Safeguarding good quality in long-term care: the Austrian approach

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Summary: This paper provides an overview of quality regulation and initiatives to improve the quality of long-term care in Austria. It starts off describing the regulations public authorities have issued to assure good quality in long-term care. While most of these regulations focus on structure (and process) related aspects of quality, there are also initiatives to measure the quality of long-term care outcomes. Two of these promising approaches will be discussed in further detail. The first example deals with the Austrian national quality certificate for care homes (NQZ) that has recently been developed. The second example looks at a tool that aims to assure the quality of outcomes for informal and professional care provision for dependent people living at home.

Keywords: quality assurance, quality indicators, Austria, long-term care, outcomes

Approaches to improving quality of long-term care services

People depending on long-term care belong to the most vulnerable group in society. Some will need help, assistance and support for the rest of their lives. Yet, little is known and much has been conjectured about the extent to which long-term care (services) actually meet the needs of dependent people and support a self-determined life. The quality of long-term care is discussed primarily in the context of professional long-term care service provision. Although the majority of care work is provided by family members, informal care is often excluded from measurements of care quality. There are many ways of ensuring good
quality in long-term care provision. Regulation plays a key role. It may specify standards for the vocational training of nurses, requirements for market access, or service characteristics and reporting requirements. Monitoring of service provision on a regular basis seeks to ensure that providers conform to legal standards. Additional measures improve access to information on services and providers, thus supporting and empowering clients in the market. Lastly, financial incentives (for example, reimbursement mechanisms) also play an important role.

Regulation and monitoring of long-term care services or financial incentives by public authorities can be regarded as a top-down approach. In addition, bottom-up approaches may exist, like agreements by professional care service providers on how their services are provided. These agreements aim at improving and signalling the quality of long-term care services. These initiatives are not legally binding but include self-binding agreements and quality certification on a voluntary basis. In Austria, the five primary welfare organisations providing long-term care services have agreed on quality indicators for long-term care services.

This article gives an overview of measures taken and initiatives set to safeguard good quality of care in Austria. It sketches out the Austrian regulatory framework and takes a closer look at two recent approaches to measuring the outcomes: quality of long-term care: the National Quality Certificate for care homes (NQZ), and the visit and counselling programme to improve the quality of care for dependent people living in private households.

Quality regulation as part of the legal framework for long-term care

The Austrian regulatory framework for the quality of long-term care services (mobile, semi-institutional, institutional care and 24-hour stand-by-care) consists of four levels.

At the top level two agreements between the Federal State and its provinces (Länder), based on the Austrian Constitutional Act, relate to long-term care. Both agreements explicitly address quality aspects of long-term care service provision. The first agreement, issued in 1993, defines long-term care service regulation as a responsibility of the nine Austrian provinces. It binds the provinces to assuring minimum standards for long-term care service provision and to issue regulations for the supervision of care service provision.

Quality criteria for domiciliary care laid down in this agreement include (i) freedom of choice between long-term care services; (ii) access to basic care services on Sundays and public holidays if required and (iii) coordination of different types of service, particularly between institutional and domiciliary care. Quality criteria for residential care services apply mainly to new buildings or the extension of existing buildings and address: (i) capacity of care homes, (ii) fixtures and fittings in rooms (with an emphasis on en-suite single rooms, and their expandability to apartments), (iii) provision of supplementary infrastructure (rooms for therapies, day guests) and a variety of additional services (for example, hairdressers), (iv) the location of homes (integration into the community), (v) unrestricted rights of residents to be visited, (vi) maintaining the health of service users and freedom of choice regarding medical practitioners, (vii) an adequate number of qualified and unqualified staff. This last aspect – staff qualifications – is addressed in more detail as initial and further training possibilities are explicitly mentioned in this agreement.

The second agreement between the Federal state and the nine Austrian provinces has been in force since 2008 and regulates public funding for ‘24-hour care’, a specific type of support where staff live in the dependent’s home and are employed as private household staff, or work on a freelance basis. In terms of quality assurance the agreement stipulates that staff providing 24-hour care must be adequately trained.

Level two of the regulatory framework on the quality of long-term care services consists of laws, mainly issued by the nine provincial authorities. Federal laws that regulate aspects of quality assurance are, for example, the Federal Long-Term Care Allowance Act (Bundespflegegeldgesetz), the Act on Care of People in Private Households (Hausbetreuungsgesetz) and the Home Resident Act (Heimaufenthaltsgesetz). The latter seeks to protect the personal freedom of residents in care homes and homes for people with learning disabilities. At the provincial level, laws on social assistance or their equivalents regulate long-term care service provision. In addition, some provinces have issued additional laws that concern specific types of long-term care services, especially institutional care. To date, just one province has issued a comprehensive law on all types of long-term care services provided within its territory.

Interestingly, quality assurance of long-term care service provision is not always explicitly addressed in these provincial laws but is implicit to rules pertaining to recognition proceedings and to provider supervision. These rules focus mainly on the suitability of equipment and personnel, for instance addressing provisions to maintain and improve skills and the competence of care staff. In some instances, the laws also touch on aspects of the quality of the process, such as the reliability of service provision or the degree of coordination in service provision between different types of providers.

