

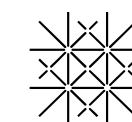
# Programma Nazionale di Implementazione Qualità delle cure di lunga durata nelle case per anziani (NIP-Q-UPGRADE)

Serena Sibilio

22.11.2024

Nationales Implementierungsprogramm – **Qualität der Langzeitpflege in Alters- und Pflegeheimen** (NIP-Q-UPGRADE), Übertragung von Aufgaben mit Abgeltung durch die Eidgenössische Qualitätskommission (EQK) an: ARTISET mit dem Branchenverband CURAVIVA und senesuisse – [Laufende Programme und Projekte \(admin.ch\)](#)

Umgesetzt in Zusammenarbeit mit dem Institut für Pflegewissenschaft (INS), Universität Basel, Institut et Haute Ecole de la Santé La Source (La Source), Lausanne und Scuola universitaria professionale della Svizzera italiana (SUPSI), Manno.



**Universität  
Basel**

Pflegewissenschaft  
Nursing Science

Scuola universitaria professionale  
della Svizzera italiana

**SUPSI**



**La Source.**  
Institut et Haute  
Ecole de la Santé

# NIP-Q-UPGRADE



Il programma mira a  
**supportare le case di cura**  
nello sviluppo continuo della  
**qualità delle cure,**  
sulla base di **dati concreti**

## PASSARE ALL'AZIONE!

National strategic direction on **Quality across the health system**... National policies and strategies aimed at improving quality of care... provide a strong foundation for... services require good governance; a skilled and motivated health workforce that is supported and... with broader national health policy... of national quality policy and strategy is a... the health system to shape the system... and communities. An... illustrative list of quality interventions...

**High quality primary health care:** Primary health care is central to delivering high-quality universal health coverage. The three interrelated pillars of primary health care – empowered people and communities, multisectoral action for health, and health services that... are available, primary care and essential public health functions – all... are available, primary care and essential public health functions – all... are available, primary care and essential public health functions – all...

**Sharing and learning:** Beyond the measurement of key indicators for improvement, there is a clear need to collect and share lessons and experiences on quality within and across countries for a cross-fertilization and activated learning process. Such knowledge, emerging from countries across all health system levels, must be shared globally and within the local health system.

Fact sheet: Quality health services  
Available from: <https://www.who.int/news-room/fact-sheets/detail/quality-health-services>

## MONITORAGGIO E VALUTAZIONE

Misurare e monitorare continuamente la qualità per promuovere il miglioramento delle cure, facendo affidamento su dati accurati, tempestivi, utili e basati su evidenze.



Fact sheet: Quality health services  
Available from: <https://www.who.int/news-room/fact-sheets/detail/quality-health-services>



## ELEMENTI DELLA QUALITA' DELLE CURE

- Orientata alla persona
- Tempestiva
- Equa
- Efficace
- Sicura
- Integrata

Quality of care - World Health Organization  
Available from: <https://www.who.int/health-topics/quality-of-care>

## INDICATORI DI QUALITA'

ELEMENTI MISURABILI	DIFFERENTI STAKEHOLDER	CONTESTO SPECIFICI
Creati e supportati da evidenze o consenso scientifico	<ul style="list-style-type: none"> <li>Professionisti sanitari</li> <li>Enti regolatori</li> <li>Pazienti e caregiver</li> </ul>	Adattati alle esigenze e agli obiettivi unici dell'organizzazione





Quentin H. (2019)  
Burke K. (2019)

## QUALITA' DELLE CURE



Grado in cui i servizi sanitari per individui e popolazioni **aumentano la probabilità di ottenere risultati di salute desiderati.**

Si basa su conoscenze professionali **evidence-based** ed è fondamentale per raggiungere una copertura sanitaria universale.

Quality of care - World Health Organization  
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## IQ NELLE CASE DI CURA




**66 indicatori di qualità** in aree come mobilità, cadute, piaghe da decubito, continenza, dolore, perdita di peso e restrizioni fisiche.

