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# Promoting quality management in LTC

Principles, key components and directions  
for policy action

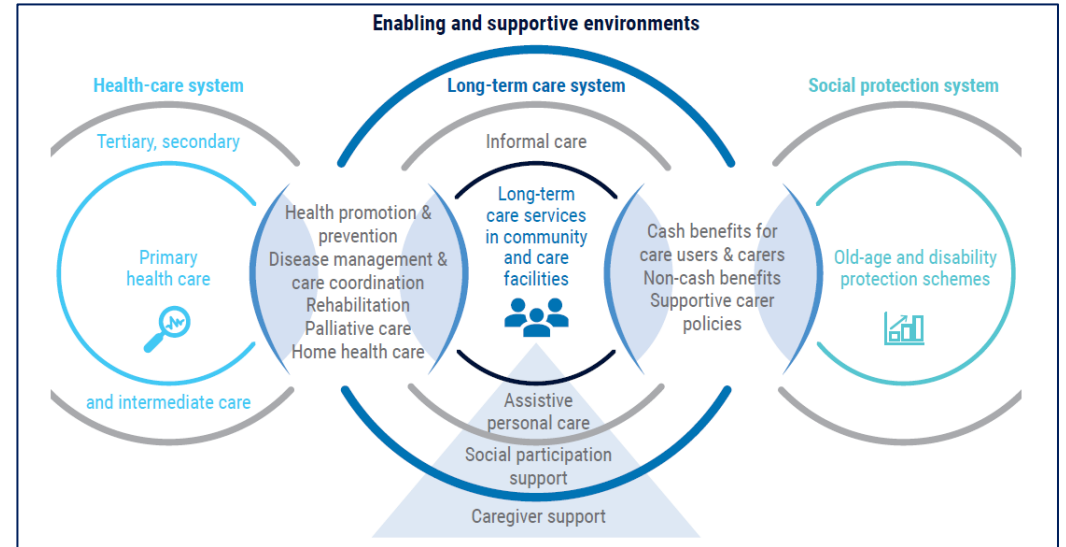
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# Defining quality in LTC

*“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.”*



## Acknowledging challenges:

- Fragmentation of service delivery across health and social care continuum
- Different perspectives to what constitutes quality in LTC
- Large share of LTC is carried out informally
- A need for a flexible approach to quality

# 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



# Shifting from a quality assurance approach to quality management

## 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**.



## 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.

# What does a quality management approach look like?

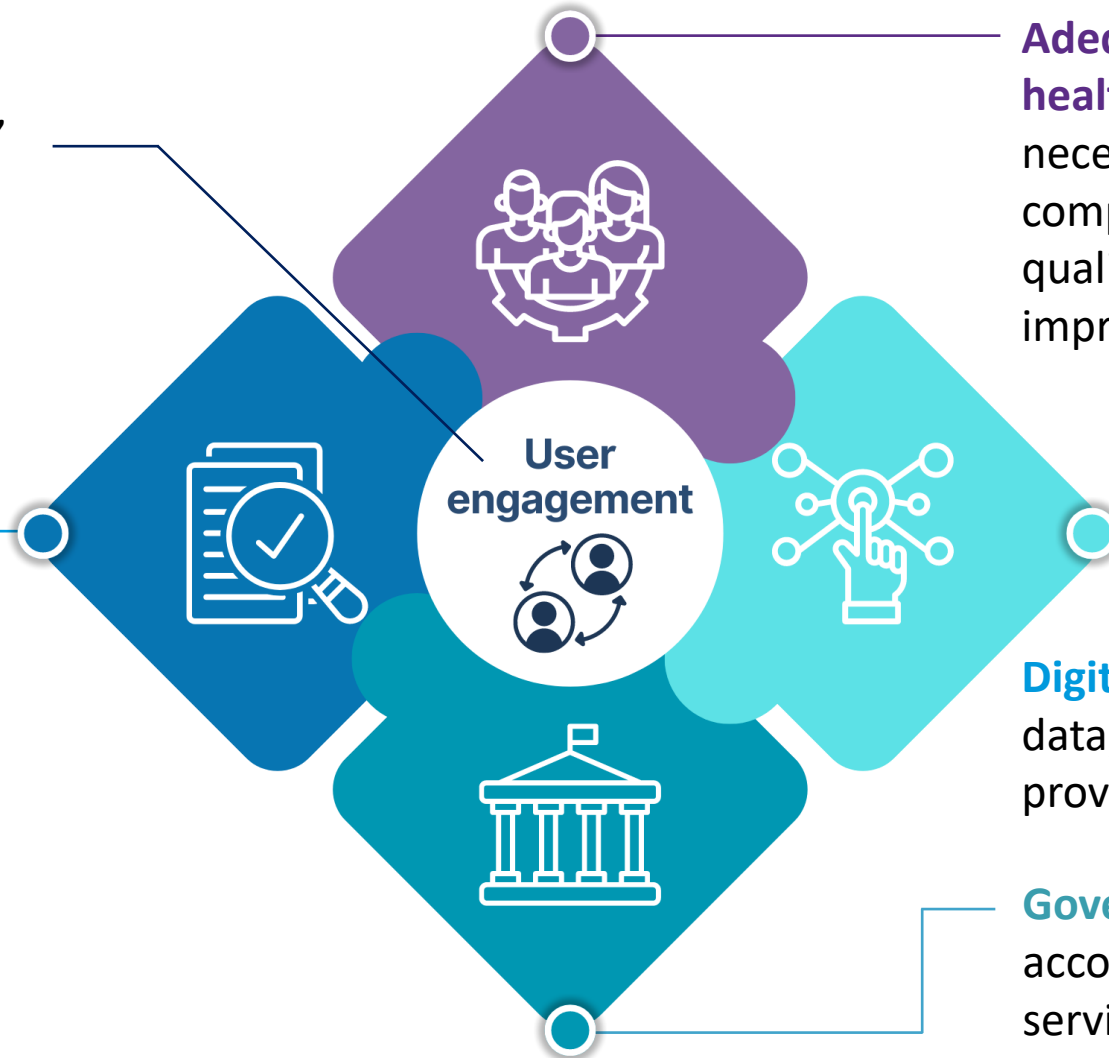
- **Continuous focus on quality improvement**
- Iterative in nature, promoting cyclical adaptation and expansion of practices: **continuously updating and pushing the minimum standards**
- Instilling a **continuous quality management cycle** across providers and sectors:
  1. **planning** quality processes and identifying challenges
  2. **implementing** services and solutions
  3. **measuring and evaluating** processes and outcomes
  4. **reflecting** on results and identifying areas for improvement



