

7 Appendix: Good Practices

7.1 Management – Quality management systems and certification

Practice	Content	Target group	Methods	Perspective Evaluation area?	Evidence	Results	Model is introduced	Source
E-Qalin® (Austria and Slovenia - also applied in Italy, Germany and Luxembourg)	<p>Quality management system</p> <p>Quality -indicators that stakeholders assess and improve:</p> <ul style="list-style-type: none"> - 66 enabling criteria (structures and processes) - 25 key-performance indicators (results) <p>Tool to:</p> <ul style="list-style-type: none"> - enable a comprehensive approach towards quality assurance - to identify key-performance indicators for strategic management and steering processes 	Stakeholders, management, staff, residents, representative of family members	<p>Self-assessment</p> <p>Training to enhance communication, social competence</p> <p>Organization development</p> <p>system-thinking</p>	<p>5 different perspectives:</p> <ul style="list-style-type: none"> - resident; - staff; - management; - social environment; - learning organisation; <p>Structures, processes and results</p> <p>Satisfaction of users, relatives and staff</p>	<p>An evaluation study with participating pilot care homes:</p> <p>Austria (9)</p> <p>Germany (6)</p> <p>Luxemburg (6)</p> <p>Italy (2)</p> <p>Slovenia (6)</p>	<p>Help to:</p> <ul style="list-style-type: none"> - involve stakeholders - facilitate implementation - identify and analyse shortcomings - develop new solutions - implement improvement projects - continuous improvement 	About 100 care homes	<p>www.e-qalin.net</p> <p>Rosenbaum, U & Schlüter W (2007) Evaluierungsergebnisse der E-Qalin Pilotphase. Zwickau: Westsächsische Hochschule.</p>
National Quality Certificate (NQZ) for care homes (Austria)	Quality certificate for care homes: developed, tested and evaluated	Care homes, residents	An external audit (Standards of structural, process and results quality)	Structural, process and results quality.		First national quality certificates were assigned in March 2009	14 care homes were tested	

Certification (Switzerland)	Quality management systems Voluntary systems	Nursing homes, home agencies, health care	Using different standards (ISO etc.) Certification process	Performance of provider	No specific system is imposed	The SAS (Swiss Accreditation Service) keeps a list of organisations it has accredited	Voluntary	
ISO 9001 EFQM (Austria, Italy, Finland)	Quality management systems	Stakeholders, management, staff	External audit with certification	Structural, technological and organisational			Hospitals, care homes and home care	www.ktg.de

Sources: Slovenia: A new regulation of standards and normative in social policy is under preparation (minimum set of standards with regards to social care); The Social Security Act, 2007, Proposal (2005) for Health Care and health Care Insurance Act (under preparation), War Veterans Act, 2006; War Disabled Act, 1995, Social Care for Mentally and Physically Handicapped Persons Act, 2007.

7.2 Service, support and training – Good practices that operate as services or provide support or training to users and carers

Practice	Content	Target group	Methods	Perspective Evaluation area?	Evidence	Results	Model is introduced	Source
Integrated home care and discharge practice (PALKO model) (Finland)	A generic prototype of care/case management -practice tailored to municipalities' needs. Aims: to standardise practices with written agreements between hospitals and home care administrations; also within home care; to define a working pair (cf. care/case manager) for each home care client; to strengthen multidisciplinary teamwork in the hospital and in home care and to change way of working from reactive to proactive.	Older people, staff, management	The PALKO model was implemented to trial municipalities by means of action research.	- Clients: functional ability, health-related quality of life, mortality, use and costs of services, re-admissions, cost-effectiveness - Informal caregivers: care burden, satisfaction - Staff: satisfaction, process	Cluster randomized trial: 11 trial municipalities and 11 non-trial municipalities. Measurements: - at discharge - 3 weeks - 6 months	Process: Intervention standardized practices and helped to integrate services, clarified and improved the transfer of information. Outcomes: Use and cost of home care services decreased, model might be cost-effectiveness, no changes in functional ability, health-related quality of life, mortality, use and cost of hospital care.	22 municipalities in Finland	
District care teams (Netherlands)	Alternative to traditional home care	Consumers	Trained nurses with independent teams use model ICT-applications	Consumers	Regional system is piloted	Better care with lower costs; suitable and need-based network for consumers; faster care decisions.	Regional	
Case managers (Netherlands)	Case managers are individuals whose primary task is to integrate the work of other people.	Informal carers, older people (with dementia)	No commonly accepted components for case managers defined.					

