Principles and good practices of management in long-term care

Principles and facilitators of quality management in LTC

Stefania Ilinca (Technical Officer), PhD, WHO Regional Office for Europe

Reflection question: Considering the needs, context and challenges in your region, what initiatives could promote/incentivize continuous quality improvement at service delivery level?

Write this down on a piece of paper and we'll come back to this at the end!

Promoting quality management in LTC

- Technical brief launched in December 2024 aiming to support Member States in strengthening **quality management** in LTC and promoting continuous improvement

- **7 case studies**: Austria, Biscay (Spain), Denmark, Greece, Ireland, Poland, Romania

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Promoting quality management in long-term care: principles, key components and directions for policy action

Defining quality in LTC

"The degree to which care services (for individuals and populations experiencing, or at risk of, declines in intrinsic capacity and functional ability) contribute to maximizing well-being and quality of life and increase the likelihood of personal and health outcomes that are consistent with the individual preferences, human rights and dignity of both care users and their caregivers."
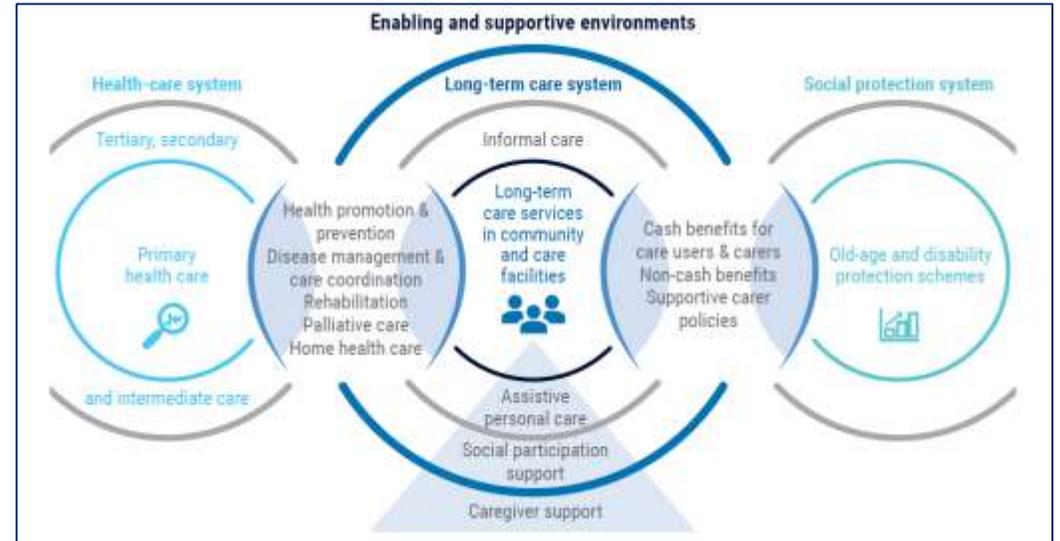
Defining quality in LTC is challenging!

- Fragmentation of service delivery across health and social care continuum
- Different perspectives (care users, providers, regulators, etc.) to what constitutes quality in LTC
- Large share of LTC is carried out informally
- A need for regulation yet a flexible approach to quality

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Values underpinning quality in LTC

- **Person-centered:** aligned with preferences and values of care recipients, prioritizing autonomy, control and choice
- **Integrated**: across facilities and providers, across the health and social care sectors, and across formal and informal care providers; seamless transitions.
- Safe, **effective**, **equitable**, **efficient** and **timely**
- Strong orientation to be provided in the **community**
- **Available, accessible and affordable:** covered under UHC

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Clarifying terminology

Quality improvement refers to all interventions aiming to incentivize higher performance and promote achievement of quality goals.

