Achieving quality long-term care in residential facilities

Johannes Wallner
Federal Association of Austrian Residential Care Homes for the Elderly
Lebenswelt Heim – Bundesverband der Alten- und Pflegeheime Österreichs

What is the current state of the debate on key issues in long-term care in Austria? What are the relevant challenges?

In 1993 Austria introduced a new care provision scheme. Given the federal structure of the country, the 'Länder' (federal provinces) are responsible for passing laws governing long-term care and assuring its quality. With regard to long-term care, the following provisions were adopted:

- The federal government finances the so-called nursing care allowance (benefits are staggered in accordance with seven care dependency categories of entitled recipients). This nursing care allowance is aimed at enabling persons in need of nursing and care to remain in their homes for as long as possible while retaining the self-determined control over managing their lives.
- The 'Länder' have committed themselves to the nationwide extension of outpatient, semi-residential and residential facilities for long-term care.
- The year 2010 was defined as the time horizon for the nationwide extension of care facilities.

The current situation

- Close to 80% of individuals in need of care and assistance are attended by family members in their homes. Hence the nursing care allowance has resulted in the achievement of a central objective: care recipients can remain in their home settings.
- Family carers nursing individuals who require specific care (high care dependency categories) are entitled to national social insurance coverage.
- Outpatient care facilities have been established almost nationwide but the provision of these services continues to be limited in time.
- A multitude of outpatient services have been introduced: home assistance, mobile provision of meals ('meals on wheels'), nursing assistance, medical care, technical aids, rental of assisting appliances, etc.
- Only a limited number of semi-residential facilities are available to date. There is a pressing need for the establishment of day centres, short-term and holiday nursing facilities, as well as geriatric rehabilitation and geriatric remobilisation institutions, all of which serve as temporary options for assistance.

- 'Care around the clock' (24 hour home care) has been defined in law and is now co-financed by the state: Care givers who do not belong to the family live in the home of the individual in need of care or nursing and provide domestic help or help with basic activities of daily living.

- Residential care arrangements in homes for the elderly or in nursing homes have been extended. In line with the principle that preference is given to non-residential care over residential care, the profile of clients of residential long-term care facilities has changed profoundly. Almost exclusively, only individuals with a severe or extreme dependency on care are admitted to these facilities; between 70% and 80% of the residents of these facilities suffer from diagnosed dementia or other diagnosed psychiatric disorders; the average stay in such homes has declined to one to two years. Palliative care and permanent care of residents suffering from dementia has become the greatest challenge for these nursing facilities.

The challenges

Finance

At present, the most important challenge facing long-term care is the financing system. Under the nursing care scheme, benefits ('nursing care allowances') are entirely financed from tax revenues and are paid by the federal state. As benefits in kind are financed out of social welfare funds which are set aside by the 'Länder' and local communities, and are not covered by the general social insurance system, the 'Länder' and local communities have reached a point where they can hardly finance long-term care any longer. Annual cost increases in long-term care (primarily as a result of the increasing number of recipients) combined with declining revenues from the federal state's financial burden equalisation scheme (owing to the contraction of tax revenues in the wake of the economic crisis) have currently resulted in the need to discuss a new financing structure for nursing care. In all probability, national tax revenues will be paid into the 'nursing care fund' which is to be established, in order to be able to finance the additional financial burden imposed on the 'Länder' and local communities as a result of the establishment and maintenance of additional long-term care facilities. This calls for:

- Topping up funding in order to be able to meet the additional costs as forecast.
- Adjusting the funding volume in view of the expected decline in resources available for home care and nursing by family members.
- Introducing uniform quality standards for all 'Länder' (enormous regional differences persist to date, which are inherent in the social welfare system).

However, numerous NGOs operating in the long-term care sector have voiced their criticism, arguing that with the basic arrangements for the new 'nursing care fund' which have already been made public, the existing social welfare system and thus also the public assistance schemes would be perpetuated instead of making the long overdue move towards the logic of granting social rights.

Shortage of human resources

- It is estimated that currently there is a lack of 6,000 to 7,000 qualified workers in the health services and nursing care sector, with a minimum shortage of 3,000 in long-term care. Given the allocation of competences, the national health system (i.e. hospitals) is currently required

to train personnel for long-term care. This clearly leads to a deterioration in the status of long-term care organisations.