Osinaka H. (2022)

# QUALITA' DELLE CURE



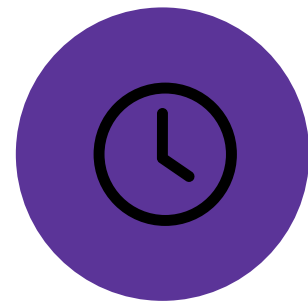
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# ELEMENTI DELLA QUALITA' DELLE CURE



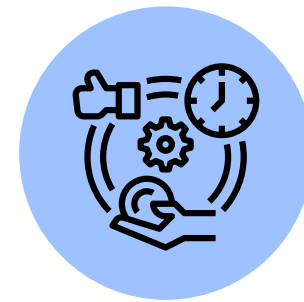
Orientata  
alla persona



Tempestiva



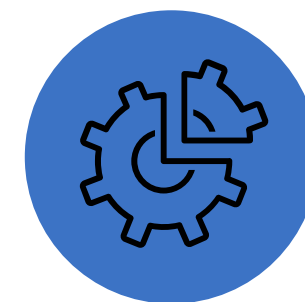
Equa



Efficace



Sicura



Integrata



# PASSARE ALL'AZIONE!

**National strategic direction on quality across the health system:** National policies and strategies aimed at improving quality of care across the health system and need to be closely aligned with broader national health policy and strategy is a pragmatic package of interventions that enable and encourage quality care; information and communities. An illustrative list of quality interventions... services requires good governance; a skilled and competent health workforce that is supported and continuously monitor and learn to drive better care; medicines that are safe and appropriately regulated; and accessibility.

**High quality primary health care:** Primary health care is central to delivering high-quality universal health coverage. The three interrelated pillars of primary health care – empowered people and engaged communities; multisectoral action for health; and health services that prioritize primary care and essential public health functions – all require an enabling policy environment, the provision of quality health services that are available, safe and appropriately regulated; and accessibility.

**Sharing and learning:** Beyond the measurement of key indicators for improvement, there is a clear need to collect and share lessons and experiences on quality within and across countries for a cross-fertilization and activated learning process. Such knowledge, emerging from countries across all health system levels, must be shared globally and within the local health system.



# MONITORAGGIO E VALUTAZIONE

**Misurare e monitorare** continuamente la qualità per promuovere il miglioramento delle cure, facendo affidamento su **dati accurati, tempestivi, utili e basati su evidenze.**



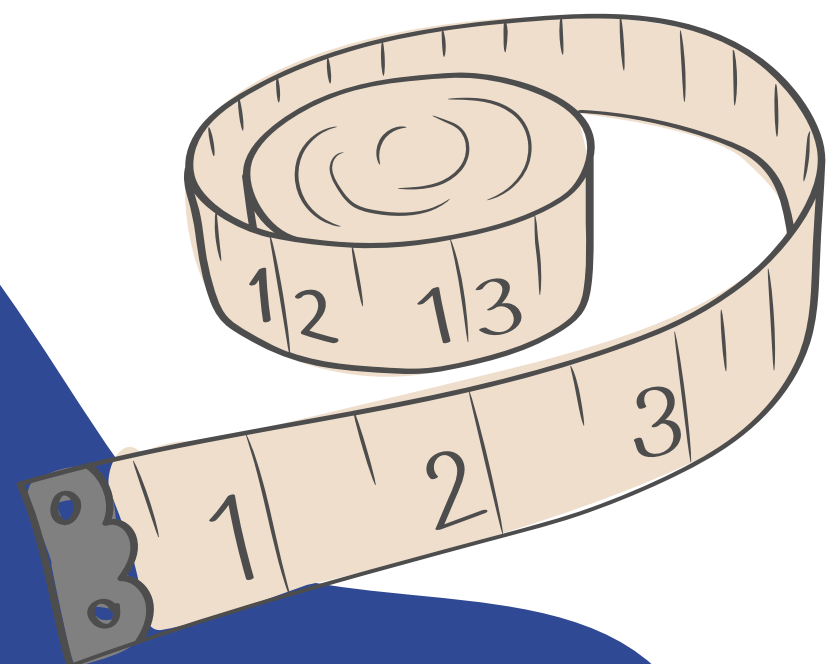
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# INDICATORI DI QUALITA'

