Measuring the quality of long-term care in Hungary

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Summary: Measuring the quality of long-term care should not only entail a survey of patient and carer satisfaction. It should also involve an ongoing assessment of the working environment, employment conditions and skills and capacities of professionals working in the system, as well as the constructive development of guidelines and standards defining professional tasks.

Key words: long-term care, nursing, home care, hospice, quality measurement, Hungary

The ‘grey ing world’ represents a global problem and a challenge throughout all of Europe, including Hungary. Its impacts are reflected starkly in all aspects of daily life. It can impact on employment patterns and on family responsibilities, as well as having implications for social welfare and health care systems. Long-term care service providers for older people in Hungary have continued to evolve in response to the changing nature of society and economic circumstances, most notably since the turn of the millennium.

A key catalyst for these developments was the political decision taken in the mid-1990s to radically reduce the number of hospital beds. This was primarily due to reasons of economic necessity as their financing had become unviable. Yet at the same time it was recognised that there remained a challenge to better meeting the needs of those individuals with terminal conditions who required specialist care. For these patients reaching their final days, a long nursing care period, often using modes of care that paid little regard to individual needs and involved being housed in large communal wards, was far from satisfactory.

The new hospital financing system established as part of the reform process, created incentives for medical institutions to engage in efforts to help individuals who did not require hospital treatment, but nevertheless remained in need of home nursing care, to return to their homes as soon as possible after any critical health care needs had been met. It is therefore also a matter of urgency to develop the means of providing better quality nursing care, not just in hospices but also within the home environment.

In fact preparations for the introduction of home nursing began in the early 1990s; this initiative was then integrated into the health care reform process. It was necessary to establish home nursing in order to make it feasible to introduce new forms of treatment that only require a brief hospital stay, while at the same time offering a reliable service in the long term. Attempts to shift treatment and nursing care back into the home, as historically had been the main practice, are characteristic of health care reforms in many high income countries. This process is now under way in Hungary.

Quality assurance measures

In 1997, the Hungarian Parliament passed a Health Care Act, which among other provisions specified that health care institutions, including long-term care and nursing providers, must operate a quality assurance system. This was a new challenge for these service providers; home nursing places a special emphasis on the partnership between the nurse, the care recipient and his or her family. This means that it is essential that any quality assurance system continuously monitor the satisfaction, both of care recipients and their families, with the services they receive. This gave rise to a need for the introduction of new quality assurance and quality improvement concepts and techniques. The outcomes of this process can also provide an insight into future challenges that will have to be resolved.

Quality assurance entails the effective operation of regulations and professional supervision systems necessary to monitor the implementation of quality standards. In the fields of both medicine and nursing, professional supervision is performed by the National Public Health and Medical Officer Service (NPHMOS). Professional supervision of nurses is performed by the county and regional head nurse officers of this service, on the basis of predetermined criteria. The quality of long-term care is also regulated at national level by numerous provisions which serve as the basis for clinical audit, including the decree on the minimum human and material resources required for a given treatment, professional guidelines and standards on nursing tasks and nursing protocols for specific procedures (for example, the treatment of decubitus ulcers).

The audits performed by the NPHMOS extend to investigation of the provisions of the operating license for each service, employment conditions and staff skills (prescribed specialist training, employment contracts, liability insurance), as well as the...
working environment, e.g. access to appropriate equipment. These audits include a retrospective analysis of nursing documentation, as well as an examination of the extent to which patients’ rights are respected (evidence of patient consent, availability of patient information and protection of patients’ rights representative).

With regard to the working environment, the audit assesses the storage of medical equipment, as well as the quantity and usability of reserve stocks of sterile instruments. Another aspect of audit and evaluation concerns the handling (collection and removal) of hazardous waste generated in the course of care provision, evidence that physiotherapeutic equipment meets certification standards and the periodic review of network-operated machines.

Professional standards also exist in the field of hospice care with regard to the role of general practitioners, patient admissions, home palliative care, psychosocial support for families, the circumstances of dying and death, maintaining dignity, after-care for families, the handling of documents and the supervision of service staff.

Standardisation and certification

NHMOS conducts its professional and quality audits using a standardised audit form, the application of which is regulated in the Health Care Act. This standardised system is beneficial for service providers, as it ensures a clear set of expectations and eliminates subjective elements from the audit methodology and evaluation of professional activities. The National Centre for Health Care Audit and Inspection issues guidelines for elaborating the methodology for professional oversight, in respect of which the Ministry of Health has drawn up a recommendation regarding the method for clinical audits.

Efforts to develop the quality of professional home nursing in Hungary and to facilitate measurement of the quality of care, commenced relatively late in comparison to other health care services. Following the examples of other Hungarian institutions, the ISO 9001:2000 quality assurance system was chosen. This is also accepted by the European Union as the basis for European requirements. The measurement of professional home nursing systems and processes is ensured through a certification audit that follows the pre-audit. Certification of service providers in Hungary was commenced by the British Standards Institution (BSA-MertCert) in 2004. The introduction and ongoing application of the system has resulted in tangible progress towards the establishment of a ‘quality culture’ in Hungary. Service providers now internalise working practices that follow a quality-based approach, which in turn improves the satisfaction of patients and their relatives.

References

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