
Good practices in quality management

Austria & Ireland

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Austria

Governance of LTC & quality management:

Federal government (national)

- Ministry of Labour, Social Affairs, Health, Care and Consumer Protection has strategic oversight
- Responsible for the **care allowance benefit (7 levels), monetary support for informal carers** (e.g. social insurance, care leave, pension credits, etc.), 24-hour care support
- Federal government provides financial transfers to federal states to cover costs of in-kind services
- Federal government sets overarching quality standards

Federal states (regional governments)

- Responsible for the **planning, procurement and provision of care services**
 - Planning for the number of beds/spots for care
 - Regulating tariffs/subsidies for costs/out-of-pocket payments of services
- Responsibility for services in practice is shared with municipalities, NGOs, private providers (through contracting)
- Regions are responsible for specifying standards, issuing regulations, and assuring quality of care
- Non-profit (religious & political) dominate home-based care (90%), while more mixed for residential care (55% public, 25% non-profit, 21% for-profit)

A definition of quality (national level)

- Austria recently underwent a process to develop a working definition of quality to be applied to various types of care by various care providers
- Aim of having a definition that can be used for the selection and interpretation of quality indicators/metrics
- Definition is referenced in legislation

Definition of quality:
*[translated] "Quality of professional care and nursing describes the degree to which the quality characteristics of professional care and nursing are achieved. These quality characteristics are: **Person/people-centeredness, needs orientation, safety, effectiveness and efficiency**"*



Minimum quality standards

Austria 

- **Minimum quality standards** are agreed upon by national and regional (federal state) authorities (agreement under Article 15a B-VG, Federal Constitution Act, 1993)
- Agreement includes **diversity of services** and **quality criteria** for care services, related to structural aspects and some processes
- Each federal state then develops further **quality standards**
- Requirement of federal states to ensure quality and control over services (although not specified further)
- **General standards:**
 - Freedom of choice between services offered
 - Smooth transitions between settings

National minimum standards



Facility-based care

- **Home size:** Construction takes place according to the criteria of manageability and family-like structures
- **Room size:** Furnishings are care and handicapped accessible with their own bathroom. Rooms are ideally single rooms.
- **Visiting rights:** Residents must have the right to be visited at any time.
- **Infrastructure:** Therapy rooms, rooms for day visitors and rooms for rehabilitation are to be provided, as well as a wide range of different services.
- **Location and environment:** Integrated into the community as much as possible.
- **Staff:** Adequate numbers of technically qualified and auxiliary staff must be ensured.
- **Medical care:** Medical care must be ensured by the facility and the principle of free choice of doctor applies.
- **Oversight regulations:** The federal states must enact regulations for the supervision of older people's and nursing homes, which in particular also guarantee the legal protection of the residents.

Note: There are no minimum standards specifically for home care at the national level

Heterogeneity in standards across regions

(Residential care facilities)

| | 15a-agreement | Vienna | Burgenland | Salzburg | Tyrol |
|----------------------------|---|--|---|--|--|
| Structural measures | | | | | |
| Facility size | Focus on manageability and family structures | A maximum of 350 places per residence, divided into units with a maximum of 28 people | At least 60 places per residence for newly constructed buildings | --- | At least 60 places per residence with the obligation to increase through extensions in the case of existing places |
| Room size | Requirements: Nursing and handicapped accessible, own bathroom, primarily single rooms | 1 person: 14m ² 2 persons: 20m ² 3 persons: 26m ² 4 persons: 32m ² (Bathroom excluded) | 1 person: 18m ² 2 persons: 25m ² Maximum occupancy 2 persons (Bathroom excluded) | 1 person: 24,5m ² 2 persons: 34m ² (Bathroom included) | 1 person: 21m ² -25m ² (bathroom included) |
| Care level | | Personnel requirements | | | |
| 0 | The federal provinces must ensure a "sufficient number of technically qualified personnel". | 1:20* | 1:24,0 | No state legal requirements | 0 min |
| 1 | | 1:20 | 1:12,0 | | 31,75 min** |
| 2 | | 1:7 | 1:6,0 | | 57,15 min |
| 3 | | 1:2 | 1:3,7 | | 96,52 min |
| 4 | | 1:1,75 | 1:2,6 | | 135,89 min |
| 5 | | 1:1,5 | 1:2,5 | | 165,10 min |
| 6 | | 1:1,25 | 1:2,3 | | 190,50 min |
| 7 | | 1:1,0 | 1:2,0 | | 203,20 min |

National minimum standards



Care workforce

- Staffing ratios vary across states
- Nationally set educational requirements
 - **Nursing assistant level 1** – 1 year/1600 hours
 - **Nursing assistant level 2** – 2 years/3200 hours
 - **Nurses** – 3 years/180 ECTS (bachelor's degree)
 - **Qualified social workers** – 3 years/1800 hours
 - **Home helpers** – 200 hours of theory, 200 practical hours
- **Continuous training/education obligations** – at least 40 hours/5 years for nursing assistants; at least 60 hours/5 years for nurses
- **Additional training opportunities** for level 2 nursing assistants and nurses on culture and gender-sensitive nursing, gerontological nursing, home nursing, etc.

