

Achieving quality long-term care in residential facilities

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How is the national dialogue on key-issues of long-term care discussed or organised in your country?

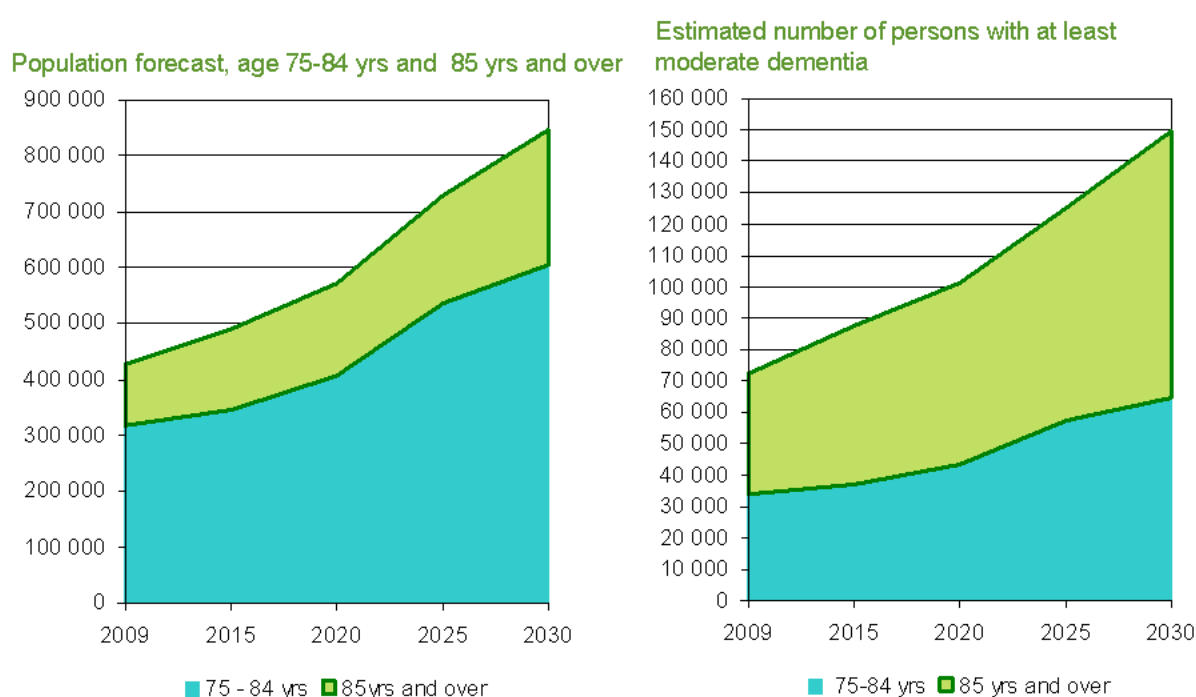
To put the 'achieving quality long-term care in residential facilities' into a broader context of social and health policy and services in Finland, some background information is presented. The number of inhabitants in Finland is 5.3 million. The population forecast demonstrates that the number of persons over 75s will increase about 34 percentage units by year 2020 and by year 2030 the number of persons over 75s will double compare with year 2009 (Figure 1).

With an increasing number of older people in Finnish society, the number of people suffering from dementia is bound to increase (Figure 1). The prevalence figures are as follows:

- 4% of persons aged 65-74 years
- 11% of persons aged 75-84 and
- 35% of those aged 85 years or more.

The prevalence figures mean that there are approximately 100,000 persons suffering from at least moderate dementia in year 2020. About 40% of persons with moderate or severe dementia are most likely to need 24-hours assistance at their homes or sheltered housing. The preparation of a national programme for persons with dementia will be started in 2010.

Figure 1. Over 75s population 2007, and forecast in 2015, 2020, 2025 and 2030, and the estimated number of persons with at least moderate dementia at the same time.



The funding for long-term care has primarily been the responsibility of the municipalities. The Government (state) participates in the funding by paying a state subsidy to the municipalities (34% on an average). Client fees are paid by the service users themselves (8% on an average, depends on the service). Additionally, there are different types of benefits (care allowance for pensioners) granted by National Insurance Institute.