Quality assurance allows relevant authorities to evaluate whether care providers comply with standards and are meeting quality goals.
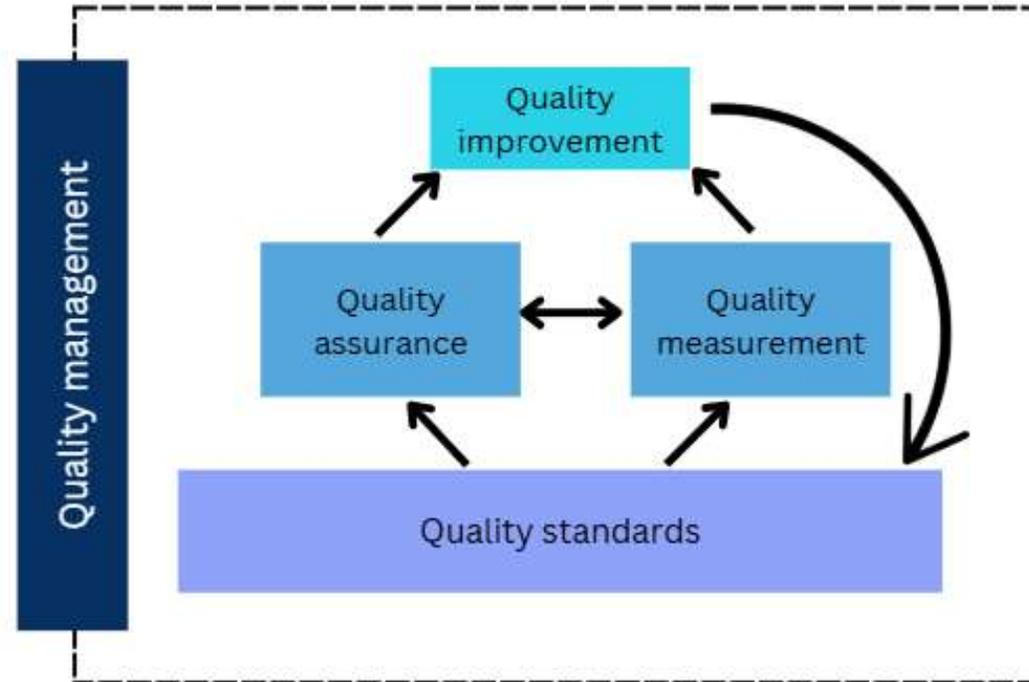
Quality measurement refers to collection of data (at regular intervals) to calculate measurable indicators that provide insight into the structures, processes and outcomes of care

Quality management encompasses the tools, processes and interventions available to regulators, policymakers and service providers to monitor and improve the processes, structures and outcomes of care

Quality standards outline the agreed-upon recommendations for what constitutes good care and the requirements expected of care providers

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Reflection question: How are these terms translated in your language?

Quality standards
Quality assurance
Quality improvement
Quality measurement
Quality management

Shifting from a quality assurance approach to quality management

Quality management:

Using all tools, mechanisms and interventions available to regulators in ensuring and **improving** the processes, structures and outcomes of care

Focus on promoting a continuous **quality improvement** approach.

Quality assurance:

monitoring whether LTC services and facilities are organized and delivered according to defined legal regulations and standards using regulatory, financial & information-based tools

Focus on **compliance with standards**.

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What does a quality management approach look like?

- **Continuous focus** on **quality improvement**

- Iterative in nature, promoting cyclical adaptation and expansion of practices: **continuously updating and pushing the minimum standards**

- Instilling a **continuous quality management cycle** across providers and sectors:

