



DESDE-LTC

*DESCRIPTION AND EVALUATION OF SERVICES AND
DIRECTORIES IN EUROPE FOR LONG TERM CARE*

CLASSIFICATION AND CODING SYSTEM

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DESDE-LTC 'Classification and Coding System' is an adaptation of the coding system of the ESMS (European Service Mapping Schedule) (Johnson et al, 2000) (it also incorporates modifications included in ESMS-II), and the coding system of the 'Description and Evaluation of Services for Disabilities in Europe' (DESDE) (Salvador-Carulla et al, 2006) and related instruments (DESDAE and DESDE).

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Usefulness of an instrument for the standard description and comparison of services for disabilities based on a mental healthcare assessment model (DESDE).

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R13: Non-acute, Non-24 hours physician cover, indefinite stay, lower support. As in R10 except that these facilities do not fulfil the criteria for 'time-limited' services.

R14: Other non-acute. Residential services not classified otherwise.

4. GLOSSARY OF TERMS

Acute: Facilities where (i) users are regularly admitted because of a crisis: deterioration in physical or mental state, behaviour or social functioning which is related to his or her condition; (ii) alleviating this deterioration is a purpose of the programme; (iii) admission to the programme is usually available within 72 hours.

Additional qualifiers: optional codes which provide additional information on the service characteristics.

Basic Stable Inputs of Care (BSIC): a minimal set of inputs organised for care delivery.

Branch: A level in the coding tree of the DESDE-LTC system. It includes a primary level with 5 Main or Large Branches, each of them divided in sub-branches based on main care descriptors at secondary and at tertiary level.

Case management: Services which main aim is defined as coordination of care but which include several forms of clinical care as part of the coordination of care process. These services may include intensive case management, assertive outreach, assertive community treatment, disease management, or even personalised care.

Case-Mix: Case mix is by definition a system that classifies people into groups that are homogeneous in their use of resources. The application of case mix is broad; it provides the basis, not only for reimbursement, but also for comparing facilities or programs, practice patterns, as an adjunct to quality of care and efficiency measurement, a staff planning tool, etc.

Catchment area: In the DESDE system it refers, mainly, to smallest catchment areas within every field. Social areas may be broader than health areas, and areas for specialised care (Mental Health) may be smaller than areas for LTC but larger than Primary Care areas. Areas between 50 and 250.000 inhabitants were outlined in the original instrument intended for use in mental health. Comparison areas in DESDE-LTC may be extended to 50-500.000 inhabitants depending on the location used in the country or region of reference and the territorial divisions of the geographical region being evaluated.

Clinical units: (or care units). Units of analysis that fulfil some of the criteria but do not fulfil overall criteria for being coded as a service (i.e a unit of eating disorders within an acute psychiatric ward in a General Hospital).



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Closed care: Secluded services with high level of security which is provided under locked doors. Usually these units are for crime & justice patients or persons with mental illness with high risk for themselves or others.

Continuing care services: These services provide patients with regular contact with a mental health professional, which may be long term if required.

Counting Trees: These provide a standardized method of measuring levels of main types of care use by the population of a catchment area

Crisis: deterioration in physical or mental state, behaviour or social functioning which is related to his or her condition

Day care main branch: These are facilities that (i) are normally available to several users at a time (rather than delivering services to individuals one at a time); (ii) provide some combination of treatment for problems related to long term care, structured activity, social contact and/or support; (iii) have regular opening hours during which they are normally available: and (iv) expect users to stay at the facilities beyond the periods during which they have face-to-face contact with staff (i.e. the service is not simply based on-patients coming for appointments with staff and then leaving immediately after their appointments).

Domiciliary care: Services provided at the users home and nowhere else.

eCare: It includes all medical healthcare services, social services and technologies relying on modern information and communication technologies (ICTs) (e.g. telecare/telemedicine, teleconsultation, teleradiology, telemonitoring).

eHealth: eCare in the health sector

Emergency facilities: Acute facilities that (i) provide assessment and initial treatment in response to a crisis, deterioration in physical or mental state, behaviour or social functioning which is related to the condition; and (ii) can usually provide a same day response during working hours.