In accordance to the Local Government Act (Kuntalaki 365/1995), residents must be guaranteed the possibility to participate in and affect the planning and preparation of local issues, and to receive information about issues currently under discussion. In order to ensure that the elderly have opportunities to participate and have influence especially on older people related services, nearly all municipalities (279 / 342) have appointed an **advisory council for the elderly** (Senior Citizen's Council). The council members are appointed by the municipality and include representatives of pension and other organisations as well as trusted elected officials and employees from a variety of fields. Representatives of the councils have the right to attend and to speak at the boards of the municipalities. Many of the councils have become active and enterprising parties within their own municipalities.

What are the related challenges?

Focus on preventive measures and healthy ageing

In Finland, the municipalities i.e. local authorities (n=348, year 2009) have a legislative responsibility to arrange health and social services for their citizens. The service structure is still too institutional-based. We need more focus on preventive out-patient services. In 2009 a working group set up by the Ministry of Social Affairs and Health gave recommendations to municipalities on advice services promoting wellbeing and health in the local community. Those can be provided by telephone, in the form of web services, services provided at low-threshold units, ambulatory services (preventive home visits), and by making use of technology.

The municipality grants long-term care for the aged on the basis of an individual service needs assessment. According to the legislation in force persons 75 or older have a right to needs assessment within a fixed timeframe (7 days for non-acute situations). The municipalities have large freedoms in how they organise the services. Municipalities may produce the services themselves or buy them from other municipalities or from private service providers. Municipalities may also use service vouchers for purchasing intensive sheltered housing for older people.

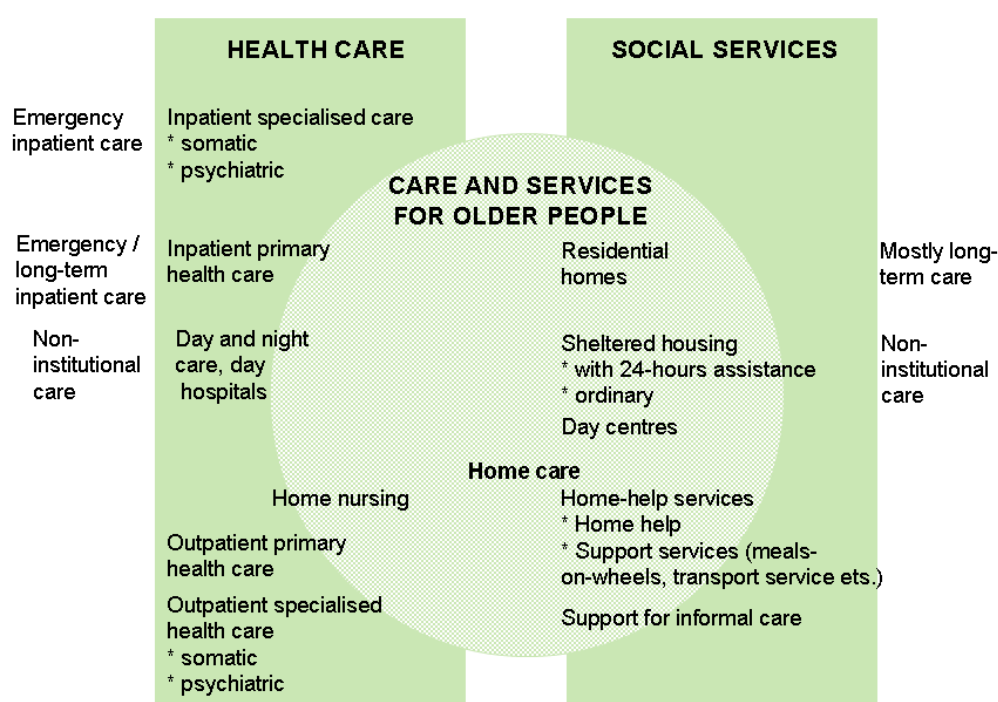
People needing long-term care are attended to in long-term care wards at health centres, residential homes for older people and intensive sheltered housing units (Figure 2). Legislation on health care (Primary Health Care Act 66/1972) directs the work of health centres, while legislation concerning social care (Social Welfare Act 710/1982) deals with the activities of residential homes for older people and intensive sheltered housing. Care in health centre hospitals and homes for older people, comprises institutional care, while intensive sheltered housing (with 24-hours assistance) includes overall outpatient care, non-institutional care.

