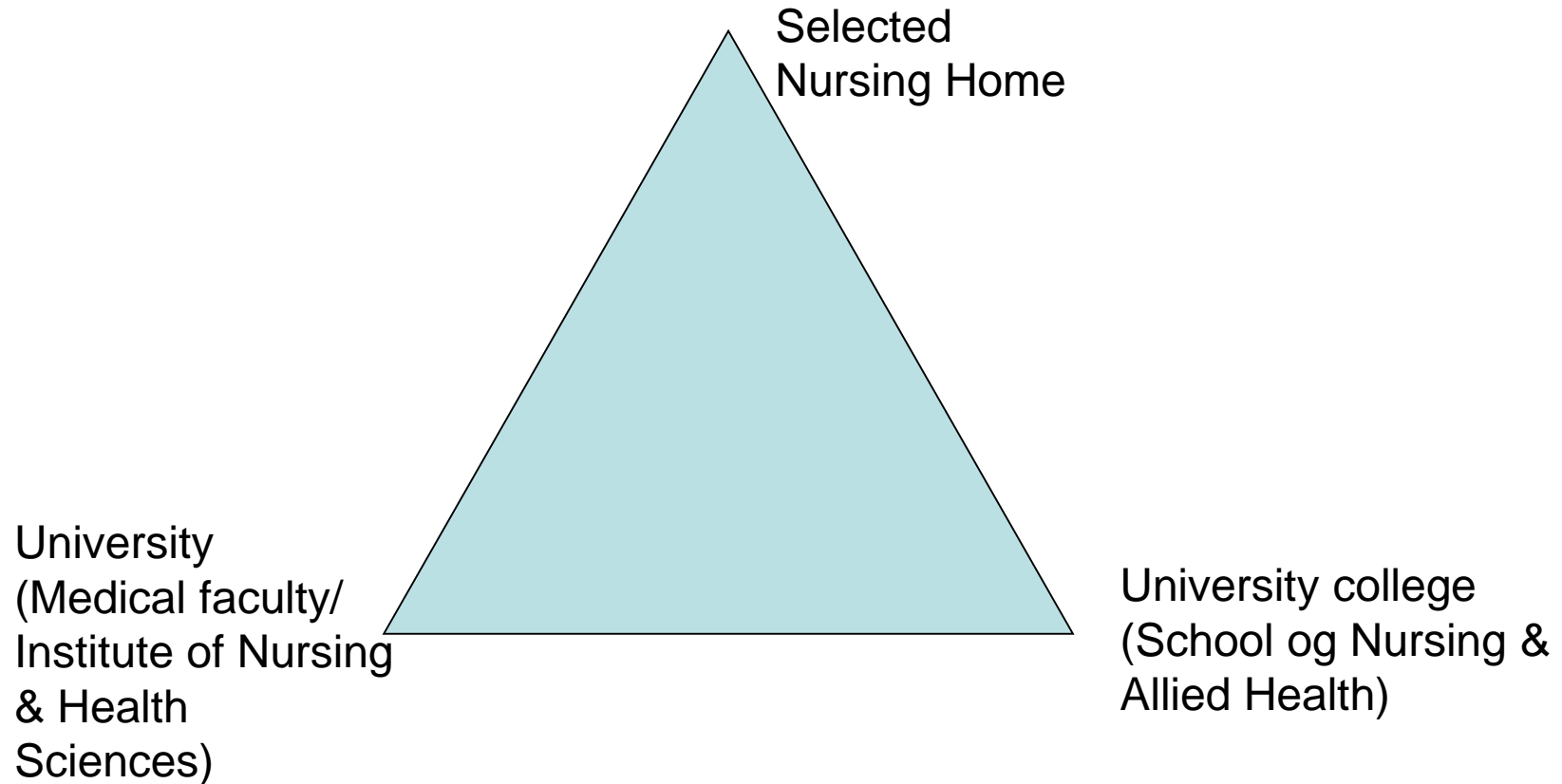
Why Establish Teaching Nursing Homes?

- Persistent critique of quality of care in Residential Aged Care Facilities
- Difficulties recruiting qualified staff – particularly nurses, physicians
- High turnover of staff
- Little prestige associated with providing geriatric care
- Little collaboration between educational institutions, research institutions & elderly care institutions