Levels three and four of the regulatory framework on the quality of long-term care consist of ordinances and guidelines that substantiate and interpret the laws. At these two lower levels of the regulatory framework quality criteria become more specific, particularly in the case of care home services. Minimum standards address the characteristics of staff (for example, qualification requirements for specific tasks, resident/staff ratios) and standards for the infrastructure (for example, maximum size of homes, minimum size of rooms, facilities required). Some provincial authorities mandate providers to conduct quality management activities.

To sum up, regulation of the quality of long-term care services can be found at different levels of the Austrian legal framework. As a result, regulation and methods for quality assurance vary significantly between the nine Austrian provinces. The legal framework – as far as agreements, laws and ordinances are concerned – is very well documented and easily accessible. However, access to information on guidelines and inspection processes is often restricted. Contrary to countries like England, to date, inspection reports on service quality of care homes or of domiciliary care providers are not publicly available in Austria.

The legal framework mainly seeks to influence quality of structure and, to a lesser extent, the process quality of long-term care service provision. The legal documents, relate to outcomes of care in more general terms, specifying goals for long-term care provision such as the ‘protection of human dignity’ and supporting clients in ‘leading a decent life’, ‘a self-
Signalling good quality in care home services

The National Quality Certificate (NQZ) is awarded to care homes that obtain 50% or more of all available points; minimum thresholds for the two main fields ‘quality of structure/process’ and ‘outcomes’ also apply. If a care home passes the certification process but shows shortcomings in at least one of the areas evaluated, the certificate will be awarded for a single year only (instead of the standard three years). After one year, results of a (limited) follow-up evaluation are used to decide whether a home is eligible to receive the certificate for the remaining two years. In 2009, four out of fourteen care homes were awarded the NQZ for just one year.5

Focus on quality of processes and quality of outcomes

At the national level this is the first time that quality criteria for outcomes of care homes have been specified. Quality criteria refer to five areas: residents (e.g. biography & lifestyle, autonomy, communication, (health) care), staff (e.g. participation, communication, and teamwork), management (e.g. company policy, process management), other stakeholders (e.g. relatives and visitors, partners and public authorities) and the organisation as a learning environment (e.g. training).

Continuity of quality improvements

Care homes that organise their quality management in line with one of the established quality assurance systems – E-Qalit® QAP or International Organisation for Standardisation – are eligible for the NQZ.

Transparency in care home service provision

A selection from the reports of the NQZ inspectors will be published both on the website of the care home and the National Quality Certificate homepage. Provincial authorities, as well as (prospective) home residents and their relatives, will then be able to learn more about the care homes’ services and their evaluation.

The focus of the NQZ on transparency will be a substantial improvement on the lack of information previously reported.5 Furthermore, it is hoped that the NQZ will initiate competition on the basis of quality between Austria’s care homes. The next steps aim to improve the evaluation process and publishing ‘good-practice’ cases to prompt further improvements of care home services. Finally, the NQZ will be anchored in legislation and an organization to conduct the NQZ-evaluation will be launched.

Quality assurance for long-term care for people living at home

Some authorities at the provincial level pay for graduate nurses to visit people in need of care at home. These visits serve the purpose of providing information, as well as providing counselling on request to dependent people and their relatives. In one province, Burgenland, individuals who recently have become dependent on care have been entitled to this information and advice services since 1999. Since 2008 people in need of care who are solely cared for by their families can make use of such counselling visits twice a year.5

A similar approach to providing information and advice has been taken by authorities at the federal level. This federal home visit and counselling programme is rooted in the Federal Act governing federal long-term care cash benefits and in the guidelines on 24-hour care. Starting off with a pilot of 950 visits to dependent people in 2001, the number of visits increased to more than 15,000 per year in 2009.

Three main differences distinguish these visits from those paid for by the provinces: First, visits of registered nurses are not made upon request of the care recipients or their families. Graduate nurses visit a selected sample of long-term care allowance recipients who live at home. However, dependent people may refuse to be visited without bearing any consequences. Secondly, only recipients of the federal long-term care allowance are visited. The latter are characterised as being in receipt of a pension or pension-related benefit and needing more than 50 hours care per month for a period of at least six months.1,2 Third, an explicit goal of these home visits is to collect data on the situation of the person in need of care, their main informal carer and care arrangements. The home visits of graduate nurses to recipients of a federal care allowance are

determined and need-oriented life’, or ‘maintaining and improving their abilities, mobility and independence’.

Initiatives to measure the quality of outcomes from long-term care (services) are rare in Austria. Two examples on steps towards outcome measurement are described in further detail in the next section.