## ELEMENTI MISURABILI

Creati e supportati **da evidenze o consenso scientifico**



## DIFFERENTI STAKEHOLDER

- Professionisti sanitari
  - Enti regolatori
- Pazienti e caregiver



## CONTESTO SPECIFICI

Adattati alle esigenze e agli obiettivi unici dell'organizzazione



Quentin W. (2019)  
Burke R. (2019)



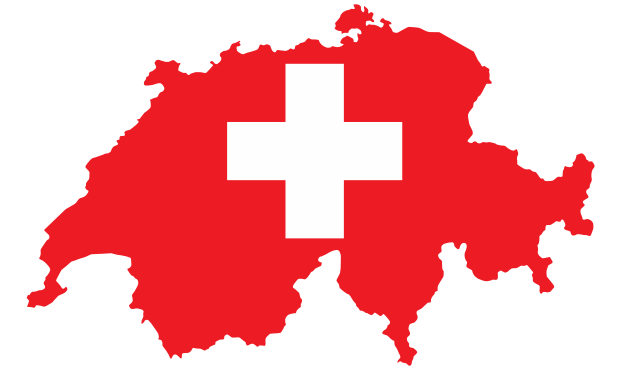
# IQ NELLE CASE DI CURA



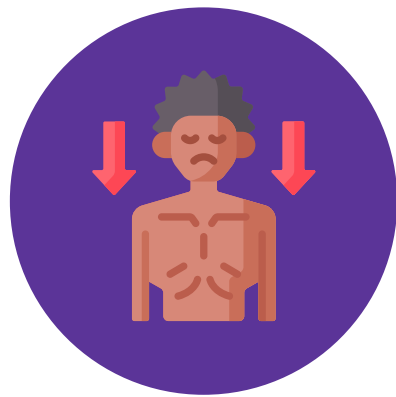
**66 indicatori di qualità** in aree come mobilità, cadute, piaghe da decubito, continenza, dolore, perdita di peso e restrizioni fisiche.



# IN SVIZZERA



- Il monitoraggio della qualità è attuato ai sensi dell'Articolo 59a della Legge sull'Assicurazione Malattia (KVG).