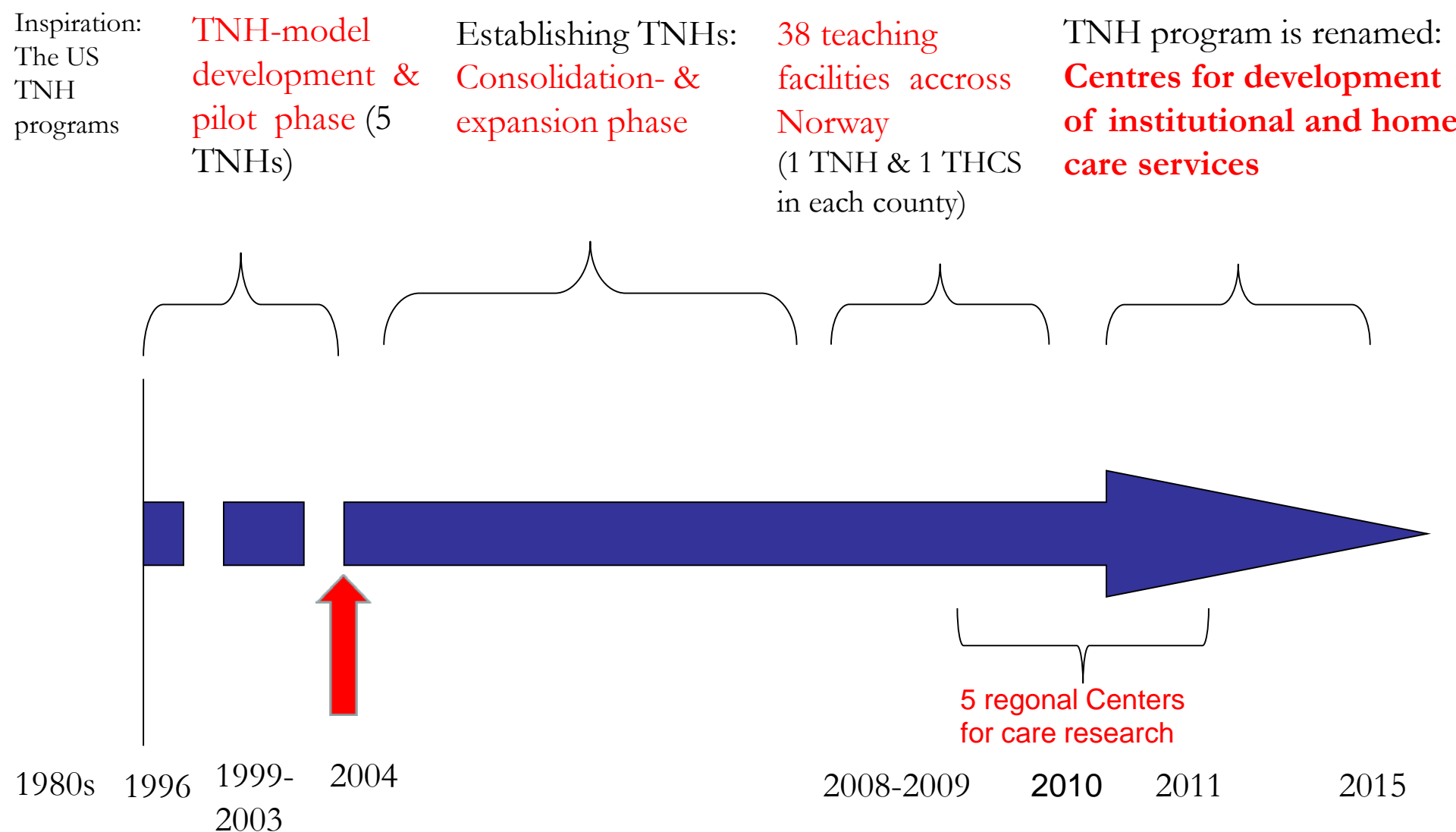
The aims and scope of the original Teaching Nursing Homes Program

- Improve and securing adequate competence of staff
- Improve the prestige of working with older people
- Create a culture in the nursing homes conducive of development of the services and research into the care of older persons
- Develop good learning environments for students
- Increase recruitment & retaining of staff