- Another problem remains unsolved: health care and certified hospital workers cannot acquire academic degrees and thus fail to meet European qualification standards.

- Under the federal system, training for health and hospital care workers falls within the competence of the federal state whilst training for social care occupations which were introduced in 2005 falls within the responsibility of the 'Länder'. In most of the latter, social care workers are mainly employed for giving nursing care and not for offering social assistance.

Uniform quality standards and quality assurance

- As the creation of legal frameworks falls within the responsibility of the 'Länder', major differences exist with regard to the provision of nursing and care options offered by them.

- With regard to quality assurance, widely divergent standards are also applied. In some areas (around-the-clock nursing care), such standards are lacking almost entirely.

What approaches to external quality assurance did Austria adopt? Please describe the definition and indicators, supervision and inspection, statutory provisions and implementation measures, as well as the participation of stakeholders with due regard for the Bavarian external quality control

In Austria, the quality standards are, in essence, based on the agreement on the 'nursing care provision' concluded between the federal government and the 'Länder' in 1993. Under this agreement, all 'Länder' have to pass laws governing nursing homes which take into account the following quality criteria:

- Size of the nursing home: clearly defined structure and the possibility to create a 'family-like setting'.

- Size of rooms: Rooms and bathrooms should be laid out in such a way as to meet the residents' nursing needs. The room sizes vary in some cases significantly from one 'Land' to another.

- Visiting rights: The nursing home has to issue rules governing visiting rights so that residents can receive visitors at any time.

- Infrastructure: Therapy rooms and rehabilitation facilities must be available, day guests are to be accepted and a wide range of external services are to be provided.

- Location and surroundings: The residential facility is to be integrated into the local community so that its interactions with its surroundings are assured.

- Staff: The technical qualifications and number of staff are to be determined by the 'Länder'. 'Technically qualified and auxiliary staff are to be made available in sufficient numbers'. In practice, it is this vague definition that has resulted in enormous differences between the staff levels of residential centres in the different 'Länder'.

- Medical care: The provider of the residential centre has the obligation to ensure proper medical care in accordance with the principle of subsidiarity. Residents must be granted free choice of the doctor who is to treat them.

- Supervision rules: The 'Länder' have to issue regulations governing the supervision of homes for the aged and nursing homes, which guarantee, in particular, the protection of residents' rights. Only the legislators in Vienna, Salzburg and Styria define the obligation of the provider of the home to 'take measures for assuring high quality of services' in general terms.

As mentioned before, the practical application of the 'quality criteria' which are defined in a rather general manner and exclusively relate to structural quality characteristics varies a great deal from one 'Land' to another. The operating licence is issued once compliance with the quality criteria of the facility (i.e. size of the residential centre, size of rooms, etc.) has been checked.

The 'home supervision body' of the respective 'Land' government in essence reviews the availability of staff as required by law, the type of medical care and compliance with the provisions of the 'Health and Hospital Care Act', focusing especially on such specific areas as hygiene and the management of medication. Alongside these 'supervision bodies' for all residential facilities in all 'Länder', 'Ombuds Offices for Nursing Care' have also been established in the meantime. Acting as independent bodies, these offices deal, in particular, with complaints of residents and their families.

Two federal acts govern contracts with residential care agreements as a civil law matter as well as measures restricting the freedom of residents.

In addition, the 'Health and Hospital Care Act' contains provisions defining the rights and duties of the occupational groups of home helpers, nursing helpers and certified higher level nursing staff in the exercise of their occupation.

What types of quality management are applied in residential long-term care facilities in Austria? Please describe the experience gained so far with regard to the participation of stakeholder groups, quality indicators and the regulatory framework (i.e. accreditation and certification standards)

As a result of the situation described above, and very unspecific legal provisions relating to 'quality work' in residential facilities, the providers of these facilities started to introduce quality management systems. These are specifically E-Qalin®, ISO and QAP ('quality as a process'). The special features of the 'National Quality Certificate for Senior Citizen and Nursing Homes in Austria' (NQZ) will be illustrated separately.

