

National framework for high-quality care and services for older people

Summary

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During the next three decades, the Finnish population will age rapidly. Fundamental civil and human rights are enshrined in the Constitution Act, and implementation of these rights must be secured by the government. Ultimately, this includes the provision and improvement of care and services for older people.

The *National framework for high-quality care and services for older people*, including recommendations for quality improvement, is part of a general national standards project under the Government-approved Target and Action Plan for 2000 - 2003. The framework will apply to all social welfare and health care services, but the main emphasis is on home care, service housing and residential care for older people. The work now done on national standards for care marks the start of a long-term process during which certain recommendations will be expanded on further. In this context, national development projects on standards for care will be launched.

The national framework will help the local authorities to develop their service systems in accordance with their local needs and resources. The national standards are not, however, binding on local government; rather, they are designed to encourage service users, their families, and other local people to become involved in setting targets and evaluating operations. Cooperation on a national, regional and local level will then be needed in putting the framework into practice. Implementation of the framework will be monitored nationally.

- The national framework for high-quality care is intended for municipal leaders and decision-makers, in short, those in charge of outlining operations and allocating resources to them.
- The framework will be an aid to municipal audit committees in evaluating the appropriateness of municipal measures, how far targets have been reached and how well budgeted funds have been used.
- For local inhabitants, the framework will provide a guideline that allows them to evaluate the standards of care and operating procedures in their home municipality and to propose improvements.
- The framework can be used to help in drawing up municipal plans and budgets in which the targets are translated into actual numbers of employees, investments and other operating expenses.

Key words: older people, care for older people, care, services, quality, standards

To the reader

It is in the interest of both central and local government to consistently improve care and services for older people, in order to sustain the quality of Finnish care and services in this sector. The Programme of Prime Minister Paavo Lipponen's second Government emphasises the need to develop services based on user needs, with special attention to helping older people to go on living in their own homes, while also improving the access to rehabilitation services and the quality of services in general. These aspects are also included in the Target and Action Plan for Social Welfare and Health Care for 2000 -2003 approved by the Government, and in the Ministry of Social Affairs and Health's strategy up to 2010.

There are at present 773,000 people over the age of 65 in Finland, who account for between 5 and 30 per cent of the population of the various municipalities. The number of older people will, however, begin to grow rapidly as of 2005, and it is estimated that regional differences will remain considerable. During the next thirty years, the percentage of old people in Finland will nearly double.

This joint recommendation for a national framework for high-quality care issued by the Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities sets down national guidelines for developing good services for older people. Local authorities will naturally base their future care and services for older people on local needs and conditions. The national framework for care will serve as a shared repository of information which can be used and applied to local conditions. It is designed to help local authorities to plan and evaluate their own operations.

Total service provision is influenced by both the number of older people in need of services and the volume and type of services they need. A definition of standards for services and care cannot be formulated without information on clients' preferences and wishes. Factors such as trends in the health and functional capacity of older people, practical aspects of their homes and environment, and their access to care from informal sources may all contribute towards increases or decreases in service needs. Consequently, it is only natural that service needs and the models used in providing for those needs should vary both regionally and locally.

The framework for care is intended for municipal leaders and decision-makers, to support their operating and financial plans. They also offer municipal audit committees a tool for evaluating the appropriateness of municipal services, how far the targets have been reached and how well budgeted funds have been used. For local inhabitants, the framework will bring greater opportunities for participation and influence.

The groundwork for the framework was done by the National Research and Development Centre for Welfare and Health (Stakes), in cooperation with the Ministry of Social Affairs and Health, the Association of Finnish Local and Regional Authorities, NGOs in the sector, scientific communities and older people themselves.

The ultimate aim in introducing a national framework for high-quality care is to encourage debate about values, starting at the national level and spreading through to

the local level, and to launch a united, nationwide, interactive process to improve services for older people. All feedback will be welcome.

Helsinki, May 2001

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National framework for high-quality care and services for older people

The aim is that as many older people as possible should be able to live independent lives in their own homes, in a familiar social and living environment. Living at home will be supported with rapid-access professional social welfare and health care services. Care should be appropriate and respect the client.

In order to attain this aim, each municipality should have an up-to-date policy strategy concerning care for older people which safeguards their social rights and which has been officially approved by the people's elected representatives (municipal council). The strategy should include a service development programme.

