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# Research of Improving the Service Quality of Home-Care Long-Term Care Institutions

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## Abstract

*The research aims to analyze the empirical data of the evaluation results from home-care long-term care (LTC) service institutions to understand the status of home-care institutions in Taiwan. Based on the results of analysis will be used as an empirical study to revise the evaluation benchmark in 2026. Based on the on-site evaluation results of 50 home-based LTC institutions, 26% excellent (evaluation score  $\geq 85$ ), and 14% un-qualified (evaluation score  $< 70$ ). The results were based on the "coincidence rate to be improved" as the key failure factors (KFF) of home-based LTC institutions. Compared with the consensus benchmark of each concept, KFF accounted for 60% of the professional care quality concept, indicating that the professional care quality profile had a significant impact on the evaluation results of home-based LTC institutions. Suggested that home-care institutions integrate cross-disciplinary resource differences based on self-improvement and case-based in response to the evaluation preparation.*

**Keywords:** Home-care Long-term Care Institutions, Evaluation, Consensus Benchmarks, Key Failure Factors.

## Introduction

### Super-aged Society and Long-term Care Policy

The proportion of aging people will reach super-aged (20.8%) in 2025 and ultra-aged (28%) in 2036 in Taiwan (National Development Council, 2020). In response to the growing care needs of the elderly population, many nations around the world have focused on reforming health care systems, striving to provide the long-term care (LTC) services, and prevent/delay disability in additional disease treatment, thereby achieving active aging (Chen & Fu, 2020; Fu, 2018; Lai, Chen, Suen, and Hwu, 2024).

Based on the Article 39 of the LTC Services Act of the Ministry of Health and Welfare (MOHW) in Taiwan, the competent authority shall provide guidance, supervision, assessment, inspection and evaluation to LTC institutions to implement the competent authority management responsibilities for LTC institutions. Therefore, the service quality of LTC service institutions should be evaluated from consumers who use the services, service providers, and public departments that provide subsidies and service approval. From the perspective of consumer rights protection, it is ideal for customers who receive services or their families to actively request quality services. However, due to information asymmetry between service providers and consumers sometimes (Chiu, 2002; Wu, Chu, Lin, Chen, Chang, Chou, Ye, and Yang, 2019), it is necessary to rely on the intervention of government public power to ensure a certain level of quality and safety. Faced with the increasing number of aging people and many types of LTC

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service institutions, confirm and improve the service quality of LTC service institutions for aging services. Establishing an evaluation system for effective supervision and management is the correct method.

### **Third-Party Evaluations in Elderly Welfare Service in Japan**

The Ministry of Health, Labor and Welfare in Japan announced the "Guidelines for Common Evaluation Standards for Third-Party Evaluations (Elderly Welfare Service Version)", which mentions the implementation of three core contents of third-party evaluation of elderly welfare service providers(March, 2020) as: (1) The promotion of third-party evaluation and the setting of numerical targets for evaluation benchmarks to ensure that the evaluation of benchmarks is quantifiable, and to assist institutions in formulating important strategies that should be considered to achieve the numerical objectives together;(2) To alleviate the burden on institutions receiving third-party evaluations of elderly welfare services: The information required for the evaluation should be based on existing data as far as possible, reduce duplication, and provide substantial benefits to the participating units through institutional incentives (e.g. longer audit intervals); 3. Integration with the LTC insurance system and disclosure of public information: The results of the evaluation are disclosed on the official information platform. Third-party evaluation of welfare services is not only an auxiliary measure to improve the quality of services, but also an important means to provide users with the information needed to choose more suitable services through the public evaluation results. It is clarified that the responsibilities of the operator and the positioning of the business should be balanced between "improvement of service quality" and "convenience of user choice"([https://www.shakyo-hyouka.net/guideline/koureisya\\_ryuuijikou\\_180326.pdf](https://www.shakyo-hyouka.net/guideline/koureisya_ryuuijikou_180326.pdf)).

The operation of a home-based LTC institution might catch the changes in the industrial environment and trends in LTC industry chain to ensure that the institution does not form a "Key Failure Factor" (KFF), which refers to the concept that in the practical operation of the enterprise, the key success factors (KSF) sometimes do not exist, but there are some factors that will not be successful if they are not done (Chen, Merrett, Lu, and Mortis, 2019). Such as no clear value proposition, no core values, no execution, lack of thinking and strategy, lack of effective control of cash flow, lack of awareness of customer relationship management, etc. From CBINSIGHTS (2021)" The Top 12 Reasons Startups Fail". After researching through 111 post-mortems since 2018, it found there is rarely one reason for a single startup's failure. And identified the top 12 reasons startups fail: Ran out of cash/failed to raise new capital (38%), No market need(35%), Got outcompeted(20%), Flawed business model(19%), Regulatory/legal challenges(18%), Pricing/cost issues(15%), Not the right team(14%), Product mistimed(10%), Poor product(8%), Disharmony among team/investors(7%), Pivot gone bad(6%), and Burned out/lacked passion(5%).