Facility: Physical location of the care provision (setting)

Function (of care): (Health care functions - ICHA). The health care functions of ICHA-HC refer to the health purpose of activities and determine the boundaries of health care consumption in the strict sense. The transactions related to the consumption of health care goods and services on the one hand and the transactions related to capital formation, education and training, as well as research and development for future health care provision on the other hand serve different purposes.

Generic services: Services designed for the general population or large groups, (i.e. elderly people, immigrant population etc.) which are important for many users with long term care needs although they have not been specifically planned for this population.

Health (in service research): As a generic term it refers to a care sector which includes all the care organisations providing assistance and information for the



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promotion, prevention and treatment of health-related conditions. The limits of health care sector with other sectors (justice, social, education) are imprecise. In the DESDE-LTC it refers to all organisations funded and managed throughout the official health system in any single country, region or area.

Health related care: Facilities which main goal is the specific clinical care, during the period described by the code, and where a part of the staff is qualified on health care (Psychology, Medicine, Physiotherapy, Nursing) or has the equivalent training

24 Hour physician cover: Facilities within hospitals or within other residential meso-organisations where there is 24 hour cover by a registered physician (including medical residents).

Health Maintenance Organisation (HMO): A type of managed care organization that provides a form of health care coverage that is fulfilled through hospitals, doctors, and other providers with which the HMO has a contract.

Hospital: Hospitals are meso-organisations with a legal recognition in most countries. This legal recognition can be used as the basis for identifying hospital services (registered hospitals). Exceptions are units that have fewer than 20 beds and/or no 24 hour physician resident cover (these should be classified as non-hospital facilities even if they have the legal status of hospitals). In those countries where there is no legal basis for deciding what are hospital services and what are not and where doubt exists, services should be classified as hospital services if they have 24 hour resident physician cover. A stakeholder group and/or local or regional health officers should be consulted where there is doubt about which services should be viewed as hospital services or not.

Institutional Care: Residential services characterised by indefinite stay for a defined population group, which usually have over 100 beds and which is described as "Institutional care".

Integrative care: A generic term which describes a model of care which incorporates all the relevant sectors involved in care for persons with a health condition and not only the health sector (ie social, crime and justice, education). It is related to Holistic care model. In the DESDE-system it refers mainly to the social and health care model.

Intensity: This is secondary descriptor of MTC in Day care and Outpatient care in the DESDE system. It refers to the actual 'capacity' of a service to provide a main type of care as shown by the pattern of maximum use by its clients in routine practice. It excludes theoretical capacity or the any exceptional use of the facility.

Intensity (High for Continuing Care): These are facilities that have the capacity to make face to face contact with users at least three times per week when clinically indicated.

Intensity (Medium for Continuing Care): These facilities do not have the capacity to supply three times weekly contact to users, but which can provide contacts at least once a fortnight when indicated.



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Intensity (Low for Continuing Care): These services do not have the capacity to see users as often as once a fortnight.

Intensity (High for Day Care): High intensity day facilities are available for users to attend for at least the equivalent of four half days per week. Not all the users need attend as frequently as this for the service to be classified as 'high intensity', but it should at least be possible for them to do so.

Intensity (Low for Day Care): Day facilities where users usually attend for less than the equivalent of four half days per week.

Intervention Programmes: A set of activities programmed within a limited period of time (normally less than 1 year, and no longer than 3 years) without a stable structure in time. In some occasions services develop from programmes which are reedited through the years.

Justice care: Services which main aim is to provide crime & justice patients (security or prison hospitals, surveillance wards for patients under crime & justice custody, physical disability and psychiatric units in prisons and regional security units).

Liaison care: services where specific consultation on a subgroup of patients is provided to other area (e.g. outpatient consultation on Intellectual Disabilities to a general medical service or consultation on mental disorders to the general medical services of a hospital).

Levels of care: Classification services system according to a number of descriptors: Status of user, Type general of care, Intensity of care, Subtype of care and Additional Qualifiers.