  1. **planning** quality processes and identifying challenges

  2. **implementing** services and solutions

  3. **measuring and evaluating** processes and outcomes

 4. **reflecting** on results and identifying areas for improvement

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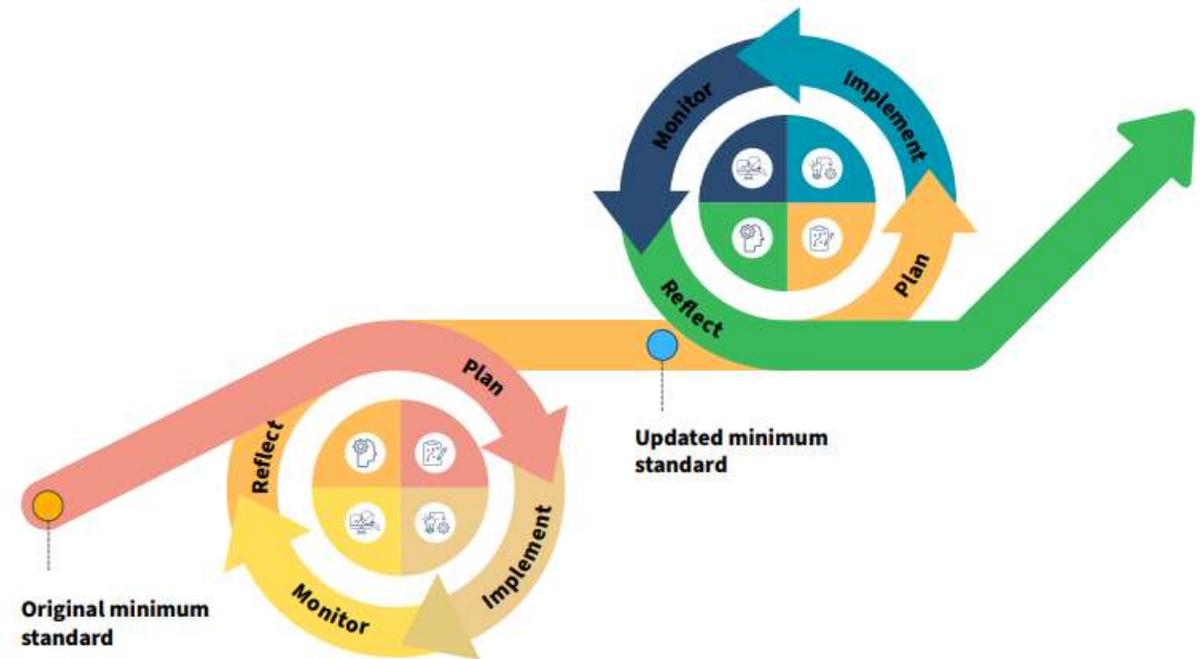
Key components to quality management

User engagement: centering around individual's preferences, engagement in planning and provision of their care, use of user-reported outcomes in monitoring quality

Adequately sized and trained health & care workforce: necessary skills, qualifications, and competencies for providing good quality care; incentives for quality improvement, etc.

Needs assessment: defining and establishing care needs and eligibility for benefits/services
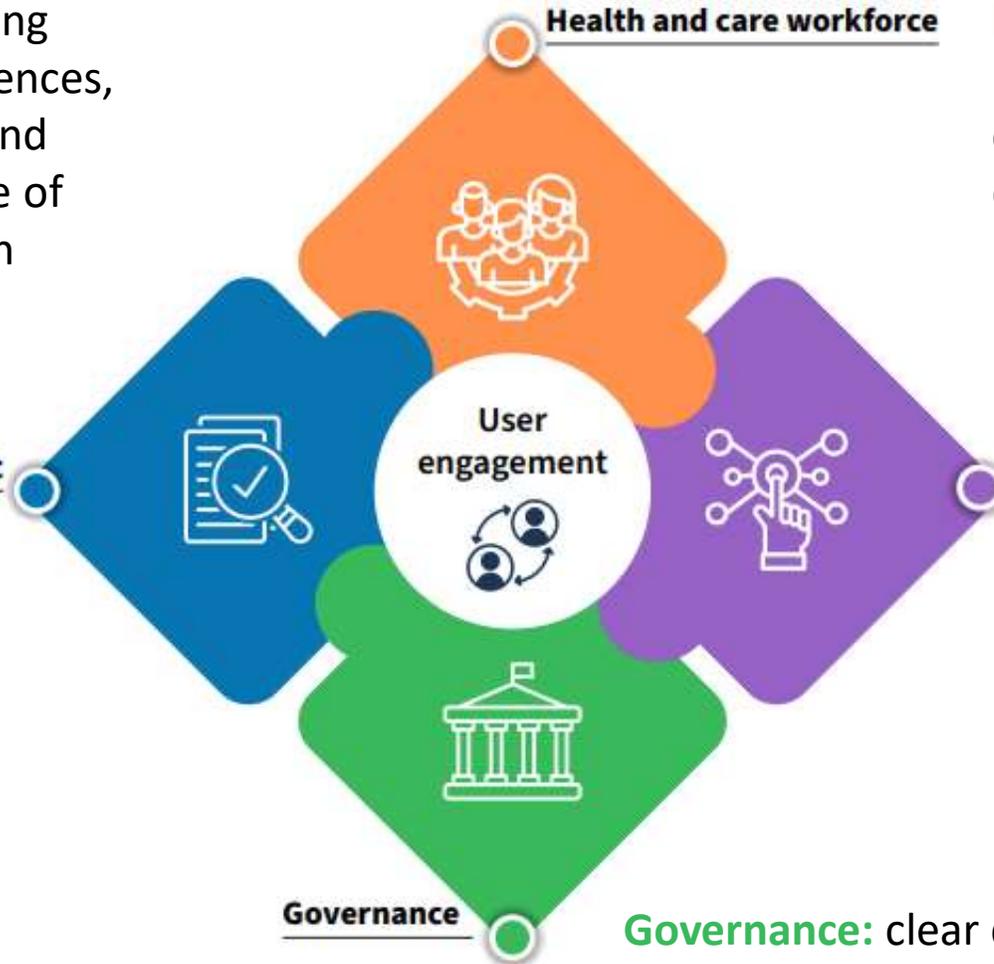
Digital technologies: good quality data; use of digital technology in provision of care.