The research aims to analyze the empirical data of the evaluation results from home-care LTC service institutions in a county in south-central Taiwan. To understand the status of the home-care LTC institutions, and then put forward discussions and policy suggestions to improve the quality of care to reference.

### **Materials and Methods**

#### **Benchmark Tools for Sample and on-Site Evaluation**

This research takes the on-site evaluation data of 50 home-based LTC service institutions in a county in central and southern in Taiwan as the scope of analysis, and the evaluation benchmark

of home-based LTC institutions is based on the version published from the Ministry of Health and Welfare (MOHW), and developed the evaluation and checklist. The evaluation consensus benchmark includes three concepts: Management effectiveness, Professional care quality, and Protection of individual rights and interests. Each concept has its own consensus benchmark, benchmark description and evaluation method/description (Table 1), the full score of the scoring benchmark is 100, and there are 20 consensus benchmarks for home-care institutions, so each benchmark is a full score of 5 points (100 points/20 items = 5 points).

### **Evaluate the Reliability and Validity of Benchmark Tools**

Each on-site evaluation session should consist of 4 members of the evaluation committee with professional or practical backgrounds, including 1 from management practice/practice, 1 from social work or environmental safety major/practice, and 2 from nursing and long-term care service professional/practice. This study had 29 evaluation committee were appointed. In terms of expert validity, a consensus meeting of the evaluation committee was held and discussion content included the definition of benchmarks, scoring criteria, ethical attitudes, the evaluation operation procedures ensure to obtain the consensus on each benchmark. At the end of each on-site evaluation, the evaluated home-based service institution is requested to fill in the satisfaction questionnaire of the evaluation operation process (evaluation benchmark explanation meeting, on-site evaluation planning and communication, on-site evaluation implementation and improvement of the institution's improvement or improvement efficiency, etc.), and summarize the evaluation committee's suggestion or performance feedback during the on-site evaluation process. Finally, after the evaluation score and qualitative opinion content are determined through the post-evaluation meeting, the competent authority will issue a announcement about the evaluation results.

A+ , A, B + , B and C based on the description of each benchmark , consistency of the assessment is ensured. Furthermore, the consensus assessment criteria still consider the current procedural status of the practices of the assessment institutions. For example, if there is no “supervision/audit by the competent authority to improve deficiencies during the assessment period”, the criteria will be identified as “not suitable for assessment”, and the score will be adjusted.

### **Evaluation Result Resolution and Data Analysis**

Home-based LTC institutions receive an equal score for each evaluation criteria, with a full score of 100. There are 20 home-based evaluation criteria in total, each with 5. The evaluation result is qualified, the score is  $\geq 70$ ; but unqualified is  $< 70$ . And to select benchmark institutions to learn. The benchmark institutions are selected those evaluation score  $\geq 85$  are classified as "excellent". Therefore, the evaluation results of this research institution are divided into three groups: "Excellent", "Qualified" and "Unqualified".

## **Results**

There are 50 home-care LTC institutions were evaluated on site, of which 13 (26%) were excellent institutions (evaluation score  $\geq 85$ ), and 7(14%) were unqualified during August 1, 2023 to August 15, 2024.

### **1. Statistical Analysis of Benchmarks**

(1) Evaluation score range and average

The benchmark score of home-care LTC institutions (Table 1), and the standard deviation (SD) is replaced by standard error (SE) due to the wide range of scores. The average overall score (SE) of the 50 home-care LTC institutions was 79.3 (1.41), with a score range of 58.5-94.75 points.

The average value of each concept of the evaluation benchmark of home-care LTC institutions is different, in order to make comparisons, the average value of each concept is divided by its benchmark allocation, such as the 11 consensus benchmarks of Management effectiveness, each benchmark allocation score is 5 points, the actual average score of the Management effectiveness profile is 43.475 points (full score of 55 points), and the coincidence rate is  $43.475/55=79.05\%$  (Table 1). So, the compliance rate of the evaluation results of home-care LTC institutions in the "Protection of individual rights and interests" (84.45%) is highest. The "Management effectiveness" (79.05%) is the second, and the most important concept to be improved was the "Professional care quality" (75.74%).