Long-Term Care (LTC): Long-Term Care (LTC) is a blanket term that "brings together a range of services for persons who are dependent on help with basic activities of daily living (ADLs) over an extended period of time" (OECD, 2005). This range includes 'medical and/or social services designed to help people who have disabilities or chronic care needs. Services may be short- or long-term and may be provided in a person's home, in the community, or in residential facilities' (US Dept of Health). At present Member States use a variety of definitions of LTC that do not always concur (EC, 2008).

Macro-organisation (within the care system): This refers to the care system of a country or a region. It may also refers to a Large Maintenance Health Organisation which provides care in several setting across a country)

Main Types of Care (MTC): Unit of analysis in service research which describes the main characteristic of the care provided in every single service or 'micro-organisation' within a catchment area (meso-organization). MTCs are the building blocks of the classification provided by the DESDE-LTC system. This system describes 89 MTCs using a tree approach with branches and sub-branches according to a series of descriptors based on activity, location, time-frame, intensity, and type of staff required. Main branches include information on care, accessibility to care, self-help and voluntary care, outpatient care, day care and residential care. Services are arranged or organised either as a single MTC or in cluster combination of MTCs. These clusters



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emulate “bar codes”, identifying service characteristics according to MTCs. Thus, the same service might include one main type of care coded in Branch D as a Day service and other classified as residential in Branch R. MTC availability and use can be compared across areas regardless of how services are named. MTC cluster patterns could be also compared across areas. The same term (i.e. ‘Information’) may be coded as the MTC in a service, while it may be code simple activity in another service.

Matrix of Care: A framework developed for assessing long term care care which divide care components and indicators in 9 boxes related to two 2 domains: Process (input, process and output) and Level (macro, meso and microlevel) (Tansella & Thornicroft, 1998).

Maximum frequency of attendance/contact (maximum performance): Maximum number of times that a service user can be assisted by the service if they require need in ordinary care conditions.

Meso-level: Care provider or care organization in small areas (municipality, small health district, community mental health centre which provides are in a sector).

Meso-organisation (within the care system): A care organisation which includes several services within the same location (i.e. a general hospital)

Micro-organisation (within the care system): The minimum administrative nit which can be identified a small care area. See ‘service’

Mobile. (Home-Mobile): In home & mobile facilities contact with users occurs in a range of settings including users’ homes, as judged most appropriate by professionals and users. For a service to be classified as ‘home & mobile’, at least 50% of contacts should take place away from the premises at which the service is based. If mobile care is provided at least for 20% of contacts a secondary mobile code should be added to the MTC Non-mobile code. In other cases of mobile outpatient care an additional qualifier “d” could be provided to describe its mobile activity. For some services, the main site of provision may vary from day to day (e.g. services in rural areas which move from village to village) – this does not mean they should be classified as ‘home & mobile’ unless staff go and do work at locations away from that day’s main site.

Modality of Care is a main type of intervention (or activity) that can possibly be applied to achieve one of the restricted number of tasks that together comprise the whole range of Long-Term Care. (De Jong, 2000)

Outpatient Care Main Branch: these are facilities that (i) involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties and (ii) are not provided as a part of delivery of residential or day and structured activity services, as defined above.

Packages of Care: A cluster or set of integrated care interventions designed for the same group of users

Pathway (of care): The itinerary followed by a single user or a group of users within the care system. It could be assessed from the individual perspective of the user, or it could describe the standard trajectory of care of a group of users (case-mix).



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Policy Programme: The policy implementation of a care plan at different care levels (macro, meso or micro)

Primary health care: Is essential, ambulatory and community health care, outside hospital and specialised care setting. It is the first point of contact a person encounters with the health care system. It includes mainly general medical care, paediatrics and some integrated care strategies for users with chronic health conditions. The Alma Ata Conference defined 'Primary Health Care' as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally, accessible to individuals and families in the community by means of acceptable to them, through their full participation and at a cost that community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of both the country's health system, of which it is the central function and the main focus and of the overall social and economic development of the community (Alma-Ata Declaration, 1978)

Process (of care): The intended sequence of procedures for the treatment of a patient

Products (Health): Durable and non-durable medical goods intended for use in the diagnosis, cure, mitigation, or treatment of disease.

