

## 有料老人ホームにおける要介護変化を用いたケアの質の指標の開発及び応用

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### 研究要旨

高齢化が進み、多くの方が介護を必要としている日本では、2000年介護保険制度の導入以来、介護施設が増加した。厚生労働省の報告によると、その中でも、有料老人ホームは2000年の349施設から2013年には8499施設に増加し、最も著しく増加した。しかしながら、有料老人ホームにおける質の評価に関する報告は少ないことから、本研究では、施設レベルでの要介護度悪化からケアの質の評価における指標と開発し、全国有料老人ホームに応用し、ケアの質の実態把握とを目的とした。本研究は全国介護レセプト審査年月2012年10月から2013年10月のデータを用いて、1795施設に入所していた66453人を対象とした。その結果、要介護度調整済み悪化率の全国平均は20.4%であり、施設ごとの要介護度調整済み悪化率は0%から61.9%まで、大きいバラツキが見られた。しかし、施設間の質の差に関連する要因を明らかにするためには、施設調査との突合が必要である。

### A. 研究目的

Since the implementation of the Long-term care insurance (LTCI) system, there has been a dramatic increase in the number of long-term care facilities (LTCF). Among the long-term care facilities, Private residential homes (yuryo rojin homu) has been rising strongly over the last few years. According the Ministry of Health, Labour and Welfare (MHLW), the number of private residential homes was increased to 8499 in 2013 compared to 349 in 2000. This, made more choice for the elderly when determine which facility to admit.

However, there is little report of residential home performance to know the actual status.

In the U.S., the systematic comparison of

facilities' performances became feasible by

implementing the resident assessment

instrument-Minimum Data Set (RAI-MDS).

The MDS summarizes the functional status

and health conditions of each resident, and the

scores of residents are aggregated to a facility

level.

In Japan, Yamada and Ikegami (2004) first applied a risk-adjustment method, developed

by Morris et al, to calculate quality indicators

in LTCFs, however, there are still several

challenges in assessing quality of care in

LTCF. First, it was developed only in the

public LTCFs and no challenge was done in

the private residential homes. Second, the

subjective are 27 facilities and it was difficult

to show the national level status such as how much variation of performance among facilities was happen.

This study aims to develop indicators of care-need level deterioration for private residential homes, and applied the indicator to measure Japanese private residential homes using risk-adjustment methods.

## B. 研究方法

### 1. 対象地域・対象者

We used National LTCI claims data which consisted of 1795 private residential homes and 66453 residents form October 2012 to October 2013. We developed care-need level adjusted deterioration rate per private residential home and applied this indicator to all private residential homes

(倫理面への配慮)

### 2. 要介護度調整方法

The residents' care level was aggregated to the facility level and was used as outcome measures to reflect the residents' severity of health status in residential homes. However, the aggregated care level as an outcome measured at one point in time is not considered a useful measure of quality of care because it can have two possible biases. First, within one residential home, the health status of a resident changes over time, which could induce bias. We used care level change to reduce the bias of individual variation. Second, among residential homes, the health states of residents are varied. To reduce this, we adjusted residential homes by care level. Therefore, this study compared the relative change rate among care level-adjusted residential homes.

## C. 研究結果

Table 1 shows the care-need level adjusted deterioration rate in one year. At the individual level, the lower care-need level the more care-need deterioration took place. At the facility level, the mean of total private residential home care-need level adjusted deterioration rate was 20.4%. Figure 1 presents the care-need level deterioration rate ranking of the total private residential homes. Care-need level adjusted deterioration rate varies from 0% to 61.9%.

## D. 考察

This study found that care-need level adjusted deterioration among private homes varies a lot. Future study should be clarify the predictors of performance variation among private residential homes

## E. 結論

It is the first study to use a nationally representative LTCI claim data to compare outcome indicator in terms of care-need level, with risk adjustment. Knowing the status of facilities using outcome-based performance indicators may encourage special nursing homes to improve their quality of care.