Malnutrizione



Contenzione  
fisica



Polifarmacia

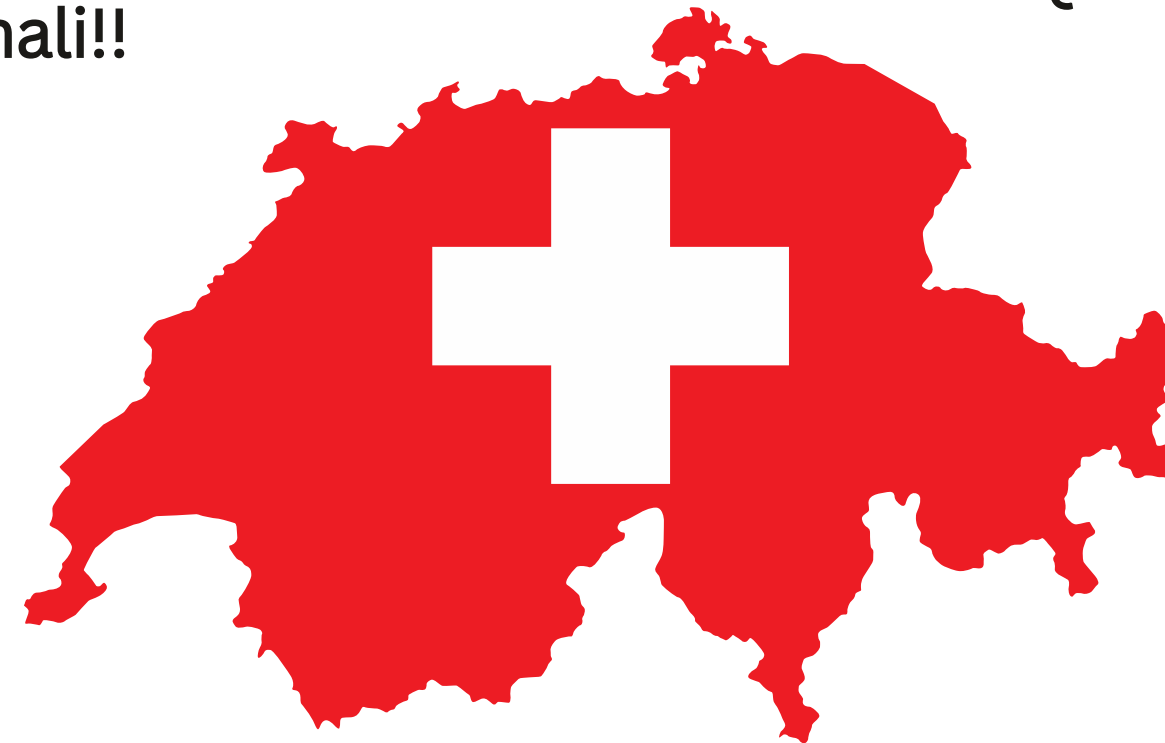


Dolore

# PERCHE' IL NIP-Q-UPGRADE?

No standard nazionali!!

Qualita' dei dati raccolti



Introduzione di nuovi indicatori

Conoscenza e comprensione dell'utilita'

Supporto alle strutture

Corretto utilizzo da parte dei professionisti sanitari

# NIP-Q-UPGRADE

1

## Work package 1

Migliorare la qualità dei dati per gli indicatori di qualità nazionali esistenti.

2

## Work package 2

Supportare le strutture nel miglioramento della qualità sulla base dei dati esistenti

3

## Work package 3

Introduzione di nuovi indicatori di qualità

# WORK PACKAGE 3

Revisione  
dei  
Medicinali



3

## Work package 3

Introduzione di nuovi  
indicatori di qualità



Pianificazione  
Sanitaria  
Anticipata



Piaghe da  
Decubito



# IMPLEMENTATION SCIENCE

Colmare il divario tra i contesti sperimentali e quelli reali per implementare e sostenere interventi basati su evidenze – superando le "valli della morte".



**Trial world -  
Best Evidence**



**Real World Settings**

# VALLI DELLA MORTE



Università - Istituto di Ricerca



Transfer Industria e Tecnologia



Implementazione Clinica



**SOLO IL 14% dell'EVIDENZE  
viene EFFETTIVAMENTE  
implementato!!**

# INTERVENTION MAPPING

Analisi del contesto



- Describe target group, health problem, barriers and enablers and associated behavioural determinants (literature review, community needs assessments)
- Formulate programme goals

# WORK PACKAGE 3

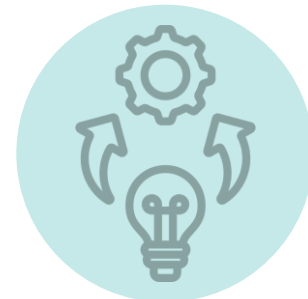
3

Work package 3

Introduzione di nuovi indicatori di qualità

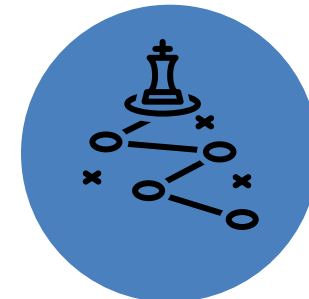
## Sub-Aim 3.1

Identificazione di QI misurati a livello internazionale e variabili di Risk Adjustment