Main concept	N of Consensus benchmarks	Full scores of benchmark/each	Average scores of main concepts from evaluation committee	Full points of main concept	The total scores of each concept from evaluation committee	Coincidence rate (%)	Order of coincidence rate to be improved <sup>1</sup>
A: Management effectiveness	11	5	3.952273	55	43.475	79.05	2
B: Professional care quality	5	5	3.787	25	18.935	75.74	1
C: Protection of individual rights and interests	4	5	4.2225	20	16.89	84.45	3
N. of Home-care institutions (50 units)	20	5	79.3	100	79.3	79.3	

Table 1 The Benchmark Score of Home-Based LTC Service Institutions

The order of the coincidence rate to be improved presents the ratio of the difference between the actual total score and the full score of each concept, so the smaller ranking, the more the concept that needs to be improved. Ex. the most improved concept is order 1.

## (2) Ranking of the Consensus Benchmark Compliance Rate of Home-Care LTC Institutions

The average and compliance rate of each consensus benchmark were evaluated by home-care LTC institutions, because this study aimed to exploring the reference direction of home-care LTC institutions to propose the direction of improvement of institutions, and the key factors for the success of business operation were 3-6 (Daniel, 1961). Therefore, this study takes the “Order of coincidence rate to be improved” as the basis for proposing KFF in home-care LTC institutions. “Order of coincidence rate to be improved”(KFFs) are “A8 Regular health check-ups and follow-up of LTC Resident Care Attendant (RCA)” (67.9%), “B3 Proactive referral to the provision of interdisciplinary services” (69.1%), “A6 Deficiencies and improvement evaluation by the competent authority during the period of supervision/inspection” (69.4%), “B5 Handling and prevention of accidents and emergencies” (70.6%), “A9 Pre-training for new RCA” (73.5%), and “B4 Management of case opening and closing of service user” (73.9%). In addition, the 6 KFFs accounted for 3 (50%) of the “A” concept and 3 (50%) of the “B” concept, but compared with the consensus benchmark of each concept, the KFFs accounted for 28.28% (3/11) of the “A” concept and 60% (3/5) of the “B” concept, indicating that the “B” concept had a significant impact on the evaluation results of home-care LTC institutions. Based on the service design should be case-service orientation, the service items that receive approved benefits for service cases, the integration and referral of cross-professional resources between "non-approved benefit services" and "non-LTC resources" should be strengthened. In addition, the ability to respond to non-routine and non-normative accidents or emergencies can be strengthened, which can be implemented through on-the-job training (B1), care quality meeting (A10) and supervision system (A3), and other system development or learning channels(Lee and Wu, 2024).

Main concept	Full scores of benchmark/each	Average scores of benchmarks from evaluation committee	Coincidence rate (%)	Order of coincidence rate to be improved <sup>2</sup>	KFFs
A. Management effectiveness					
<b>A1</b> Business plan development and implementation	5	3.855	77.1	8	
<b>A2</b> Workbook and administrative regulations	5	4.02	80.4	13	
<b>A3</b> Establish and operation of the supervision system	5	3.965	79.3	11	

<b>A4</b> Financial management system	5	4.455	89.1	18	
<b>A5</b> Information system filling	5	4.73	94.6	20	
<b>A6</b> Deficiencies and improvement evaluation by the competent authority during the period of supervision/inspection	5	3.47	69.4	3	V
<b>A7</b> Establish a system related to the rights and interests of employees	5	3.94	78.8	10	
<b>A8</b> Regular health check-ups and follow-up of LTC Resident Care Attendant (RCA)	5	3.395	67.9	1	V
<b>A9</b> Pre-training for new RCA	5	3.675	73.5	5	V
<b>A10</b> The Supervisor participates the administrative and care quality management meetings/activities	5	3.84	76.8	7	
<b>A11</b> Establish a shift work system for RCA	5	4.13	82.6	14	
<b>B. Professional care quality</b>					
<b>B1</b> Strengthen the professional knowledge of LTC service personnel	5	4.015	80.3	12	
<b>B2</b> Service execution of RCA and feedback from service users/family members	5	4.24	84.8	17	
<b>B3</b> Proactive referral to the provision of interdisciplinary services	5	3.455	69.1	2	V
<b>B4</b> Management of case opening and	5	3.695	73.9	6	V

closing of service user					
<b>B5</b> Handling and prevention of accidents and emergencies	5	3.53	70.6	4	V
<b>C. Protection of individual rights and interests</b>					
<b>C1</b> Make a service contract with the service user or family member	5	4.225	84.5	16	
<b>C2</b> Fees and receipts	5	4.59	91.8	19	
<b>C3</b> Establish and handling of the feedback response/grievance process	5	3.93	78.6	9	
<b>C4</b> Service satisfaction surveys	5	4.145	82.9	15	

