SLOVENSKI STANDARD
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01-julij-2020

Kakovost oskrbe in pomoči za starejše

Quality of care and support for older persons

Qualität der Pflege älterer Menschen - Dienstleistungen, die in der eigenen Wohnung erbracht werden, einschließlich betreutem Wohnen

Qualité des soins et de l'accompagnement des personnes âgées

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EUROPEAN STANDARD

NORME EUROPÉENNE

EUROPÄISCHE NORM

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Quality of care and support for older persons

Qualité des soins et de l'accompagnement des personnes âgées

Qualität der Pflege älterer Menschen - Dienstleistungen, die in der eigenen Wohnung erbracht werden, einschließlich betreutem Wohnen

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COMITÉ EUROPÉEN DE NORMALISATION
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European foreword

This document (prEN 17500:2020) has been prepared by Technical Committee CEN/TC 449 "Quality of care for older people", the secretariat of which is held by SIS.

This document is currently submitted to the CEN Enquiry.

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Introduction

Values and the development of care

The population of older persons in Europe is increasing, as is the number of older persons who require care services. Most of the older persons are living at home and only a minority is cared for in care homes.

Older persons are generally defined according to a range of characteristics including chronological age, change in social role and changes in functional abilities. In high-resourced countries older age is generally defined in relation to retirement from paid employment and receipt of a pension.

There is a need for a shift in the way societies are organized and a change in the way older persons and ageing in general are perceived. Building on the concepts of active ageing and age-friendly environments, this document, *Quality of care for older persons,* stresses the importance of enabling the older person in need of care to be involved and empowered to decide how their needs, expectations and preferences can be met to live as autonomously as possible.

This document promotes the idea that the older person has the right to age in dignity, to be respected and to be included as a full member of society. Promoting a rights-based approach means, for example, fighting age discrimination, protecting service users' rights, ensuring access to reliable and comprehensive information, promoting a more accessible environment, and support for mobility, communication, consultation and participation.

Accessibility and availability of care services also play a critical role in ensuring the inclusion of the older person. This means that the older person can use a service regardless of age, illness, disability or functional limitation.

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Important factors in quality development are that the older person maintains control over their own life and that their needs and preferences are considered in the planning and provision of the care. It should be a priority to develop a person-centred approach in all services, to maintain the dignity, participation and empowerment of the older person in need of care.

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Provision of care need to evolve in radical ways

In most cases, care to the older person is provided in a good way. Despite this, threats to the quality of care can come from outdated ideas and ways of working, which often focus on keeping the older person alive rather than on supporting dignified living and maintaining their intrinsic capacity. The older person may be regarded as a passive recipient of care, and services may be organized around the service provider rather than the needs and preferences of the older person. Care may focus on meeting the older person's basic needs, such as eating, bathing or dressing, at the expense of the broader objectives of ensuring wellbeing, that life has meaning, and that the older person feels respected.

With these aspects in mind, care ought to evolve in radical ways if the growing needs of older persons are to be sustainably met. The transformation will require a coordinated and multisectoral response that involves a wide range of stakeholders, both within and outside governments. The most important participant being the provider, in the sense that it is the provider who can ensure that the autonomy and will of the older person are respected. More fundamentally, mindsets about what care might comprise should be reset. New ways of thinking about integrated care, and the systems for providing it, need to be developed. All relevant stakeholders need to be responsive, empathetic, proactive and innovative.

Changes need to encompass two broad areas. First, care needs to be recognized as a public good both societally and politically. Second, care needs to be redefined. Instead of thinking about care as a minimal and basic safety net that provides rudimentary support to older persons who can no longer look after themselves, perceptions need to shift towards a more positive and proactive agenda. Within this new

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framework, care ought to be oriented towards both optimizing intrinsic capacity and compensating for a lack of capacity to maintain the older person's functional ability and ensures dignity and wellbeing.

New skills and new jobs may be needed. Many jobs are trapped within different conceptual worlds, either health or social care. Integrated services may enable more flexible and person-centred approaches where there is mutual recognition and support between different personnel.

An integrated response ensures that the provision of care is optimized

In several European countries, the competencies for health services and social services are divided between the health and social service systems. Care for older persons are is not considered as a specific or separate sector of the social security system, and health and social services are not regulated by a single legal scheme and administered by one single national and/or regional body. Thus, the healthcare and the social care components of care are provided by different actors, which are registered, evaluated and operated according to different roles and organizational structures for healthcare and for social care services. Depending on the degree of integration between healthcare and social care systems, the care provided to the older person can be managed by one or several providers.