The policy strategy for care for older people should define targets for the health and welfare of older people in the municipality and for the promotion of independent living, and also specify the responsibilities of the various administrative sectors and stakeholders in working towards the targets.

The service development programme should set quantifiable targets for the level of services for senior citizens and the necessary resources, and define the measures that will be taken in order to reach the targets.

The municipality should monitor the attainment of targets systematically and publish the results annually. Where the service level or employee numbers differ from the target, an explanation should be given.

Information should be published annually for local inhabitants on the municipality's present service level and its targets, the preconditions for obtaining services and the results of monitoring. The municipality should appoint a contact person or persons whom residents can contact with questions concerning services. A record should be kept of client contacts so that a report can be made in the annual service review.

The service development programme should be based on the following principles:

- The aim of services is to support the quality of life and right to self-determination and independent life of all older people, regardless of their functional capacity.
- Quantitative and operative targets should be set for the service system, based on the needs of older people.
- Adequate resources should be set aside for attaining the service targets.
- Services should be ethical and based on user needs, employ evidence-based practices and be based on current care procedures, and work smoothly with different service providers and the client's family and friends.
- A monitoring system including all the quality indicators used for individual services by different operating units should be introduced in order to monitor achievement of the aims.

The municipal management will be responsible for setting, implementing, and monitoring targets, and also for reporting on developments. The main executive bodies will prepare the targets in cooperation with users and their families. Elected representatives (usually the municipal council) should process and approve the strategy and the development programme. The targets should be included in the municipal plan as applicable.

1 A policy strategy for care helps the whole municipality to work together for older people

A good strategy is based on open debate concerning values in the municipality. The policy strategy for care for older people should be based on an overall view of the needs and living conditions of older people, and actions and trends in society. A strategy means choosing guidelines and areas of emphasis, making a commitment to a specific development alternative. In terms of time, a strategy should look forward between 5 and 10 years, or 20-30 where investment needs are concerned. The main aims of the strategy should be incorporated into the municipal plan.

A policy strategy for care for older people should be drawn up by the various administrative sectors together, in cooperation with the main local or subregional stakeholders. The aim is for agreement to be reached among the various sectors and parties involved on the targets to strive for.

Each municipality should have an up-to-date policy strategy for care for older people which safeguards their social rights and which has been officially approved by the municipal council. The strategy should include a service development programme.

The policy strategy for care for older people should define the targets for the health and welfare of older people in the municipality and for promoting independent living, and also the responsibilities of the various administrative sectors and stakeholders in working towards the targets.

Responsibility for drawing up and approving the policy strategy for care for older people lies with the body of elected representatives (usually the council), while preparatory work and implementation are the responsibility of the main municipal office-holders.

2 A service development programme helps create good services

In order to ensure balanced development of the service system, clear overall targets should be set. Priority should be given to helping older people to live at home, and to services provided in the home. The service development programme should be based on local needs and resources. Balanced development of the supply and demand side also requires subregional cooperation.

In order to support older people in coping independently, a shared 'service vision' is needed, within which the social welfare services, primary health care and specialized medical care and other service providers all know their various duties and work together smoothly.

The service development programme should set quantifiable targets for the standard of services for older people in the municipality and the resources available, and also set targets for how to attain these aims.

- Quantitative and operative targets should be set for the service system, based on local conditions and the needs of older people.
- Adequate resources should be allocated for implementation of these targets.

2.1 Quantitative targets for the service system

Primarily, older people and their immediate social network will be responsible for their own welfare, and should be encouraged to use the same services as other local people. Only when these services are no longer enough should they resort to services for older people.

Provision of services should be based on the needs of older people themselves, and change with changing needs. Community-based services and support for living at home are the primary alternative. Home help services and home nursing and related auxiliary services, and support for informal care, should be scaled according to the need in the municipality concerned. In determining the scale of service housing, the services needed by senior citizens should be taken into account. The overall balance and functionality of the municipality's service system will affect the need for long-term institutional care.

Reduced functional capacity is the most common reason for using services. Among older people, dementia is one of the main factors which cause an increased service need. Service needs are also affected by living alone, deficiencies in housing and the general environment, and a shortage of family and friends able to provide support.