Table 2 The Consensus Benchmark Scores and Coincidence Rate to Be Improved of Home-Care LTC Service Institutions

The order of the coincidence rate to be improved presents the ratio of the difference between the actual total score and the full score of each benchmark, so the smaller ranking, the more the concept that needs to be improved.

## 2. Analysis of the Differences Between the Evaluation Results Groups in Each Consensus Benchmark

According to the difference analysis of the 3 groups of evaluation results, the difference between the 4 consensus benchmarks as A5, A7, B2 and C1 be no significant difference between the groups. All the evaluation content of this benchmark is a statutory specification, most of the home-care institution that has contracted with the government to provide services meet these contractual standards, so there is no difference in performance between the rated institutions.

In the KFFs(Table 3), the evaluation results of the 3 groups showed significant differences in the consensus benchmarks, and the “excellent group” was significantly better than the “un-qualified group”, and the “qualified group” was significantly better than the “un-qualified group” in A8, A6, B5, A9 and B4. Otherwise, B3 was “excellent group” significantly better than the “un-qualified group” (but the “qualified group” was not significantly better than the “un-qualified group”). The referral of interprofessional services should be based on the care needs of the service users at different stages, and timely referral of medical or other professional services, such as home medical care, hospice home care, home rehabilitation, etc. And meetings should be held to discuss and follow-up reviews to protect the rights and interests of the service users.

benchmark	Excellent = 1 / Qualified = 0 / un-qualified = -1		Mean difference (M.D.) (I-J)	d. <sup>1</sup>	Significant differences	KFF
	(I)	(J)				
A1 Business plan and development implementation	.0	-1.0	.550000	.020	1 > -1	
		1.0	-.507692	.006		
	1.0	-1.0	1.057692	.000**		
		.0	.507692	.006		
A2 Workbook and administrative regulations	.0	-1.0	-.00476	.000**	1 > 0 ; 0 > -1	
		1.0	-.77949	.000**		
	1.0	-1.0	.77473	.006		
		.0	.77949	.000**		
A3 Establish and operation of the supervision system	.0	-1.0	.311905	.523	----	
		1.0	-.482051	.092		
	1.0	-1.0	.793956	.041		
		.0	.482051	.092		
A4 Financial management system	.0	-1.0	.855952	.044	----	
		1.0	-.435256	.262		
	1.0	-1.0	1.291209	.004		
		.0	.435256	.262		
A6 Deficiencies and improvement evaluation by the competent authority during the period of supervision/inspection	.0	-1.0	.82500	.000**	1 > -1 ; 0 > -1	3
		1.0	-.04038	.961		
	1.0	-1.0	.86538	.000**		
		.0	.04038	.961		
A8 Regular health check-ups and follow-up of LTC Resident Care Attendant (RCA)	.0	-1.0	2.300000	.000**	1 > -1 ; 0 > -1	1
		1.0	-.642308	.133		
	1.0	-1.0	2.942308	.000**		
		.0	.642308	.133		
A9 Pre-training for new RCA	.0	-1.0	1.200000	.001*	1 > -1 ; 0 > -1	5
		1.0	-.550000	.087		
	1.0	-1.0	1.750000	.000**		
		.0	.550000	.087		
A10 The Supervisor actually participates the	.0	-1.0	.93452	.012	1 > -1	
		1.0	-.68910	.021		