The integration between social care and health care, both administratively and at the points of use, is a crucial factor in care quality. The strict separation of social care and health care services can result in fragmented coverage, gaps in the provision of care and inappropriate use of acute services. More and better coordination is needed at a systems level. See also Annex A (informative).

An integrated response to care covers very different types of care: health care, social care, care for cognitive diseases, palliative and end-of-life care, services provided at home, in day care centres or in care homes, public or private-funded, informal care or care by volunteers.

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Informal caregivers provide a high amount of care, many of them for their beloved relative. The quality of life of the informal caregiver is closely linked to the quality of life of the older person in need of care. Moreover, the provider can facilitate the building of networks with the aim of personnel giving support to the informal caregivers.

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An integrated response to the care needs of the older person is considered, to be the best way to ensure that the provision of care is optimized and adapted to the needs of the older person.

Health promotion and preventive approaches improve the quality of life of older persons

Health promotion and risk prevention offer the potential for improving the quality of life for the growing population of older persons, while reducing the economic burden on the health system.

The World Health Organization describes health promotion as: 'The process of enabling people to increase control over, and to improve, their health." It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Health promotion and preventive approaches in care can result in several benefits. It can give the older person a good and independent life for a longer time. Many accidents, such as fall casualties, can be avoided. Good and nutritious food, physical activity and strong social networks can help to prevent illnesses and chronic diseases. Health consultation, counselling and safer treatment with medication are other ways to prevent health risks among older persons.

How to read and apply this document

This document is intended to be useful to all types and sizes of providers in the private, public, and non-profit sectors. While not all parts of this document will be of equal use to all types of providers, the principles are relevant to every provider.

Provision of care consists of processes embedded in complex systems that are inevitably linked to or require the incorporation of other existing and future standards outside of this document and related to fields, such as accessibility (of processes, products, and services), ergonomics, social responsibility,

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human resource management, assistive devices and products, sustainable development in communities, smart homes, cognitive accessibility user interfaces, privacy and data management. This document is an example of interdisciplinary standardization that has a special focus on care, and it is important that the provider identifies and incorporates the use of other complementary standards.

This document uses the term 'care' for the combination of healthcare services and social care services. The document aims to facilitate the development of care services by establishing common denominators that are agreed on as fundamentals of care.

When starting to use this document, each provider identifies the content of their services and hence which issues are relevant and significant to address.

Establishing quality of care for older persons requires knowledge, skills and a positive attitude towards development of the care service. Involvement and engagement of top management is crucial when implementing quality of care for older persons. When the management is committed and educated in quality requirements and recommendations, they pass down the knowledge to their personnel and motivate them to be involved. Good communication helps to create a committed and supportive atmosphere, and thus has a positive influence on the implementation of this document and continuous improvement of quality.

The requirements and recommendations given in this document are actions to be taken by the provider. Requirements and recommendations are listed in Clauses 3 to 8 of this document after the introduction and explanation of the terminology used. These sections start with short general introductions which provide a brief background to the following requirements and recommendations.

This document uses the words 'general' and 'specific' in relation to requirements and recommendations in the following way:

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- General requirements and general recommendations apply to all care services regardless of whether they are provided at home or at a care home.

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- Specific requirements and specific recommendations apply mainly to care services provided at a care home but shall/should also be applied to care services given at home when such services are in the service description of the provider.

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1 Scope

The services specified in this document are health and social care services for older persons provided by healthcare and social care personnel.

This document:

- specifies requirements and recommendations for services provided to the older person at home and in care homes, based on the older person's individual needs and preferences to assist self-determination, participation, and a safe and secure old age.
- specifies requirements and recommendations for systematic approaches regarding the service provider's ability to produce a good quality of care and support for the older person.
- covers services irrespective of the legal form of ownership and whether the service is publicly or privately funded.
- is applicable to care providers, regardless of structure, organization, ownership, size or type of the care services provided.
- can be used by the service provider at all management levels in the organization to plan, lead, implement, maintain, evaluate and improve the quality of the service.
- requests the provider to describe the organizations service content in a service description, which includes for example a statement of purpose and character of the care service, measures for ensuring the older persons' wellbeing and security, the ethical principles, the services and facilities provided, management and personnel in terms of skills and numbers, methods for quality control and evaluation of the service.