Quality assurance

Austria 



Residential care

Supervisory authorities in each state carry out **inspections/compliance checks**

Each state tends to have an **accreditation** or **licensing** system for providers



Home care

Annual home-visits among cash benefit recipients receiving care at home, organized by the Competence Centre for Quality Assurance in Home care. Visits include an **assessment of the care situation and quality** using a standardized framework by a qualified care professional.

Six domains are assessed: functional living situation, personal hygiene, medical and nursing care, nutrition/hydration, healthy living situation, activities/ employment/ social life.



Other

Independent (ad-hoc) audits are carried out by the Court of Auditors, which is published publically at regular intervals. Topics vary, but have focused on quality and personnel situation in the past.

Standardized service documentation and **quality criteria** as part of funding guidelines used in some states.

24-hour care

- **24-hour care** provided at home by (often migrant) care workers, who often work in 2-4 week shifts in tandem
- Help with personal care, household activities, and nursing/medical activities (following instructions of qualified nurse/doctor)
- **Two types of models:** self-employed and employed by agencies/companies
- **Subsidized funding on the basis of:**
 - **Care recipient:** care recipient has a care allowance level 3+, monthly net income less than EUR 2.500 (with higher leniency when there are dependent family members in household)
 - **24-hour carer:** must have a theoretical education equivalent to that of a home helper (≥ 200 hours) **or** has been providing care to recipient for 6+ months **or** carries out tasks following the instruction and supervision of a qualified nurse or doctor
- **Subsidy varies** according to whether caregiver is self-employed (EUR 400/month per carer x 2) or employed (EUR 800/month per carer x 2)
- In practice, there are many **intermediary placement agencies** that broker the agreements between families and 24-hour carers
- Mandatory home visits for households claiming 24-hour care subsidy

> **66.000**
registered carers



~**33.000** users

~**600** placement
agencies



Quality indicators I

Austria 

- A **care reporting system** has been in development at the national level since 2021 with the Federal Ministry of Labor, Social Affairs, Health, Care and Consumer Protection (BMASGPK)
- Response to the **decreasing sustainability** of and **increasing demand for staff** and need for following the situation of personnel
- **Goal:** To provide a monitoring tool for the staffing situation for nursing and social care to be used as a basis for information and planning
- **6 thematic areas of indicators**, with data updated annually:
 - Age structure of caregivers and population in Austria
 - Working situation and health of caregivers
 - Training of nursing and social care staff
 - Density and number of caregivers
 - Caregivers according to setting
 - Caregivers with foreign professional qualifications

Examples of indicators:

- Share of care workers that feel they are doing something meaningful in their work
- Share of care workers that are satisfied with the nature and content of their job
- Share that stress at their work due to: mentally stressful and exhausting work; constant work pressure with no time to catch their breath; high responsibility for goods or people
- Share that were personally affected by burnout and were on sick leave as a result
- Share that perceive themselves to have a high risk of burnout
- Share that think it is likely they will be able to continue their current job until retirement age
- Share of workers that have completed the mandatory education/training set at national level each year
- Ratio of care workers per occupation group and 1000 inhabitants

Quality indicators II (facility-based)

Austria 

- **Quality platform** operated by Gesundheit Oesterreich GmbH as of 2024, some facility-based LTC providers dedicated as healthcare institutions are obligated to report on quality indicators, similar to hospitals and acute-care providers
- Indicators relate to **quality models, minimum requirements for quality management, patient and employee surveys, complaint management, and risk management** (structures and processes)
- Aggregate results at national level are published as **public report**
- **Online system allows** LTC providers (and other providers) to log into secure/protected platform to look at results

