

Giving priority to supervision of services for elderly people gave results

During the period 2009-2012, the Norwegian Board of Health Supervision and the Offices of the County Governors gave special priority to supervision of services for elderly people. We pointed out deficiencies in many of the services provided by the municipalities and hospitals. As a result of supervision, hospitals and several hundred municipalities have worked to improve quality. The results of supervision and the experience gained have been reported in a collection of articles. The articles are available both as published articles and on the website of the Norwegian Board of Health Supervision. A short summary is given here.

Information about risk as the basis for supervision

Supervision from 2000–2005 has shown that provision of municipal services for elderly people often did not meet the statutory requirements and regulations. Leadership was often inadequate, and adverse events and critical mistakes were often not prevented. The analyses that we carried out identified areas of serious risk in specialized health services.

In 2010 and 2011, the Offices of the County Governors carried out supervision more than 500 times in about 70 per cent of municipalities and urban districts in the country. Breaches of the statutory requirements were detected in two thirds of cases.

In 2011, we focussed on how elderly people who had suffered a stroke were treated in hospitals (breaches of the statutory requirements in 9 out of 23 cases of supervision).

Safe services for elderly people? Findings from supervision

We focussed on services and measures that were very important for frail elderly people with comprehensive needs.

The main findings in the municipalities:

- *Identification, examination and follow-up of elderly people with dementia living at home:*
Many municipalities had no system for identifying elderly people with dementia living at home. Allocation of responsibility and co-operation between the home nursing service and general practitioners was often unclear. Often, there was lack of continuity in the services offered.
- *Medication:*
In many places, it was not clear who had responsibility for providing treatment with medication. The Offices of the County Governors often found that procedures, routines, and patient records were inadequate.
- *Prevention and treatment of malnutrition:*
The Offices of the County Governors found that in most of the nursing homes and home nursing services where they carried out supervision, that there was no established practice for checking and assessing the nutritional status of new clients. Often there was no systematic procedure for dealing with malnutrition or for assessing whether measures to help undernourished clients had been successful.
- *Rehabilitation in nursing homes:*
In several places, interdisciplinary co-operation for rehabilitation of elderly clients in nursing homes

did not function well enough in practice. Measures that were instigated were not always evaluated and adjusted.

- *Applications from relatives for respite care:*
In most of the municipalities that we investigated, no assessment was carried out of the care burden of the relatives, what their situation was, or what needs they had for respite care.

In many municipalities we found that there were not enough qualified staff, and that staff training was inadequate. There was no system for ensuring that when adverse events occurred, they learned from these mistakes

The main findings in the health trusts

- *Treatment of elderly people who have had a stroke:*
The results of supervision indicate that services for elderly people who have had a stroke were adequate in most places. However, we identified inadequate management of these services in some of the hospitals.
- *Treatment of frail elderly people who have broken their hip*
With few exceptions, these frail elderly patients were operated on soon enough. However, in most hospitals in which supervision was carried out, problems related to medication, delirium (acute confusion) and nutritional status were not dealt with adequately.

Testing different methods of supervision

The basis of supervision is to ensure that the requirements laid down in the legislation are met. With countrywide supervision, the statutory requirements are presented and explained in the guidelines from the Norwegian Board

of Health Supervision. Most often, countrywide supervision is carried out using the method of system audit. The Offices of the County Governors collect information by studying management documents, patient records etc., by interviewing managers and staff, and by carrying out inspections.

For supervision of services for elderly people, the Offices of the County Governors could choose different combinations of theme and method of investigation. The three methods that were used the most were:

- *System audit:*
They investigated whether the municipality or health trust had arrangements for ensuring that clients receive adequate services according to the statutory requirements.
- *Random checks:*
They collected documentation in the form of administrative decisions, patient records etc., and assessed these according to professional and statutory requirements.
- *Self-reported supervision:*
The managers in the municipality or health trust received a questionnaire to document whether services were provided in accordance with the statutory requirements. The questionnaire was returned to the Office of the County Governor with a plan for how any breaches of the regulations would be corrected.

They also carried out supervision of general medical practitioners, and unannounced supervision, using their own methods.

The possibility to use a wider range of methods of supervision seems to have stimulated activity among many of the

Offices of the County Governors. For all methods of supervision, careful preparation and clear criteria are necessary in order to ensure a satisfactory result.

Extra funding – a boost for supervision

In association with the four-year period for giving priority to supervision of services for elderly people, the Norwegian Board of Health supervision received NOK 4 million per year in extra funding from the Ministry of Health and Care Services. Sixteen out of eighteen Offices of the County Governors carried out projects using this extra funding. There were three types of project:

- *Spreading information about the results of supervision and possible areas with potential for improvement:*
Meetings with the municipalities and health trusts in which supervision had been carried out, or where they wished to develop their own activity.
- *Testing different methods of supervision:*
Use of on-line tools for carrying out supervision; involving clients and relatives as a source of information.
- *Surveys:*
Surveys for obtaining local knowledge about services for elderly people.

The extra funding stimulated many ideas in the Offices of the County Governors. This made it possible for them to have a lot of activity that they would otherwise not have had sufficient resources to carry out.

Supervision stimulates change

At the end of the period for giving priority to supervision of services for elderly people, we wished to know more about the processes that had

taken place and the measures that the municipalities had initiated afterwards. In the autumn of 2012, the consultant agency *Agenda Kaupang* carried out an independent survey in 220 municipalities. They found that 80 per cent of the municipalities meant that supervision was very important. Most of them meant that the supervision report and dialogue with the Offices of the County Governor had provided a sound basis for improving the services. The most encouraging finding was that 62 out of 69 municipalities in which no breaches of the statutory requirements had been found, had still implemented measures to improve the services as a result of supervision.

It seems that the priority given to supervision of these services has led to a significant improvement in services for elderly people.



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