SIG on quality in long-term care

Providing high-quality care is becoming increasingly challenging:

- Rapidly ageing populations, rising care demand and increasing workforce shortages
- Movement towards person-centered care which focuses on autonomy, dignity, comfort, and meaningful relationships with clients and families.

Beyond Standardized Approaches:

- Quality improvement requires more than meeting predefined standards.
- A shift towards **learning-based, adaptive, and reflective** approaches is essential.

The **purpose of this SIG** is to contribute to new paradigms and approaches for QI in LTC

Quality improvement in Long-Term Care | GOLTC

Agenda for today

Balancing safety and clinical indicators and patient-reported outcome indicators and narratives

- Introduction to the webinar topic (Prof. dr. em. Henk Nies, Vrije Universiteit Amsterdam)
- The use and nature of clincal and safety indicators in long-term care (Dr. Mircha Poldrugovac, Amsterdam University, National Institute of Public Health of Slovenia)
- The use of narratives to monitor and improve quality in long-term care **(**Prof. Anne Margriet Pot, Erasmus University Rotterdam, Dutch Health Care Inspectorate)
- Reflection on the presentations and Discussion (Sharron Reynolds, Care Inspectorate – Scotland, UK)

Introduction to the theme:
Making Quality Visible
Balancing safety and clinical indicators and patient-reported outcome indicators and narratives

Prof. dr. em. Henk Nies

GOLTC 2 July 2025

online

GLOBAL OBSERVATORY OF LONG-TERM CARE

Why this webinar?

- Rethinking paradigms in LTC and what that means for making quality ‘visible’
- How (regulatory) frameworks can support quality improvement based on data
- Learning from each other how to contribute to high quality care

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Values underpinning quality in LTC (WHO, 2024)

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World Health Organization European Region

The Dutch case: Paradigm shift in quality

- Person centred
- Quality of care → quality of life
- Shared decision making
- Quality = normative
- Subjective ánd objective

The new questions/aims

- ‘What’s the matter?’ → ‘What matters to you’
- ‘Adding years to life’ → ‘Adding life to years’

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Experiences measured at national level

- Disability sector first sector to refuse quantitative measures for personal experience
- Too laborious
- Too much delay in reporting
- No meaningful information for improvement
- Care workers felt alienated
- Nursing homes followed

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New framework: nursing home care (2017)
Indicators as a choice and (partly) obligation

Quality primary process	Conditions
Person-centered care & support	Leadership & governance
Life & well-being	Norm for staffing
Safety	Use of resources
Learning & improving	Use of information

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The Quality framework for LTC - Generic Compass Working Towards Quality of Life 1 July 2024

- Care in the community and residential care
- Towards a movement of learning and improving
- Quality of care: how care contributes to quality of life
- Individual differences and situationally determined
- Autonomy, social relations, health, safety, wellbeing

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Building Blocks

Knowing wishes and needs

Dialogue: you, social network, technology, professionals

Support plan

Selection of instruments

Building networks

Around the person: who coordinates, sharing information, transitions

Of organisations: interdisciplinary, neighbourhood, clear responsibilities

Organising work

Skills mix and quality requirements of professionals

Regional and local joint responsibility

Interoperability of technology and information

Specialist care

Quality of labour

Participation in decision making

Learning and developing

Time and budget for learning, including informal carers

Reflection

Use of indicators in learning

Insights into quality

Individual, organisation, society

Counting and telling → quality ‘picture’

Client experiences

PREM, NPS, questionnaires

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Thank you for your attention!

Henk Nies

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NIJZ National Institute of Public Health

Amsterdam UMC University Medical Centers

The use and nature of clinical and safety indicators in long-term care

Mircha Poldrugovac, PhD

What are the performance indicators used in long-term care?

Literature review, web search and expert consultation

What is actually regularly collected by countries/subnationally

Poldrugovac *et al. BMC Health Services Research* (2025) 25:460
https://doi.org/10.1186/s12913-025-12573-4

BMC Health Services Research

RESEARCH Open Access

Performance indicators on long-term care for older people in 43 high- and middle-income countries: literature review, web search and expert consultation

Mircha Poldrugovac[1,2*], Joost D. Wammes[3,4], Véronique L. L. C. Bos[1,5], Erica Barbazza[1,4], Damir Ivanković[1,5], Hanneke Merten[1,5], Janet L. MacNeil Vroomen[3,4], Niek S. Klazinga[1,5] and Dionne S. Kringos[1,5]