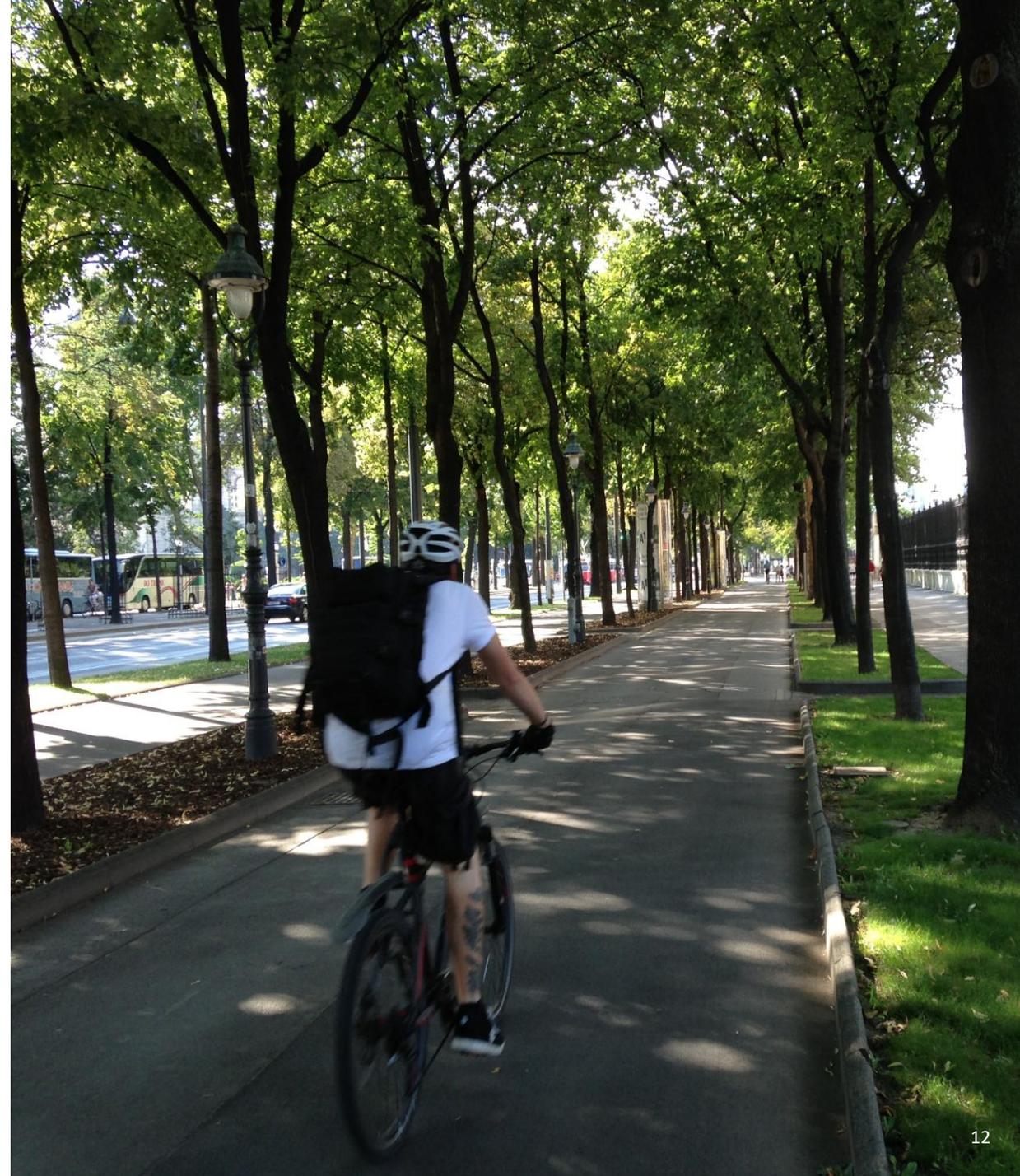
Examples of indicators

% of providers with ...

- a quality strategy
- a structured admission management
- a continuous improvement process
- staff training on patient-centered communication
- staff training on care user rights
- structured complaint/feedback management
- employee surveys
- structured employee appraisals
- recording of employee training & development
- risk management
- monitoring of aspects relevant to patient safety via key figures and/or indicators