Governance: clear division of roles; accountability; setting goals at service delivery and system level

Health and care workforce

Needs assessment

User engagement

Digital technologies

Governance

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Defining minimum quality standards

Foundation for quality

Standards play a key role in **signaling expectations** to care providers, ensuring **safety of care users**, and ensuring **public resources are allocated** in a responsible manner

Flexible approach to standards

Important to articulate minimum standards for what good quality care looks like, while also allowing for **flexibility in their application** to enable individualized approaches to care

Across LTC settings

Standards should be developed across the range of LTC settings— **in facilities, in the community, and at home**— adapted to their specific contexts

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Categories of quality standards

Structural measures

Where a physical facility is present, these can refer to the facility size, room size, location of the facility in the community, sufficient transportation/accessibility to the facility, physical features of the facility (e.g. common areas, kitchens, outdoor spaces, etc.)

User engagement

Engaging care users in the development and implementation of their care plan, implementing user feedback mechanisms, promoting user choice, etc.

Needs assessment & care planning

Entitlement to a needs assessment which informs the individual care plan, carrying out risk assessments and taking a proactive/prevention approach

Care workforce

Size of care workforce needed to provide safe and person-centered care, education and required training, performance appraisals, access to health services as needed, working conditions of care workforce, safeguarding and feedback mechanisms for care workers themselves

Digital technology & reporting

Mandatory record keeping and reporting obligations to authorities, use of digital care records, use of technology in improving provision of care

Governance of providers

Transparency of information, defined governance structure of provider and management, collaboration with other services and providers, engagement in quality improvememt, etc.

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Selected examples of standards (flexible across settings)

Ensuring user choice

- Service users collaborate with care staff in **decision-making processes**

- Care providers ingrain **user choice in their policies and procedures**, including related to nutrition and food choice, personal care preferences, sleep routines, timing of visits, social activities, etc.

- Providers gather **regular feedback from care users** on their experiences with care, with clear procedures to address and resolve issues

Staff training

- Care providers maintain a **staffing plan** that defines the necessary size, expertise and skills needed to meet the needs of care users

- There are **regular appraisals of staff** and regular assessments of the training and knowledge of staff to identify and address training gaps

- Service providers plan for and **support the continuous training** of their staff to ensure maintenance and expansion of necessary skills

Mandatory record keeping & reporting to authorities

- Providers maintain a **personal file on all care users**, capturing information on their care needs, care plan, services received, etc.

- Services provided are logged as part of the provider's **service registry**

- Service providers are **obligated to report to authorities** on a defined set of indicators (on care users, services provided, related to quality measurement, etc.)

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Selected examples of standards (flexible across settings)

Coordination with other providers

- Care providers have processes/policies to **collaborate with other supports/services** to develop and implement care plans.