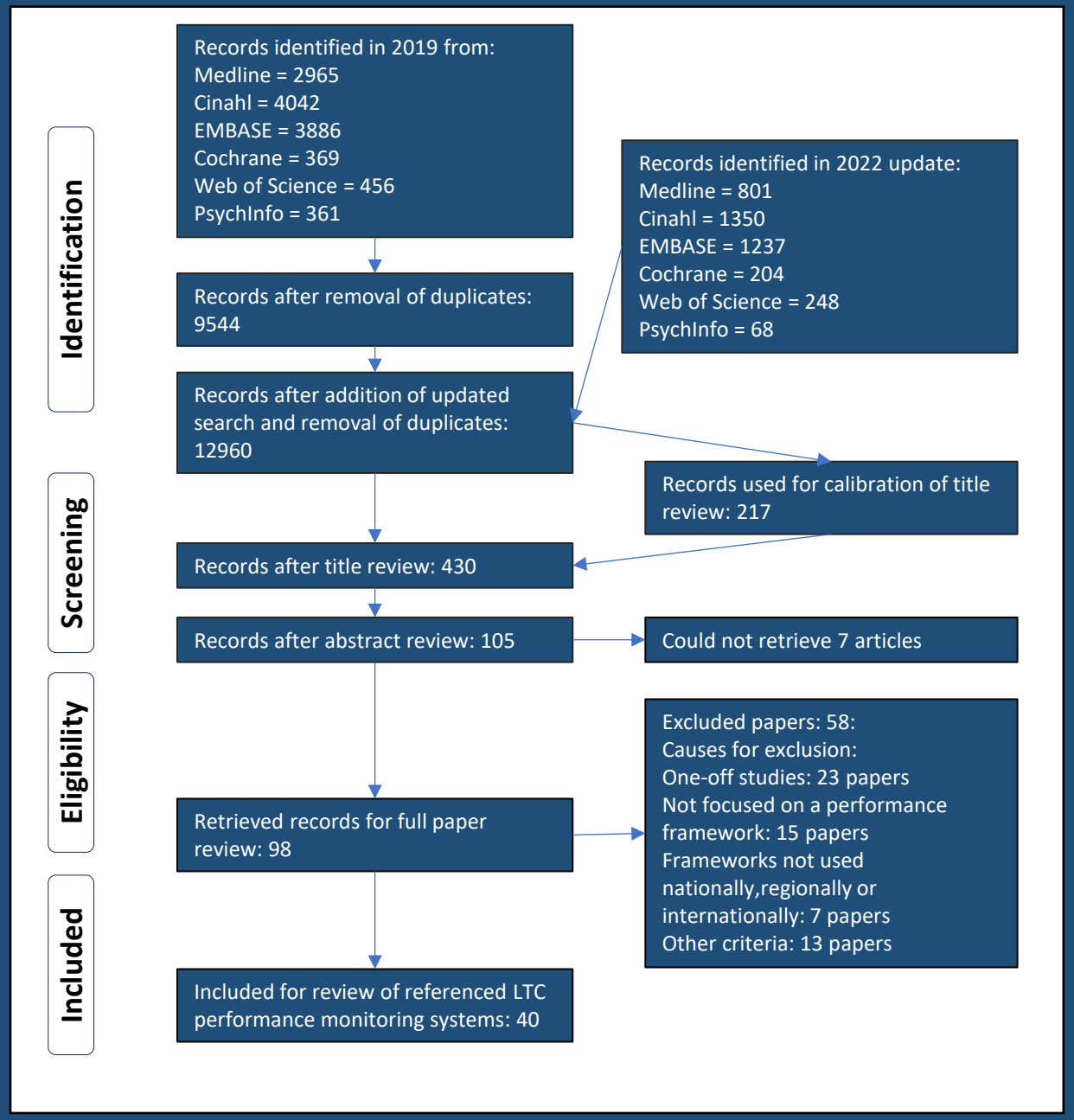
Abstract

Background Long-term care (LTC) for older people is an area of focus for many health and social policies in high- and middle-income countries. Performance Indicators are used to provide national and subnational jurisdictions with insights to ensure quality of the provided LTC services for older people. Although LTC systems vary across jurisdictions, there is demand for internationally comparable indicators to support countries in monitoring LTC and facilitate mutual learning. The aim of this study was to provide an overview of indicators currently employed to monitor the performance of LTC systems and services in high- and middle- income countries and describe their key characteristics.

Methods A review of the literature in six scientific databases (literature review) and web searches of relevant sites across 43 selected countries (web search) was conducted. We asked country representatives from the Working Party on Health Care Quality and Outcomes of the Organization for Economic Cooperation and Development, where most of these countries are represented, to cross-validate the sources of information found (expert consultation). We then extracted and analysed the data from all obtained sources based on a predetermined set of characteristics.

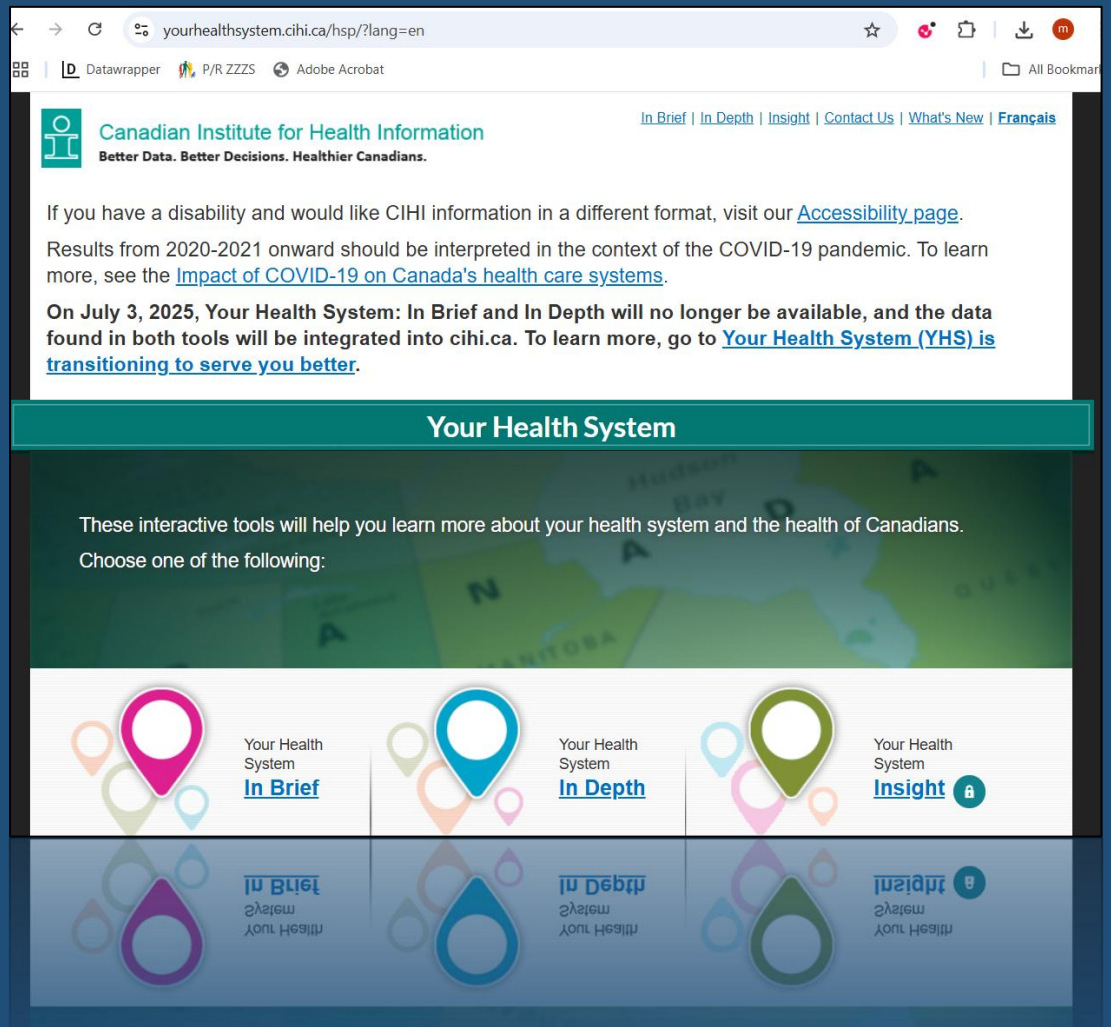
Results The search of scientific databases yielded 12,960 records, from which forty papers were selected for inclusion. The scientific literature findings were complemented by 34 grey literature sources. In total, we identified performance indicators being used to monitor LTC systems and services across 29 national and subnational jurisdictions in 24 out