Programme: In service research this term has two main different meaning: i) policy programme; ii) intervention programme (see programme)

Reference main type care in an area: The main and/or official referral service for an MTC provided at the catchment area.

Rehabilitation: In general this term is loosely related to Long-Term Care. This term is culturally and philosophically laden and it may be used in different contexts with different meanings. This is an example of terms the DESDE coding system excludes in its atheoretical approach.

Residential care: facilities that provide beds overnight for users for a purpose related to the clinical and social management of their conditions / illnesses- users are not intended to sleep solely because they have no home or are unable to reach home.

Secondary care (Health): Care provided by health professional specialists (physicians, psychologists, nurses) outside primary care and hospital premises. In many countries these specialists generally do not have first contact with patients. Secondary care is usually delivered in outpatient clinics. In the public sector patients are usually referred to secondary care by their primary care provider (usually their GP). Secondary care does not generally include in the current definition outpatient care provided in hospital settings.

Semantic interoperability is the ability of two or more computer systems to exchange information and have the meaning of that information automatically interpreted by the receiving system accurately enough to produce useful results, as defined by the end users of both systems.



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Service: A 'service' is a micro-level functional system of care organisation, defined as the smallest unit with own administrative structure available within the catchment area (micro-organization). The range of services to be considered includes those facilities that have as specific aim any aspect of the management of long term care and of the clinical and social difficulties related to it.

Service Inventory (Catalogue, service listing): It allows a detailed description of individual services for LTC, obtaining the main characteristics of every service (service listing, service directory or service catalogue).

Setting: Physical location of the care provision (facility)

Small Care Area: A catchment area or territorial sector with a common set of services for its population. It provides the meso-level of comparison in service research.

Social Care: Care provision for a particular health condition non directly related to health, crime & justice or education

Specialised care: Services for a specific subgroup within the target population attended at the catchment area (e.g. services for Elderly persons with Alzheimer's disease within the "E" group, or services for Eating Disorders within the "MD" group).

Status of user. Level related to the clinical status of the users who are attended in the care setting (i.e. whether there is a crisis situation or not).

Support (daily): Members of staff regularly on site at least five days a week for some part of the day, with responsibilities related to the monitoring and clinical and social care of the patient.

Support (lower): Facilities where the patient resides for some purpose related to the management of his/her condition and where there is a direct link between residing in the facility and some support from staff, but where staff is regularly present fewer than five days per week.

Support (24 h): Staff is present within the facility 24 hours a day, with responsibilities relating to the monitoring and clinical and social care of the patient (i.e. domestic or security staff is not included).

Target population: The defined population for which services are designed, or the population for which services are provided. In the case of DESDE-LTC the target population are adult and elderly frail population (18+) with i) Severe Physical disabilities (registered in official national, regional or local registers for this population group, or an equivalent system where registers are not available); ii) Intellectual disabilities (ICD-10); iii) Mental Disorders (ICD-10), iv) Elderly with severe disability (registered in official national, regional or local registers for this population group, or an equivalent system where registers are not available).

Tertiary care (health): Care provided in hospital premises (both inpatient and outpatient). In some special cases tertiary care may also refer to health care centers that includes highly trained specialists and advanced technology for a specific patient group.



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Units of analysis (in Service Research): The standard unit of data analysis defined in the design of a service research study. Many different units of analysis may be identified in service research whilst population studies use a single unit of analysis (patients, persons). In order to make like-with-like comparisons, these comparisons must be made across a single 'unit of analysis' group. In the evaluation of Services there are different units of analysis such as territories (Countries, Regions, Districts, Small Health Areas); Macro-organisations (i.e. a Large Health Maintenance Organisation), Meso-organisations (i.e. a Hospital), Micro-organisations (i.e. a service or "Basic Care Input System") or smaller units within a service: Main Types of Care, Care Modalities, Care or clinical Units, Care packages, Activities, Micro-Activities or Philosophy of care.

User profile: The main target groups for whom a service is intended and/or delivered.

Work (services): The users are paid at least the official minimum wage and the organisation follows standard work regulations in the open market. Users may have not obtained this work through fully open competition - their jobs may in some way specifically reserved for users with Long term care needs depending on national/regional or local regulations.