- Staff communicate with the beneficiary's **family doctor** and any other relevant specialists as needed.

Needs assessment

- Care users are entitled to a **needs assessment** which informs the development of their individualized care plan.

- The needs assessment and care planning process takes a **pro-active approach** by considering **potential risks and avenues for prevention** of further decline in functional capacity harm (e.g. falls prevention, infections, medication support, change in behavior, etc.)

- **Reassessment of needs** and updating of the care plan either occur annually, upon request of the care user, or upon changes in care needs as flagged by staff

Governance & transparency

- Care users and their families are provided with all **necessary information and sign an agreement** outlining the service details, obligations and rights of both parties

- Care providers have an **internal manual** detailing the division of responsibilities, statement of purpose, governance structure, staff supervision, and risk assessment processes

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Slido question: Is there a standardized needs assessment process in place across all types of long-term care settings (residential, community-based, home-based) in your region?

- Yes, for all LTC settings
- Yes, but only for some LTC settings
- No, there is no needs assessment process

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Quality assurance

A large range of approaches are being used across countries, across all LTC settings:

- **Authorization/ registration/ licensing** of care providers

- **Inspections or audits**, either regular or unannounced

- **Reporting obligations** of care providers

- Quality criteria as part of **procurement/public contracting** of services

- Mechanisms for **complaints and feedback**

- Collection, analysis and reporting of **standard quality indicators**

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Slido question: What quality assurance mechanisms are already being used in your region? (check all that apply)

- **Authorization/ registration/ licensing** of care providers
- **Inspections or audits**
- **Reporting obligations** of care providers
- Quality criteria as part of **procurement/ public contracting** of services
- Mechanisms for **complaints and feedback**
- Collection, analysis and reporting of **standard quality indicators**

How do we reach a quality improvement approach?

Create (non-)financial incentives for providers

- **Implement financial and non-financial incentives** for service providers to focus on more than minimum standards and cost-containment measures

- **Performance-based payments** (e.g. based on outcomes, on improving performance over time, for using instruments/tools, for collecting data), **public reporting of quality, voluntary certification of quality**, etc.

Rethink and expand roles and partnerships

- **Engagement of all stakeholders in designing the system and throughout quality processes:** individuals using care, care workforce, care provider organizations, communities, regulators/public authorities

- **Expanding the roles** of all stakeholders involved

- **Requires reflexive forms of regulation**, space for **joint learning**, and openness to conceptualize **new ways of working together**

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How do we reach a quality improvement approach?

Measure what matters most: user-reported outcomes

- Ultimate goals of care processes are to **maximize individual well-being and quality of life**, which in themselves are subjective measures

- User-reported measures related to **quality of life** and **care experiences** are therefore most meaningful for measuring ability of services to meet the goals of LTC

- **User-reported measures** can vary from overall satisfaction with services, satisfaction towards certain aspects of care (e.g. accessing services, receiving information, etc.), quality of life, etc.

Examples of user-reported outcomes

- % of care users who **feel they have a say in the content of the care** they receive

- % of care users who state they **trust the care providers**

- % of residents that are **satisfied with the activities** offered in their nursing home

- % of care users that are **satisfied with their LTC services**

- % of service users who find it **easy to find information** about support

- **Quality of life measures** (social-care related QoL, EQ-5D, WHOQOL-OLD scale, etc.)

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Slido question: What user-reported measures do you think are the most important to collect? (word cloud)

Quality improvement approaches used across regions/countries

Many approaches used across countries at national/regional level:

- Requiring **annual internal assessments** of quality of care among providers

- Promoting and incentivizing use of **quality management systems**

- Incentivize use of **quality management certificates**

- Using **quality- and value-based public procurement**

- Developing targeted **quality improvement programmes**

- **Public reporting** of quality indicators or inspection reports

- Categorizing providers in **quality classes** based on indicators

- Collecting and incorporating **user-reported outcomes** into processes

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Coming back to the initial reflection question posed:

Considering the needs, context and challenges in your region, what initiatives could promote/incentivize continuous quality improvement at service delivery level?

Thank you for your attention!

euroltc@who.int
ilincas@who.int
csimmons@who.int

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