

Achieving quality long-term care in residential facilities

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The Austrian System for Long-term Care

Description of the system

The Austrian system for long-term care has two main components. Firstly, a universal allowance system for long-term care accessible to all those in need of long-term care was introduced in 1993. These benefits are entirely financed from taxes. They are granted to about 4% of the population on the basis of seven categories of need that depend on the hours of nursing care required per month. The allowances provide flatrate cash benefits that contribute to paying for additional expenses incurred because of a person's need for care, giving the individuals concerned a better chance of managing their own lives, e.g. staying in their own homes. Secondly, the Länder are responsible for providing social services for long-term care. In 1993, an agreement between the federal government and the Länder was concluded, with a catalogue of services and quality standards. The federal government has undertaken to provide social insurance cover for informal caregivers. 80% of all people in need of long-term care are cared for by family members at home.

Accessibility

The federal and corresponding provincial long-term care allowance programmes cover all persons in need of care, irrespective of age. Persons not entitled to benefits under the federal scheme will receive long-term care benefits from the Länder at the same rates and in accordance with the same rules as in the federal scheme. Persons in need of care are legally entitled to this benefit irrespective of their income or wealth, from contributions to social services. If the household does not have the income or assets to pay for the services, the social assistance service can provide funding in addition to the care allowance. Institutional care is predominantly provided by provinces and municipalities, or by religious and other non-profit organisations. Home care services are provided by non-profit organisations. Informal care traditionally plays a major role in Austrian long-term care. The formal home care sector is still expanding and there are marked regional differences in the availability of services, in particular of services to support informal care-giving (such as counselling and respite care).

The current state of the debate on key issues in long-term care in Austria and related challenges

Austrian care allowance model

The Austrian care allowance model permits individuals in need of care to select the type of care they want to a great extent. One important feature of the model is the option to adjust the care allowance category to changed needs: in 2009, for example, a flat-rate of extra remuneration for the care of persons suffering from dementia was introduced as a legal standard and a decision was taken to extend incentives for short-term care. Furthermore, efforts are under way to limit the duration of proceedings for granting care allowances to 60 days so that the situation of persons in need of care and their families can be promptly improved. The important area of assigning claimants to the respective dependency category is continuously monitored by the Federal Ministry of Labour, Social Affairs and Consumer Protection. In this process, issues related to the further development of the mechanism for assigning individuals in need of care to the relevant dependent categories and expert evaluation procedures are also being discussed.

Further development of the care provision and of care funding

Care funding constitutes one focal point in the further development of the care provision scheme. In July 2010, the number of beneficiaries entitled to care allowances pursuant to the Federal Act on Care Allowances stood at 367,555. Because of the demographic change there will be a steady increase of the number of beneficiaries in the following years, which will bring forth additional costs. At present, negotiations with the Länder and the Federal Ministry of Finance are being conducted with a view to finding a solution to the future funding requirements of the care provision scheme.

The government programme provides, amongst other things, for the further extension of social services with the aid of federal funds. One prerequisite for the co-financing of such services by the federal government is a set of uniform quality standards as well as accountability and comparable offers despite Länder-specific characteristics of the scheme. Gesundheit Österreich GmbH, a limited liability company, was mandated by the Federal Ministry of Labour, Social Affairs and Consumer Protection to conduct a needs-analysis for the expansion of the social services and to assess the required costs.

Quality assurance in home care

Providing support to caring family members is considered a top priority within long-term care, as the work of informal carers is very valuable to society as a whole but frequently associated with great physical and psychological stress. The policy of 'Quality assurance in home care' is increasingly important to both receivers and providers of care. Home visits by certified care workers are a key tool to check, inform and counsel all those involved in a home care situation. In 2009 more than 18,200 such home visits were made under a mandate from the Ministry of Labour, Social Affairs and Consumer Protection. In 2010, this quality assurance measure is continuing to the same extent. In addition, starting on January 1, 2009, house calls have been made on recipients of care allowances who were granted benefits for home care around the clock. The Research Department for Old Age Economics of the Vienna University of Economics

was entrusted with formulating quality indicators for home care, which will be available at the end of October.

Approaches to external quality assurance adopted in Austria (definitions and indicators, supervision and inspection, statutory provisions and implementation measures, participation of stakeholders)

Several efforts are being made to enhance quality in long-term care. Creating uniform and binding quality standards together with quality assurance procedures for social services is one challenge.