One key issue concerning the provision of services to older persons is the co-operation between the social and health field and its professionals. Since older persons are frequent users of both the information between social and health service providers must run quickly and safely. The

professionals must co-operate in order to prohibit going around with patients and clients. Drawing up individual service plans together with the client and all professionals involved is one way of providing coherent and high-quality services. In the future new technologies will help with keeping patient and client records up to date and ready to use.

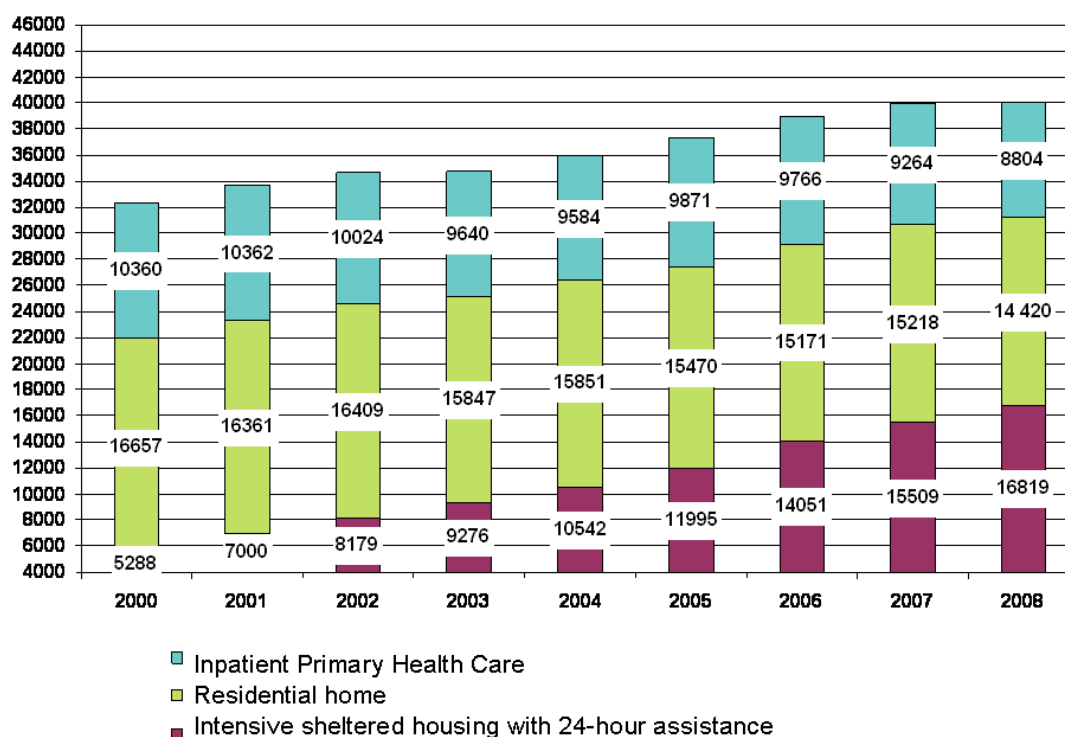
The number of older persons in institutional long-term care (health centres and residential homes) is decreasing and the number of old people in intensive sheltered housing is increasing (Figure 3). The naming 'institution' has been decided rather on basis of the payment source than on the older people case-mix (i.e. RAI Resident Assessment Instrument).

Figure 2. Care and services for older people (revised)



In addition, service users have had difficulties in distinguishing between long-term care institutions and extensive services that also are provided in sheltered housing. The balance between different housing types has been subject to change for a longer period of time.

Figure 3. The number of older people over 75s in long-term care



In the institutions, the payment source – apart from the share of the older person – is the local authorities. People in long-term institutional care pay a set fee, which is levied according to their ability to pay, and which is up to 85% of their monthly net income. An allowance of at least €97 a month must be left over for the personal use of those in care. Payments for intensive sheltered housing, however, are not regulated by law, leading to highly disparate payment practices in municipalities.