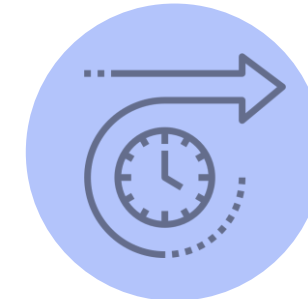
## Sub-aim 3.3

Studio Etnografico



## Sub-aim 3.5

Preparazione all'implementazione e alla valutazione



## Sub-aim 3.2

Formulazione dei nuovi indicatori



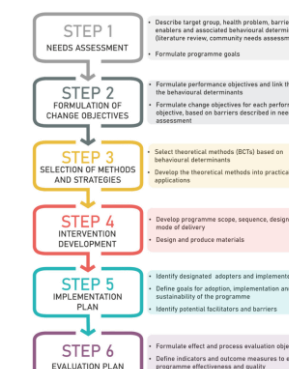
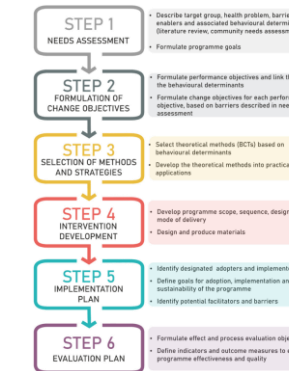
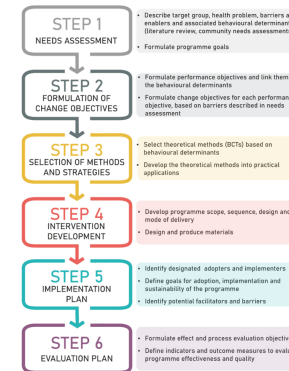
## Sub-aim 3.4

Strategie di implementazione



## Sub-aim 3.6

Raccomandazione nuovi futuri indicatori



# STUDIO ETNOGRAFICO

STEP 1  
NEEDS ASSESSMENT

- Describe target group, health problem, barriers and enablers and associated behavioural determinants (literature review, community needs assessments)
- Formulate programme goals



**Conoscenza**



**Attuabilità**



**Risorse**



**Organizzazione**



**Utilità**



# Logic Model of Change

STEP 2  
FORMULATION OF  
CHANGE OBJECTIVES

- Formulate performance objectives and link them to the behavioural determinants
- Formulate change objectives for each performance objective, based on barriers described in needs assessment

Performance Objectives	Determinants				Perceived feasibility	Self-efficacy	Skills	Social influence	
	Attitude/motivation	Awareness	Knowledge	Resources					
<p>Nurses can conduct the required procedure properly</p> <p>PO.1 Nurse experts/head nurses/dedicated nurses make the interprofessional contact with Physicians/clinical pharmacist/geriatrist</p> <p>PO.2 For ACP, nurse experts/head nurses/ ACP Experts/nurses approach residents and families (incl. legal guardians)</p> <p>PO.3 For ACP and MR, nurse experts/head nurses/nurses conduct the procedure with PHYSICIAN or pharmacist with available tools and instructions</p> <p>PO.4 For pressure ulcer, nurse assistants observe pressure ulcer and report</p> <p>PO.5 For pressure ulcers, nurses assess the pressure ulcer according to the instruction</p> <p>PO.6 Nurses document the procedure/assessment of</p>		<p>CO1.2a Dedicated nurses explain their important role in MR and ACP to contact with the physicians</p> <p>CO1.2b Dedicated nurses explain the importance of conducting ACP conversation when residents' circumstances change</p> <p>CO2.2a Dedicated nurses explain that they understand the importance of ACP</p> <p>CO2.2b Dedicated nurses explain that it is important to approach residents and families for ACP</p> <p>CO3.2 Nurses explain that their important role in MR and ACP process</p> <p>CO4.2 Nurses explain that they should the assess the PUs on the assessment day</p> <p>CO6.2 Nurses explain their</p>	<p>CO2.3 Dedicated nurses explain what ACP entails.</p> <p>CO3.3a Nurses describe the steps of medication review</p> <p>CO3.3b Nurses describe the steps of ACP</p> <p>CO3.3c Nurses name the information sources for tools and instructions</p> <p>CO3.3 Nurse assistants describe how they can assess PUs</p> <p>CO4.3 Nurses describe how they can assess PUs</p>	<p>CO3.4 Nurse assistants state assess the wounds will improve quality of care</p> <p>CO6.4 Dedicated nurses state</p>	<p>CO1.5 Nurses allocate time for making the contact</p> <p>CO2.5 Dedicated nurses experts allocate time for the residents/families</p> <p>CO3.5 Dedicated nurses allocate resources to conduct medication review and ACP</p>	<p>CO2.6 Dedicated nurses express confident to discuss ACP with residents.</p> <p>CO3.6a Dedicated nurses express confident to discuss medication review with physicians/pharmacists</p> <p>CO3.6b Dedicated nurses express confident to discuss ACP with</p>	<p>CO2.7 Dedicated nurses demonstrate ability to discuss ACP with residents.</p>		

