

## Abstract

In both the social work and health sector, there is an increasing emphasis on monitoring and improving the quality of care and services provided. In both areas, quality standards are already established in wider practice and attention is therefore focused on monitoring the quality of services and care at a system level. However, this requires the availability of appropriate tools. This also applies to palliative care, which is developing rapidly in the Czech Republic and whose need will continue to increase as a result of the prolongation of life expectancy.

The theoretical part of this dissertation shows, through the example of palliative care, the deeper interconnection of the social and health spheres. It occurs thanks to its holistic approach to the patient and the irreplaceable role of social workers in a multidisciplinary team. There is also a growing demand in palliative care for systematic quality monitoring and improvement of care and services. The theoretical part summarizes knowledge regarding the development and use of quality indicators, presents examples of systematic quality measurement in palliative care abroad and compares their strengths and weaknesses.

The empirical part deals with the creation and subsequent pilot implementation of a methodology for assessing the quality of hospice and palliative care, which was developed specifically for the Czech environment in close collaboration with the end users (home and inpatient hospices). The main aim of the research and implementation project was to find out what factors facilitate or hinder the implementation of the developed tools in everyday practice and routine usage. The RE-AIM monitoring and evaluation framework was applied, embedded in a pragmatic framework using a combination of quantitative and qualitative methods.

The findings of the study suggest that user involvement in the development and implementation of the new methodology at the beginning of the project was a crucial step for the success of the implementation of the methodology. On the other hand, the absence of presentation and discussion of the results of the methodology in the hospice at the end of the implementation phase may lead to problems in interpreting the data and using the results effectively to improve the quality of care and services.