Literature review

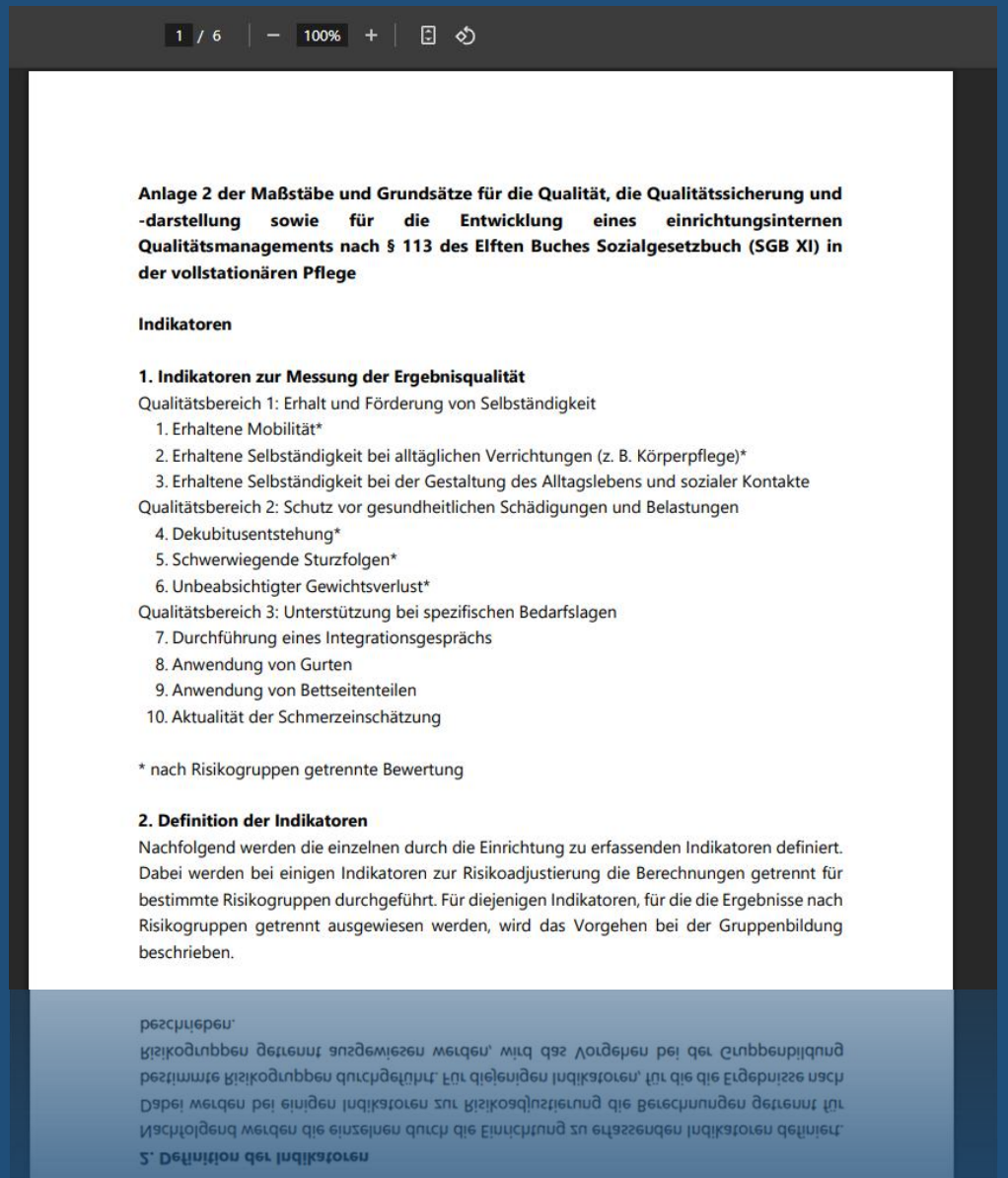


Online sources

Canada

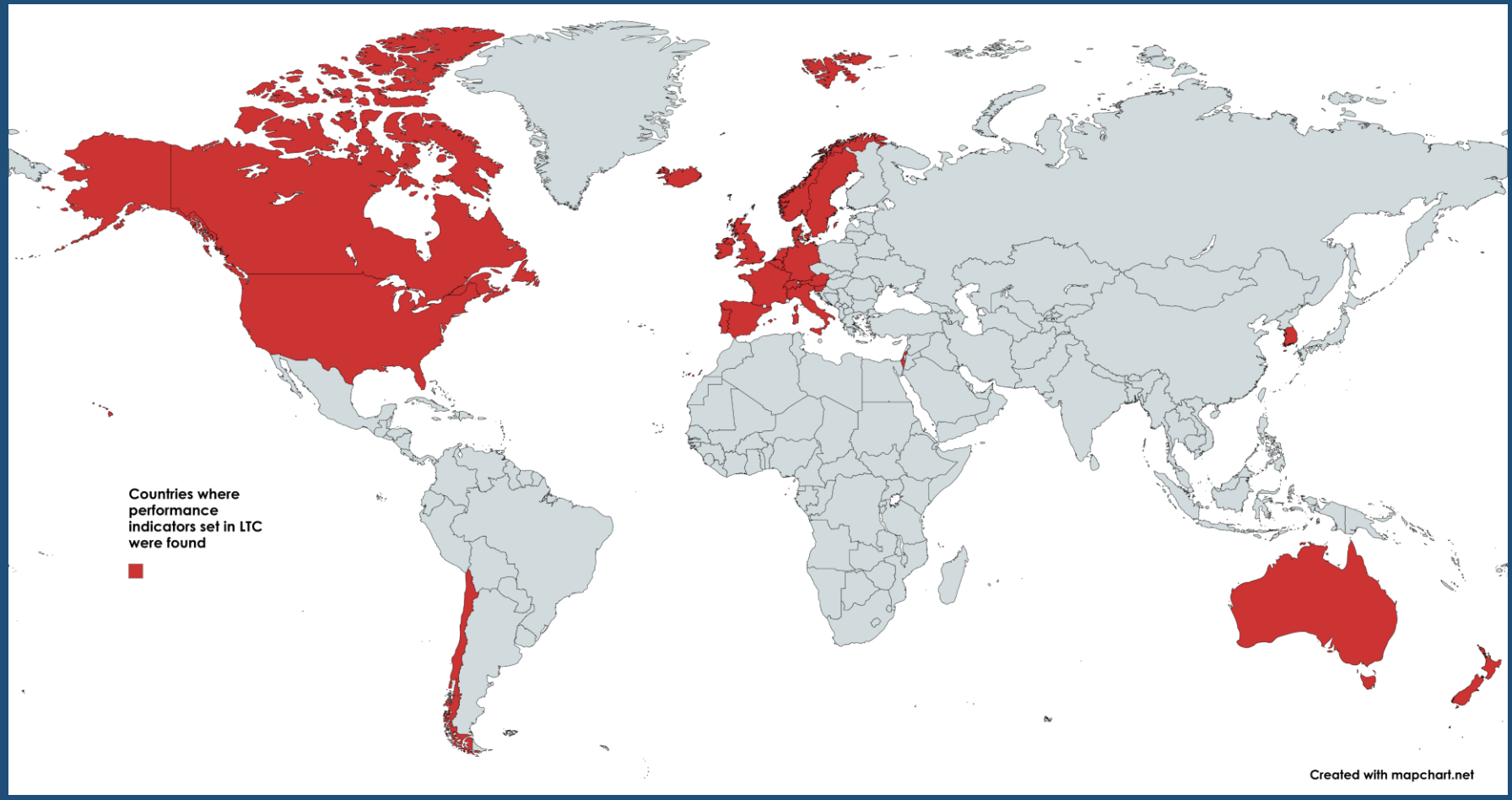


Germany



Results

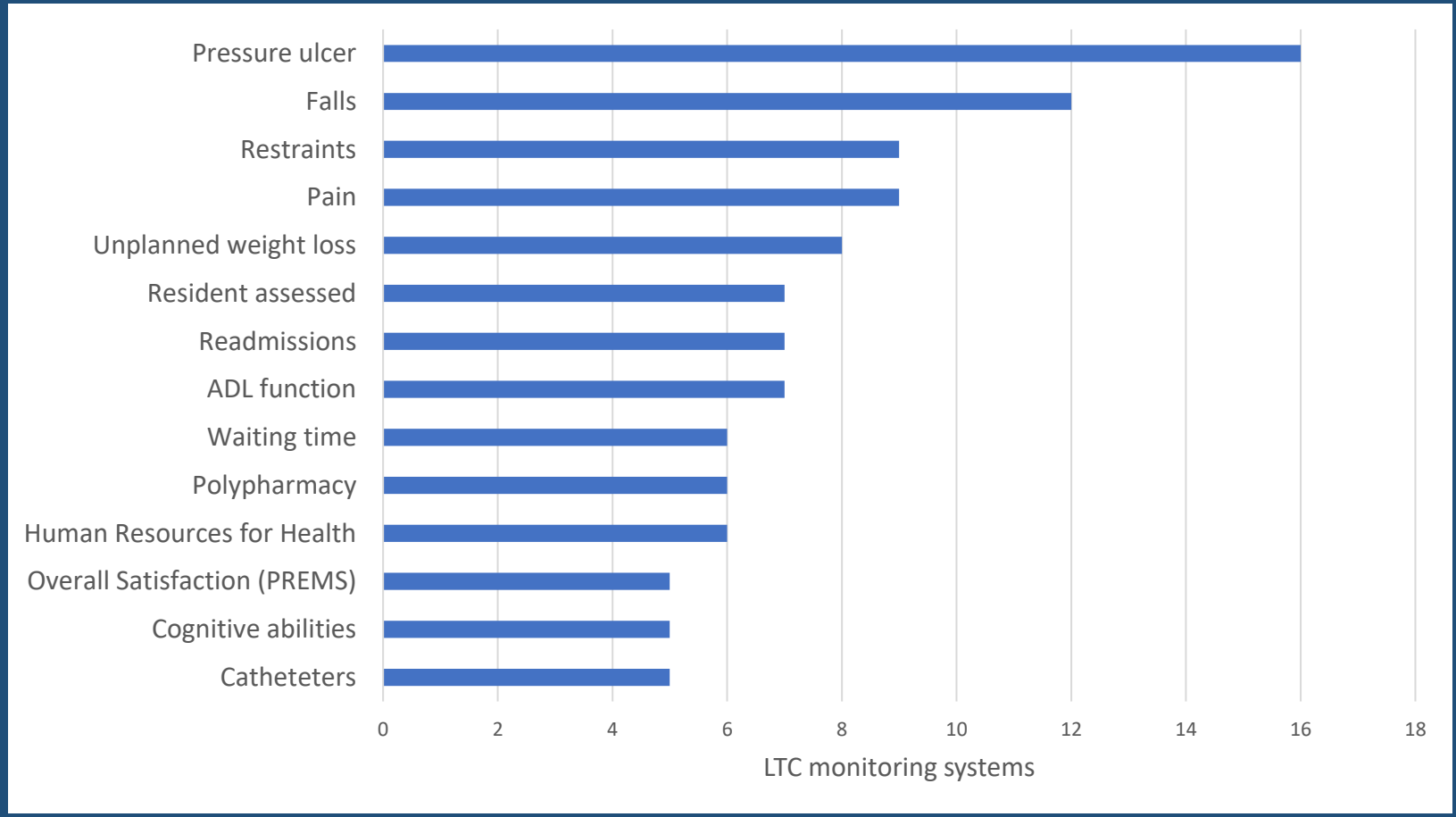
Systematically looking for LTC monitoring in 43 countries. 29 indicators set were found in 24 countries.



Results

Most frequently monitored LTC indicators

(by number of countries/subnational entities, N=29).



Results

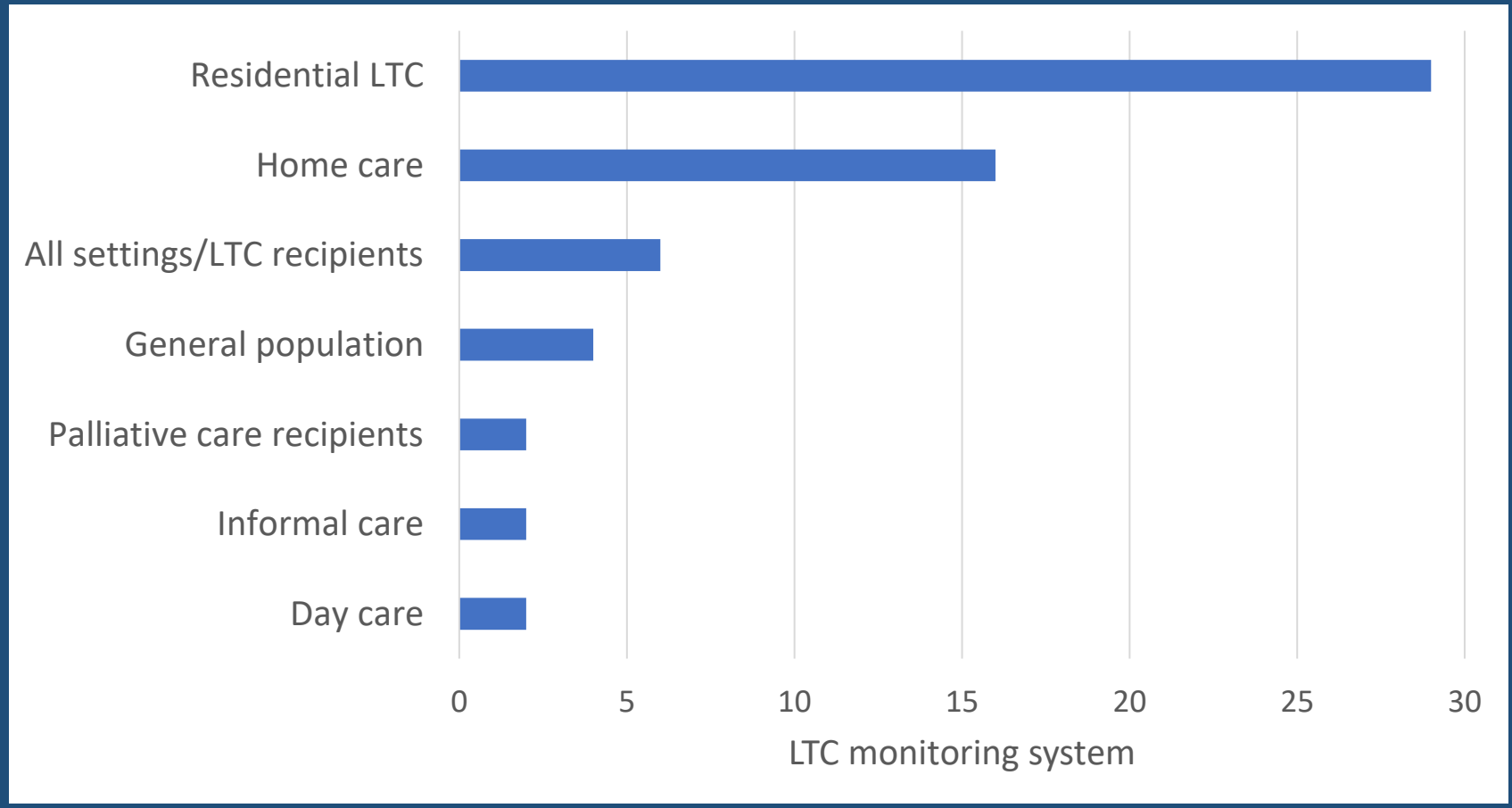
Are indicators comparable?

How **falls** indicators are described

Percentage of residents who fell in the last 30 days (Canada)	Number of persons who fell in the previous year (Luxembourg)	Fall injuries per 1,000 person-years in special housing for the elderly (Sweden)	Percentage of residents who had a fall with serious physical consequences in the facility in the past six months (Germany)

Results

(by number of countries/subnational entities, N=29).



Results

Are settings comparable?