Fundamental TNH working relationships



Norwegian Teaching Nursing Home Program: Timeline



1996-1998

1999-2002

2002-2003

2004 -

National level

Regional level

Institutional level

National level

Problem
clarification

Future
Workshop

Gaining support
from key actors

Develop
initial model

Identifying
active partners

Adjust model to
local needs

Actively identifying
local needs &
initiate local projects

Develop interactions
across institutions

Internal
evaluation at
each site

Internal national
evaluation across
sites

External evaluation
by independent
examiner

New
organisational
structure

Incorporate
TNHs formally
into h.c. system

TNHs take on
regional & local
responsibilities

Phase 1

Phase 2

Phase 3

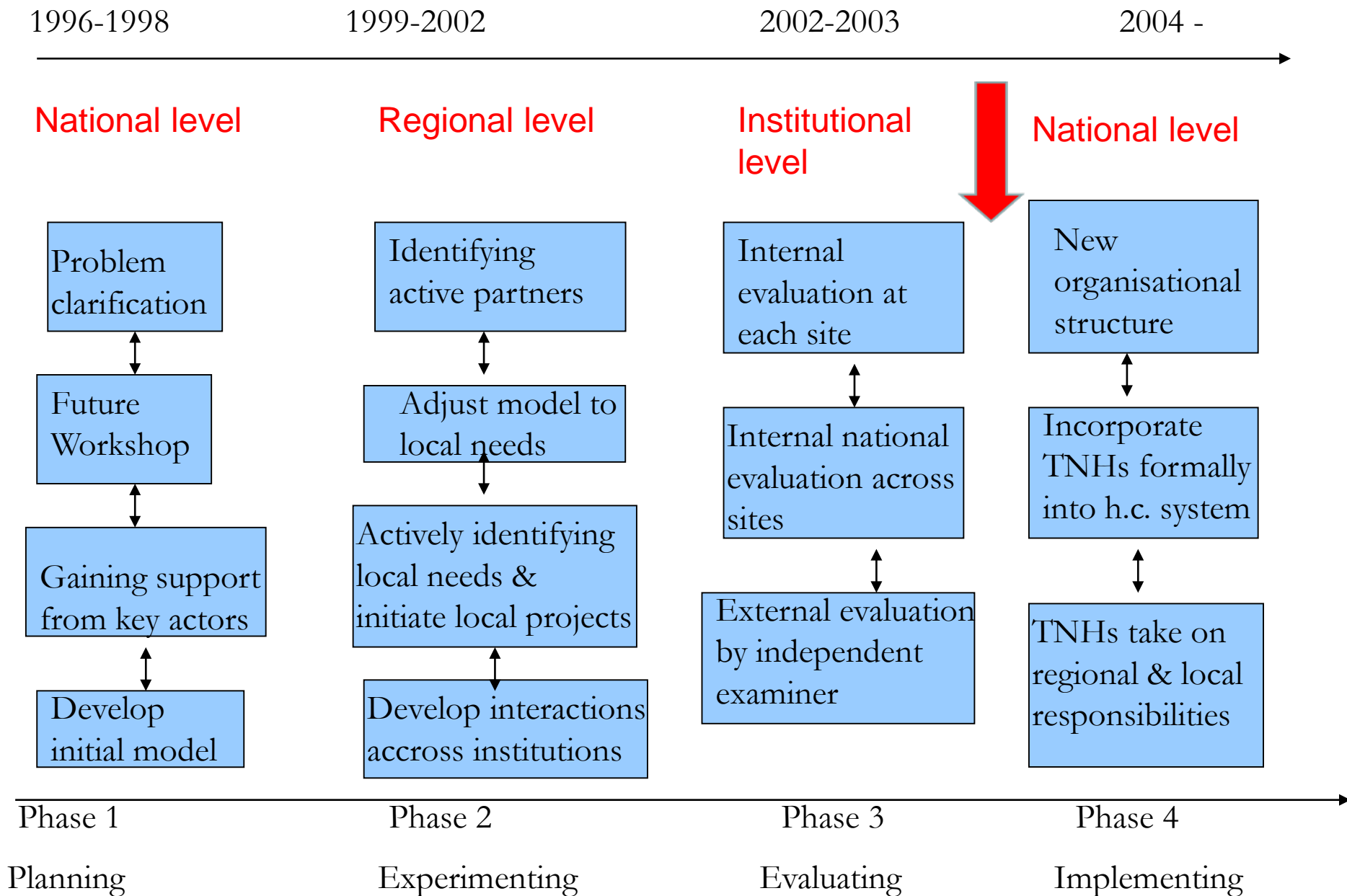
Phase 4

Planning

Experimenting

Evaluating

Implementing



2004-2005

2006-2009

2010-2011

2011-2015

Renegotiate
collaboration with
governmental &
local partners

Review priorities,
develop plans for
future work

Continue local
development
work

Respond to strategic
plans from
government

Increase diffusion
of models/ results
of local develop-
ment projects

Ensure equal access
to developmental
support/resources
regionally/locally