**Change objectives**

- CO3.3a Nurses describe the steps of medication review
- CO3.3b Nurses describe the steps of ACP
- CO3.3c Nurses name the information sources for tools and instructions
- CO3.3 Nurse assistants describe how they can assess PUs
- CO4.3 Nurses describe how they can assess PUs

**Performance Objectives**

Nurses can conduct the required procedure properly

PO.1 Nurse experts/head nurses/dedicated nurses make the interprofessional contact with Physicians/clinical pharmacist/geriatrist

PO.2 For ACP, nurse experts/head nurses/ ACP Experts/nurses approach residents and families (incl. legal guardians)

PO.3 For ACP and MR, nurse experts/head nurses/nurses conduct the procedure with PHYSICIAN or pharmacist with available tools and instructions

PO.4 For pressure ulcer, nurse assistants observe pressure ulcer and report

PO.5 For pressure ulcers, nurses assess the pressure ulcer according to the instruction

PO.6 Nurses document the procedure/assessment of

## Logic Model of Change

# Performance Objectives

Nurses can conduct the required procedure properly

PO.1 Nurse experts/head nurses/dedicated nurses make the interprofessional contact with Physicians/clinical pharmacist/geriatrist

PO.2 For ACP, nurse experts/head nurses/ ACP Experts/nurses approach residents and families (incl. legal guardians)

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PO.4 For pressure ulcer, nurse assistants observe pressure ulcer and report

PO.5 For pressure ulcers, nurses assess the pressure ulcer according to the instruction

PO.6 Nurses document the

# Determinants

Awareness

Knowledge

Outcome expectation

Perceived feasibility

Self-efficacy

Skills

Social influence

# Change objectives

CO3.3a Nurses describe the steps of medication review

CO3.3b Nurses describe the steps of ACP

CO3.3c Nurses name the information sources for tools and instructions

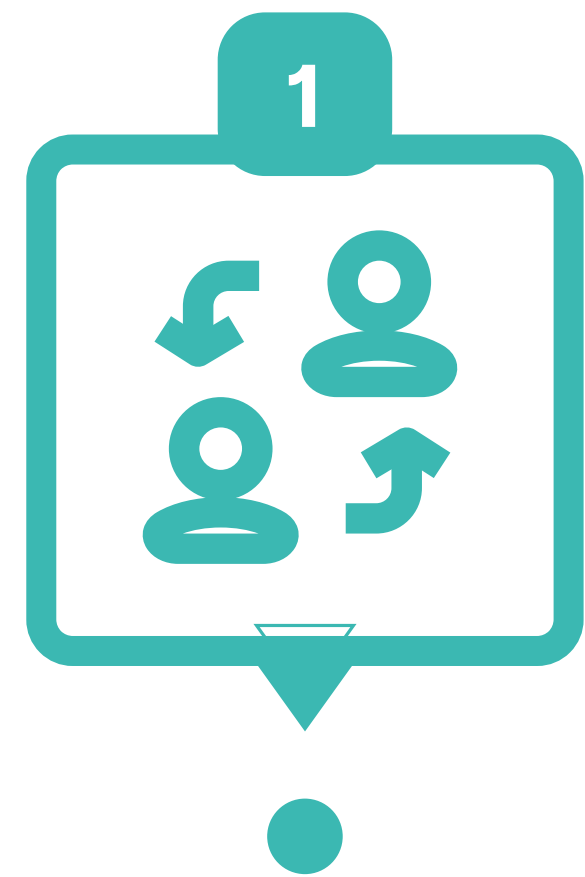
CO3.3 Nurse assistants describe how they can assess PUs