Nursing homes

Residents in homes for the elderly ("ROB"-"MRPA") or in nursing homes ("RVT"-"MRS") in Belgium
Skilled nursing facilities in USA
Special housing for the elderly in Sweden

LTC hospitals

Long-term care hospitals in Korea and USA
Distinction of long term geriatric wards, long term mechanical ventilation wards and rehabilitation wards in Israel

Home care

Distinction between district nursing home care and care at home under the Long-Term Care Act in the Netherlands

Reliability challenges

Assessment of the methodologies of 4 approaches to point prevalence measurement

4 measurement systems included

HALT study by ECDC, Europe

EIP study by CDC, United States

PIPP project by Clinical Excellence Commission New South Wales, Australia

LPZ project by Maastricht University Covering The Netherlands, UK, Turkey and Austria

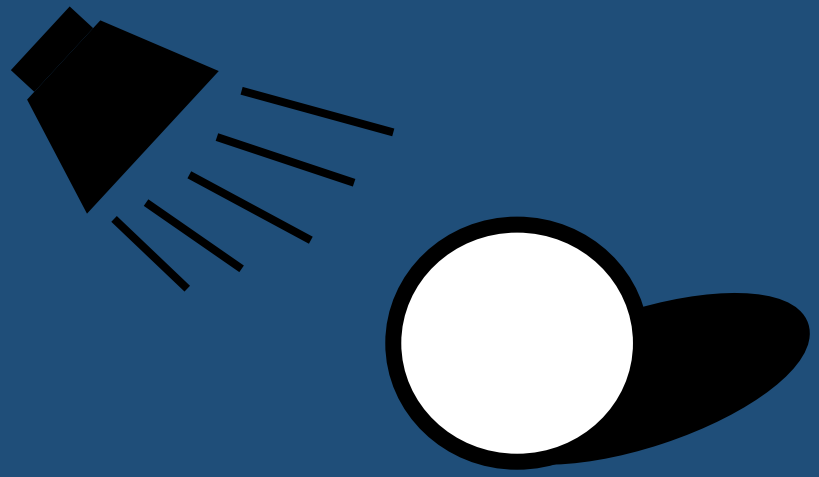
Trade-off between **scale and reliability**:
Requiring more resources decreases participation

How monitoring impacts performance?

Selection pathway	Change pathway	Reputation pathway
Requires excess supply	The provider is informed (awareness campaigns might be implemented)	Provider changes behaviour based on publication of performance indicators

Are we sure we are not “teaching to the test”?

Inspectorate and other oversight organizations assess LTC providers based on in-depth, typically on-site audits



- Indicators are tools used to recognize if there is a risk of not complying with the standards

“We then look at the information that allows us to gauge how the standards are being met…”

Study Participant

Key challenges in monitoring performance through quantitative indicators

Limited international comparability	Limited scope of person-centred measurements	Limitations of the nature of performance indicators
LTC settings differ considerably by country	**PREMS and PROMS** are rarely measured nationally	**How to capture quantitatively satisfaction of preferences and priorities, which may differ from person to person?**
Indicator definitions are likely influenced by data availability	Preference among countries for **clinical and safety indicators**	

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The use of narratives to improve Long-Term Care – Towards reflexive regulation of person-centred care

Prof.dr. Anne Margriet Pot

Global Observatory – Long-Term Care, 2 July 2025

Erasmus University Rotterdam

Quality of Long-term Care: Regulation & Standards

Presentation:

1. Regulation using fixed standards inappropriate for assessing person-centred care
2. The potency of reflexive regulation for person-centred care
3. The current development of reflexive regulation

Fixed standards for inspection: Random examples

- Each room may house a maximum of two residents.
- Medication reviews must be conducted every 3 months.
- At least 90% of clients report feeling respected and safe in an annual satisfaction survey.

Open standards for inspection: person-centred care

- ❑ Care staff knows the clients and their needs and preferences.
- ❑ Care organizations allow clients to take charge of their own lives and well-being where possible.
- ❑ Clients experience proximity, security, trust, understanding and respect of care staff.

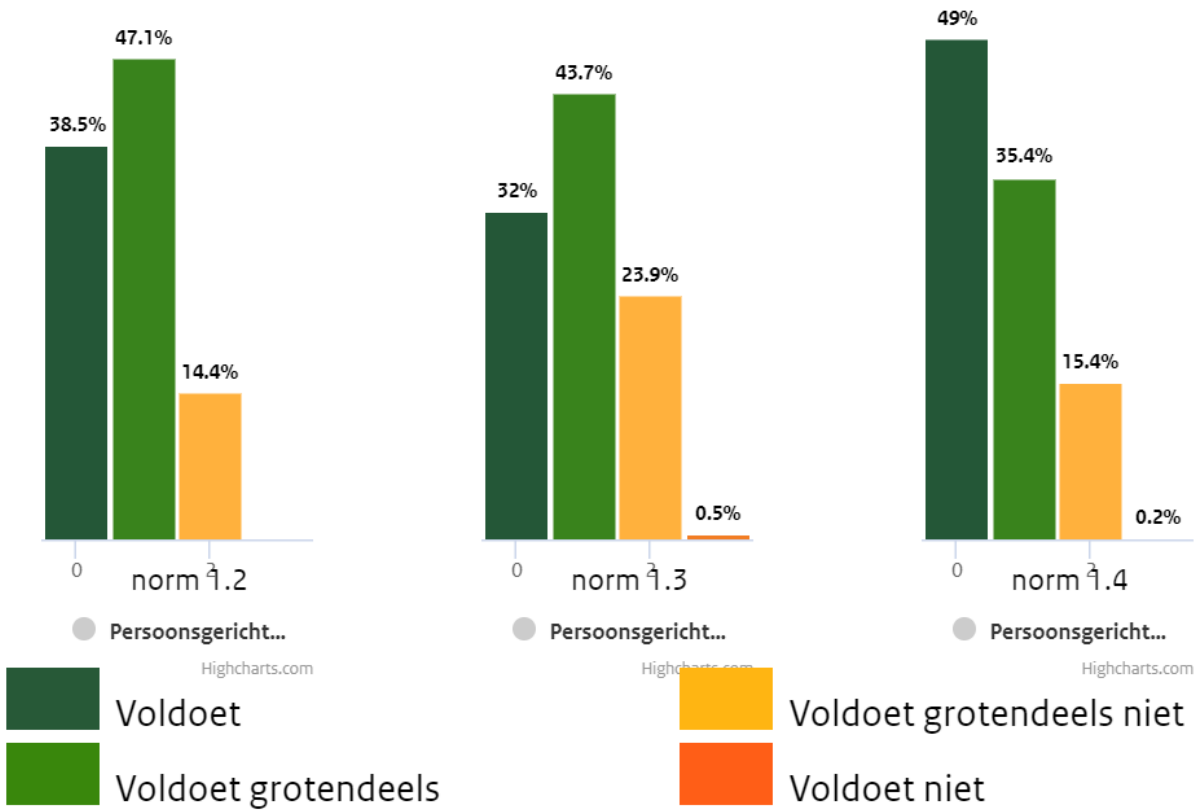

De Ruijter

Inspection outcomes

Standard 1.2 In most care organizations, care staff knows the clients and their needs and preferences.

Standard 1.3 About three quarters of the care organizations allow clients to take charge of their own lives and well-being where possible.

Standard 1.4 In more than three quarters of nursing homes, clients experience proximity, security, trust, understanding and respect of care staff.




"The quality of person-centred care cannot be judged on the basis of a checklist which asks whether people prefer peanut butter or chocolate sprinkles on their bread!"