Service need assessment should be based on local conditions. In assessing service needs, the following factors should be considered:

- the age structure of the population and the changes forecast for 2001-2030, especially in the 75-84 and over 85 age groups
- trends in the health and functional capacity of people over 75, especially the occurrence of dementia
- the life expectancy of older people
- the economic situation of older people (pension, taxable per capita income)
- the living conditions of older people and current trends: people living alone, people in rented accommodation, people in inadequate housing conditions

- the environment of older people and the problems involved: long distances, an unsafe environment, other factors which prevent independent mobility
- social networks, particularly the availability of help from informal carers
- results of surveys of older people's functional capacity
- the impact of internal migration.

2.2 Operational and ethical targets of services

In terms of ethics, services are based on the principle that older people deserve appreciation and their right to self-determination must be respected while meeting their individual needs. Good care and services for older people are a way of maintaining and supporting their individual resources. Rehabilitation will be introduced as an element in all care and services for older people.

The present framework for care will thus be supplemented by the handbook on good care and services for older people issued to social welfare and health care staff in 2001. This handbook gives more detailed information on client meetings, personnel working and operating methods, and management methods.

The aim of services is to support a good quality of life and the right to self-determination and an independent life for all older people, regardless of their functional capacity.

Services should:

- be ethical and based on user needs
- use rehabilitation as an integral element
- apply evidence-based procedures and recommended care practices
- be based on written service plans or care agreements
- be implemented in smooth cooperation between the various service providers and the client's family and friends.

2.3 Securing adequate resources

The municipalities should set targets which can be achieved with the resources at their disposal. Evaluation should be based on local conditions.

In order to attain the quantitative and qualitative targets for services, adequate resources should be allocated, depending on local conditions. Such resources include:

- personnel numbers, competence and training level
- premises for home care and residential care

2.3.1 Staffing levels

Every municipality must assess its local need. Older people's functional capacity and the amount of care they need are the main factors to consider when deciding on staffing levels. Adequate personnel must be ensured equally for home help services, service housing and institutional care.

In making local decisions on staffing, the example of other municipalities, national comparisons and statistics from the other Nordic countries may be useful as an aid. Other useful sources of information include published best practices and data from other municipalities in the same subregion or of the same size.

National figures may not always be a very useful aid in making decisions on staffing levels, as they are not based on specific local needs. It will also take several years before a satisfactory staffing situation is reached in Finland as a whole. The introduction and development of personnel-related quality indicators can be fine-tuned even further through development projects.

In order to attain the qualitative and quantitative targets for services, municipalities should ensure that adequate staff are available for the provision of each service. In order to do this, the following facts should be taken into consideration:

- the functional capacity and service needs of the clients
- the number of clients requiring intensive services (such as brain-damage patients, dementia sufferers and older people in need of psychiatric care)
- the availability of adequate personnel in special cases (for instance, terminal care and challenging patients)
- the effects of the services offered by the unit in question on staffing levels (i.e. the provision of rehabilitating short-term care or day-centre activities)
- the availability of adequate numbers of personnel for all shifts, and the planning of shifts so they fit user needs
- the impact of leaves of absence in terms of the need for substitutes (i.e. training courses, sick leave)
- the option of outsourcing certain services
- working procedures and the organization of work (i.e. staff pools, the age structure of the personnel)
- the size, physical and functional aspects and fire safety of the unit in question.

2.3.2 Personnel competence and training level

The competence, job satisfaction and commitment of the personnel have a favourable impact on the quality of care. Thus, the most important factor in good quality care and services for older people is a highly qualified staff with high motivation and an interest in improving their own competence even further. A motivating and participative management, sensible work organization and a secure environment all help the personnel to enjoy their work and stay on in their jobs.

- People employed to care for older people should be suited to the job and should ideally possess a qualification that meets the requirements for the social welfare and health care sector.
- In the case of employees who lack such a qualification, they should be given a choice of opportunities to improve their vocational skills.
- Work units should have both a short-term and a long-term training plan covering the entire personnel, and a workplace programme for maintenance of working capacity.
- The long-term target is that all personnel involved in caring for older people should have a basic qualification in social or health care.
- Personnel policy should also ensure continuity of care.

2.3.3 The physical setting for home care and institutional care

A pleasant environment maintains and promotes physical, social and psychological functional capacity. An accessible environment, the existence of local services, blocks of flats with lifts and other practical details in the everyday environment significantly improve people's chances of continuing to live in their own home. Life in the home can also be supported through alterations in the apartment and the provision of assistive technology.

