

International comparison of long term care quality monitoring: case Finland

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NATIONAL INSTITUTE FOR HEALTH AND WELFARE, FINLAND



Regulatory and voluntary quality monitoring in public and private long-term services in Finland

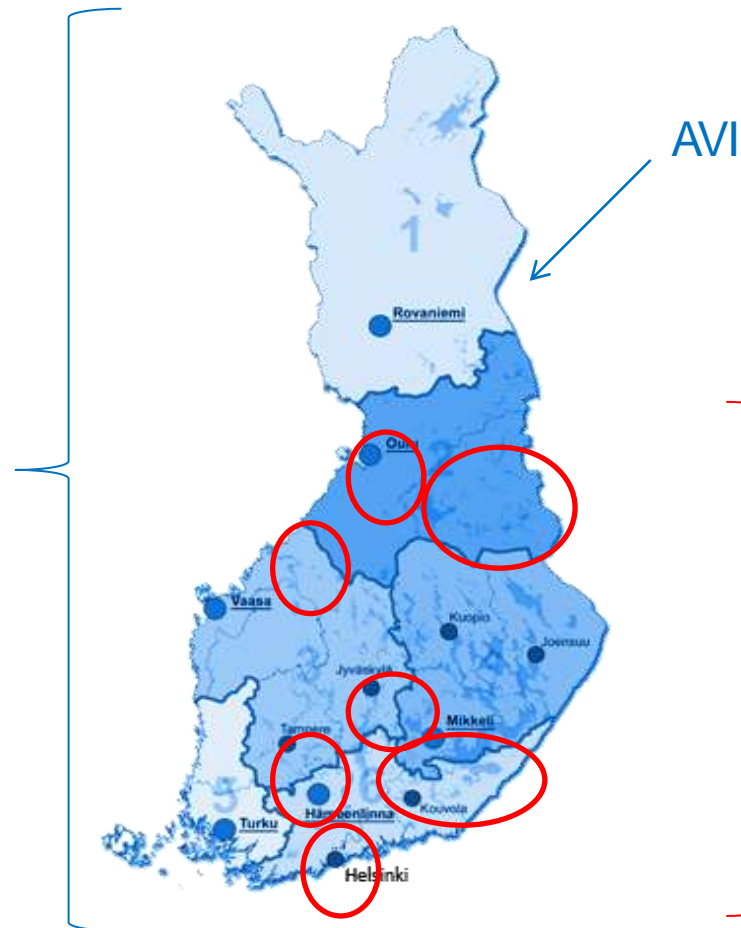
Municipalities (n=336) responsible for financing and arranging services to their citizens either by themselves (public) or purchasing from private providers; Local authorities responsible for oversight of services

Ministry of Social Affairs and Health: Recommendations for coverage of services and staffing levels by LTC type -> information guidance

Valvira
The National Supervisory Authority for Welfare and Health: a) Licensing, b) performance auditing, c) grant the right to practice as authorised health care professional -> regulatory

AVI Regional State Administrative Agencies, n=6: Steer, supervise, and monitor all LTC both private and public

Valvira and AVIs have collaboration and joint programs for LTC services



Constitution Act
Act on Health Care,
Act on Social Care,
Act on elderly Care,
Act on Patient Rights,
Act on Client Rights, etc.

THL (National Institute for Health and Welfare): research, development and national care registers