Presentation:

1. Regulation using fixed standards inappropriate for assessing person-centred care
2. The potency of reflexive regulation for person-centred care
3. The current development of reflexive regulation

To reflexive regulation

- **Current regulatory framework**: top-down, ‘command-control’, well-defined aim, fixed standards, individual inspectees
- **Person-centred** service provision is **complex,** marked by heterogeneity, pluralism, and temporal shifts, fragmented and networked services
- Regulation should anticipate **uncertainty**, take **limitations** of regulation into account, engage with specific **dynamics** of service provision for vulnerable persons
- This requires ongoing reflection on the goals and effects of regulation, and the role of the regulator **=> reflexive regulation**

Organized irresponsibility

- Environmental pollution and the climate crisis
- If many are responsible for the environmental problem, ultimately no one is (individually) responsible for their contribution to the pollution – Ulrich Beck refers to this as organized irresponsibility.
- Complex issues like person-centred care

Reflexive regulation

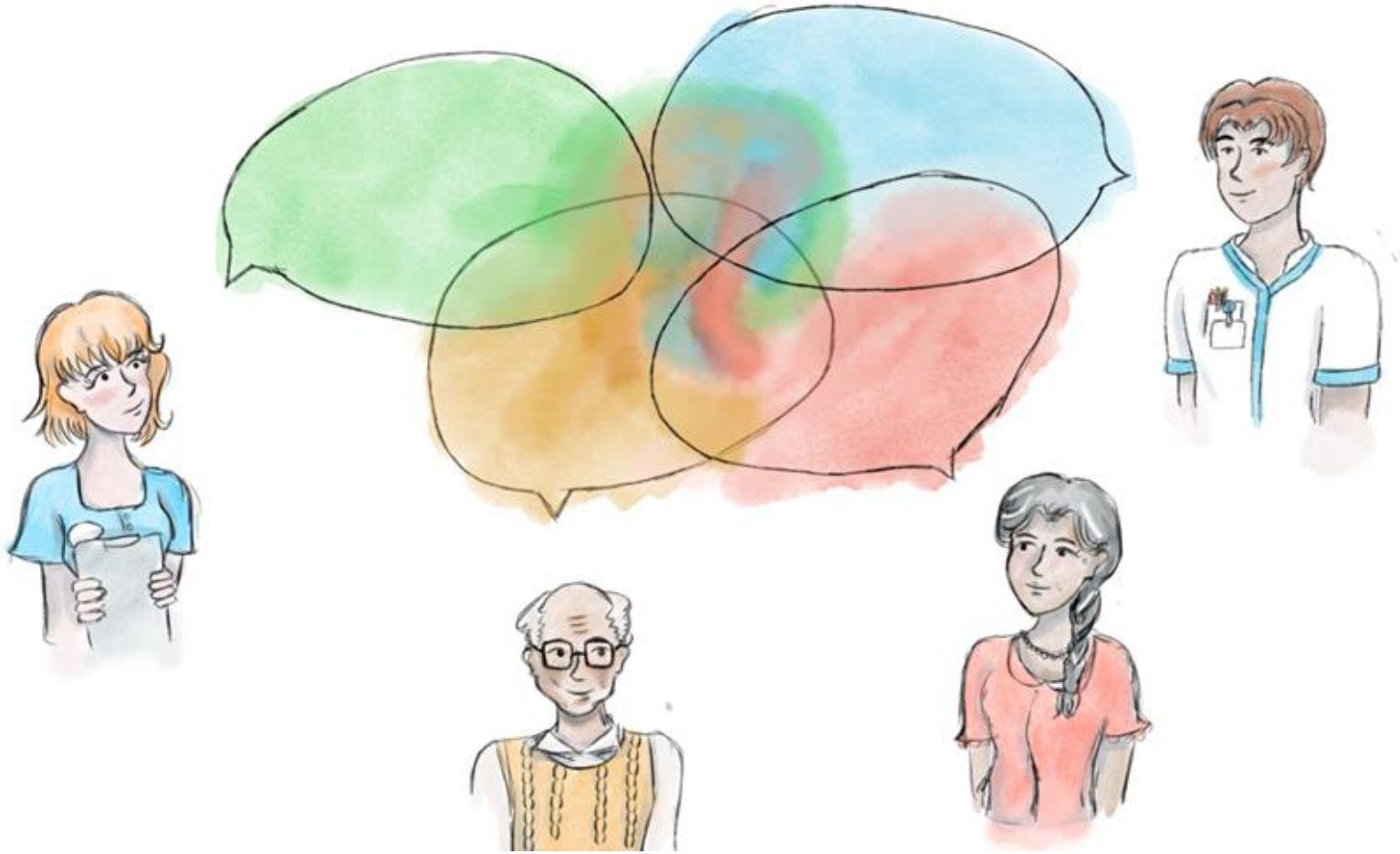
- Is a mode of regulation that encourages actors to be open and creative, and to engage in self-observation and self-criticism.

- implies the ability to examine yourself, to direct your focus inward and reflect about your own assumptions, actions, policies, systems and processes.

- can be especially helpful with complex issues, which are associated with uncertainty about standards / responsibilities and where different perspectives play a role.

- Interactive and focused on ‘higher order learning’

Reflexive regulation is ***Interactive***



Reflexive regulation is focused on ***'higher order learning'***

- What is the nature of the problem and how it arose?
- What does that say about assumptions, policies, systems and processes and how can these be improved?


“In reflexive regulation, the regulator no longer assesses the actor who is subject to regulation: instead, the actors within a network assess each other, and the regulator’s role is primarily to support this process and drive it forward.”

Questions

- Are actors always willing and able to reflect on their own actions and adjust them where necessary?
- Might actors not take advantage of the latitude they have acquired to undermine the regulator's influence?
- Are inspectors able to let go of their primary stance as assessors and enter into dialogue?
- Do the other actors also perceive that this is the case?
- When and how is the regulator compelled to let go of the reflexive role and switch to an enforcement role?

Presentation:

1. Regulation using fixed standards inappropriate for assessing person-centred care
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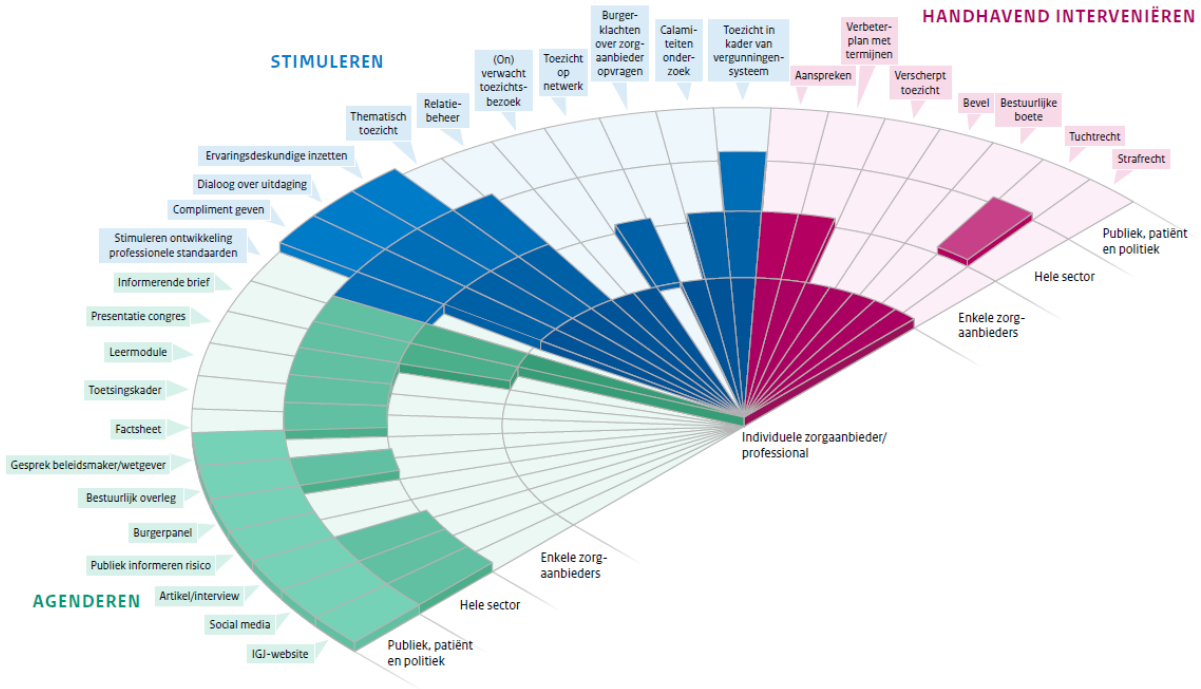
Aim of RUN-study
(RUN = Reflexive regulation Using Narrative approaches of service provision for people in a vulnerable position)

