



**DÔSTOJNOSŤ
V STAROSTLIVOSTI
NESMIE ZÁVISIEŤ
OD NÁHODY**

**KOMPLEXNÉ MANAŽÉRSTVO
KVALITY
V DLHODOBEJ STAROSTLIVOSTI**

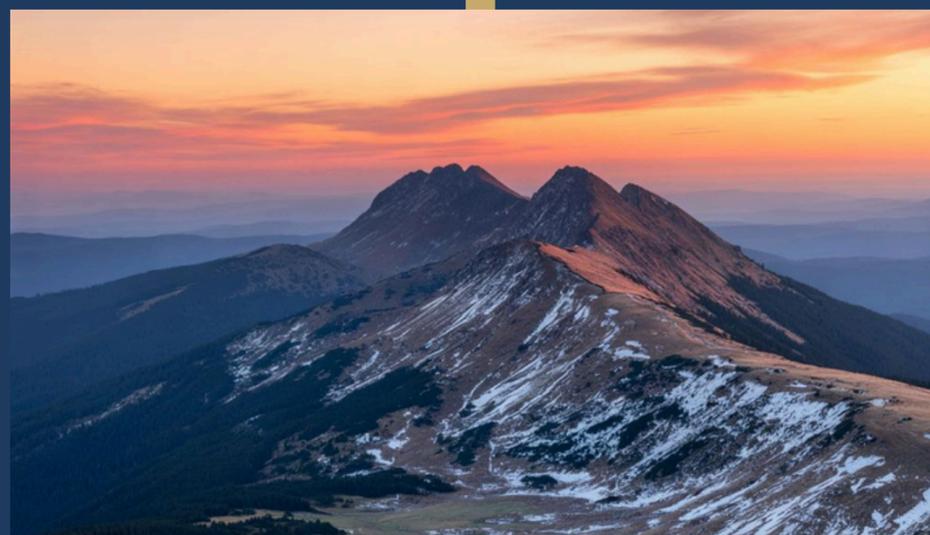
SKÚSENOSŤ Z PRAXE

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JASNÁ, SLOVAKIA

EUROPEAN FOUNDING FORUM



**DIGNITY IN CARE MUST
NEVER DEPEND ON
LUCK**



**TOTAL QUALITY
MANAGEMENT
IN LONG-TERM CARE**

EXPERIENCE FROM PRACTICE

REALITA LUDÍ V DLHODOBEJ STAROSTLIVOSTI

Väčšinu zdravotnej starostlivosti v Európe tvorí starostlivosť o starších ľudí s chronickými ochoreniami

RIZIKÁ V SYSTÉME:

- oneskorené rozpoznanie zdravotného stavu
- nedostatok paliatívnej starostlivosti
- strata dôstojnosti

REALITY OF PEOPLE IN LONG-TERM CARE

Most healthcare in Europe is care for older people with chronic conditions

SYSTEM RISKS:

- delayed clinical recognition
- lack of palliative care
- loss of dignity



ROLE OF NURSES IN QUALITY OF CARE

Every frail older person in Europe should be under active clinical supervision by a nurses and a physicians

- CLINICAL ASSESSMENT
- EARLY CLINICAL INTERVENTION
- PREVENTION OF AVOIDABLE HOSPITALISATIONS



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L'UDIA

EVERY CARE TEAM IN EUROPE DESERVES CONDITIONS
THAT ENABLE SAFE AND DIGNIFIED CARE

STABLE TEAMS

STAFF WELL-BEING MONITORING

BURNOUT PREVENTION

PEOPLE



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ROZHODNUTIA ORGANIZÁCIE

KVALITA STAROSTLIVOSTI NEVZNIKÁ
NÁHODOU

JE VÝSLEDKOM:

- PRÁCE S ĽUĎMI
- RIADENIA PROCESOV
- KULTÚRY ORGANIZÁCIE



ORGANISATIONAL DECISIONS

QUALITY OF CARE
DOES NOT HAPPEN BY
ACCIDENT

IT RESULTS FROM THREE
CHOICES

- PEOPLE MANAGEMENT
- PROCESS MANAGEMENT
- ORGANISATIONAL CULTURE





SYSTÉMOVÁ LEKCIA

ŠTANDARDY NESTAČIA

POTREBUJEME:

- MOTIVÁCIU PRE KVALITU
- MERANIE VÝSLEDKOV STAROSTLIVOSTI
- SPRAVODLIVÝ SYSTÉM



SYSTEM LESSON

STANDARDS ARE NOT ENOUGH

WE NEED:

- INCENTIVES FOR QUALITY
- OUTCOME MEASUREMENT
- FAIR SYSTEM DESIGN





ZÁVER

DÔSTOJNOSŤ
V STAROSTLIVOSTI
NESMIE ZÁVISIEŤ
OD NÁHODY!

MUSÍ JU CHRÁNIŤ
SYSTÉM



CONCLUSION

DIGNITY IN CARE
MUST NEVER DEPEND
ON LUCK!

IT MUST BE PROTECTED
BY SYSTEMS