Identify/negotiate
with local NHs for
satelite status

Support development
of local satelite TNHs

Review and new
strategic plan

Reorganisation

Centers for care
research

New
evaluation



Phase 5

Phase 6

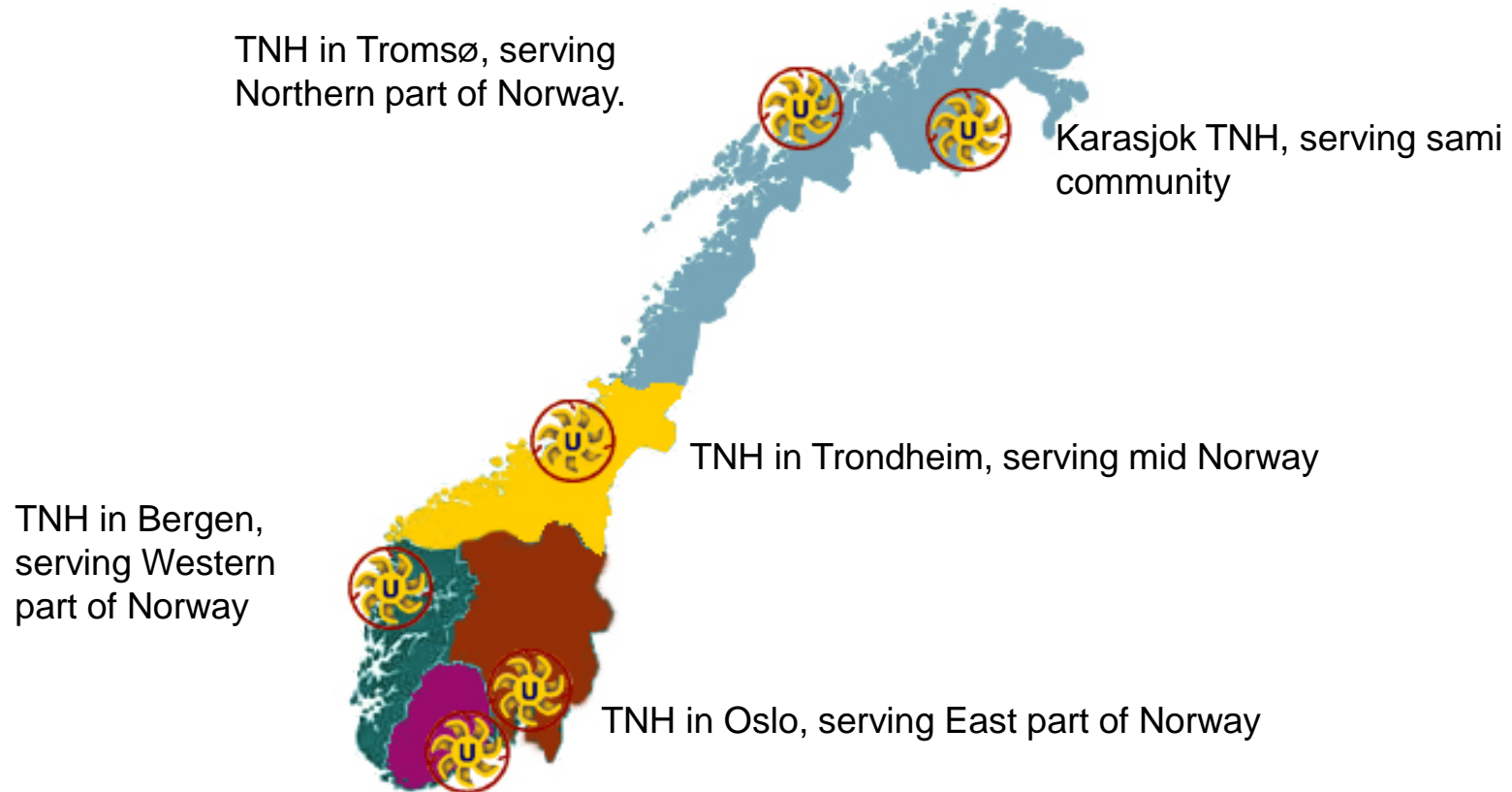
Phase 7

Consolidation

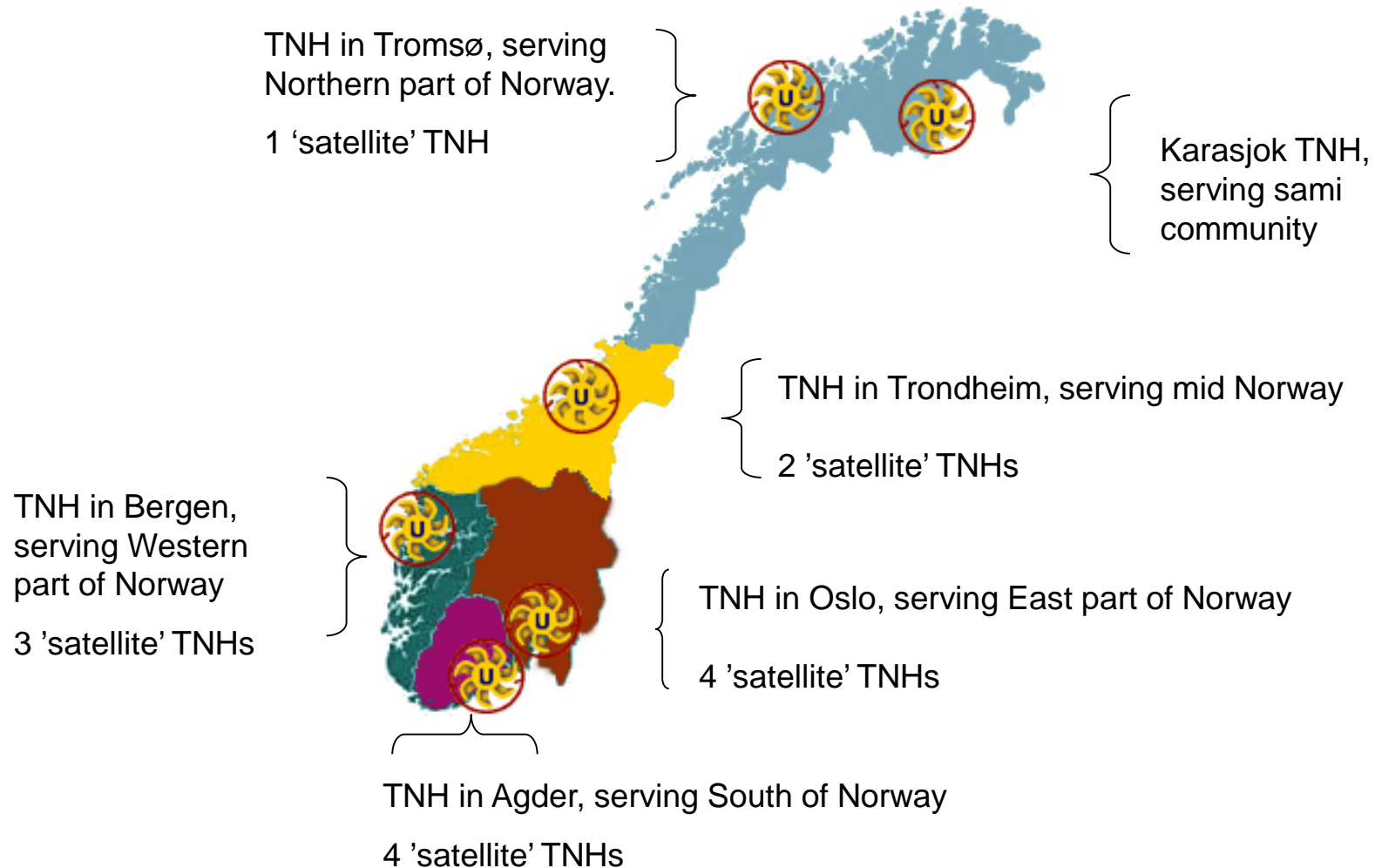
Expansion

Addressing significant national needs

Norwegian Teaching Nursing Home Program (1999-2003)



Norwegian Teaching Nursing Home Program (2004-2007)



Results from project period (1999-2003)

- The external & internal evaluation processes indicated that the TNHs did contribute to:
 - Increased **competence of staff** both formally & informally
 - Increased **quality of care** in selected areas (differed between institutions, bottom-up decisions about areas to improve)
 - **Transferable models for competence development**
 - Improved **learning conditions for students**
 - Increased **enthusiasm** about working in nursing homes among participating staff
 - **TNHs formally established** by the Directorate of health & Social services 2004, based on directive from the National Assembly (through **national budget**)

From 2008:

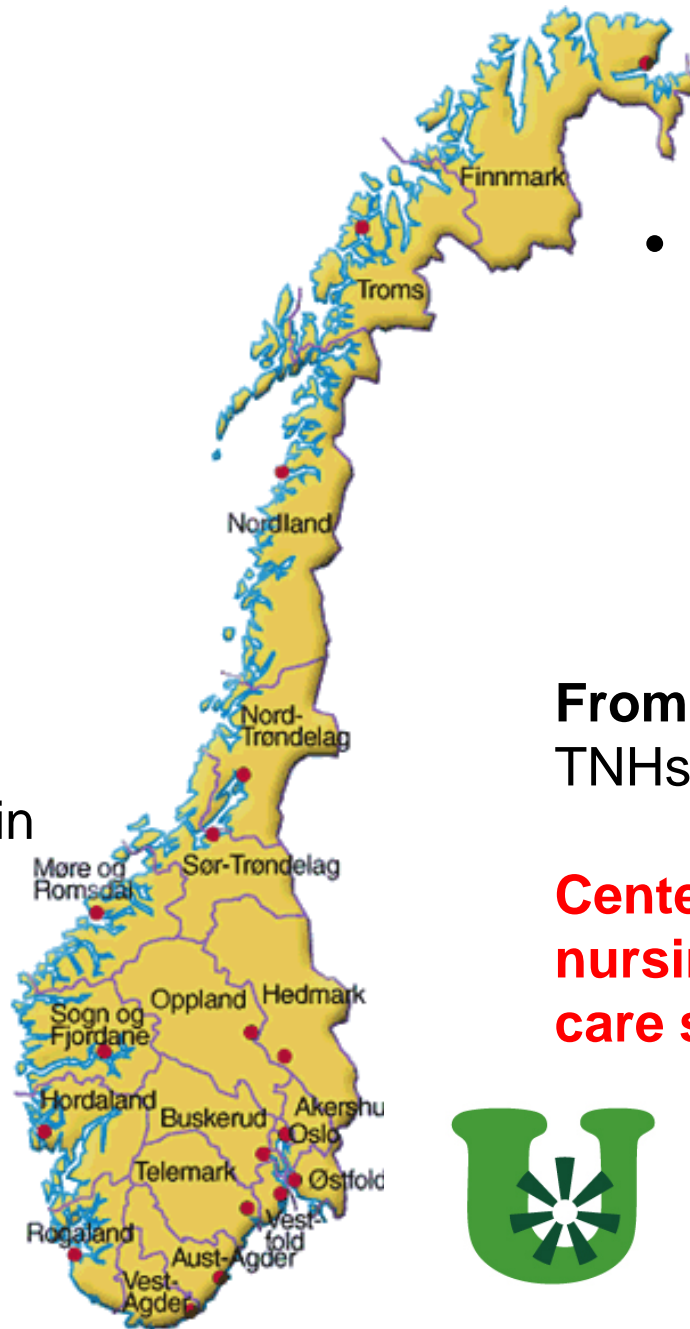
- One TNH in each county (20)