Austria – Quality improvement

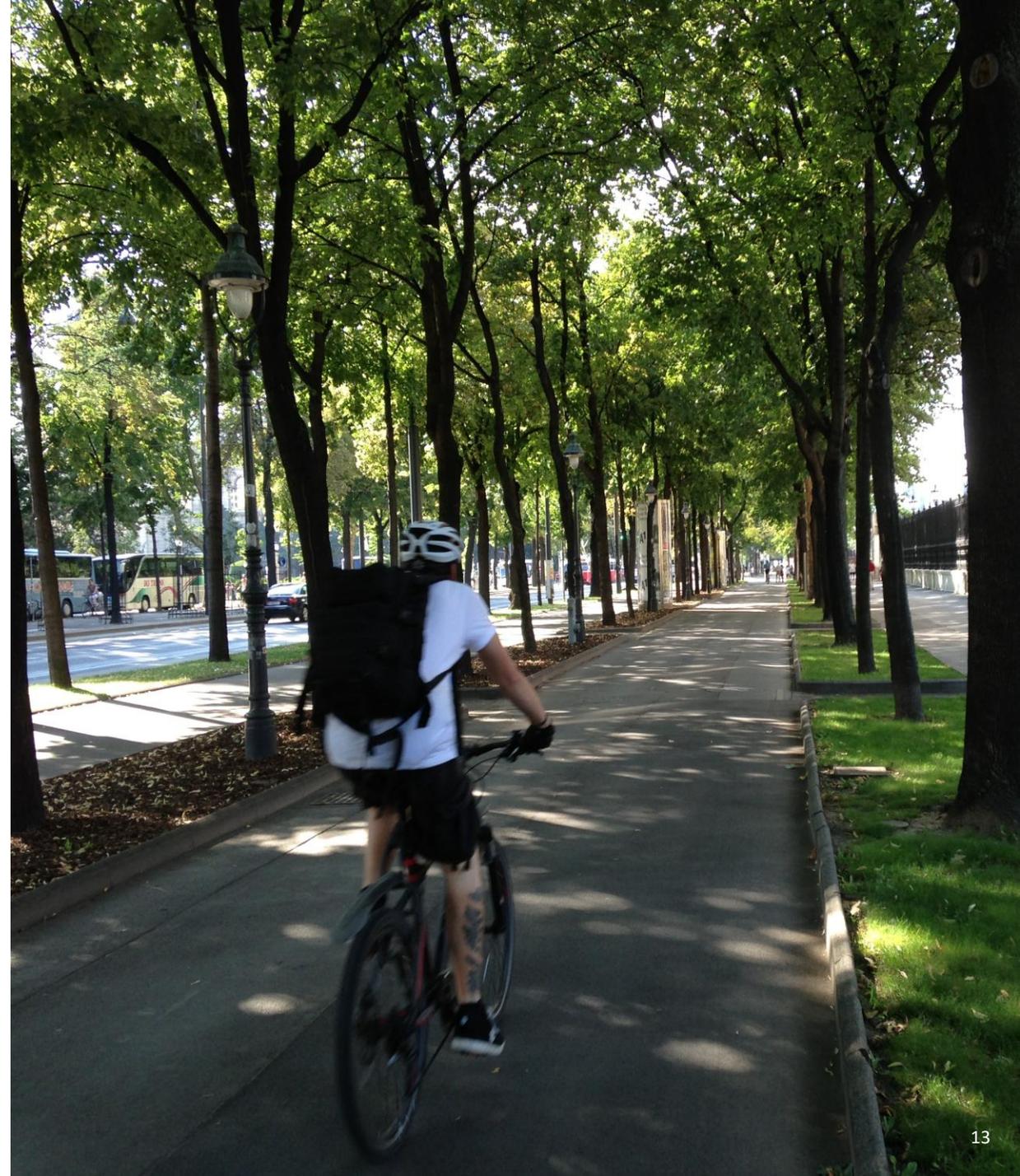
- **National Quality Certificate for Care Homes (NQZ):** Voluntary certificate awarded to care homes that make efforts to ensure best quality of care for residents. Requires having a quality management and self-assessment process in place. Evaluation considers measures implemented by facility in line with the defined goals and QoL of residents, and working conditions. The Austrian National Public Health Institute (Gesundheit Oesterreich GmbH) carries out certification. Around **48 nursing homes** have the NQZ.
- **Austrian quality certificate for placement agencies in 24-hour care (ÖQZ24):** a voluntary certificate that verifies the agency meets higher quality standards above those set nationally set. Evaluations are carried out by certified evaluators. Certification guidelines were developed by the Ministry & Chamber of Commerce. **39 out of over 100** active Austrian placement agencies are currently certified.