Both in renovating old institutions and in building new ones, the aim is to create a secure, home-like setting which supports the client's functional capacity and allows for both privacy and social interaction. The fire safety of the premises should be in compliance with the relevant legislation and other guidelines.

- The municipalities should evaluate group accommodation, service housing and institutions for older people from the aspect of an accessible environment, care, amenities, fire safety and the size of units and groups.
- Such an evaluation will help place needs in order of priority so that a municipal care environment improvement programme can be drawn up and then implemented.

3 Management

The aim of management is to secure good quality care and services, and welfare in general, for older people. It is the responsibility of the people's elected representatives to set the overall goals for these operations and to provide the material resources, etc. needed to attain these goals.

The responsibility of the top municipal office-holders is to ensure that the targets can be reached by individual units. They should also organize the work sensibly, ensure efficient operations, and see to development work, reforms and personnel welfare. Participatory management practices enable the personnel to evaluate and develop their own work and their work community. The quality of work community management has an impact on the use of resources. Management practices should be based on systematically compiled data on clients, and the work community and its functioning.

- An organization or work community should have an adequate, competent management.
- Work communities should develop their management practices, working procedures and personnel competence on a long-term basis.
- In developing competence, the emphasis should be on content that corresponds to the needs of client and patient groups, and the need to develop working procedures.
- Development should ideally be a combination of training for individual employees, training for the entire work community, and other general development activity.
- The management should ensure that employees stay on at work and that the work community functions well.

4 Monitoring and evaluating targets

Concrete quality targets and systematic monitoring and reporting on them help improve the internal management and quality control of municipal service provision.

- The service level and resources of the municipality and the right to services and support of older local inhabitants and their families should be clearly specified and brought to the attention of elected representatives, management, social welfare and health care sector personnel and the general public.
- When older people and their families are aware of both their rights and the municipal resources, they can contribute to debate on the local service level and the priority of different types of services, and assert their rights.
- A well-prepared definition of the quality targets and how they will be monitored for the people's elected representatives means that they can make properly justified assessments of the standard of services that senior citizens and their families need.

- Confirmation of the targets by elected municipal bodies up to and including the municipal council is a way of ensuring that political aims and practical actions are in line with each other.
- When political decisions are sufficiently tangible, they help the top municipal office-holders to implement them. Quality targets and monitoring provide a uniform frame of reference for social welfare and health care sector personnel, within which they can work in their day-to-day duties.
- Implementation of the targets set should be systematically monitored and evaluated.
- In order to do this, measurable quality indicators should be introduced.
- The management is responsible for the implementation, monitoring and evaluation of targets.
- Monitoring data should be published annually in the form of a local service review.

5 Public information

Information for local inhabitants should be published annually on the present service level of the municipality and its targets, the preconditions for obtaining services and the results of monitoring. The municipality should appoint a contact person or persons whom inhabitants can contact with questions concerning services. A record should be kept of client contacts so that a report can be made in the annual service review.

The local inhabitants should be given an annual report on:

- the standard of services provided for older inhabitants by the municipality
- the preconditions for older people or their families to obtain services
- fees and charges borne by the client
- how well the municipality has succeeded in its aims
- explanations for any deviation from the targets set.

Appendix: Data on services for older people in Finland and the other Nordic countries, with examples of the quantitative targets for services set by certain Finnish municipalities.

Table 1:
Services for older people 1988 – 1999, all Finland.

Municipal service provision and outsourcing *	1988	1995	1998	1999
Percentage of service recipients among all over-65s (%)				
Home help services	19.3	11.8	11,2	11.0
Auxiliary services	15.1	13.4	13.9	13.5
Support for informal care	1.8	1.5	1.7	1.7
Service housing	0.9	1.9	2.4	2.6
Homes for the elderly	4.4	3.5	3.3	3.4
Long-term care at health centres	1.6	1.9	1.8	1.7
Long-term specialized care	2.2	0.2	0.1	0.1
Total long-term institutional care	7.3	5.4	5.0	5.1
Percentage of service recipients among all over-75s (%) **				
Home help services	46.2	28.8	26.2	25.4
Auxiliary services	36.1	32.6	32.7	31.2
Support for informal care	4.2	3.8	4.0	4.0
Service housing	2.1	4.6	5.6	6.0
Homes for the elderly	10.5	7.0	7.6	7.8
Long-term care at health centres	4.1	4.0	4.2	4.0
Long-term specialized care	3.0	0.3	0.3	0.2
Total long-term institutional care	17.0	12.0	12.2	12.0

*) Sotka database.

