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Quality Care for Quality Aging: European Indicators for Home Health Care

Conclusion and Recommendations



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0. INTRODUCTION

“Quality Care for Quality Aging” is a project financed by the Commission of the European Union under the Progress programme 2007-2013. The project is aimed to develop a tool (indicators) useful for the evaluation of quality in HC services across Europe and promotes the development of networks of actors working in this field across countries, through the implementation of exchanges and the diffusion of good practices of quality assessment and monitoring in Home Care.

The project started at the beginning of 2009: after a deep analysis of the national and local context of the Long Term Care (LTC) and, more specifically, of the Home Care (HC) systems, for each Country partner involved in the operational activities of the project, at least one existing good practice of quality assessment and monitoring in Home Care was selected and deeply analysed by each Country partner using the case study technique. In the meanwhile, some brainstorming about the concepts and the dimensions of quality was carry out among the transnational partners in several meetings.

These preliminary activities lead the partnership to develop a set of quality indicators in home care, according to a bottom up approach in the light of the initiatives in the field of Open Method Coordination of the European Commission.

The first version of the set of indicators was tested in the Local Health and Social Authority nr. 10 of the Veneto Region (LHSA10).

This document is a summary of the main results of the project.

For further information about project and partners please refer to Dr. Dario Zanon (dario.zanon@assl10.veneto.it).

1. CONCLUSION & RECOMMENDATIONS

1.1. The QCQA project and the partnership

“Quality Care for Quality Aging” (QCQA) is a project financed by the European Commission under the Progress programme 2007-2013.

Starting from the assumption that, in the light of the socio-demographic evolution of European population, Social Services of General Interest (SSGI) will constitute the main tool to face the emerging needs of old non self sufficient people, the QCQA project intends to promote an interdisciplinary transnational workgroup, made up by member organizations coming from 7 European countries (Italy, Belgium, Finland, France, Germany, Greece and Spain) and aimed to develop a tool (indicators) useful for the evaluation of quality in Home Care (HC) services in Europe.

The mix of competencies (educational, methodological, scientific, policy-making, organizational) and cultures (both Mediterranean, Central and Northern countries are involved) within the partnership gave the project the benefit of cross-fertilization in terms of different approaches and different cultural perspectives.

The partner institutions worked together to give voice to their experiences, gained from their daily work with elderly people and in social action through which people and communities take responsibility for their own health.

1.2. The aim of the set of indicators

Measuring quality in home care is necessary in order to:

- improve quality in the organization of HC services
- improve users satisfaction (impact on beneficiaries)

In fact, concerning SSGI and home care services in particular, we need also quality indicators and not only simple quantitative measures about users: the measurement of quality care is important because of the necessity to answer to the public demand of accountability.

Home care means not only health care, but also, integrated with this, social services at home, something which represents an added value according to the WHO concept of health, i.e. of good living conditions (the concept of health in a broader perspective, which involves social inclusion).

Moreover, there are common values shared in our activity as well as a common ground: we are working for a general interest with vulnerable people. From this point of view, each institution/organization providing HC should have an ethical code/charter, coherently with the Charter Of Fundamental Rights Of The European Union (2000/C 364/01).

1.3. The methodology

To achieve our objective, a preliminary study was conducted, in particular about the national and local context of Long Term Care in each partner country (a part from Greece), as well as about the existing good practices in monitoring home care.

Our approach implies **mutual learning**; obviously our **results can be improved**.

The final output of the work of our transnational multi-professional team involved in the project, i.e. **the set of the indicators, is only a "road map" to quality, a source of useful elements for measuring and improving quality**: the set of indicators must be adapted to local contexts. Thus, we do not propose quality standards but quality indicators (and measures) that can be used at local, regional and national levels.

We decided not to tackle the issue of irregular care work, although it is an important matter: it should be transformed into legal work by training and declared work.

We did not focus on this issue: technologies, structure, management development (including economic and financial matters) for home care because quality itself is the main issue and we considered these aspects a second level step to achieve quality, which could be dealt with during a further development of the project. Our indicators are of help if home care needs to become more efficient.

1.4. Results

In the course of our work, some key elements emerged as relevant:

- Integrated social and health information systems are recommended to have quality indicators.
- The person and the assessment of the situation of the person's multiple needs of care (in a global perspectives) are the starting points for the development of the home care system (including the management system) as an integrated organizational system (both health and social services) able to face the need of the continuity of care and to pursue a good, individualized efficacy of care. This is an important recommendation in particular for policy makers.
- Job satisfaction, empowerment, multi-professional collaboration of the home care workers and become more and more important (also in the general debate): they are dimensions of quality in our set of indicators. In particular, the first priority emerging in our work is the training of home care professionals.

- Prevention is another issue becoming more and more important and it is considered as a dimension of quality in our set of indicators as well. Physical activity is one of the most important factors enabling 'successful ageing'. Maintaining independence, reducing morbidity and increasing quality of life are important beneficial effects of physical activity in older people. Even if our work is mainly focused on the target of non self sufficient people, it is important to remind that social activities (such as professional work, recreation, voluntary activity, family life) and the social inclusion of older people are complex and still under-appreciated issues with regard to successful ageing, in particular facing loneliness of elderly.
- Quality and accessibility are strictly related (quality only for some people is not quality, quality FOR ALL is quality!).

1.5. Perspectives

Finally it is important to note that the definition of a transnational valid set of indicators, which empirically and coherently measures quality with the objective of improving it in the Home Care services, is a difficult task, involving a common outline not only of the list of the indicators, but even of the operational definition of each indicator. It is a work in progress that can be improved in future projects. This is the framework where to place our results.