# 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

**Needs assessment:** defining and establishing care needs and eligibility for benefits/services



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

**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



# How do we reach a quality improvement approach?



## Measure what matters most: user-reported outcome

- Final goals of care processes are to **maximize individual well-being and quality of life**: quality measures should reflect this
- User-reported measures related to **quality of life** and **care experiences** according to recipients are most meaningful



## Create incentives for providers

- **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), **public reporting of quality, voluntary certification of quality**, etc.



## Expansion of roles

- **Expansion of roles and responsibilities for all stakeholders**: individuals using care, care workforce, care provider organizations, communities, regulators/public authorities
- **Requires reflexive forms of regulation**, space for **joint learning**, and openness to conceptualize **new ways of working together**

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# How is LTC quality management organized across countries?

A selection of country case studies



# Austria

- Decentralized system of quality management: **minimum quality standards** are agreed upon by national and regional (federal state) authorities (agreement under Article 15a B-VG, Federal Constitution Act, 1993). **Federal states** are responsible for **issuing regulations** and **assuring quality of LTC**, leading to substantial variation across the country
- **Minimum standards:**
  - **Facility-based:** structure-related standards (e.g. room size, required facilities, personal freedoms, integration into community)
  - **Home-based:** no minimum standards
  - **Care workers:** staffing ratios (varying across states), nationally set educational requirements
- **Quality assurance:** compliance checks for residential facilities by regional authorities, home visits for first-time recipients of home care and for cash benefits, general audits by Court of Auditors