**) Computed figure; clients 65+ relative to the population aged 75 or over. Changes in statistical methods taken into account. (Evergreen 2000; Vaarama & Voutilainen 2000)

Table 2:
Number of staff per client in homes for the older people, health centres and intensified service housing, national averages.

	Total staff/client	Nursing staff /client
Homes for the elderly	0.61 – 0.69	0.42
Health centres	0.86	0.66
Intensified service housing	0.36	(No data available)

‘Nursing staff’ consists of the people with nursing qualifications who do nursing work in the care unit in question. (Statistics Finland 2000, Vaarama et al. 1999c)

Table 3:

Examples of certain municipalities' quantitative targets for home help services, home nursing and auxiliary services for older people, and also support for informal care as percentages of the municipality's inhabitants aged 75 and over.

	Home help services		Home nursing		Auxiliary services		Informal care	
	Present	Target	Present	Target	Present	Target	Present	Target
Helsinki	20.4	21.5	24.1	21.3	22	25.8	2.1	-
Muonio	40	30	31.5	31.5	33	35	8.5	10
Turku	18.8	22	21	-	-	-	1.4	-
Rovaniemi	19.2	25	38	23	24.6	25	3.6	4

(Kumpulainen 2000, Valvanne 2000, Tolkki 2001, City of Rovaniemi 2000, Muonio Municipality 2000)

Table 4:

Examples of target numbers for nursing personnel in intensified service housing and homes for the elderly and long-term care at health centres.

	Intensified service housing	Homes for the elderly	Long-term care units at health centres
Helsinki ¹	0.40 – 0.50	0.50 – 0.60	0.60 – 0.70
Rovaniemi	0.60	0.70	0.80
Turku ²	0.40 – 0.50	0.59	(no target set)

1. Numbers of nursing personnel will be increased by 0.10 – 0.20 when:
 - the units provide care for patients groups which demand specialist qualifications, i.e. dementia sufferers with severe behavioural disturbances, psychogeriatric clients or brain damage patients
 - the unit provides short-term rehabilitating care
 - the size and/or physical and functional aspects of the unit create a need for additional staff
2. Target in care for dementia sufferers 0.50

Table 5:

Examples of staffing levels for institutional nursing staff for the various shifts in a ward or unit with 25 places.

	Good level: 0.80/client, 20 nurses/ward		Average level: 0.50 – 0.60/client, 12.5 – 15 nurses/ward				Satisfactory level: 0.32/client, 8 nurses/ward	
	TS	number	TS / no.	0.50	TS / no	0.60	TS	number
Morning shift	6	0.24	4	0.16	4	0.16	2.5	0.1
Evening shift	6	0.24	3	0.12	4	0.16	2.5	0.1
Nightshift	2	0.08	1	0.04	2	0.08	1.0	0.04

The calculation takes into account the employees' statutory days off, which is two days per week per employee. Other absences from work have not been taken into account. TS = Calculated total nursing staff, Level = nurses/client/shift. Staffing levels are an important factor in framework of care. Staffing levels should be adapted to the functional capacity and care needs of clients and particularly the number of dementia sufferers. The 'satisfactory' level above may not be enough if the patients are in very poor health or if there are many dementia sufferers among them.

Table 6:

Clients of home help services in the Nordic countries in 1998 as a percentage of the age group. All figures are cross-sectional, and the data for Finland is from 1999.

Finland	Sweden	Norway	Denmark
65+ 5	65+ 8	67+ 16	67+ 24
80+ 14	80+ 20	80+ 32	80+ 48

Sources: Hilmo home help survey (Stakes 1999) and NOSOSCO: Social Protection in the Nordic countries 1998, 14:2000.

Table 7:

People over 65/67 and over 80 living in institutions and service housing in the Nordic countries in December 1998, as a percentage of the age group

	Finland	Sweden¹	Norway	Denmark
65/67+	6.5	7.7	11.1	9.0
80+	18.8	21.0	25.6	20.8

¹ Survey made 1.11.1998. People in short-term care not included
Source: Nordic Social-Statistical Committee 2000