International comparison of long term care quality monitoring: case Finland

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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

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→
Valviras 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?