Äldreguide n (Sweden)	A guide on elderly care (Äldreguiden) where people can compare different quality indicators for nursing homes and short stay facilities online	Residents, families, staff	Quality indicators of different organisations online	Communication	Provide by The National Broad of Health and Welfare	Help to compare quality indicators of organisations in the LTC area		
Web care (Sweden)	A list of all participating providers and who to contact at the providers (who is responsible for the patient in the municipalities and primary care	Residents, providers	Collection of different providers online	Communication	Stockholm County council and municipalities	Help to: <ul style="list-style-type: none"> - find right services; - facilitate communication about individual patients which makes the administrative process about referrals easier. 		
Counselling voucher (Austria)	Counselling vouchers for a visit by a home nurse to get information, advice and practical hints about formal care system	Informal care givers, older people	Home nurse visit. Information, advices		Evaluation is ongoing			

Sources: Sweden: Health and Medical Services Act 1982, Social Services Act;

7.3 Institution building – Good practices that operate on a system level or serve as building blocks of quality assurance in long-term care

Practice	Content	Target group	Methods	Perspective Evaluation area?	Evidence	Results	Model is introduced	Source
RAI-system (Finland)	RAI indicators for benchmarking technical quality in terms of structures, processes and outcomes of LTC. Staff training	Pa-tients/clients. Management, administration, leadership of home-care agencies, homes for the old age, nursing homes and chronic care hospitals. Staff (ratio +skill-mix). Stake-holders.	Assess each resi-dent at least semi annually and where there is significant change in the individual's status. Based on the data produced by THL (National Institute for Health and Welfare) twice a year: - Unit level Benchmarking report; - Available on the internet (password pro- tected); - Semi-annual two-day feed- back seminars; - Reports and publications.	- Client struc- ture (case- mix) - Scales - Quality indi- cators - Staffing rati- os and skill- mix - Cost efficien- cy	Evidence is shown by: 1. comparing own unit with clusters of other similar units and na- tional means 2. research using statisti- cal methods	Using RAI-method has resulted in: - Improved practices in use of psychotropic medications (hypnot- ics, antipsychotics and anxiolytes); - Considerable finan- cial saving as to medications men- tioned above; - Increased activities and social life; - Reduced use of re- straints; - Increased use of rehabilitation nurs- ing.	More than one third of the residen- tial-, and nursing home (LTC facilities) Approximately 25% (%) of the regular home care services used RAI in 2009 (fig- ures can be confirmed mid 2010)	RAI- database THL preliminary information publica- tions due 2010 The infor- mation has been avail- able in re- ports (Noro et al 2005; Finne- Soveri et al, 2006) Detailed information for partici- pants only until the end of 2009.

<p>The National Framework for High-Quality Services for Older People (Finland)</p>	<p>Outlines strategies for raising the quality of services in 3 dimensions: 1) promoting health and welfare and the related services structure; 2) staffing and management; 3) living and care environments;</p> <p>Set national qualitative and quantitative targets for service structure and of minimum staffing levels in 24-hour care.</p>	<p>Decision-makers, management, decision-makers, aging people</p>	<p>Recommendations. A tool to assist in developing and evaluating services.</p>	<p>Service structure, staffing level, living and care environments</p>	<p>The Ministry of Social Affairs and Health has assessed how well the recommendations have been put in practice</p>		<p>National, but the implementation is processing too slowly</p>	
<p>Quality Framework for Responsible Care/ QFRC (The Netherlands)</p>	<p>Guideline and steering system for responsible care</p> <p>Includes quality indicators and standards to LTC</p>	<p>Consumers Relatives Staff Providers Financiers</p>	<p>Evaluation of quality of LTC among partners in co-operation</p> <p>To maintain CQ-index (Consumer Quality Index) system)</p> <p>PREZO for performance measurement</p>	<p>Consumers and organisations</p>	<p>National system since 2006</p> <p>National reference guidelines and indicators</p>	<p>Providers report their performance using quality indicators</p> <p>Inspectors check providers with quality problems</p>	<p>National</p>	

<p>ANESM (The National Agency for Medical-Social Residences and Services (France)</p>	<p>The charge of proving mostly quality criteria for all provider organisations in the LTC field. Assess LTC organisations. New accreditation scheme (means that any qualified commercial firms in the LTC sector, can be enlisted in the task force in charge of the accreditation).</p>	<p>Promoters Providers, staff, residents.</p>	<p>Set criteria for best professional practices Recertification (staff) Accreditation (organisations) Make professional practice guidelines</p>	<p>All organisations</p>	<p>Little data about data the implementation process of guidelines and its monitoring. No evidence on the new accreditation procedure (since June 2009, first process will begin in 2010).</p>	<p>Help to: - assess the methodology used by each qualified firm - check firm's ability promote a managerial culture - improve quality in home agencies and nursing home</p>	<p>National</p>	<p>http://www.anesm.sante.gouv.fr/</p>
<p>Care Quality Commission (CQC) (England)</p>	<p>Three inspectorates were merged into the Care Quality Commission (CQC) All services are registered and inspected by CQC (The Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission were merged in April 2009 into the Care Quality Commission)</p>	<p>For All Providers Residents Commissioners</p>	<p>Providers must show how they meet the common quality standards through periodic reviews, inspection, collecting information to monitor service, and by self-assessment. CQC have some action against providers, if they don't meet quality standards.</p>	<p>6 quality domains which apply equally to health and social care: - safe care - improving outcomes for people; - a good experience for people; - focus on health, independent living and quality of life; - access to service</p>	<p>National</p>	<p>Help to: - reflect better the overlaps between sectors - help to reduce problems of incompatibility in the quality criteria that apply to integrated services; - a step towards bringing health and social care closer together, though does not make special provisions for LTC; - assess quality of services (they are graded with stars as poor (0 stars), adequate (1),</p>	<p>National</p>	<p>http://www.cqc.org.uk/</p>