Austria – Quality improvement

- **Uptake of quality management models in residential care** (E-Qalin, ISO, EFQM, etc): Systematic approach to quality improvement; use of Plan-do-check-act (PDCA) cycles, self-assessments, evaluation of different indicators (processes, structures, outcomes).
- **Care user experiences & outcomes:** satisfaction surveys are used in some nursing homes (e.g. satisfaction with overall services in nursing home, satisfaction with social life and activities, etc.). Some data on care outcomes collected for home care users using the Adult Social Care Outcomes Toolkit



A glimpse of practices in Vienna



- **Municipality department** is the responsible supervisory authority in Vienna (Home supervision of the Department of Social Affairs, Social and Health Law - MA 40)
- **Vienna State Parliament** developed and passed further legislation on quality standards in residential care and some for home care
- **Vienna Care Home Commission** also supervises quality of care homes by supporting municipal authorities, dealing with complaints, assessing providers based on interviews with residents, and provides recommendations based on expert knowledge
- **Standards on home care** relate to:
 - Quality of training and professional practice of staff; ensuring qualified staff and necessary operating resources
 - Notifying the supervisory authority on certain events (closure, relocation, change of operator)
 - Keeping documents up to date
 - Ensuring continuous education requirements are met for home helpers
- **Quality assurance:**
 - **Quality criteria:** most residential services are provided or funded publicly. Contracted services must abide by quality criteria.
 - **Notification of operation:** providers must notify the MA40 in advance of the intention to operate and MA40 can permit or prohibit the operation based on legal requirements and information provided
 - **Annual reporting:** Providers must submit a statistical report on the previous operating year to the municipal authorities every year by the end of February of the following year
 - **Complaints mechanisms** through Vienna Care Home Commission
 - **Inspections:** carried out immediately in event of complaint, or otherwise annually at most

Selected standards at Vienna state level for nursing homes:

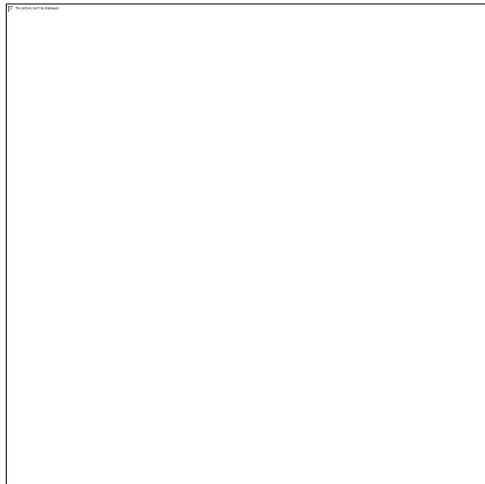
- Facility size, facility structures (e.g. social spaces, therapy room, lounge, etc.)
- Rights of residents, user choice
- Equity of treatment
- Food and nutrition
- Medication storage
- Access to healthcare services
- Communication (including with family)
- Record-keeping (care needs, primary caregivers, general health, ADLs, nutrition, medical history, diagnoses, objectives at admission)
- Reporting to authorities (on services, incidents, etc.)
- Staffing ratios based on cash benefit care level of residents



European Region

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Does your region have standards/regulations for LTC in the following care settings? Check all that apply.

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Ireland

Governance of LTC & quality management:

- **Benefits include in-kind services** (home support and means-tested facility-based care) and **means-tested cash benefits** (primarily for informal carers)
- **Department of Health:** provides strategic leadership and oversight for health and social care
- **Health Service Executive (HSE)** commissions and provide LTC services (decentralized to 6 regions as of 2024)
- **Health Information and Quality Authority (HIQA)** monitors and regulates quality of health and social care services
- **Centralized system of quality management:**
 - Department of Health develops legal regulations for minimum requirements
 - The Health Information and Quality Authority (HIQA) is responsible for developing standards on safety and quality of health and social care services, as well as registering, monitoring and assuring quality of residential care services (and soon to include home care)
- Very large share of **private for-profit provision for residential care** (69% for profit, 21% public, 10% non-profit)

Minimum quality standards

- Regulation of nursing homes is based on **National Standards, legislation and regulations**
- **Minimum legal standards** for facility-based care captured in the Health Act 2007 and Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 & amendments:
 - Regulations and legal requirements of providers
 - Setting the responsibility of HIQA to develop standards and ensure compliance
- Examples of regulations include:
 - Having a statement of purpose, written policies & procedures
 - Individual assessment and care plans
 - Ensuring access to appropriate medical and health care
 - Managing challenging behavior
 - Protection against abuse
 - Residents' rights
 - Communication difficulties
 - Visits, personal possessions
 - End of life care
 - Responsibilities of Persons in charge
 - Staffing capacity, mix, training, education
 - Facility features
 - Food and nutrition
 - Information for residents
 - Record-keeping
 - Governance and management

