

DESCRIPTION OF THE PRACTICE	
<b>1. Title of the practice</b>	
<i>- 'SELF-MONITORING PLAN FOR SOCIAL CARE PROVIDERS IN FINLAND' -</i>	
<b>2. Organisation responsible for the practice</b>	
Valvira – National Supervisory Authority for Welfare and Health, Finland	
<b>3. Contact person(s)</b>	
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<b>4. Summary of the practice</b>	

Obligatory self-monitoring was introduced for private care providers for older people in 2011. In 2013, it was extended to all public and private care services for older people in Finland. According to current plans, self-monitoring will be rolled out for all social and health care services in connection with implementing the 2019 social and health care reform.

The purpose of self-monitoring is to improve the transparency of services and to deepen and consolidate the culture of quality, safety and responsiveness in social care services. The main responsibility for the quality of the service lies with the service provider, not the supervising authority. The self-monitoring model enhances the service users' own possibilities to monitor the service and ask for changes when needed.

Social care organisations are obliged to develop a self-monitoring plan in cooperation with the staff and the clients, which must be kept on public display. The implementation of the plan must be monitored, and the services must be developed on the basis of the feedback gathered on a regular basis from the older persons using the services of the organisation, their family members and other persons close to them as well as from the staff of the unit.

The self-monitoring plan contains descriptions of the actions of the service unit concerning:

1. business idea, values, principles (what is the meaning of the existence of the unit)
2. risk management (from the service user perspective), including the processes of dealing with adverse events
3. the process of developing, implementing, following up on, updating and displaying the self-monitoring plan
4. the service users' position and rights (needs assessment, care-, service- or rehabilitation plan, how the client is treated, self-determination, participation, protection under the law)
5. the contents of the service (activities in supporting well-being and rehabilitation, nutrition, hygiene, healthcare and medical treatment, cooperation with other actors /integration)

6. client safety (the competence, dimensioning, reliability, training and introduction of the staff, premises, technology, and medical devices); including patient safety in integrated services
7. handling patient and client reports and documents.

The self-monitoring plan covers all the quality aspects of good care, and the process of developing, implementing and following up on the plan emphasises the importance of good leadership.

### 5. National/regional/local context of the practice

One of the current government's five strategic priorities is well-being and health. One of the main aims of the well-being and health priority is to provide support to people of all ages and to enable them to take responsibility for their own health and lifestyle choices. In the care of older people, this means that the focus has been placed on home services. Healthy living and activities are supported, even when older people are in need of care, this is primarily provided as home care services and family care. The government is also financing different home care projects for older people, which were set up in 2016.

In case of quality deficiencies, the fastest way to revise the situation is to address the matter right on the spot instead of making a complaint to a supervising authority. In addition, matters concerning the behaviour of staff or meeting one's individual needs in individual situations are almost impossible for the authorities to judge afterwards effectively. The service units are therefore encouraged to learn to handle feedback properly and acquire the competence of continual self-monitoring.

### 6. Staff involved

All staff involved with the provision of care services, including nurses and management, play an important role in responding to feedback.

### 7. Target group

Older people and their families.

### 8. Aims of the practice

The main aims of the self-monitoring plans are:

- improving the quality and safety of services
- service user participation
- staff participation
- preventing quality deficiencies
- promoting good management and leadership.

### 9. Issues for social services

Service Integration/ Cooperation across Services		Service Planning	x	Contracting	
Technology		Skills development (of the workforce)		Quality of services	x