- Development of arrangement for **reflexive regulation**
- In **co-production** with stakeholders, in which people in vulnerable situations are central, en de relations between them, service providers and regulators will be intensified
- Based on using **narrative approaches**

-

Toolkit for inspectors



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Current pilots

Three groups of vulnerable individuals

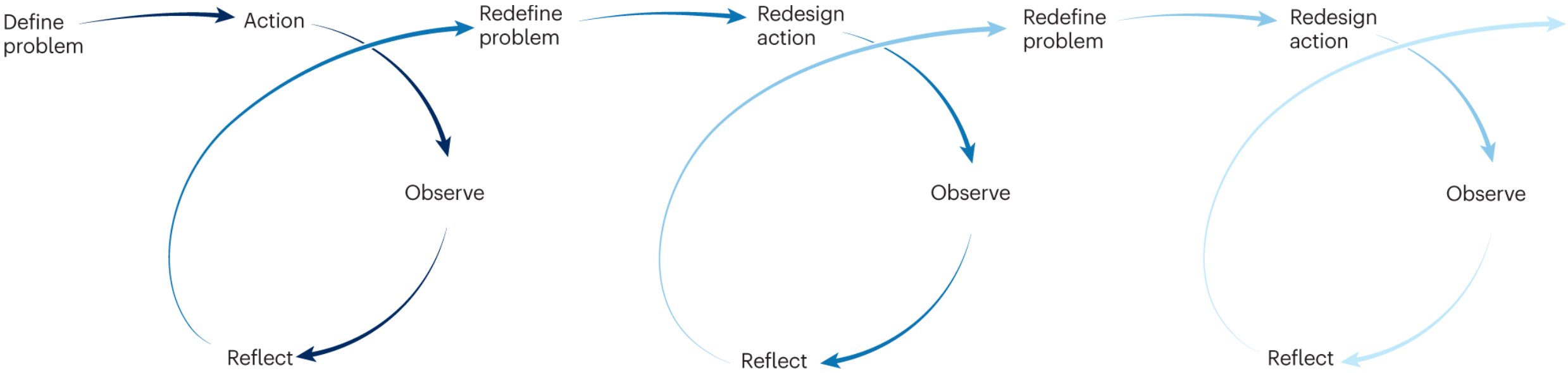
Focus on:

a. People with dementia living in a care facility, and their family carers (incl. friends or neighbours) (EUR)
b. People with dementia living at home, and their family carers (incl. friends or neighbours) (EUR)
c. People who have limited education and are long-term job-seeking (RUG)
d. Youth with mental and social problems, and their parents/carers (RU)

Selection based on:

Multi-dimensional problems, different kinds of issues, various age categories

Person-centred care for people with dementia at home



Participatry Action Research (PAR)

Not there yet...

Challenges for organisations:

- Exploration of persons' narratives / experiences in a systematic and continuous manner.
- Sustained and structured reflection on narratives / experiences aimed at improving the quality of care - at the individual, team ánd organizational level.
- If such reflection does take place, to not let the client's story quickly fade into the background, replacing it by generic language and a tendency to pursue quick, superficial fixes.
- Learning & improvement as evidence for accountability

Challenges for Inspectorate:

- New role and change in mindset and skills of inspectors (not judging but stimulating)
- Holding organisations accountable

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More information ***RUN***-study

Prof. dr. Anne Margriet Pot: pot@eshpm.eur.nl

Website (including publications): Reflexive Regulation Using Narrative Approaches | Erasmus School of Health Policy & Management | Erasmus University Rotterdam

Erasmus University Rotterdam

Sharron Reynolds
Service manager Methodology
Care Inspectorate Scotland

What we do

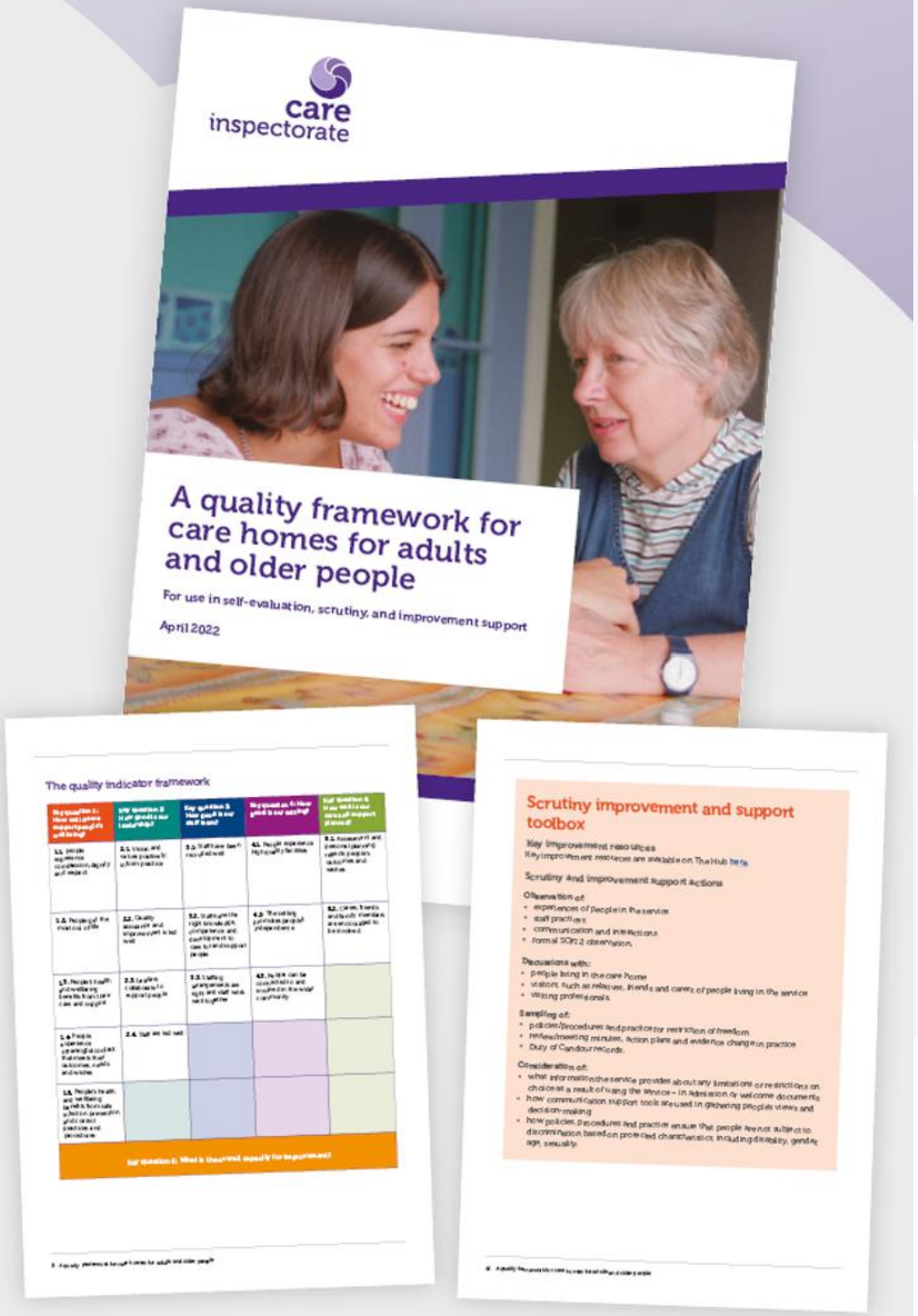
The Care Inspectorate is the independent scrutiny and improvement support body for social care and social work services in Scotland. By law, care services must be registered with us.