Two initiatives to measure and improve outcome quality

The NQZ

The National Quality Certificate (NQZ) was created as the sole government-backed quality certificate for Austrian care homes.3,4 The NQZ recognises care homes that successfully undergo a uniform nationwide quality evaluation. It can be interpreted as an answer to both the desire of care homes to signal their service quality and to the confusing variety of different quality certificates that are issued in other European countries. Certification is optional for providers. The NQZ aims at (i) signalling good quality in residential and nursing home services, (ii) focusing on quality of processes and outcomes, (iii) setting incentives for continuous improvements of quality in residential care and (iv) increasing transparency in care home service provision (See Box). In 2009, the first NQZs were awarded to 14 residential and nursing homes.

Overall, the NQZ aims to link self-assessment of homes according to a recognised quality assurance system with a nationwide standardised third-party assessment procedure that comes with the NQZ certification process. In other words, the third party assessment procedure for the NQZ is the same for all care homes, irrespective of their quality assurance system.

The combination of both types of assessments aims at initiating a process in care homes that will lead to continual improvements in quality. The NQZ needs to be renewed every three years. Within a three-year period each care home also has the opportunity to improve the quality of both service provision and of organisational structures according to the recommendations of inspectors. Furthermore, it is expected that a care home conducts and learns from the results of self-assessment in line with one of the quality assurance systems before the next NQZ evaluation is due.
explicitly labelled as instruments of ‘quality assurance’ and address all three dimensions of quality. The quality of structure of long-term care at home relates to both the knowledge of all people involved in the care process and the characteristics of the infrastructure. Information and advice increase the household’s understanding and knowledge about the background, requirements and challenges of the care situation. Graduate nurses may suggest alternatives to the current care arrangement or adaptations in the home of the care recipient (for instance simple adjustments to prevent falls, such as removing carpets).

The quality of processes in long-term care provision may be improved, as graduate nurses are trained to give substantial advice and counseling to informal carers on how to provide care properly. Many long-term care responsibilities will be new to most informal caregivers, such as how to move a bedridden adult around whilst in bed, or how to get this individual in and out of bed without jeopardising the health of either party.

The quality of outcomes has been central to the interest of visits from the very beginning. Until 2010, three outcome indicators were measured: cleanliness of the home, the condition of an individual’s skin and personal hygiene. Two indicators captured physical and cognitive skills (mobility and three kinds of disorientation). Additionally, an overall indicator expresses how care quality was perceived by the nurse. However, these outcome quality indicators have been evaluated as fragmentary and problematic with regard to measurement scales. Thus in 2009, the Research Institute for Economics of Aging, Vienna University of Economics and Business, was commissioned by the Federal Ministry of Labour, Social Affairs and Consumer Protection to develop new quality indicators for long-term care of people living at home.

Concluding remarks

The term ‘quality’ is used in many contexts and triggers many associations. The field of long-term care is far from being unaffected by this pluralism in meaning. The Austrian legal framework for the provision of long-term care services varies across provinces and quality assurance mainly refers to aspects of quality of structure. Although there is a general awareness in Austria that quality of processes and quality of outcomes are important, only a few initiatives actually aim at measuring outcomes in long-term care. Two of these initiatives have been described in this paper: ‘NQZ – a National Quality Certificate’ for care homes and the home visit programme to assure quality of long-term care for people living at home.

An important aspect of the NQZ is the focus on the resident’s quality of life. The initiators (the Austrian Ministry of Social Affairs and the umbrella organisation of Austrian care homes) were able to get the ball rolling and have paved the way for a discussion of, and an agreement on, quality indicators. Bringing together representatives of all nine Austrian provinces to pull together in the same direction can, in particular, be regarded as a major achievement for the country’s federalist system.

It has to be mentioned however, that the NQZ evaluation process is only accessible for a minority of Austrian nursing homes. Use of an established quality management system – which is a precondition for participating in the NQZ programme – has only been implemented by 15–20% of the 800 care homes in Austria. To date, provincial authorities nominate care homes for an evaluation for the NQZ. In other words, it is not up to a care home manager’s initiative alone to be awarded such a certificate. Moreover, due to lack of capacity it is currently only feasible to evaluate 16–20 care homes in 2010 and 2011. It will thus take some time before all eligible care homes will have gone through this evaluation process. In the meantime the remaining care homes rely solely on supervision by the provincial authorities. Moreover, to date, information on quality indicators relevant for the NQZ is not easy to obtain and sometimes not publicly accessible at all.

The second Austrian example of an initiative that emphasises quality of outcomes concerns home care. Graduate nurses who visit people in need of care at home help to assure good quality of care. These information and advice services address all aspects of quality of care. Data collection in this home visit and counselling programme has always focused on quality of outcomes. These outcome quality indicators are currently under revision.

Measuring outcome-related quality of long-term care still remains a challenge for social policy, care providers and researchers. In Austria, the first steps in focusing the efforts of long-term care services on meeting the needs of dependent people have been taken. A process has been initiated where meeting the needs of dependent people is now the foremost priority.

References


Birgit Trukeschitz’s work on quality of care is funded by the Austrian Federal Ministry of Science and Research from 2008–2011.