



The realist review of minimum data set (MDS) use in care homes

Summary written by: Dr Gizdem Akdur

Email: g.akdur@herts.ac.uk

Designed and edited by: Jo Morton and Chloe Bennett



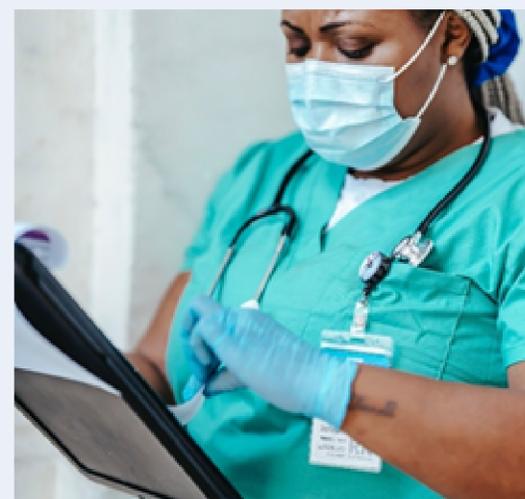
Introduction

About 420,000 older people in England and Wales live in care homes. Care homes offer 24-hour care, sometimes with nursing support for older people. Unlike the UK, many countries have standards of how they collect information on care home residents. These are referred to as minimum data sets (MDS). They cover information about the residents' personal details, health, care needs and quality of life. This structured approach to collecting data helps people working in and with care homes to understand resident needs, monitor care quality, and contribute to research. It is agreed that everyone recording information about residents the same way is helpful for understanding this population and their needs. However, there is the risk it becomes a burdensome administrative task and does not help staff in their day-to-day work. This review was interested to find out what was known about how staff use an MDS. It reviewed what is known about how MDS are introduced into care homes, and what needs to be in place for MDS to be useful for all involved in entering information about residents.

Definitions

What is a realist review?

A realist review of the evidence asks what works in what circumstances. It focuses on what can be learnt from published studies and interviews about how the outcomes of an intervention (in this case, the introduction and day-to-day use of an MDS) were linked to the circumstances of those involved.



Why is it needed?



In the UK, information about the characteristics, needs and assessments of care home residents currently sits in various databases. These are not linked. A national care home minimum data set (MDS) would ensure that everyone working in and with Care Homes can have a shared approach to recording and using information about residents. This would improve decision making.

In a post-pandemic world, we must understand more about older people living in care homes to ensure care services are working well together and to guide planning and funding of care.

What did we do?

There were three stages to the realist review:

1) Reviewing published international evidence that had used minimum data sets (MDS) looking at the range of circumstances that created the best environment for their successful use.

2) Interviewing people with experience of using MDS to discuss these findings and develop potential theories/explanations about effective use of MDS. Literature was revisited in the light of these ideas.

3) Combining our findings from the first two stages to establish what is likely to work well.

What did we find?

We developed three key explanations for the effective use of MDS in Care Homes for older people:

1) National mandates and regulations around minimum data sets help to create the initial motivation and incentives for care home staff to use MDS.

2) When completion of an MDS is part of the routine work of care home staff, all staff that provide care to residents use the MDS as the basis for discussing residents' care and can enter information. This enables access to better and timely information on resident needs.

3) When staff are confident using digital systems, this improves the accuracy and quality of information in an MDS.

What does this mean?

- MDS enable commissioners, health care practitioners, care home staff and researchers to share information about residents.
- This can be the basis for planning, providing and reviewing residents' care and quality of life.
- When MDS implementation links to staff experiences of care, their work with others and their use of digital technologies, it becomes more than a record keeping task. It is the basis for reviewing resident information to inform care and identify areas for action and improvement