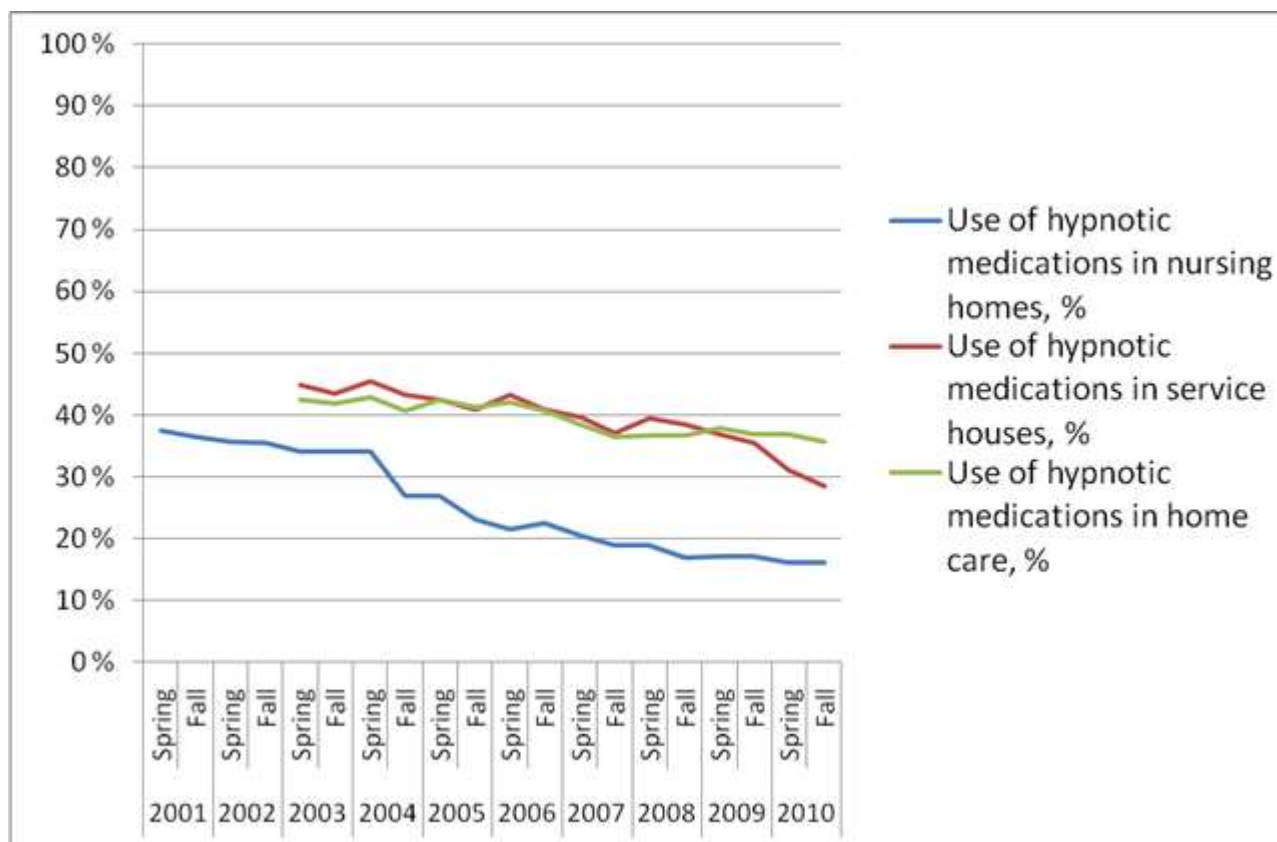
Benchmarking of quality and performance with interRAI instruments:

- One third of LTC clients in home and institutional care
- Trends of case-mix, quality, costs and staffing
- Co-operation with municipalities and institutions since 2000 →

Valvira and AVIs supervision of quality in long-term care

- AVIs inspections were targeted to units complained about by clients, relatives or significant others
- The new regulatory system aims inspection processes to more uniform and structural direction
 - national review for all LTC facilities (n=1500) conducted in 2009
 - Response from 1237 facilities, 15 % did not meet the criteria set for good care → these facilities have been inspected more thoroughly → results forthcoming
 - Self monitoring also introduced to ltc units
- Valvira/AVIs have a permission to inspect without notification; if legislation not met fines or cessation can be ordered

Quality management and improvement in care practices shown by benchmarking with interRAI instruments; example: use of hypnotics



Who should be responsible for quality improvement?

- **Regulatory**
 - How quality is monitored? Can other national information be used? If collected for other purposes?
 - Electronic health records might be promising
- **Voluntary quality improvement by benchmarking**
 - gives comparable information for self monitoring to units and facilities and might be usable for supervision
 - if quality recommendations are not met, then regulatory officers might focus on inspecting only those units / facilities
 - aims for improving care not for serving regulatory supervision
- **Public reporting**
 - Clients choice of service provider by quality?