With intensive sheltered housing services, the client pays a separate excess share for rent, support services and medicines in addition to the client fee. Unreasonable situations can arise with housing services where the payments that accrue from accommodation, services and medicines may exceed the income of the older client.

Deficiencies of quality

All the public and private organisations providing long-term care were sent an electronic questionnaire by Valvira, National Supervisory Authority for Welfare and Health, spring 2010. The results of the survey addressed same kind of deficiencies that have put forward in the media:

- there were over 11 hours between the evening meal and breakfast;
- there was lack of pharmacotherapy plans;
- there was lack of checking individual old person's medication;
- all older persons do not have private rooms;
- staffing ratio did not meet the criteria (cf. *The national framework for high-quality services for older people*).

On old people level the views of the care recipients in long-term care have been surveyed either ad-hoc or data have been collected by regular client satisfaction surveys by the local authorities. There are no nationwide standardised or compatible questionnaires or regular data collections as to the subjective long-term care quality.

What approach to external quality assurance has been chosen in your country?

Please elaborate on definitions and indicators, monitoring and inspections, legal framework and enforcement measures as well as the involvement of relevant actors, taking into account the Bavarian external quality assurance method.

Policy level - Healthy Ageing in All Policies

The Prime Minister's office has issued an ageing report in 2009, which sets out the goals for Finland's national ageing policies for the coming years. The Ministry of Social Affairs and Health incorporates Finland's national ageing policy in its strategy, implementing it with the help of legislation, quality guidelines, programmes and projects. The aim of the ageing policy is to further older people's: functional capacity, independent living, and active participation in society.

The National Development Plan for Social Welfare and Health Care (Kaste). Under the Kaste-programme there is the project THE PALVELUVAAKA WEBSITE - Comparable information on health and social services on the internet. Palveluvaaka ('service scales') project will achieve the goal by launching a website for the general public with up-to-date, reliable and accessible information on the functionality of services provided within social welfare and health care. Older people long-term care organisations are included in Palveluvaaka. The indicators are RAI (Resident Assessment Instrument) indicators.

Legislation

According to *the Constitution of Finland*, public authorities must ensure the realisation of basic and human rights, such as the right to equal treatment and necessary care, and adequate social and health care services for everyone. The ethical principles ensuring a dignified old age include the right of self-determination, resource orientation, justice, participation, individuality and security.

In Finland, general planning, guidance and monitoring of health and social care services, which based on legislation, belong to the Ministry of Social Affairs and Health. The provisions deemed applicable to the care of the elderly are found within different laws, of which the most important include the Primary Health Care Act 66/1972, the Act on Specialised Medical Care 1062/1989), the Act on the Status and Rights of Social Welfare Clients 812/2000), and the Act on the Status and Rights of Patients 785/1992). The first two of these will be combined in 2011 as the new HealthCare Act. Elements for good care providing, for older citizens, can equally be found in the Acts that regulate, among other things, patient payments.

Guidelines

National Framework for High-quality Services for Older People. A guideline launched in 2001, by the Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities. The original framework has been updated in 2008 (www.stm.fi/julkaisut/julkaisusarja/nayta/_julkaisu/1063089#en). The framework outlines strategies for raising the quality of services for older people in three dimensions: 1) promoting health and welfare and the related service structure, 2) staffing and management, and 3) living and care environments.

Other guidelines for quality care of older people in long-term care are:

- *Nutrition recommendations for older people* (Nutrition Advisory Board of the State, 2010):
 - Regular weigh of older persons and use of Mini Nutritional Assessment in older people care are recommended.
- *Terminal care recommendations based on expert consulting* (Ministry of Social Affairs and Health, 2010):
 - The old persons have the right to die and to get good quality terminal care in residential homes or intensive sheltered housing.
- *Safe pharmacotherapy. National guide for pharmacotherapy in social and health care* (Ministry of Social Affairs and Health, 2006):
 - the provision of pharmacotherapy is based on a pharmacotherapy plan drawn up in the unit or workplace.
- *National pharmacotherapy database for professionals to promote safe pharmacotherapy for older people* by Fimea (Finnish Medicines Agency, 2010).