## F. 研究発表

### 1. 論文発表

投稿予定

論文投稿および査読後の修正により結果が変わる可能性がある

### 2. 学会発表

なし

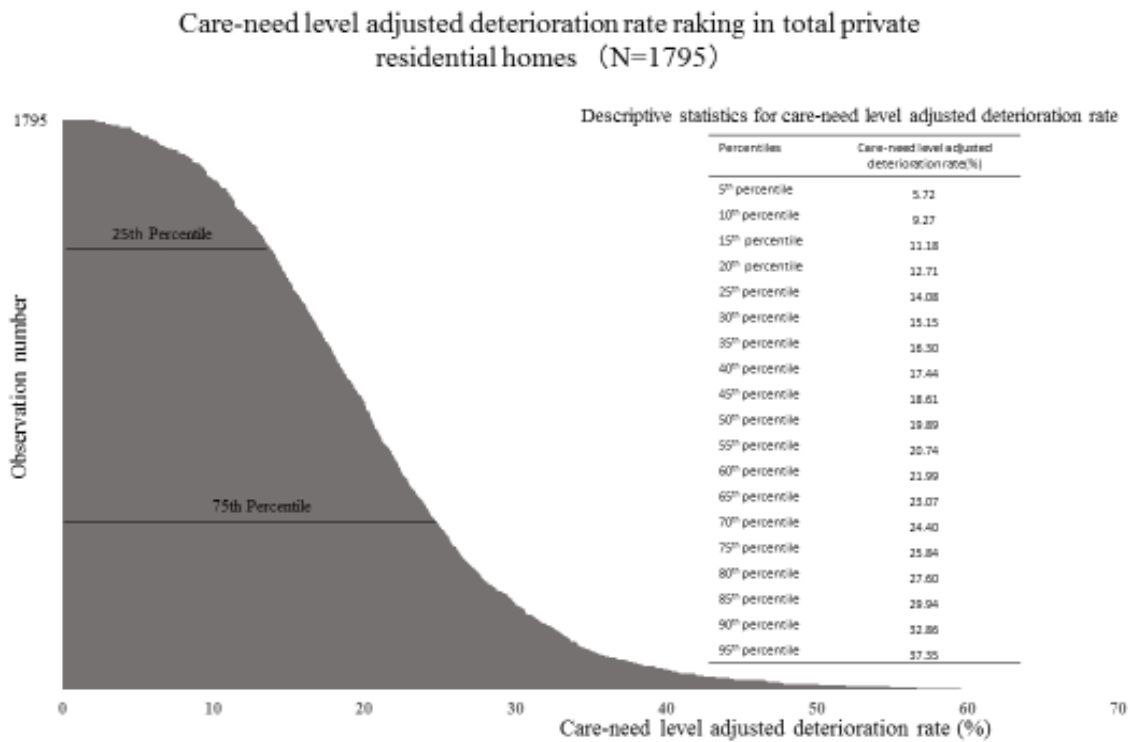
## G. 知的財産権の出願・登録状況（予定を

含む)	なし
1. 特許取得	
なし	参考文献
2. 実用新案登録	山田 ゆかり、池上 直己：
なし	MDS(Minimum Data Set-Quality
	Indicators) による質の評価；介護保険施
3. その他	設

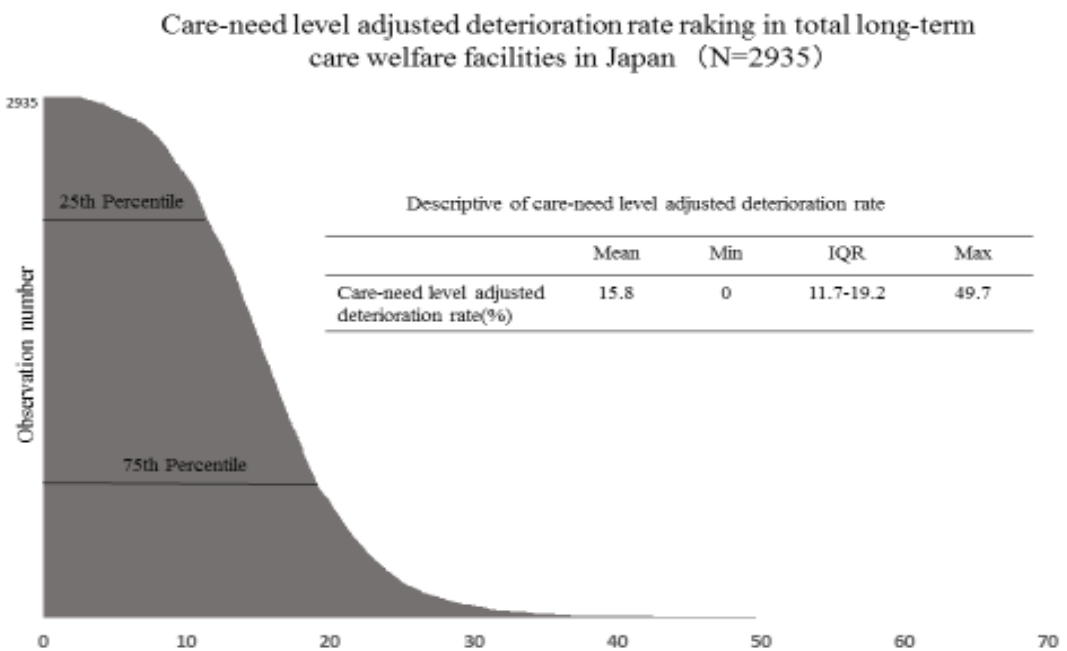
Table 1. Care-need level adjusted deterioration rate in one year

	N	%
<b>Individual level</b>	N=66453	
Care-need level 1	4,436	25.78
Care-need level 2	3,732	24.55
Care-need level 3	3,054	24.03
Care-need level 4	1,905	15.53
Care-need level 5	-	-
<b>Residential home level</b>	N=1795	
Care-need level adjusted deterioration rate		20.4 (0-61.8)

Figure 1. Care-need level adjusted deterioration rate raking in total private residential homes (N=1795)



参考) Care-need level adjusted deterioration rate raking in total long-term care welfare facilities in Japan (N=2935)



(再掲 H27 年度 総括・分担研究報告書)