From 2009:

- One Teaching home care service (THCS) in each county (20)

Total: 38*

* A few counties decided to merge to one larger center for both nursing homes and home care services



- 1 Sami TNH (Norway's indigenous people)

From 2011:

TNHs and THCSs renamed:

Centers for development of nursing homes and home care services



Utviklingscenter for sykehjem og hjemmetjenester

Results after being permanently established (2004-)

- During the years after being established as a permanent program, the TNHs (USHTs) have **continued to contribute to improve competence & quality of long-term care** through:
 - **Initiating & carrying through a large number of local projects addressing local issues/problems** (e.g. improving nutrition, developing social activity programs, sensory gardens, staff training, rehabilitation, evidence-based practice training, etc)
 - **Maintaining enthusiasm regarding quality and staff development** (it was competitive to become local TNH partners)

Results after being permanently established (continued)

- The TNHs (USHTs) are **active partners in implementing central governmental initiatives** (e.g. "Care plan 2015", "Palliative Care plan" "Dementia plan 2015", "The Competence Improvement Initiative")
- TNHs (USHTs) are becoming **increasingly attractive as research partners for universities & colleges**
- TNH concept is now **transferred to social service (and primary schools)** by governmental initiatives

Ways of involving other nursing homes in their region

- Regular conferences/meetings
 - Annual conferences sharing knowledge/experience
 - Regular meetings to discuss common issues, collaboration
- Providing supervision/guidance/advice
 - How to conduct development projects
 - How to apply for funding
 - Sharing of new models/programs
- Collaborative development projects
 - Partnerships on common quality issues

Norwegian patient security campaign



"1 – 20 – All"