E-Qalin

Within the framework of an EU project, this quality management system was developed especially for long-term care facilities for the elderly and persons in need of nursing care (in Austria, Germany, Slovenia, Italy, Luxembourg, and in the meantime also in the Czech Republic) and has been applied in these countries (with the exception of Italy). Other versions of this quality management system relate to non-residential care services as well as to residential facilities for persons with special needs and social centres. E-Qalin® provides for a separate frame of reference especially with regard to the participation of stakeholder groups: an evaluation is made of the (non)involvement of the relevant groups of persons. In addition, the residential facility is required to interact with the stakeholder groups, i.e. residents' families, partners and suppliers, the general public, administrators and politicians in its quality management.

The quality indicators are merely defined as mandatory areas that have to be integrated into the quality management of residential facilities, without providing for a uniform quality framework in the sense of indicators. In view of the differences in statutory provisions in Austria and in the afore-mentioned European countries, detailed rules were not considered meaningful. In the dialogue with the participating stakeholder groups an instrument can be applied which aims at adapting the processes of the respective residential facilities to the quality demanded by their 'clients'. To date, more than 150 residential facilities have introduced the E-Qalin® system.

ISO

Approximately 40 residential facilities have built up their quality management on the basis of the ISO system. The quality indicators are defined by the residential facilities themselves within the ISO framework. The same applies to the participation of stakeholder groups. In contrast to the E-Qalin® system, participation is not an inherent characteristic of the system, but is left to the discretion of the individual user.

QAP

QAP is currently applied by approximately 50 residential facilities. This system ensures participation of at least the major part of the staff. To a great extent quality indicators are defined in the form of 'specifications' with varying degrees of quality attainment ('maturity stages'), but residential facilities may select and define their targeted relevant specifications.

All three above-described systems also provide for the option of external auditing and control. At present, however, only few ISO residential facilities make use of this option, as the 'NQZ' described below constitutes a uniform certification instrument for all afore-mentioned quality management systems.

The National Quality Certificate for Old Age and Nursing Homes in Austria (NQZ)

The NQZ was developed by the Federal Ministry of Labour, Social Affairs and Consumer Protection, the Länder governments, the Austrian Association of Old Age and Nursing Homes

and experts of the sector. The objective is to define a uniform framework of quality standards for the promotion of quality services in residential facilities so that these, using the afore-mentioned quality management systems (and future ones) can obtain an Austria-wide quality certification. Alongside its orientation to residents and staff, the focus of the NQZ is on the participation of all stakeholder groups.

As with the E-Qalin® system, no quality indicators are defined, but the areas of outcome process and structure quality that are particularly relevant for the service quality of residential facilities and that are especially quality sensitive for clients are set as targeted quality characteristics to be achieved (see Annex: the NQZ model).

Whereas the legal framework for the NQZ will soon be worked out, it will have to remain a voluntary option for residential facilities. Austria relies increasingly on incentives, competition and benchmarking instead of state imposed quality indicators.

What type of training is offered to staff and management in Austria in order to develop skills/expertise in quality management/assurance?

The afore-described quality management systems to a varying degree rely on training programmes for management and service teams. With the E-Qalin® and the QAP systems, upskilling of human resources constitutes a key factor in the introduction of the quality management system.

In addition, 'quality assurance and quality service measures' form an integral part in the training of care givers with diplomas as well as managers of residential facilities.

Is there a debate on the future role of residential care for the elderly and the issue of public versus private providers of care services in Austria?

The future role of residential care for the elderly is not discussed, because the political creed 'priority of home care over residential long-term care' is not called into question. Various forms of networking between home care, semi- residential and residential care arrangements, also in combination with geriatric rehabilitation and remobilisation, are currently not only more widely discussed but also implemented. With a more efficient use of resources (through synergy effects) resulting from such networking, a major cost savings potential as well as improved quality (better interface management for clients) can be expected. Apart from a few exceptions, the discussion about the pros and cons of public and private providers of residential long-term care facilities has lost momentum. In general, the authorities of the Länder accept competition between purely private and public non-profit providers and, primarily for economic reasons, increasingly abstain from the provision of social services by themselves.