Agreement between the federal government and the Länder concerning joint measures for persons in need of care

The agreement concluded in 1993 defines minimum standards for institutional care, including e.g. priority for small care facilities integrated in the local community and free choice of doctor. All Länder have now adopted rules for supervising old-age and nursing homes, including provisions that ensure the legal protection of residents. Particular emphasis is placed also on standards for ambulatory care, including free choice between available services as well as quality assurance and monitoring by the Länder.

The Federal Act on Residential Home Accommodation

The Federal Act on Residential Home Accommodation (in force since July 2005) is aimed to regulate and monitor the restrictions on the personal freedom in institutions. Restriction of personal freedom by physical, chemical or electronical means is allowed only under certain conditions (mental or psychic disability, danger for their own life or the life of other persons, no other means are possible). Restrictions must be documented and can be reviewed by the court. A special organisation representing the interests of the residents toward the institution and the court must be informed and has the right to interfere.

Agreement between the federal government and the Länder concerning social care occupations

An important step towards the revaluation of occupations for the care of old persons and persons with disabilities was taken in 2004 with the joint agreement by the Länder to enact uniform regulations on job profiles, areas of activity and vocational training for social and care professions. The necessary adaptations in the legislation on health and nursing care were made by the Federal Government in the Nursing Care Act 2005.

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

To establish a nationwide quality standard for institutional care, the Federal Government, the Länder, the Federal Association of Austrian Residential Care Homes for the Elderly and experts established a 'National Quality Certificate for Old Age and Nursing Homes'. The starting point for the certification are various quality management systems (approximately 25% of some 800 old age and nursing homes in Austria have already a QM system, namely E-Qalin®, QAP or ISO). Outside assessments of compliance with the NOZ complement the self-assessment that is usual in QM systems. A prerequisite for certification in accordance with the NOZ is a communication of non-objection by the respective Land which confirms that 'at the time when the (routine) inspections of old age and nursing homes were carried out by the authority no severe shortcomings were observed'. The NOZ serves the purpose, amongst other things, of making visible quality assurance measures of old age and nursing homes which go beyond the statutory requirements and creating an incentive for further quality enhancement. During the pilot phase in 2008 and 2009, Austria-wide 14 old age and nursing homes were assessed by specifically trained certifiers. The evaluation of the pilot phase showed that the certification instruments and the procedure can be applied to all cases despite diverse structural conditions and irrespective of the quality management system used, thus mapping and giving a very accurate and reliable picture of the quality of old age and nursing homes. At present, preparations for embodying the NOZ in law as a voluntary instrument for external quality assessment are under way. As the Länder are responsible for residential care homes for the elderly, an agreement between the federal government and the Länder must first be concluded pursuant to Article 15a of the Federal Constitution.

Type(s) of quality management applied in residential long-term care facilities in Austria (experience gained so far with regard to the participation of stakeholder groups, quality indicators and the regulatory framework, e.g. accreditation and certification standards)

See statement of the independent national expert, Johannes Wallner.

Type of training offered to staff and management in Austria in order to develop skills/expertise in quality management/assurance

See statement of the independent national expert, Johannes Wallner.

Debate on the future role of residential care facilities and on the issue of public versus private care service providers in Austria

See statement of the independent national expert, Johannes Wallner.



Model of the National Quality Certificate

| Quality areas of structures and processes | | | | |
|---|------------------------------------|---------------------------------|--------------------------------------|---|
| 1. Focus on residents | 2. Focus on staff | 3. Focus on management | 4. Focus on the social environment | 5. Focus on the learning organisation |
| 1.1. Orientation to their biographies and life styles | 2.1. Guidance and participation | 3.1. Business strategy | 4.1. Family and visitors | 5.1. Improvement management |
| 1.2. Autonomy | 2.2. Communication and information | 3.2. Quality | 4.2. Partners and authorities | 5.2. Basic, advanced and further training |
| 1.3. Communication | 2.3. Co-operation | 3.3. Organisation | 4.3. Media work and public relations | 5.3. Intergenerative and interdisciplinary learning |
| 1.4. Moving in | 2.4. Incentives and motivation | 3.4. Process management | | |
| 1.5. Structuring the day and living in the residential facility | 2.5. Staff deployment | 3.5. Financial resources | | |
| 1.6. Nursing and care | 2.6. Working hours | 3.6. Human resources management | | |
| 1.7. Medical and therapeutic care | 2.7. Workplace design | 3.7. Staff management | | |
| 1.8. Change of place | | 3.8. Facility management | | |
| 1.9. Care for the dying and parting | | | | |