How to succeed in implementing correct
medication use in older patients in LTC



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USHT



Fylkesmannen i
Hordaland

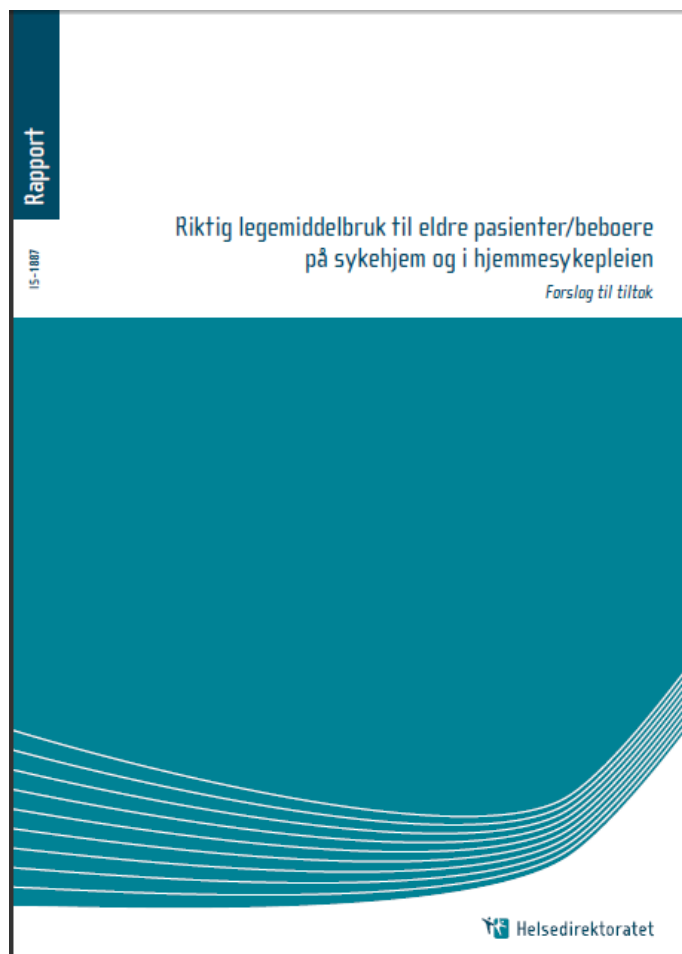


Utviklingssenter for
sykehjem og hjemmetjenester
Hordaland

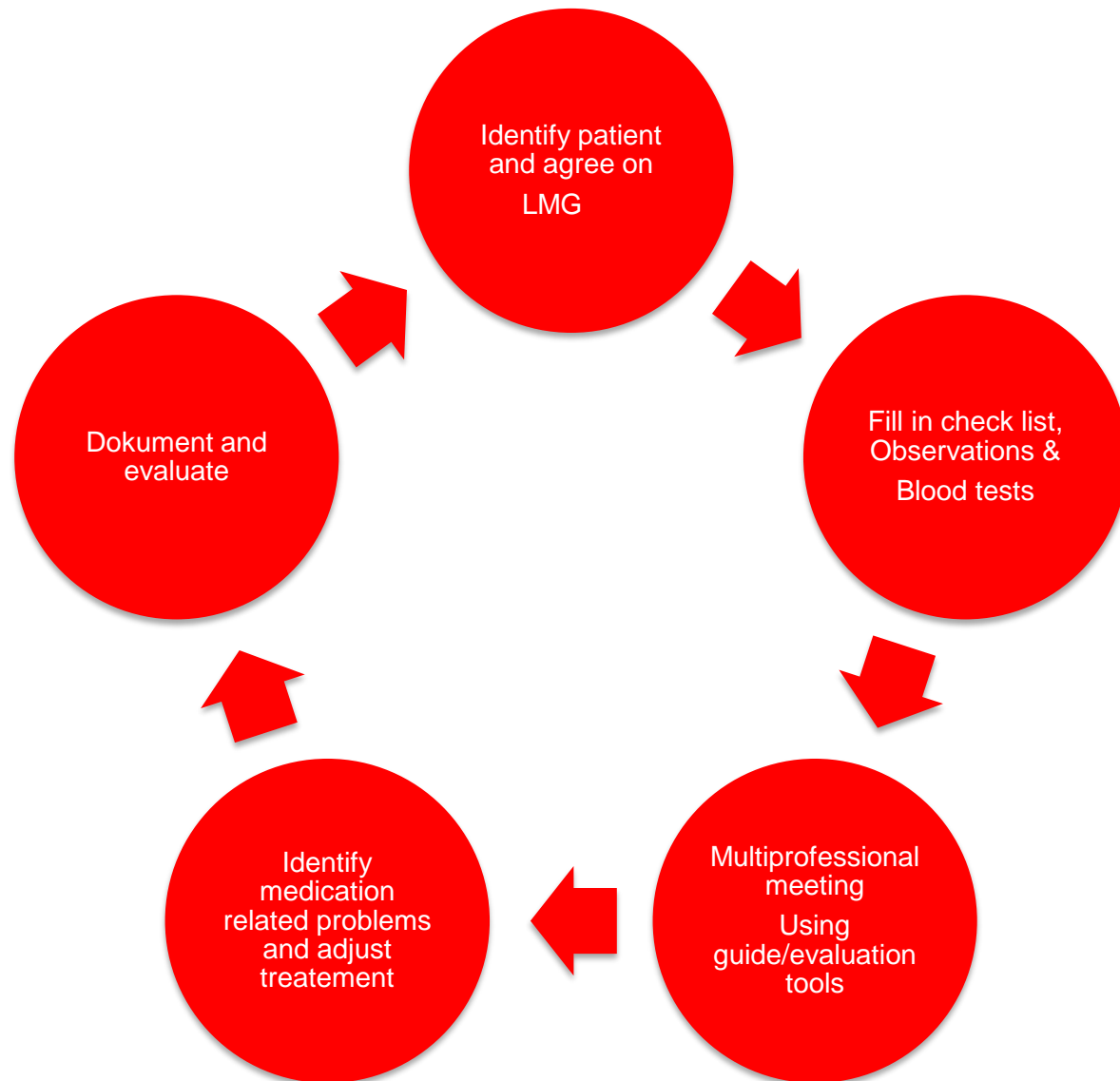
Implementing a quality care policy through capacity building and quality improvement

- Using "learning networks" to change the practice and improve quality of care
- A "learning network" is an acknowledged method for succeeding with quality improvement in medical care (orig. developed by Institute for health care improvement in Boston)
- Three sessions (each 3 days) over 7 months
- Local teams participate and work to implement practice change between sessions

Correct medication use of older patients in LTC – national recommendations & guideline



The LMG (Medication Round) – wheel



Tools used in the systematic medication evaluations

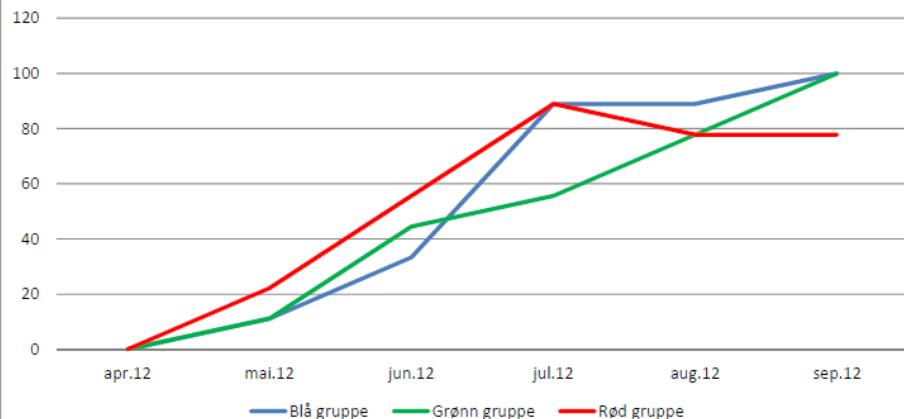
- Procedure for systematic evaluation of patients' medication lists, including check list and standardized blood tests
- Multi professional team (physician, nurse(s) & pharmacist if available)
- Checklists to be filled in before the LMG -meeting
- STOP-criteria (**S**creening **T**ool of **O**lder **P**eople's inappropriate **P**rescriptions)
- START-criteria (**S**creening **T**ool to **A**lert doctors to the **R**ight **T**reatment)
- Known categorizations of medication-related problems in older people (Ruths, S., Viktil K., Blix Salvesen H., 2007).
- Interaksjoner.no (Druid-database) & National guide for systematic medication evaluations (IS-1998)

Mandatory measurements at nursing home

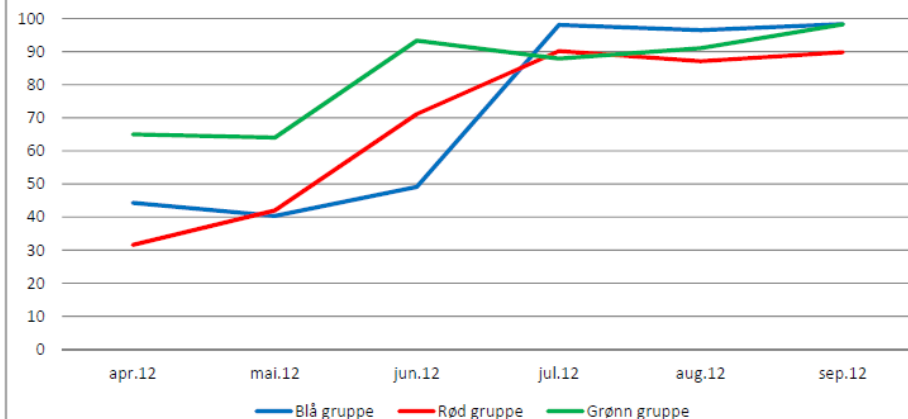
Code	Type of measurement
1.01	% of longterm care patients who had a LMG last 6 months
1.02	% of medications where indication is documented
1.03	% of patients with a medication follow up plan
1.04	Average number of prescribed medications with an ATC-kode
Evt.	Local facility-defined measures