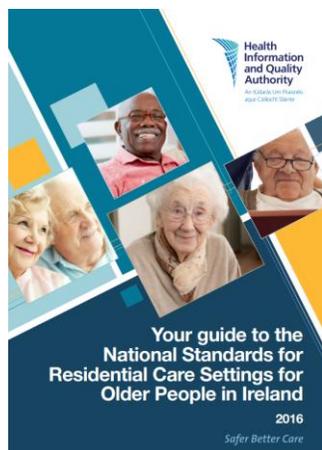
No encompassing definition of quality in LTC

Standards for residential care are driven by values of person-centeredness, effectiveness, safety, health and well-being

Minimum quality standards (residential care for older people)

Ireland 

HIQA has developed **standards/guidelines** for what good quality LTC looks like in facility-based care, comprising **35 standards under 8 themes**



Effective Services

Assessed needs, pleasant mealtimes, promoting well-being, end-of-life care, homely environment, equity of access to services

Safe services

Safeguarded from abuse and neglect, risk management, infection prevention, good medicine management, restraint-free environments, etc.

Person-centred care & support

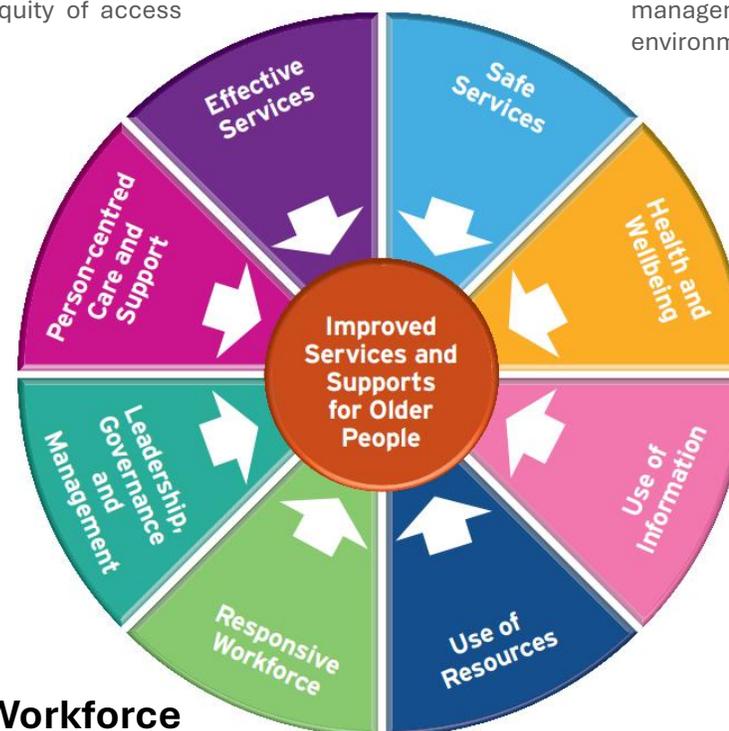
Respect for rights, privacy and dignity, choice of residents, maintaining relationships, informed decision-making, addressing complaints, etc.

Health & well-being

Regular assessment of well-being, choice of activities according to preferences and needs, care that support all types of well-being

Leadership, Governance & Management

Clear lines of accountability, statement of purposed, governance systems in check, regular monitoring and improvement of quality



Use of information

Effective use of information available, record-keeping, secure storage, etc.

Resonsive Workforce

Staff recruitment practices, commitment of staff to safe person-centred care, review of skills and experience needed, supporting training, etc.

Use of resources

Looking for opportunities to use resources to improve services and outcomes, decision-making accounting for needs, accountability for financing decisions

Minimum quality standards (residential care for older people)

Ireland 

Care workforce



- Current regulations state that providers must ensure that the **number and skills mix of staff** is appropriate with regard to the **needs of the residents**, and the **size and layout** of the centre
- Ongoing development of framework for **Safe Nursing Staffing and Skill Mix** for long-term residential care settings
- Staff of residential care facilities must have **at least one registered nurse at all times** (null if HIQA is satisfied that no residents require full time nursing care)
- Regulations require that person in charge ensures **access to appropriate training** for staff and that they are **appropriately supervised**