administrative and care quality management meetings/activities	1.0	-1.0	1.62363	.000**		
		.0	.68910	.021		
A11 Establish a shift work system for RCA	.0	-1.0	1.29286	.000**	1 > 0, -1 ; 0 > -1	
		1.0	-.61923	.005*		
	1.0	-1.0	1.91209	.000**		
		.0	.61923	.005*		
B1 Strengthen the professional knowledge of LTC service personnel	.0	-1.0	.571429	.068	1 > -1	
		1.0	-.365385	.167		
	1.0	-1.0	.936813	.004*		
		.0	.365385	.167		
B3 Proactive referral to the provision of interdisciplinary services	.0	-1.0	.834524	.063	1 > -1	2
		1.0	-.500641	.197		
	1.0	-1.0	1.335165	.005*		
		.0	.500641	.197		
B4 Management of case opening and closing of service user	.0	-1.0	1.541667	.000**	1 > -1 ; 0 > -1	6
		1.0	-.458333	.085		
	1.0	-1.0	2.000000	.000**		
		.0	.458333	.085		
B5 Handling and prevention of accidents and emergencies	.0	-1.0	1.62500	.000**	1 > -1 ; 0 > -1	4
		1.0	-.50962	.133		
	1.0	-1.0	2.13462	.000**		
		.0	.50962	.133		
C2 Fees and receipts	.0	-1.0	.70714	.020	1 > -1	
		1.0	-.34231	.215		
	1.0	-1.0	1.04945	.001*		
		.0	.34231	.215		
C3 Establish and handling of the feedback response/grievance process	.0	-1.0	.24286	.604	----	
		1.0	-.43846	.081		
	1.0	-1.0	.68132	.049		
		.0	.43846	.081		
C4 Service satisfaction surveys	.0	-1.0	.203571	.424	1 > 0 ; 1 > 0, -1	
		1.0	-.571154	.000**		
	1.0	-1.0	.774725	.000**		
		.0	.571154	.000**		

Table 3 Analysis of the Differences Between the Evaluation Results Groups in Each Consensus Benchmark

\* $\leq 0.005$  ; \*\* $\leq 0.001$ 

The gray background is indicated as the KFFs

**3. Analysis of the Opinions of the Evaluation Committee**

If the consensus benchmark of an institution is not fully compliant, the committee may summary their opinions on the benchmark, and present these in the evaluation report. Then statistic code of the committee opinions, and divide them into concepts such as Management effectiveness, Professional care quality and Protection of individual rights and interests(Table 4).

	Advantages	improvement suggestions
Management effectiveness	<ol style="list-style-type: none"> <li>1. Analyze the service objects and service needs of the home-care LTC institutions to improve service quality and follow-up resources.</li> <li>2. Reduce the cognitive gap of professional and technical oral description: Record video (visual communication) to present the service content of the home service, and establish the translation results of the service code (project) of the home service personnel from the regular inspection, to achieve the stability of service quality for the general personnel in the organization.</li> <li>3. Response to the external environment and the internal needs of the institutions, continue to provide qualification training and advanced courses for residential service supervisors, and introduce on-the-job training</li> <li>4. The supervision system has been added to the mechanism of peer supervision to facilitate interaction among RCAs</li> <li>5. Manager will review and improve the strategy according to the current situation of the industry environment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ambiguous concept of evaluation criteria and content definition: It is necessary to comprehensively review the basic standards of services and policy norms of Home-care service institutions, and understanding and implementation of benchmarks will be more helpful for the future development.</li> <li>2. Strengthen and develop system for improving the turnover rate: consider the professional abilities and personality traits that RCAs (and Resident Care Supervisors) should possess in different positions to develop job descriptions, and subsequent recruitment information publicity.</li> <li>3. Implementation of the Shift Scheduling system for the Professional Competence of RCAs.</li> <li>4. Many meeting and forms in the institution, but considering the current situation such as the number of RCAs and the flexibility of work scheduling in the home-care service institutions: it is recommended to integrate the meeting and form on achieving the purpose.</li> </ol>
Professional care quality	<ol style="list-style-type: none"> <li>1. Application of smart service system: The RCAs can use the mobile app to immediately fill</li> </ol>	<ol style="list-style-type: none"> <li>1. The weak ability to compile data, and it is not organized in an order and systematic manner according to</li> </ol>

	in the service content, time of the service case, and return the case status of the institution.	benchmarks, and it is impossible to understand the effectiveness of various concepts of the institution from data. 2. A8, A9, A11, and B4 standards are not well formulated, and the complete standard operating procedures (SOPs) are not formulated
<b>Protection of individual rights and interests</b>	1. Provide a process scenario manual and an exclusive work calendar for RCAs, which can not only be used as a reference resource for RCAs, but also enhance the growth opportunities of home-care self-worth	1. The content of the case complaint should understand the problem, fully record the handling process, and record the follow-up improvement measures or follow-up/closure content. 2. The content of the abnormal incident handling process should be properly recorded and tracked, and it can be linked to the theme of on-the-job education and training, so as to continuously strengthen the effectiveness of the implementation of the understanding and response to the abnormal incident by the RCAs.