				- value for money		good (2), and excellent (3)		
Comprehensive Area Assessment (CAA) (England)	CAA combines information from the service assessment discussed above and an area assessment	Local governments Residents Gatekeepers	Local governments are assessed on how well they maintain the quality of life of the local population. The narratives will be available for public viewing.	Covers all factors relating to quality of life in an area, from health to crime (based on 198 indicators, 21 of those health and wellbeing and 11 near to LTC)	National	Help to: -look at the integration of services (but narrative evaluation makes difficult to make comparisons of areas); -see how services are performing in their local area.	National	Audit Commission <i>et al</i> , 2009
CSNA (The National Fund for Autonomy and Solidarity) (France)	Redistribute (money from central government) funds to local level; - a leader for developing innovative practices and organisation; - a counsellor in quality assessment methods;	Promoters, providers and carers	Coordinate of all policies targeting all disabled population. Receive funds to innovative project and coordinate it. Enhance staff professionalization (as coordinator). Coordinate research mostly with other research bodies.	All organisations	E.g. the MAIA experiment in The third Alzheimer plan (2008-2012) National reference guides for local authorities and providers (with other national agencies as ANESM, below)	- enhance information exchange - monitor the whole experimental period while counselling and supporting promoters - synthesizing results and updating good practices - transferring innovation and turn them into legislation - help monitor the diffusion of innovation on a routine basis	National	http://www.cnsa.fr/

Sources: Finland: The Primary Health Care Act 66/1972, The Act on Specialized Medical Care 1062/1989, The Act on the Status and Rights of Social Welfare Clients 812/2000, the Act on the Status and Rights of Patients 785/1992, Act on Health Care Professionals 1994/559, Decree on Health Care Professionals 564/1994, Act on Qualification Requirements for Social Welfare Professionals 272/2005). France: : The 2 January 2002 law (JORF 2002) reshaped the way all LTC providers ward were to be authorized, managed and staffed specifically regarding quality assurance. The 13 August 2004 law for "local liberty" (JORF 2004,1) gave major responsibilities to local political level to plan, organise and regulate policies related to residential and home care in relationship with the state division of social affairs either at regional or at departmental levels. The 30 June 2004 law 'national day of solidarity' (JORF 2004 2) called for the creation of a specific independent agency called CNSA. The 11 February 2005 law for 'the equality of rights and opportunities, participation and citizenship of disabled persons' (JORF 2005) marked a turning point since it stressed on the necessity to reconcile separate policies on disability issues. Shortly following this last law, CNSA was put in place in 2005 and an independent agency called ANESM (National agency for assessing LTC organisations) was launched in 2007.

7.4 Others – Authorisation and accreditation mechanisms, audits

Practice	Content	Target group	Methods	Perspective Evaluation area?	Evidence	Results	Model is introduced	Source
LAW 39/2006 - quality indicators, - certification of quality assessment (Spain)	Authorisation and accreditation of services and resources. Spanish Certification Agency (AENOR) has developed specific quality norms for certification the resources and services (day and night centre, residential homes, home help services, tele-care services)	Management, staff, older people, dependent people.	UNE-EN ISO 90001 EFQM		Not yet frequent use, no evidence		Not yet frequent use, some reports from Valencia, Madrid, Basque Country Implementation of the law is still processing	
Authorisation (Italy)	Conformity to the basic structural, technological and organisational requirement	Management, staff, providers	External audit	Structural, technological and organisational	Compulsory (in health care system)	To respect minimum quality criteria	All health services	DPR of 14/01/97
Accreditation (Italy)	Conformity with legal requirement	Management, staff, providers.	External audit	structural, technological and organisational	To operate within or on behalf National Health Service	To respect minimum quality criteria	For all health services that operate within the NHS	Regional laws
Accreditation of excellence (Italy)	Voluntary accreditation according to well-defined standards	All organisations	External audit (professionals)				Some hospitals; health services	

<p>Law 5/1997 proposed by the Valencia Government (Spain)</p>	<p>Regulation establishes principles for day care and care homes: normalization, stimulation, intimacy, choice, participation, prevention, professionalization, personalised assistance, privacy, integration, collaboration. Requirements for the accreditation of centres: capacity, portfolio of services, protocols and registers, personnel composition, ratio and time regulation</p>	<p>Older people, staff, management and stake holders</p>	<p>Social Services Quality Plan based on EFQM, ISO and CAF norms for Quality Management</p>		<p>Not yet frequent use, no evidence</p>		<p>Valencia</p>	
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Source: Spain: The Promotion of personal Autonomy and Care for Dependent Persons i.e. Dependency Law 39/2006, Law 5/1997 proposed by the Valencia Government, Law39/2006 (Quality Certification).