Prevention and rehabilitation		Participation of service users		Volunteering	
<b>ANALYSIS OF THE PRACTICE</b>					
<b>10. Status</b>					
Pilot project (ongoing)		Project (ongoing)		Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	x
<b>11. Scope of the practice</b>					
<p><i>Describe the setting of the practice, considering the following criteria:</i></p> <ul style="list-style-type: none"> <li>• <i>Micro-level practice:</i> a practice that involves individuals at the local level</li> <li>• <i>Meso-level practice:</i> a practice that involves organisations or communities</li> <li>• <i>Macro level practice:</i> a practice that involves large population groups</li> </ul>					
<p>Meso-level practice: All social care organisations that are providing services for older people are obliged to use self-monitoring plans.</p>					
<b>12. Leadership and management of the practice</b>					
<p><i>Description of the leadership of the practice, considering the following criteria:</i></p> <ul style="list-style-type: none"> <li>• <i>Collaborative management:</i> shared between large partnerships, often of central, regional and local representation</li> <li>• <i>Organisational management:</i> by one organisation</li> <li>• <i>Professional management:</i> managed by a single person</li> <li>• <i>Shared management:</i> shared with no defined leadership</li> </ul>					
<p>Organisational management: Valvira provided the guidelines and a template for developing the plan, which has been presented widely, for example, at numerous seminars and other events organised by Valvira, regional authorities, the Ministry of Social Affairs and Health (in connection with the implementation of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons) and social care NGOs.</p> <p>The implementation process is still ongoing, including efforts to get a self-monitoring module included in social care professional education.</p>					
<b>13. Engaging stakeholders in the practice</b>					
<p><i>Description of the engagement of stakeholders, considering the following criteria:</i></p> <ul style="list-style-type: none"> <li>• <i>Individual practice:</i> individuals have sought practice change</li> <li>• <i>Network approach:</i> one or more organisations develop a network</li> <li>• <i>Collaborative approach:</i> large collaboration with relevant stakeholders</li> </ul>					

Individual: the template for the self-monitoring plan was developed by Valvira.

#### 14. Involvement of service users and their families

*Description of the involvement of service users, considering the following criteria:*

- *Team involvement: service users and carers were part of the practice team*

- *Consultative: a consultative body of users was set up for ongoing dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

Involvement: Service users and their families can participate in the process and are made aware of their rights and how they can report issues directly to the care organisation.

#### 15. Costs and resources needed for implementation

*Description of how the practice is financed, considering the following criteria:*

- *Within existing resources: staff time and other resources are provided 'in-house'*
- *Staffing costs: costs for staff investment*
- *Joint/Pooled budgets: two or more agencies pool budgets to fund services*
- *Funded project: external investment*

Within existing resources: It is a part of the quality management and leadership system in the organisation – no extra costs.

However, members of staff and management have been trained in developing and implementing the self-monitoring plan.

#### 16. Evaluation approaches

*Description of the evaluation method of the practice, considering the following criteria:*

- *Multi-method: use of both a qualitative and a quantitative approach*
- *Single method: a qualitative or quantitative approach*
- *Audit: looks at data sources such as existing medical records and/or other routinely collected service data.*
- *Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback*
- *No evaluation*
- *An evaluation is planned*

Audit: Evaluation is conducted in connection with all supervisory activities. More and more supervision cases are sent back from Valvira to the service provider concerned to be solved in the self-monitoring process. At the same time, the number of complaints to the supervision authorities has diminished, which proves that more and more cases are handled within the care organisations.

#### 17. Measurable effects of the practice and what it has achieved for...

Service users	Service users can participate in the process, and they are made more aware of their rights. They know how to proceed if there are any problems which can be solved immediately and proactively.
Formal caregivers	n. a.
Informal carers	n. a.
Organisations	The self-monitoring process increases transparency in the care organisations and helps them to foster a learning environment, control risks in advance and prevent mistakes from being repeated. It has also highlighted the importance of good leadership in care organisations for the self-monitoring plans to be implemented effectively.

Other	n. a.
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**18. Anticipated or 'aspirational' effects of the practice and what it has achieved for...**

*This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.*

Service users	n. a.
Formal caregivers	n. a.
Informal carers	n. a.
Organisations	n. a.
Other	n. a.

**19. How the practice has changed the way the service is provided (lessons learned)**

What worked well:

- It was relatively easy to implement the self-monitoring plan as a tool for quality improvement.

What did not work so well:

- If the organisations' managers did not actively promote the implementation of the self-monitoring plan, there was the risk of the plan not being used in practice.

Main lessons learned:

- A successful self-monitoring system is based on good leadership and open working culture, the establishment of which is a long-term process
- Self-monitoring empowers service users to participate in their own care.

## 20. Sustainability of the practice

*Description of whether the practice is sustainable, considering the following criteria:*

- *Potential for sustainability:* practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward •  
*Established:* the project has been operational for several years

Established: The self-monitoring plan has become an essential part of the Finnish social and health care system.

## 21. Transferability of the practice

*Description of whether the practice has been transferred, considering the following criteria:*

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Transferred: The self-monitoring plan has been implemented in private and public social care organisations across Finland.

Valvira has developed material on self-monitoring in Finnish and partly in Swedish, but we would also be able to provide information in English if needed.

## 22. Further information

More about the government programme is available [here](#), and about the home care programme for older people [here](#).