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- requests the provider to compare the service description with the content of this document and, when needed, gives a statement that describes what clauses, requirements and recommendations that are not in the service description and therefore not applicable to the provider's services.
- can be used by the provider for internal audits or self-assessment and/or external parties for certification/accreditation to assess the provider's ability to meet the older person's needs and expectations.
- can be used to provide basic information for procurement and education.
- does not cover standardization of medical devices and clinical guidelines.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

Note 1 to entry: See also Annex A (informative) for additional information.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- IEC Electropedia: available at http://www.electropedia.org/
- ISO Online browsing platform: available at https://www.iso.org/obp

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3.1
Ambient Assisted Living
AAL
combination of intelligent systems of assistive products and services, integrated in the preferred living environment, constituting 'intelligent environments' to compensate predominantly age-related functional limitations and support an independent, active and healthy course of life

[SOURCE: European Commission, Digital Single Market, Glossary]

3.2
abuse
single or repeated act or lack of appropriate action which causes harm or distress to an older person or violates human and civil rights

Note 1 to entry: Abuse may include physical abuse, psychological abuse, sexual abuse, financial exploitation and neglect. Elder abuse happens everywhere, including at home within the family, at home with services or in care. It can be intentional or unintentional.

[SOURCE: WeDO: Wellbeing and Dignity of Older people, 2012]

3.3
accessibility
extent to which products, systems, services, environments and facilities can be used by people from a population with the widest range of characteristics and capabilities to achieve a specified goal in a specified context of use

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Note 1 to entry: Context of use includes direct use or use supported by assistive technologies.

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Note 2 to entry: When evaluating accessibility, the three measures of usability (effectiveness, efficiency and satisfaction) can be important.

[SOURCE: ISO 26800:2011, 2.1, modified]

3.4
adverse event
unintended event that has a negative influence upon healthcare processes

[SOURCE: EN ISO 13940:2016]

Note 1 to entry: In the European Vigilance System, an adverse event is described as: Any untoward medical or nonmedical event or occurrence, unintended disease or injury or any untoward clinical signs including abnormal laboratory findings in subjects of care during or shortly after treatment, whether related or not related to the treatment.

[SOURCE: EN 15224:2016, 3.5.2]

3.5
built environment
external and internal environments and any element, component or fitting that is commissioned, designed, constructed and managed for use by people

Note 1 to entry: Loose items are excluded because decisions with respect to their location within the built environment are more likely to be under the day-to-day control of facilities managers and not of those who commission, design or construct the built environment.

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[SOURCE: ISO 21542:2011]

3.6
care
combination of healthcare and social care

3.6.1
healthcare services
activities undertaken by healthcare personnel that are intended to maintain and improve health, prevent harm and illness, slow down deterioration of health, and palliate pain and suffering

[SOURCE: 2006/123/EC and Art. 3, 2011/24/EU, modified]

3.6.2
social care services
activities undertaken by social care personnel that focus on help and support in coping with activities of everyday life

EXAMPLE: Maintaining the home and getting around inside the home, social wellbeing, independence and social interaction enabling the older person to play a full part in society and support in vulnerable situations such as dressing, eating, getting in or out of bed or chairs, personal hygiene e.g. bathing or showering and using the toilet

Note 1 to entry: The content of social care varies between the European countries and in some countries, health and social care are integrated and the tasks of elderly care cannot be separated as healthcare or social care.

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Note 2 to entry: Social care also aims to prevent abuse and neglect.

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3.6.3
informal care givers

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family, and friends that provide care to an older person in need of care. They do not usually have a formal status and are usually unpaid

3.6.4
integrated care
coherent set of methods and defined processes to integrate care between hospital and primary care, health and social care, and formal and informal care, as well as public and private care

Note 1 to entry: The aim of integrated care is to design and implement individual care service models, financially and administratively coordinated with a view to achieving better outcomes in terms of effectiveness and user satisfaction. The provision of appropriate care at the right moment in the most appropriate setting implies collaboration in multi-disciplinary teams with the older person in need of care and their informal caregiver when relevant.

3.7
care home
place of residence for the frail older person who has physical and/or mental disabilities, and who may require nursing care to perform daily living activities such as assistance with meals, taking a bath, getting dressed, going to the toilet and taking medication

Note 1 to entry: The facility provides 24-h supervision, nursing care, rehabilitation programmes and social activities as well as mediating contact with the social environment, including assistance with asserting rights, justified interests and looking after personal matters.

Note 2 to entry: care homes are often referred to as nursing homes.

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Note 3 to entry: A care home might specialize in certain types of disability or conditions such as dementia.

3.8
clinical guideline
set of systematically developed statements to assist the decisions made by healthcare actors about healthcare activities to be performed with regard to specified health issues

Note 1 to entry: Clinical guidelines are usually rather generic, and they concern no actual subject of care in particular. While they generally reflect a broad statement of good practice, they may sometimes include multiple operational details.

Note 2 to entry: Clinical guidelines should be structured and contain standard criteria and indicators for measurement.

