

## Measuring the quality of long-term care in institutional and community settings

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### ABSTRACT

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Long-term care poses challenges to policy-makers because the services are intertwined with the medical, social and housing sectors, with no clear criteria for delineating the responsibility of each. These problems are compounded in community settings because the boundaries between informal care by families and formal care by agencies are also difficult to draw. However, long-term care is an issue that must be faced with the ageing of society and the need to establish a new framework for the sharing of public/private responsibility.

The development of the MDS (Minimum Data Set) in the United States was a break through towards obtaining individual-based data, without which outcome-based quality is impossible to measure. Since 1991, the MDS has been mandated in virtually every nursing home in the United States. Evaluation studies have shown that it has improved the process and outcome quality of care. The MDS serves primarily as a clinical instrument for care planning, but is also used for administrative purposes for calculating the facility's case-mix to set the per-diem payment (RUG, Resource Utilization Group), and for monitoring quality of care indicators. Quality of care indicators are calculated for each facility from the assessment form data sent to the state government, and are risk-adjusted in order to reflect differences in the overall mix of residents. The fact that the same MDS is used for both payment purposes and quality audit makes it not only efficient, but also more valid. For example, if a resident has pressure ulcers, it will lead to higher payment, but flag quality problems.

The MDS has been translated, validated and used in over 15 countries. Results on quality of care indicators (adjusted for case-mix) are now available from a number of OECD countries, including Denmark, Iceland, Italy, Japan and the USA.

A home care version, the MDS-HC, and a mental health version, the MDS-MH, have been developed by interRAI, an international non-profit organization of researchers and clinicians. The development of quality of care indicators and case-mix groupings for these two inter-linked versions are in the final stages of development. With the use of these instruments, it will be possible to provide a seamless care and monitor quality regardless of settings.