Ongoing development on minimum standards for home support

Ireland 

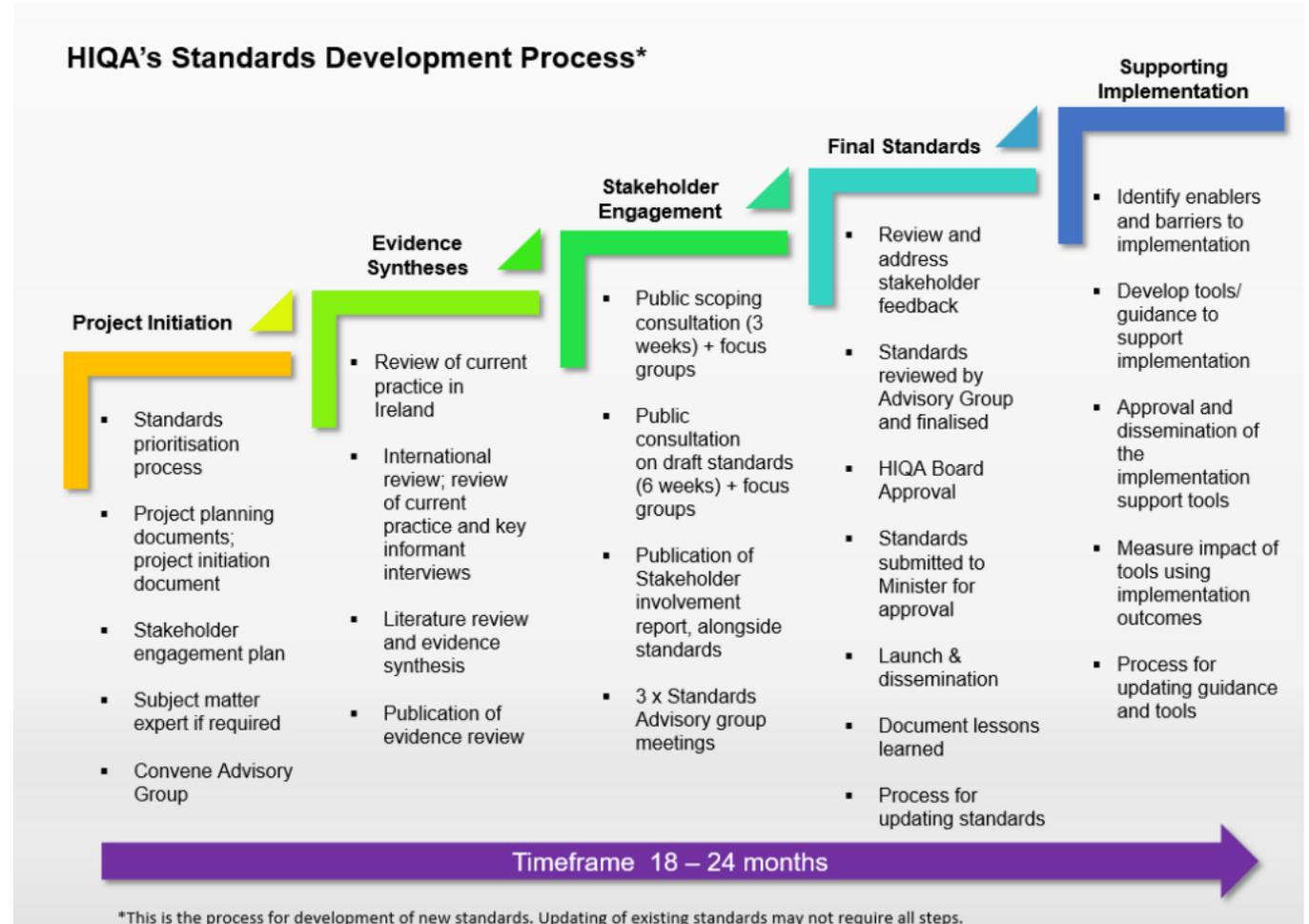
- A **regulatory framework for home support** (legislation for licensing, regulations for providers, and national standards) is in the process of development
- Will cover all home support services: public, not-for-profit and private
- **Public consultation** on draft standards for home support ran until late December 2024
- Draft standards cover 4 principles so far, aimed at ensuring person-centred care and support:
 - **A human rights-based approach:** protecting service users' rights, user participation and joint decision-making, accessible information, feedback mechanisms, etc.
 - **Accountability:** effective leadership, governance & management, clear vision for service, working to deliver integrated support, assessing impact and driving quality improvement
 - **Responsiveness:** consistent and coordinated care, workforce recruitment, management and supervision, staff education, training and professional development
 - **Safety and well-being:** needs assessment, personal support plans, safeguarding and harm prevention, open communication, identifying risks



Process for developing minimum quality standards in home care

Ireland 

- **Review of practices/situation** in Ireland
- Synthesizing evidence based on **international review of practices** in other countries and literature review
- **Substantial stakeholder engagement:** informant interviews, public consultations, focus groups, advisory group meetings
- **Revision** based on stakeholders feedback
- **Support for implementation**
- Evaluation of implementation and impact