Results – Engen nursing home

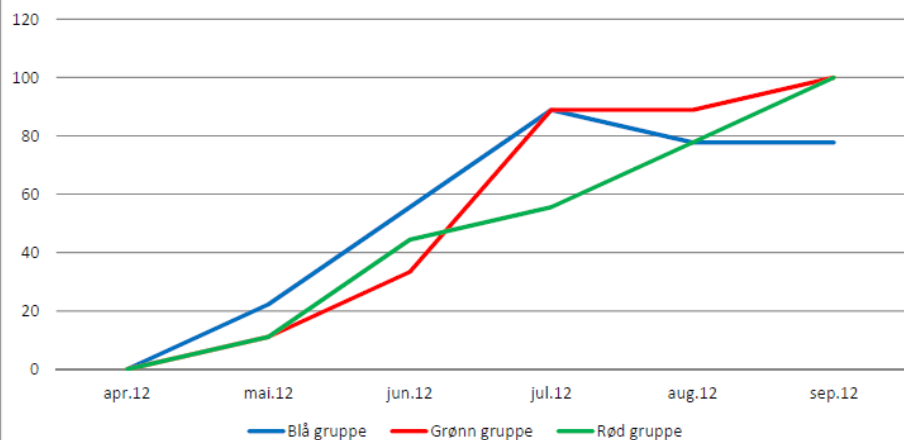
1. Antall langtidspasienter som har hatt legemiddelgjennomgang siste halvår



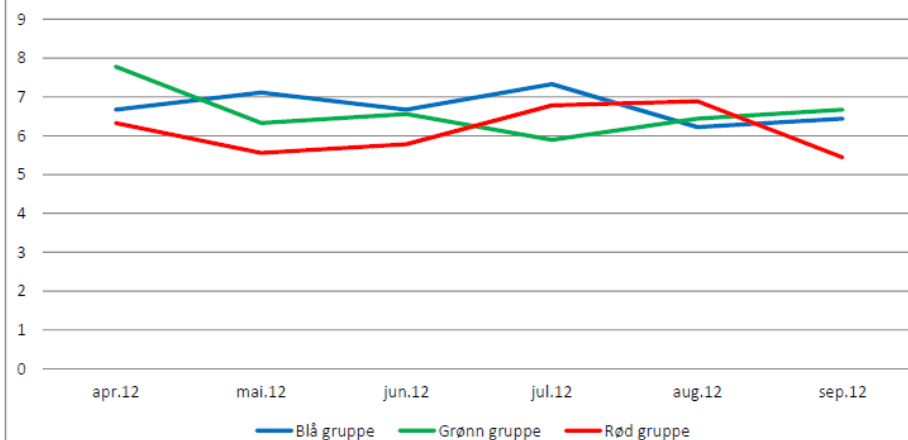
2. Antall legemidler med oppført indikasjon bak forskrivning



3. Andel pasienter med plan for oppfølging av legemiddelbehandling



4. Gjennomsnittlig antall faste legemidler med ACT-kode

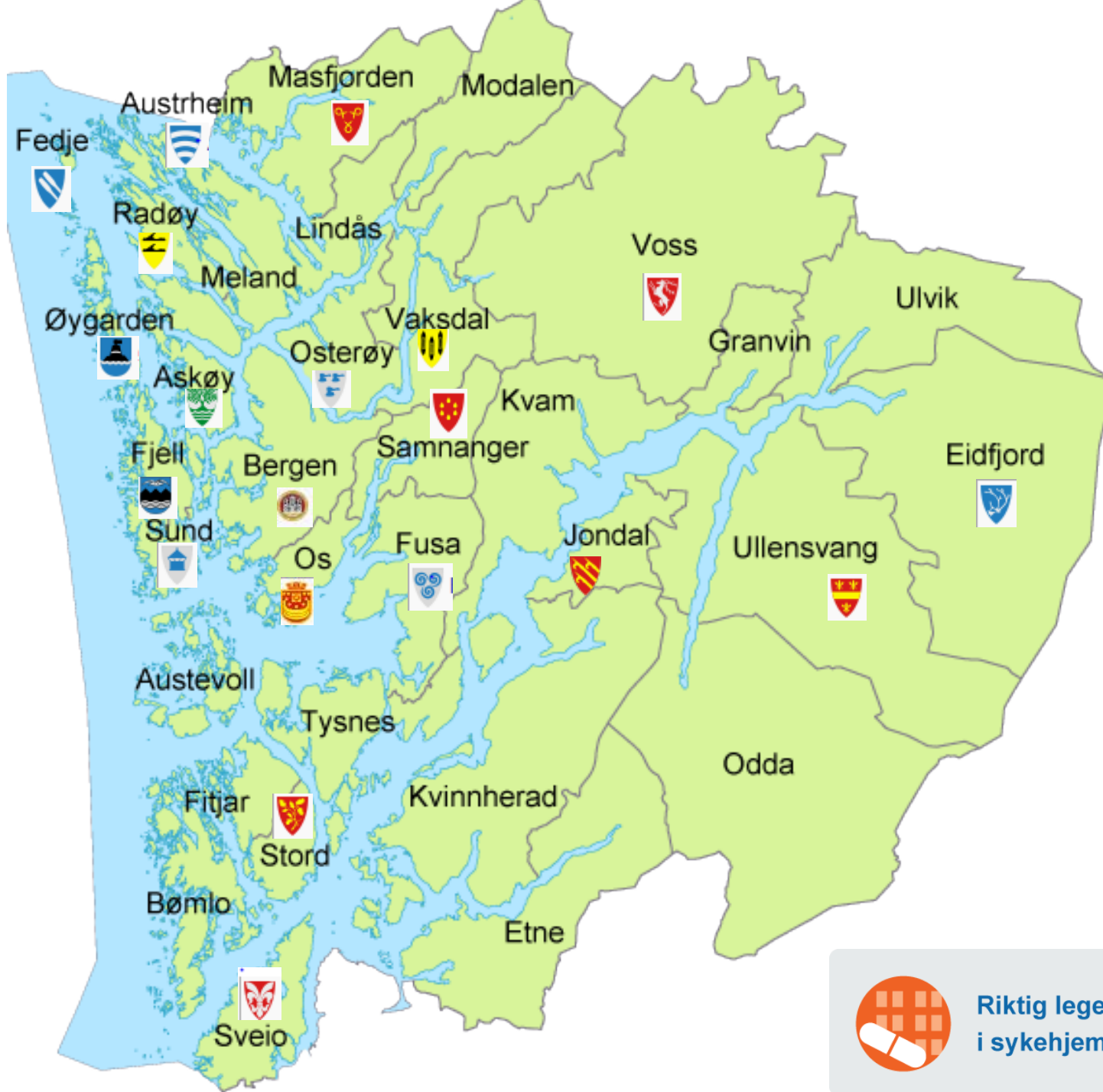


Launching the LMG in all nursing homes in Bergen municipality (2013-2014)

