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Research paper

Standards of medical care for nursing home residents in Europe

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ABSTRACT

Objective: Nursing home inhabitants represent the most vulnerable and frail group of older people. They have more complex medical backgrounds and more significant care requirements. With an ever-ageing European population, the number of people requiring nursing home care will only increase. It is important then that we optimise the medical care of older people living in nursing homes.

Methods: Formalized care standards are essential to optimal care but we feel that such guidelines are lacking. We decided to investigate this by means of a survey on nursing home care standards sent to the geriatric medicine societies around Europe.

Results: Only five of 25 (20%) health services have a requirement for specific training in geriatric medicine for doctors in nursing homes, while only three of 25 (12%) countries have written medical care standards applicable to nursing home care provided by professional organizations. Four of 25 (16%) had a nursing home doctor society and one of these, The Netherlands, provided written medical care standards for nursing homes which were also adopted by the relevant general practitioner society.

Discussion: The Europe-wide deficiency of documented care standards for nursing homes is alarming. It should be a prerequisite that physicians dealing with these complex patients have undertaken some level of specific training in geriatric medicine. It is important that geriatricians, old age psychiatrists and family doctors across European countries engage more formally on the development of appropriate models for both developing care standards and specifying appropriate training and support for doctors working in nursing homes.

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1. Introduction

Nursing home inhabitants represent the most vulnerable and frail group of older people. They have more complex medical backgrounds, more significant care needs [1] and are prescribed more medicines than community-dwelling older people [2].

For example, one national census-based survey showed that almost 90% of nursing home residents have a recorded disability compared with less than 30% of those aged 65 and over living in the community [1].

A significant minority of older people lives in European nursing homes, around 4% in countries such as the UK and France [3]. With an increasingly ageing European population and an increase in the number of the oldest old, the number of people moving to nursing home care is likely to increase. It is clear that ensuring optimal quality of care in nursing homes is essential.

Despite this, major concerns persist over standards of medical care in nursing homes. For example, a lack of follow-up for nursing home patients with cognitive impairment and subsequent

under-diagnosis of dementia has recently been highlighted [4]. In addition, there remains a relative paucity of original research being carried out on the quality of medical care NH residents [5]. Undergraduate exposure to teaching and clinical attachments in nursing home medicine is virtually non-existent.

The EUGMS is a society representing national societies for geriatric medicine in the European Union, European Economic Area, with observer status for countries not currently members of the European Union. It has set up a Special Interest Group for nursing home and Community Care in 2011, and this provides a European focus for the development of standards of care, research and education for the medical care of residents of nursing homes.

In order to improve and standardise medical care of older people living in nursing homes, the medical profession needs to develop more formalized care standards for medical care for nursing home residents. We hypothesise that such guidelines are lacking and decided to investigate this by means of a survey sent to the geriatric medicine societies around Europe.

2. Methods

A survey was compiled and e-mailed to representatives of 26 European geriatric medicine societies.

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The survey asked:

- does your health service require gerontological/geriatric medicine training for doctors who work in nursing homes?
- Does your national geriatric medicine society have written medical care standards for nursing homes?
- Does your national general practitioner society have written medical care standards for nursing homes?
- Does your country have a nursing home doctor society?
- If yes, does it have written medical care standards for nursing homes?

If a reply was not received within 4 weeks, an e-mail reminder was sent to each representative.

3. Results

A summary of the results is shown in Table 1. Responses were received from 25/25 (100%) societies. Only five of 25 (20%) health services have a requirement for specific training in geriatric medicine for doctors working in nursing homes. Only four of the 25 (16%) geriatric medicine societies have written medical care standards for nursing home care.

The French national society provides guidelines on overall care, pain, palliative care, nutrition, Alzheimer's disease and depression [6], and the Spanish society clarifies the areas of medical concern in a comprehensive accreditation project [7]. The Quest For Quality report [8], published by the British Geriatrics Society, establishes the expectations of care for people living in nursing homes, criticising the restricted access to routine NHS healthcare afforded to nursing home residents.

Four of twenty-five countries (16%) had a nursing home doctor society and one of these, the Netherlands, provided written medical care standards for nursing homes due for publication in

2013 [9]; these have also been adopted by the national society of general practitioners.

4. Discussion

This survey highlights both the deficit of written documentation of medical care standards in nursing homes, as well as the lack of requirement for specialised training to physicians working in such facilities. This represents a significant pan-European problem: the fact that nursing homes are both “home” and a focus of significant age-related disability would ideally be best met with a joint response by specialists in the care of older people and family doctors.