CO4.3 Nurses describe how they can assess PUs

# METODI e STRATEGIE

**STEP 3**  
SELECTION OF METHODS  
AND STRATEGIES

- Select theoretical methods (BCTs) based on behavioural determinants
- Develop the theoretical methods into practical applications



**Behavioural  
Change Principles**  
Esempio: Modeling



**Applications**  
Esempio: Training per infermieri  
avanzati nell'utilizzo dei nuovi  
indicatori di qualità



**Target group**  
Nurse  
Facility managers  
Relatives



	A	B	C	D	E	F	G	H
1	Behavior Change Methods (Behavior Change Principles)	Parameters for use (Conditions for Effectiveness)	Applications (concrete implementations of BCMs/BCPs)	Target groups	Change Objectives (Sub-determinants, specific aspects of constructs)	Determinants (Psychological Constructs)	Performance Objectives (Sub-behaviors)	Target behavior
17	Planning coping responses	None required	Written materials	Nurses of all levels	CO2.5 Dedicated nurses experts allocate time for the residents/families	Perceived feasibility	PO.2 For ACP, nurse experts/head nurses approach residents and families (incl. legal guardians)	Nurses can conduct the required procedure properly
21	Modeling	None required	explainer video	Nurses at basic level	CO2.7 Dedicated nurses demonstrate ability to discuss ACP with residents.	Skills	PO.2 For ACP, nurse experts/head nurses approach residents and families (incl. legal guardians)	Nurses can conduct the required procedure properly
22	Guided practice	None required	Check list/Tools	Nurses at basic level	CO2.7 Dedicated nurses demonstrate ability to discuss ACP with residents.	Skills	PO.2 For ACP, nurse experts/head nurses approach residents and families (incl. legal guardians)	Nurses can conduct the required procedure properly
34	Guided practice	None required	Check list/Tools	Nurses at all levels	CO3.5 Nurses experts perceive resources to conduct medication review and ACP	Perceived feasibility	PO.3 For ACP and MR, nurse experts/head of nurses/nurses discuss with Physicians or pharmacist	Nurses can conduct the required procedure properly
35	Guided practice	None required	Check list/Tools	Nurses at expert level	CO3.6a Dedicated nurses feel confident to discuss medication review with physicians/pharmacists	Self-efficacy	PO.3 For ACP and MR, nurse experts/head of nurses/nurses discuss with Physicians or pharmacist	Nurses can conduct the required procedure properly
36	Guided practice	None required	Check list/Tools	Nurses at basic level	CO3.6a Dedicated nurses feel confident to discuss medication review with physicians/pharmacists	Self-efficacy	PO.3 For ACP and MR, nurse experts/head of nurses/nurses discuss with Physicians or pharmacist	Nurses can conduct the required procedure properly
37	Guided practice	None required	Check list/Tools	Nurses at expert level	CO3.6b Dedicated nurses feel confident to discuss ACP with physicians	Self-efficacy	PO.3 For ACP and MR, nurse experts/head of nurses/nurses discuss with Physicians or pharmacist	Nurses can conduct the required procedure properly
38	Guided practice	None required	Check list/Tools	Nurses at basic level	CO3.6b Dedicated nurses feel confident to discuss ACP with physicians	Self-efficacy	PO.3 For ACP and MR, nurse experts/head of nurses/nurses discuss with Physicians or pharmacist	Nurses can conduct the required procedure properly
45	Goal setting	outcome expectation clarified	Check list/Tools	Nurses at all levels	CO6.5 Perceive time available to document and complete the procedure	Perceived feasibility	PO.6 Nurses document the procedure (assessment of pressure ulcer, document for medication review and ACP)	Nurses can conduct the required procedure properly
49	Environmental reevaluation	None required	(specified in step 3)	Nurses at all levels	CO8.3 Nurses state that registering the data promotes the improvement of quality of care	Outcome expectation	PO.8 Nurses register in the reporting system	Nurses can register the data for QI
50	Guided practice	None required	Check list/Tools	Nurses at all levels	CO8.5 Nurses allocate time for data registration	Perceived feasibility	PO.8 Nurses register in the reporting system	Nurses can register the data for QI
51	Arguments	Higher knowledge level	Written materials	Nurses at expert level	CO9.3 Expect registering the data promotes the improvement of quality of care	Outcome expectation	PO.9 Responsible persons check the data registered	Nurses can register the data for QI
52	Technical assistance	None required	Check list/Tools	Nurses at expert level	CO9.5 Perceive time available to check data registration	Perceived feasibility	PO.9 Responsible persons check the data registered	Nurses can register the data for QI
55	(specified in step 3)	(specified in step 3)	(specified in step 3)	Physicians	CO1.2c Physicians report their important role in medication review	Awareness	PO.1 Physicians engage in the conversation about the procedure once required	Physicians collaborate in the procedure of medication review and ACP
56	(specified in step 3)	(specified in step 3)	(specified in step 3)	Physicians	CO1.2d Physicians report their important role in ACP	Awareness	PO.1 Physicians engage in the conversation about the procedure once required	Physicians collaborate in the procedure of medication review and ACP
60	Goal setting	outcome expectation clarified	Check list/Tools	Physicians	CO1.6 GP express that they have resources to complete the procedure	Perceived feasibility	PO.1 Physicians engage in the conversation about the procedure once required	Physicians collaborate in the procedure of medication review and ACP
68	Goal setting	outcome expectation clarified	Check list/Tools	Physicians	CO2.6 Physicians describe the resources to prepare	Perceived feasibility	PO.2 Physicians prepare for the conversation about the procedure, e.g. communication with clinical specialists about the cases	Physicians collaborate in the procedure of medication review and ACP
69	Participatory problem solving	(specified in step 3)	Delphi study and publication	Physicians	CO3.3 Physicians explain the importance of working with the nurses as partners	Culture	PO.3 If applicable, Physicians visit the nursing home and conduct the procedure	Physicians collaborate in the procedure of medication review and ACP
70	Advocacy and lobbying	(specified in step 3)	Articles in professional magazine	Physicians	CO3.3 Physicians explain the importance of working with the nurses as partners	Culture	PO.3 If applicable, Physicians visit the nursing home and conduct the procedure	Physicians collaborate in the procedure of medication review and ACP
82	Arguments	(specified in step 3)	Erfa Treff Presentaion	LTCF managers	CO2.1a Managers express positive attitude towards introducing MR	Attitude/motivation	PO.2 LTCF managers assign a person responsible for introducing the procedure required of medication review and ACP	Facility managers introduce the procedure of MR and ACP (steer the introduction overall)