## Definition of quality referenced in legislation:

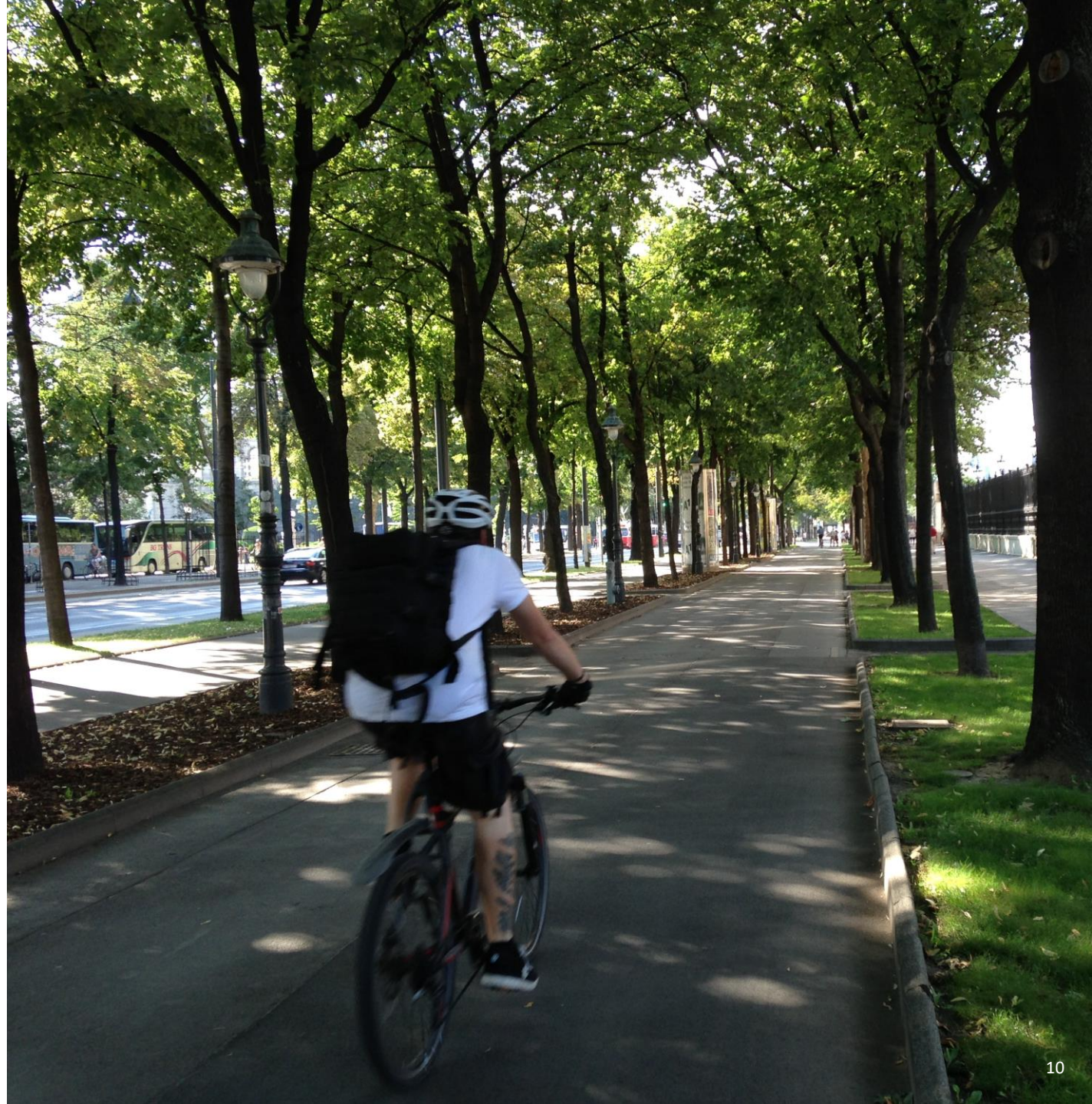
*“Professional care and nursing quality describes the degree to which the quality characteristics of professional care and nursing are achieved. These quality characteristics are: Person/people-centeredness, needs orientation, safety, effectiveness and efficiency”*

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## Austria – Quality improvement

- **Voluntary national quality certificate** (NQC) for nursing and care homes based on external audit
- **Austrian quality certificate for placement agencies in 24-hour care:** a voluntary certificate that the agency complies with nationally set guidelines for practice
- **Care satisfaction surveys** used in some nursing homes (e.g. satisfaction with overall services in nursing home, satisfaction with social life and activities, etc.)





## Ireland

- **Centralized system of quality management:** Department of Health develops regulations for minimum requirements. Health Information and Quality Authority (HIQA) is responsible for registering, monitoring and quality assurance for residential care services (and soon to include home care)
- **Minimum standards:**
  - **National standards developed for residential care:** Person-centered care; regulations surrounding the design, repair, cleanliness, etc. of the designated centre and accommodation; number and qualification of staff
  - **Home-based:** under-development
  - **Care workers:** development of framework for Safe Nursing Staffing and Skill Mix underway; staff ratios based on care needs
- **Quality assurance** (currently limited to residential care but to be expanded to home care): mandatory registration of providers, announced & unannounced inspections, reporting requirements

**No encompassing definition of quality in LTC**

*Standards for residential care are driven by values of person-centeredness, effectiveness, safety, health and well-being*

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## Ireland – Quality improvement

- **Inspection reports** of residential care providers are publicly published regularly
- Inspections of nursing homes include **discussions with residents** on their overall satisfaction with care
- **Thematic Quality Improvement Programme:** HIQA develops guidelines that aim to drive improvements on certain themes. Providers carry out a self-assessment and develop a quality improvement plan
- **National Nursing Home Experience Survey** carried out across nursing homes recently, used to inform policymaking (overall satisfaction, satisfaction with different components of care, e.g. transition into nursing home, caregivers and staff, etc.)
- Strong culture of **stakeholder engagement** in policymaking as concerns LTC







## Greece – Challenges in quality management

- Limited existing legislation relates to **accreditation criteria, and quality standards (structural aspects) and assurance in residential care**
- Need to **strengthen quality assurance** as a basis, as well as **implement incentives** for service providers
- **Fragmented governance for policymaking, including developing quality standards** (Ministry of Health, Ministry of Social Cohesion & Family, Ministry of Interior)
- **Interministerial working group on LTC**, led by the Ministry of Social Cohesion and Family Affairs, is developing a national strategic plan (including quality in LTC)
- **WHO HEALTH\_IQ project**: LTC system assessment, promoting quality of care through piloting quality indicators, strengthen capacity building and optimizing human resources



# Launch of the publication

WHO Europe will be launching a **technical document and country case studies in Athens** (December 2024), designed to support Member States in strengthening quality management in LTC containing:

- 1) Conceptual framework for quality management
- 2) 6 country vignettes (AT, DK, EL, IE, PL, RO) and 1 regional vignette (Biscay, Spain)







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