Indicators of service needs

In terms of practicable factors influencing service needs that can be monitored annually and at the municipal level, the framework covers the following:

- current overall age structure and prognosis, total population and percentage breakdown (SOTKANet),
- number and percentage of those over 65 and 75 living in housing with poor or extremely poor amenities (Statistics Finland),
- number and percentage of those over 65 and 75 living alone (SOTKANet),
- number and percentage of those over 65 receiving the full national old age pension (SOTKANet).

Indicators for quantitative targets for the service structure by 2012

The aim nationwide is that by 2012 among people aged 75 (Table 1)

- 91-92% will live at **home independently** or under the protection of appropriate social and health services granted on the basis of a comprehensive service needs assessment;
- 13-14% will receive regular **home care**;
- 5-6% receive **informal care support**;
- 5-6% come within the sphere of intensified **service accommodation**;
- 3% are cared for in homes for elderly people or in health centre wards on a long-term basis.

Table 1. Indicators of service structure

	Percentage of over 75s living at home and their use of services for older people				
	Target	2000	2005	2008	2009
Over 75s living at home	91%–92%	89,8 %	89,6 %	89.4 %	
Over 75s receiving regular home care as at 30 November	13%–14%		11,5 %	11,2 %	11,4 %
Over 75s receiving informal care support during the year	5%–6%	3,0 %	3,7 %	4,1 %	4,1 %
Over 75s living in sheltered housing with 24-hours assistance as at 31 December	5%–6%	1,7 %	3,4 %	4,6 %	
Over 75s in residential homes or long-term institutional care in health centre hospitals as at 31 December	3%	8,3 %	6,8 %	5,9 %	

Local and central government are able to evaluate development over time and to compare data with other municipalities and nationwide. Data is available in the THL SOTKANet Indicator Bank. (www.sotkanet.fi) The Indicator Bank is open for professionals and public. It is possible to get information of indicators on national, local, and province level.

The service structure regarding over 75s proportion in sheltered housing and in institutional care is approaching the target level. The proportion of persons over 75s living at home and receiving regular home care has stayed at the same level during ten years.

The Act on support for informal care (937/2005) came into effect in 2006. The purpose of the Act is to promote the care of an ageing, disabled or ill person at home, as laid down in their care and service plan. Informal care support encompasses necessary services for the client, a compensation (care allowance) for the informal carer as well as leave and support services for the carer. The local municipality and carer sign an agreement on the informal care support. All year are counted as clients. Quite many carers of persons over 75s are their old spouses.

Indicators related to staffing in national level are

- Number and training structure of municipal personnel by sector, vocational group and region;

- Number of private sector social health and welfare service personnel by sector and province;
- Number of personnel per 1,000 over 75s in home care and home nursing, old-age sheltered housing, residential homes and health centres;
- Number of personnel by vocational group in municipal and municipal federation home care and home nursing, old-age sheltered housing, residential homes and health centres.

Indicators for financial monitoring and comparison are

- Total running costs of institutional services for older people, €1,000.

Target indicators that belong to the quality, effectiveness and availability of services in the Kaste Programme (National Health Programme) are

- Feedback based client satisfaction with services will improve;
- The timeframes for a needs assessment for elderly care services will be achieved:
 - The Social Welfare Act secures the access of people aged 75 and older to a social services needs assessment within seven days of contacting their municipality. In urgent cases, the need for services must be assessed without delay regardless of the client's age;
 - The indicator will be in Sotkanet Indicator Bank in the beginning of year 2011.

Licenses for the providers of private long-term services

The State Provincial Offices and Valvira (National Supervisory Authority for Welfare and Health) grants the licenses for the providers of private social and health services.

Monitoring and inspections

Municipalities have main responsible to monitor health and social care services that they are organised.

The State Provincial Offices and Valvira also monitor the quality of services (quality standards to meet when arrange social and health services) and ensure that both public and private services in social and health care comply with legislation. Valvira (National Supervisory Authority for Welfare and Health) is responsible for ensuring the adequacy of services provided by social and health care professionals and social and health care operating units through guidance and supervision.

What type(s) of quality management in residential long-term care facilities have been applied in your country?