[SOURCE: EN ISO 13940:2016, 9.2.4]

3.9
disability
umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)

[SOURCE: The International Classification of Functioning, Disability and Health, WHO 2001:213]

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3.10
frailty
extreme vulnerability to endogenous (e.g. biological ageing) and exogenous (e.g. diseases or pharmacological treatment) stressors that exposes an individual to a higher risk of negative health-related outcomes

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Note 1 to entry: Frailty also exposes an individual to a higher risk of negative social outcomes.

[SOURCE: WHO. World report on ageing and health. 2015, modified]

3.11
habilitation
process aimed at helping a person with congenital or early acquired disabilities, based on their needs and conditions, to develop and maintain the best possible ability to function and create good conditions for independent life and active participation in community life

[SOURCE: Swedish National Board of Health and Welfare, 2017, modified]

3.12
health
state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity

Note 1 to entry: Health has many dimensions (anatomical, physiological and mental) and is largely culturally defined.

Note 2 to entry: Definition refers to 'good' health.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified — Note 2 to entry has been added]

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3.13
health promotion
combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health

[SOURCE: WHO Ageing and Health Technical Report, Vol.5]

3.14
home
private place, such as an apartment or house, without institutional context, the usual residence of the older person and their family

Note 1 to entry: The older person's home can be within accommodation specifically designed for older persons

3.15
home care
includes healthcare and social care to preserve and increase functional ability and make it possible for the older person to remain at home

Note 1 to entry: The care is provided to older persons in their own homes with the goal of not only contributing to their life quality and functional health status, but also to replace hospital care with care in the home for societal reasons. Home care can cover a wide range of activities, from preventive visits to end-of-life care.

[SOURCE: Tomé et al. Home care with regard to definition, care recipients, content and outcome: systematic literature review. 2003. Modified]

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3.16
individual care plan

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plan or set of plans, generated from initial and ongoing assessment of needs, expectations, goals and individual resources developed by the care provider team (including plans developed by professionals, see 3.22) or the care funder in cooperation and agreement with the older person

Note 1 to entry: The older person's individual care plan covers all aspects of health and social care and shows how these will be met in terms of daily living and longer-term outcomes. The plan also includes plans for how and when evaluations and reassessments are done.

Note 2 to entry: In many European countries, plans and records concerning healthcare and social care are kept as separate entities and governed by different laws. When that is the case, it might not be possible to link health and social care in one plan. When healthcare and social care plans exist separately, it is necessary to link information between providers and employees to the extent permitted.

Note 3 to entry: The care service is governed by laws that differ between the European countries. With respect to the care that the society is responsible for providing, the care plan sometimes must be implemented together with an administrative decision/approval.

3.17
medication review
formal review process performed at specified intervals or when relevant, in which healthcare personnel partner with the older person to ensure accurate and complete medication and to secure that information transfer takes place at all transitions of care

Note 1 to entry: It involves a systematic process for obtaining a medication history and using that information to compare medication prescriptions in order to identify and resolve discrepancies to prevent potential medication errors and adverse drug events.

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3.18
palliative care
palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial and spiritual

Note 1 to entry: Palliative care includes symptom management during both acute and chronic illness and end-of-life (terminal) care.

[SOURCE: WHO: https://www.who.int/cancer/palliative/definition/en/]

3.19
person-centred care
way of thinking and doing things that sees older persons using health and social services as equal partners in planning, developing and monitoring the care to make sure it meets their needs

Note 1 to entry: This means putting older persons and their families at the centre of decisions and seeing them as experts, working alongside with personnel.

3.20
policy
intentions and direction of an organization as formally expressed by its top management

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Note 1 to entry: This constitutes one of the common terms and core definitions for ISO management system standards given in Annex SL of the Consolidated ISO Supplement to the ISO/IEC Directives, Part 1.

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[SOURCE: EN ISO 9000:2015, 3.5.8]

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3.21
personnel
personnel involved in the provision of care services

[SOURCE: EN 15224:2012, 3.6.2 modified]

3.22
professional
personnel with a professional entitlement in a given jurisdiction

Note 1 to entry: Professional entitlement in a given jurisdiction describes requirements issued by a competent authority to be fulfilled in order to be qualified by formal, official, or legal certification, registration or authentication to perform for example legal decisions, diagnosis, therapy or treatment.

[SOURCE: EN 15224:2012, 3.6.3 modified]

3.23
procedure
specified way to carry out an activity or a process

Note 1 to entry: Procedures can be documented or not.

[SOURCE: EN ISO 9000:2015, 3.4.5]