When the greater complexity of nursing home residents is considered, it should be a prerequisite that physicians dealing with these patients have undertaken some level of specific training in geriatric medicine. Family doctors have themselves proposed this need for further education in some national surveys [10], and geriatricians in the USA have promoted the concept of a specific set of competencies that should be required for physicians nursing home care, but also the need to ensure that this is designed in conjunction with the other main groups of doctors working in nursing homes, particularly family medicine [11]. They propose a formal competence process, one which has been adopted in a number of countries, either systematically (as in the adoption of a specific training pathway for nursing home physicians in the Netherlands with a length of training less than that for geriatric medicine that has been in place for over 20 years now [12]) or else through the promotion of added qualifications such as diplomas in geriatric medicine for family doctors developed by the postgraduate training bodies in the UK [13] and Ireland [14].

It is important that geriatricians, old age psychiatrists and family doctors across Europe engage more formally on the development of appropriate models for both developing care standards and specifying appropriate training and support for doctors working in nursing homes. The recently published guidelines from the British Geriatrics Society are a helpful focus of expertise and reflection on planning better standards of medical care, and suggest that such care could take the form of GPs with a special interest and competence, vocational nursing home physicians or a combination of both, ideally with well-developed links and input from specialists in geriatric medicine and old age psychiatry [15]. While similar exercises from other national societies would be welcomed, there may also be an important role and considerable advantages for the development of such standards through the EUGMS. This would allow for the input of a wide range of expertise and experience, and provide a foundation for the adaptation of core guidelines to the more specific needs of older people. In addition, such work would clarify the need for physicians in nursing home to be adequately supported in terms of time, training, multidisciplinary support and reimbursement: addressing these issues is central to recruitment and retention of high-quality medical staff in the nursing home sector.

A unified system for assessing disability and vulnerability in nursing home residents is also essential for adequate nursing home care. The interRAI [16], developed in North America, is a clinically useful, reasonably brief assessment that collects information on each resident's characteristics, activities of daily living, medical needs, mental status, therapy use, and other things involved in comprehensive planning for resident care. As well as supporting individual care plans, it can help generate dependency levels, assist regulatory authorities and allow for the collection of meaningful statistics. It has been deemed to be successful by both nursing home staff and regulators [17] and has been shown to support improved standards and research in nursing homes [18], although it will not do so on its own, and needs to be implemented in a

Table 1
Existence of written medical standards and requirements for gerontological training for doctors working in nursing homes in Europe.

	(a)	(b)	(c)	(d)	(e)
Austria	x	x	x	x	x
Belgium	x	x	x	x	x
Czech Rep	x	x	x	x	x
Denmark	x	x	x	x	x
Estonia	x	x	x	x	x
Finland	x	x	x	x	x
France	□	□	x	□	x
Germany	x	x	x	x	x
Greece	x	x	x	x	x
Holland	□	□	□	□	□
Iceland	x	x	x	x	x
Ireland	□	x	x	x	x
Israel	□	x	x	x	x
Italy	x	x	x	x	x
Luxembourg	x	x	x	x	x
Malta	x	x	x	x	x
Norway	x	x	x	x	x
Poland	x	x	x	x	x
Portugal	x	x	x	x	x
Slovenia	x	x	x	□	x
Spain	x	□	x	□	x
Sweden	x	x	x	x	x
Switzerland	x	x	x	x	x
UK	x	□	x	x	x
Turkey	□	x	x	x	x

(a): does your health service require gerontological/geriatric medicine training for doctors who work in nursing homes?; (b): does your national geriatric medicine society have written medical care standards for nursing homes?; (c): does your national general practitioner society have written medical care standards for nursing homes?; (d): does your country have a nursing home doctor society?; (e): if yes, does it have written medical care standards for nursing homes?; x: no, □: yes.

context which recognizes the importance of appropriate philosophies of care, staff training and resourcing.

It is troubling then that only four of the surveyed countries have documented standards for medical care in nursing homes. It is clear that much work is needed to promote medical care in nursing homes as an important development in the practice of modern medicine that should no longer be neglected and underappreciated [19], but one that represents an opportunity for the practice of a rewarding and stimulating form of medicine with a well-articulated vision of the highest-attainable standard of health care, a central provision of the UN Charter of Human Rights.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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