

DESDE-LTC

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

CODING SYSTEM

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Executive Agency for Health and Consumers (EAHC)

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DESDE-LTC 'Service Coding System' is an adaptation of the coding system of the 'European Service Mapping Schedule' (ESMS-I) (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 (ESDAE and DESDE).

These instruments have been developed by the EPCAT Group (European Psychiatric Care Assessment Team); coordinated by Centro Studi e Ricerche in Psichiatria, Torino, Italy; and the PSICOST Association in Spain

Johnson S, Kuhlmann R, EPCAT Group. European Psychiatric Assessment Team. The European Service Mapping Schedule (ESMS): development of an instrument for the description and classification of mental health services. Acta Psychiatr Scand Suppl. 2000;405:14-23.

Salvador-Carulla L, Poole M, González-Caballero JL, Romero C, Salinas JA, Lagares-Franco CM for RIRAG/PSICOST Group and DESDE Expert Panel. Usefulness of an instrument for the standard description and comparison of services for disabilities based on a mental healthcare assessment model (DESDE). Acta Psychiatr Scand 2006; 111(Suppl. 432): 19-28

For any further information on ESMS please contact Sonia Johnson (s.johnson@ucl.ac.uk)

For any further information on DESDE please contact Luis Salvador-Carulla (luis.salvador@telefonica.net) or Asociación Científica Psicost asociacionpsicost@telefonica.net

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Non institutional Collaborating partners were: UNITED KINGDOM: Dept of Mental Health Sciences Royal Free and University College Medical Schools (Sonia Johnson); ITALY: Centro Studi e Ricerche in Psichiatria (CSR) (Giuseppe Tibaldi); SPAIN: ETEA (Carlos García). Institutional collaborating partners were: OECD – Health División (Francesca Colombo), BULGARIA: Ministry of Health. National Center for Public Health Protection (Zahari Zarkov), SPAIN: Departament de Salut, Direcció General d'Avaluació i Planificació, Generalitat de Catalunya (Josep Fusté); Department of Equity and Health, Jerez (Margarida Ledó).

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.

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-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).

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 whose (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).

Emergency care. Emergency facilities (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.

Function (of care) (see ICHA). Criteria used to classify health care resources and providers according to main type of activities??

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 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 whose 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 medical cover

Facilities within Hospitals or within other residential meso-organisation where there is 24-hour medical resident cover.

Health Maintenance Organisation (HMO)

http://en.wikipedia.org/wiki/Health_maintenance_organisation

Hospital. In most countries, hospitals are legally recognised, and this legal recognition should then be used as the basis for identifying hospital services. Exceptions are units that have fewer than 20 beds and/or no 24-hour medical 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 not a legal basis for deciding which are hospital services and which are not and where doubt exists, services should be classified as hospital services if they have 24-hour resident medical cover. A stakeholder group should be consulted where there is doubt about which services should be viewed as hospital and which not.

Institutional care. Facilities located within a larger institution or meso-organisation for “Long-Term Institutional Care”: One of its main functions is residential care indefinite stay for a defined population group. It usually has over 100 beds. It may provide other additional types of residential 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 whose 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.

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.

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 76 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 accessibility to care, information on 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 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).

Meso-level. Care provided 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 20% of contacts should take place away from the premises at which the service is based. 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 whose (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).

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

Primary health care. Services delivering primary health care, which may include some kind of care for users with LTC but do not specialize in it should also be excluded.

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

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 whose 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.

Secure (Services). Beds to which users are admitted because they are considered by clinicians to be too dangerous to themselves or others to be managed adequately on the usual catchment area admission wards, or because of a specific legal judgement which states that for reasons of safety they must go to this particular facility rather than to the local generic facilities. Beds to which compulsory admissions can be made should not automatically be categorised as secure beds- it is possible for a patient to be compulsorily admitted to a generic acute facility. Only beds specifically intended to provide a greater level of security than those to which users from the catchment area are routinely admitted should be classified as secure.

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.

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).

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

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 are regularly present fewer than five days per week.

Support (24-hour). 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).

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.

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.