- 21 municipal institutions
- 18 private institutions
 - 2208 nursing home beds
 - 267 residential care beds

All implemented the procedure for LMG for all long term patients in the nursing homes, using the Quality system

HORDALAND COUNTY



Riktig legemiddelbruk
i sykehjem



**Utviklingscenter for
sjukeheimar og heimetenester**
Sogn og Fjordane



Recruiting middle and high school students to the TNH and the «health care worker» program

- TNH Sogn & Fjordane has developed a model for placements of secondary and high school students in nursing homes.

Program elements



The students:

- Participate in social activities with the residents, such as reading, dialogues, bingo, worship activities
- Are being taught basic skills, including hygiene and how to interact with old people (but not involved in intimate/skilled care)
- Result:
The residents experienced increased opportunities for meaningful activities during the pupil practicum periods (individual activities, social events, activities in the units and across units).

Student experiences



- Student enjoyed being together with the residents, regardless of the activity or situation they were engaged in.
- Having placements together with nursing students was experienced as particularly valuable, as the nursing students provided supervision and taught the secondary school pupils new insights and skills.
- Being allowed to put on a «work outfit» was valued (part of the team)
- A good welcome and introduction to the NHs was essential to a positive experience
- Inactivity and lack of attention from the staff were experienced as «negative»

The role of physicians in TNH program

- Initially in the TNH project – strong support from the professors of geriatrics
- Few NH physicians at the time, mostly GPs covering NHs parttime
- Attempts to have placements of medical students in NHs difficult due to curriculum

The role of physicians in NHs in Norway

- Many municipalities are hiring dedicated nursing home physicians (preferably 100% positions)
- A new association for nursing home physicians was established in 2012 (ass.with GP association)
- A National center for nursing home medicine (multiprofessional) established at University of Bergen
- Young physicians increasingly consider NHs an interesting and meaningful career prospect

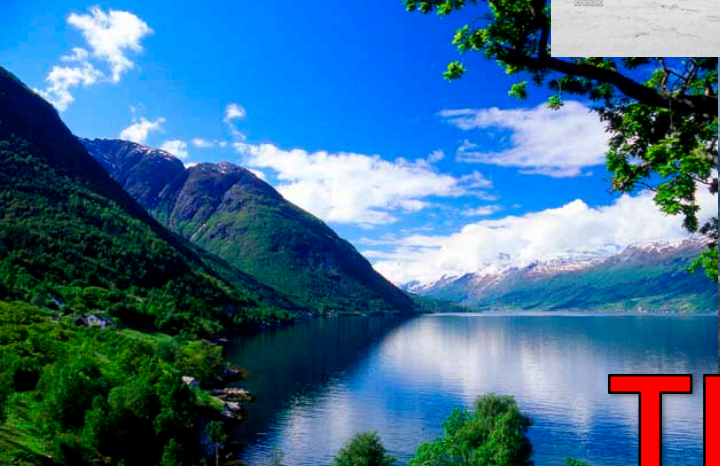
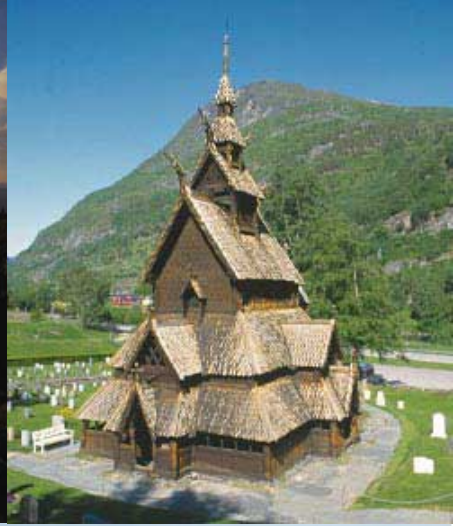
Table 1: Physicians working in nursing homes		(67 nursing home units)
		Patients attended by this group (%)
Total	37	
Men, N (%)	22 (60)	290 (54)
Age, mean (SD)	48 (12)	
Youngest, 29-38 N (%)	12 (32)	180 (34)
Middle, 39-55, N (%)	13 (35)	136 (25)
Oldest, 56-67, N (%)	12 (32)	222 (41)
Type of physician		
General practitioner, N (%)	25 (68)	295 (55)
Nursing home physician, N (%)	12 (32)	243 (45)
Experience (4 (11%) missing), mean (SD)	9.3 (7.8)	
0-2 years, N (%)	9 (24)	136 (25)
3-10 years, N (%)	14 (38)	261 (49)
>10 years, N (%)	10 (27)	110 (20)
Physicians without specialization, N (%)	16 (43)	242 (45)
Physicians with specialization, N (%)	21 (57)	296 (55)
N: Number		
SD: Standard deviation		

Summary: Strategies used to improve collaboration between community care, research and educational institutions

- Political strategies
- Structural-institutional strategies
- Culture building strategies
- Project-based initiatives (research, quality improvement)
- Clinical guideline based
- Educational strategies

Conclusions

- The Norwegian TNH/USHT program has become a significant partner at local, region and national levels with regard to improving quality of care for older people
- The TNHs/USHTs are seen as a significant vehicle for implementing national and local policy initiatives aimed at improving treatment & care of older people
- TNHs/USTHs promote innovative care models, student learning models and facilitate research
- The TNH model is integrated with home care services



Thank you!