We support and regulate almost 12,000 social care services for people of all ages and stages in life.

Outcomes and our approach

We want to:

- Ensure that outcomes that really matter to people inform our decision-making.
- Support improvement in services by enabling staff to make professional judgements, using a framework that informs our practice; including when and if to use sanctions.
- Support staff to have time to promote improvement in services, respond proportionately and make professional decisions that improve outcomes for people using services.



Our Quality frameworks

Our approach to assurance and improvement ensures there is an emphasis on experiences and outcomes. The core of this approach is a quality framework that sets out the elements that will help us answer key questions about the difference care is making to people and the quality and effectiveness of the things that contribute to those differences.

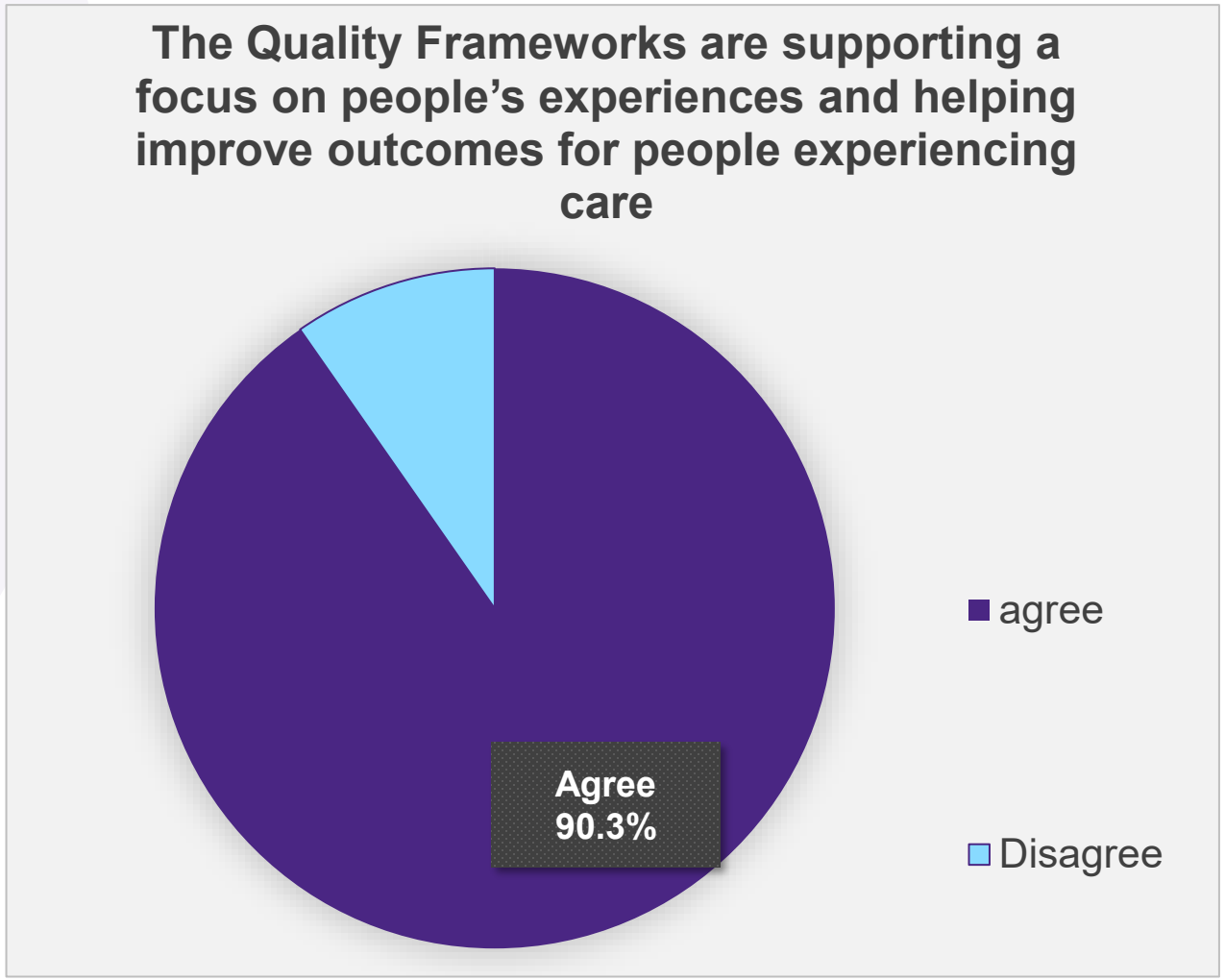
Examples of quality illustrations:

Very good: People feel respected and listened to because their wishes and preferences are used to shape how they are supported, including if they wish to decline an aspect of their support.

Weak: There is an overly cautious or risk-averse approach to visiting and wider community engagement. Policies do not take account of local flexibility and professional judgement or safely balance risks of harm.

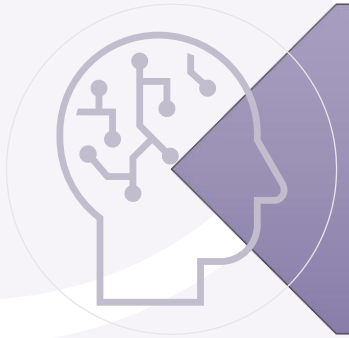
Quality Frameworks journey

- First quality frameworks published
- Reviewed after first year in use
- Introduced a key question 7 in response to Covid-19
- Joined the older people and adult care home frameworks
- Included a specific quality indicator on infection prevention and control
- Included the 'core assurances' (the list of things key to keeping people safe)
- Introduced electronic toolboxes
- Included specific quality indicator on meaningful connection and engagement
- Ongoing review and development

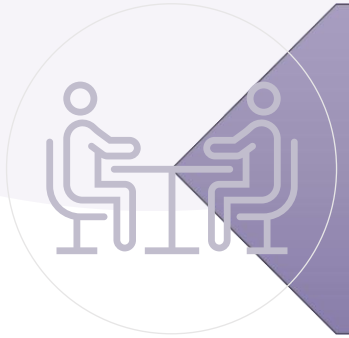


Self-evaluation moving forward

Build a range of options for how we can expand the use of self-evaluation including specific focussed self-evaluation tools (restrictive practices, meaningful engagement, safe staffing).



Get to a position where all providers are engaged in self-evaluation and improvement planning as a routine part of their management of services



Continue to develop how we engage with people using services to ensure we hear their stories and feedback.