Please describe the experience gathered so far with reference to stakeholder participation, quality indicators and the regulatory framework (e.g. accreditation standards).

Municipalities and organisations are free to choose their quality mechanism. The quality assurance can be systematic or sporadic. One popular way is to adopt Total Quality Management (TQM) type systems or Balanced Score Cards that involve the whole organisation from top to grass root. There are no national obligations or recommendations to adopt any of these systems rather than another.

Some items of the structural quality are regularly assessed in the context of the long-term care RAI (Resident Assessment Instrument) projects. Annual assessments are performed for staffing ratios and skill-mix in all the participating long-term care forms (roughly 1/3 of long-term care in Finland). Living environment is assessed annually in the long-term care facilities. Structural components such as size of the rooms or accessibility to the toilet, location and size of it, is officially monitored by county councils.

What kind of training measures for staff and managers exist to develop skills in quality management/assurance in your country?

Staff certification/accreditation/registration

The duties and qualifications of various health and social care actors are also defined by law (Act 272/2005 and Decree 608/2005 on Qualification Requirements for Social Welfare Professionals, Act 559/1994 and Decree 564/1994 on Health Care Professionals). All those working in old-age health and social welfare services should have a vocational qualification in social and/or health care, gerontological expertise acquired in basic, continuation and/or supplementary training.

In addition to professional training, certain categories of health care professionals also require official authorisation or a license to practice their professional. Authorisation and licenses for health care professionals are granted by the Valvira (National Supervisory Authority for Welfare and Health).

Recommendations of staffing level in long-term care

For 24-hour care, the national recommendation for minimum staffing levels in 24-hour care is 0.5-0.6 employees per clients. The higher option is recommended when the clients concerned display difficult somatic or behavioural symptoms or when the size of and/or structural defects in the care environment mean more staff are needed. The good staffing level is 0.7-0.8. If there are long-term clients needing medical care in health centre hospital the minimum staffing level is 0.6-0.7 employees per client.

Recommendations for the public and private organisations concerning continuing professional education

According to the legislation in force the aim of further education is to maintain, develop and deepen the professional skills and knowledge of social and health care personnel based on their education needs and the fundamental task and development of the operations of the organisation. The continuing education is monitored annually.

Challenges

The number of professionals working in social and health care was about 370,000 in year 2008. About 15% of those professionals worked in health and social care services for older persons (home care, 24-hours services). The forecast of professionals working in social and health care in year 2025 is about 500,000.

Is there a discussion about the future role of residential care facilities and about public vs. private care service providers in your country?

Future role of residential care

The Ministry of Social Affairs and Health set up a Working Group to draft proposals for

- Reforming LTC:
 - The long-term care of older people must be reformed by changing both its structures and its operating methods. Long-term care in municipal health centre hospitals that is not medically justified must be replaced by other options. Health centre hospitals can then focus on flexible and rapidly available acute treatment and rehabilitation;
 - Long-term care must be arranged to meet clients' own wishes at home or in a homely environment, such as sheltered housing units with 24-hour assistance;
 - Another aim is to create a new form of care to replace the traditional residential home and long-term institutional care in municipal health centre hospitals; this will offer rehabilitative long-term care to meet clients' needs, in which staff is on hand round the clock and a physician is readily available.
- Definitions of policy concerning client fees in sheltered housing units with 24-hour assistance.
- Draw up an implementation plan.
- Evaluate the needs for changes in legislation.

The Working Group will end its work in the beginning of October.

Public vs. private care service providers

Municipalities can provide services to ageing residents in different ways. A municipality might provide the services itself or together with other municipalities. Municipalities often set up a joint municipal authority to establish co-operation on a more permanent basis. Several municipalities can together establish a joint health centre. In addition, a municipality could elect to purchase the services from private service providers (profit, non-profit) or give the client a service voucher, which can be used to acquire services from the private sector. The client can then select the service provider from a list of service providers approved by the municipality.

About 59% of the intensive sheltered housing was provided by private service providers (profit and non-profit) in 2008. The proportion of private service providers is increasing furthermore. Municipalities provided mainly (87%) the residential homes as well as long-term wards at health centres.