# TUTTO QUESTO PER..

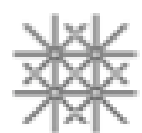


SOLO IL 14%  
dell'OPINIONE  
viene  
**EFFETTIVAMENTE**  
implementato!!

# TUTTO QUESTO PER..

**Garantire un implementazione efficace di nuovi indicatori di qualita' nelle case di cura !**





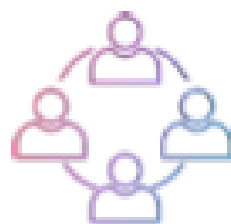
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Franziska Zúñiga  
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# NIP-Q-UPGRADE TEAM



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CONSORTIUM



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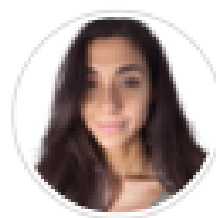
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# SUPSI



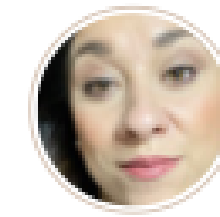
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La Source.  
Institut et Haute  
Ecole de la Santé



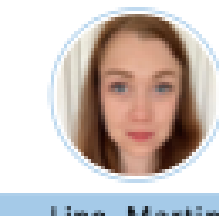
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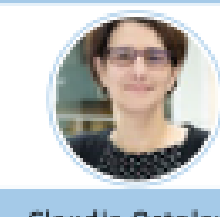
Véronique de Goumoëns  
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Christine Cohen  
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Delphine Roulet Schwab  
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Claudia Ortoleva  
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