Table 4 The Opinions of Evaluation Committee on the Advantages and Improvement Suggestions of Concept

## Discussion

### 1. Concept of Management Effectiveness/ Protection of Individual Rights and Interests

The service of home-care LTC service institutions focuses on the characteristics of intangibility, irreplaceability and variability. So the same care service item, exists differences in the way of providing and delivering from different RCAs. How to provide the service item more specifically, can be communicated, educated and trained in the institution, to ensure the quality of the institution service and maintain customer satisfaction very important.

However, from the perspective of excellent evaluation results, they are more able to implement and transform the benchmark content into the work process of the institution, and form the corporate culture of the internal quality control circle of the home-care institution through continuous internal training and quality supervision-improvement-tracking cycle.

### 2. Concept of Professional Care Quality

Due to the individuality, specificity of the individual status and the home environment, it is not easy to have consistent and standardized services by derivative services. E.g., the client uses the home service item - meal preparation, but the client's right hand (dominant hand) is painful and cannot be lifted, resulting in restricted meals, but the service items cannot be increased due to insufficient subsidy. It is recommended to actively refer multi-professional services to serve different stages of care needs and professional services.

The organizational structure of the home-care service needs to be clarified: the correspondence and reasonableness of the positions, rights and responsibilities of the home-care service RCAs, the home-care supervisor, and the manager, as well as the salary and benefits (e.g., the home-care service RVAs have rich practical experience and the salary may be more than the home-care supervisor due to the large amounts of service cases; The home-care service supervisor has no practical experience and the management supervision ability is not yet proficient, only because of the academic background - university geriatric related department graduation certificate can serve as the home service supervisor).

## **Conclusion and Suggestion**

### **Conclusion**

(1) Through the evaluation system to establish professionalism of care work and characteristics of institution, and present the spillover effect of the service quality implementation

Hung and Chen (2012) proposed that the incidence and improvement rate of quality indicators such as care execution, care outcome improvement, accident handling and resource use of LTC services have an impact on the improvement of service quality. Then, through self-improvement, it can find the characteristics of the organization and give full play to it, and then generate a sense of accomplishment and value.

It is suggested that the team can be organized to take care of the organization's service quality improvement counseling team, and go to various institutions to assist in the service quality improvement consultation and counseling of various professional categories in a regular manner, so as to avoid the organization usually neglecting to implement the concept of service quality improvement, and the actual service performance has been lagging behind for too long when the actual on-site evaluation is conducted(Wu, Chu, Lin, Chen, Chang, Chou, Ye, and Yang, 2019).

(2) Using intelligent technology in early warning system to implement the routine evaluation

The point of the development of LTC service quality is "timeliness", but the pressure of "timeliness" will lead to the difference in value recognition between the certainty of the service quality supervision system and the different professional backgrounds of supervision. Therefore, the service quality supervision mechanism should be set up with experienced supervisors to grasp the service effectiveness and timeliness of each career, and assist in troubleshooting or communicating and coordinating the support of other colleagues.

### **Suggestion**

(1) The public sector should continue to revise the benchmarks to guide home-care institutions to implement self-quality improvement mechanisms during implementation of statutory evaluations

The statutory evaluation of home-care LTC institutions is only once every 4 years, and the way to ensure service quality and safety control should continue to guide institutions to implement the evaluation indicators in the routine work process. So it is necessary to cooperate with the public sector through irregular random audits or visits, annual supervision/inspection, institutional counseling, standardizing the number of hours of continuing education points courses per year, establishing a big data information system for quality control, and smoothing the complaint channels for stakeholders (users/families/citizens, etc.).

(2) Construct precise LTC system - develop a LTC service information management system for the evaluation indicators to achieve synergies

According to the report on the implementation of the 10-year plan 2.0 for LTC promoted by the Ministry of Audit in Taiwan (2023), the supervision and assessment or evaluation of the executive care institutions of some counties/cities have not been fully implemented, nor have they listed the improvement of the lack of follow-up counseling, and the evaluation results of the LTC institutions have not been announced.

Finally, this study suggested that home-care institutions should integrate cross-disciplinary resource based on self-improvement and case-based evaluation work. This study is an empirical study that the county expected to use as a reference after the MOHW announced the central version, and the evaluation standards for home-care LTC institutions in 2026 are expected to be used as a reference. This on-site evaluation emphasizes that the benchmark project recommendations of the evaluation committee counseling institutions do not meet or partially or the requirements to improve the quality of LTC services, and it is hoped that those who can self-evaluate and identify the benchmark institutions for idol.

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