European Region

Quality assurance (residential care)



Mandatory registration of providers

- Providers must **submit an application for registration to HIQA** (including information on aims of centre, care needs to address, the facilities, services to be provided, criteria for admission to centre, profile of residents, management and staffing, ensuring residents' well-being and safety)
- Renewal is required every **3 years**, and must be applied for at least 6 months before expiration
- HIQA evaluates application based on fitness of registered provider and management team to comply with standards & regulations
- HIQA can **attach/vary/remove conditions for operation**, and cancel registration in extreme cases
- Registry of all providers maintained by HIQA (name of centre, address, name of provider, number of residents, date of registration, conditions for operation, etc.)

Inspections

- **Announced, unannounced & thematic inspections** to assess whether the providers is in compliance with regulations and standards
- Inspector assesses if provider is **compliant with regulations** of Health Act 2007 Regulations
- Inspections can include **interviews with care workers and care recipients**, observing practices and daily life, reviewing documents to evaluate if appropriate records are kept, etc.
- Results of inspections are **published in a report online**
- Inspector are **vigorously trained** to ensure standardization of inspections

Reporting requirements

- Providers are legally required to **keep records** on residents, staff and general functioning of provider
- **Records on residents:** individual assessment, care plan, recent photo, name, personal characteristics, next of kin's information, GP's information, first admission date, discharge date, transfers, medical conditions, medication, nursing care plan, health conditions, financial situation, ongoing medical assessments, etc.
- **Records on treatments given**, medicines administered (signed off by nurse), medical appointments, referrals, etc. for each resident
- **Records on staff:** identity, recent photo, vetting disclosure, evidence of qualifications and training, employment history, prior disciplinary actions, previous experience managing designated centre, two written references
- **Mandatory requirement to report on incidents:** use of restraints, refusal of treatment, abuse or harm, pressure ulcers, falls, etc.
- Records must be kept for not less than **7 years** after service/relationship has ended

Measuring quality

Ireland 

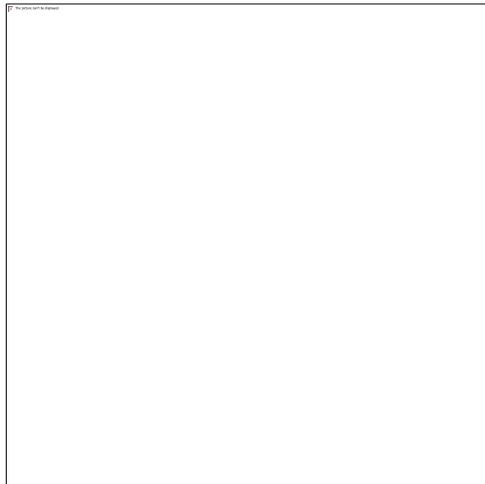
- **National Nursing Home Experience Survey:** survey (non-representative) carried out in 2022 on residents and their families' experiences with nursing homes
 - Nursing homes can use the results to improve their own quality
 - Department of Health uses findings to inform development of policy and strategies
 - Used by HIQA to inform national standards and regulations
- **HIQA's annual reports on the regulation and inspection of nursing homes**
 - Measures highlighted relate to compliance with legal regulations (i.e. % of providers that were inspected as compliant), but also characteristics of providers (ownership type, size, number of beds, etc.)
- **Health System Performance Assessment (HSPA) Framework** includes indicators on residential care, some of which are yet to be collected

Examples of indicators collected:

- Overall experience with nursing home
- % that feel they are as involved as they would like to be in decisions about the care and support they received
- % that said they are always treated with respect and dignity by the staff who care for them
- % in nursing homes enabled to stay in contact with the people they want to stay in contact with
- Long-term care facility residents with at least one (risk factor for) healthcare associated infection(s)
- Total full-time equivalent long-term care employment
- Adults supported at home who deem their health and care services to be well coordinated
- Delayed hospital discharge due to being on home care waiting list

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Is information regularly collected on the experiences of care users with long-term care services in your region?

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Ireland – Quality improvement I

Thematic Quality Improvement Programme:

- HIQA develops evidence-based guidelines and tools that aim to drive improvements on certain themes, identified as priority areas
- HIQA develop guidelines on how to implement regulations and standards on this certain theme, as well as an assessment judgement framework they use when conducting thematic inspections
- Providers carry out a self-assessment in line with guidelines and develop a quality improvement plan
- Providers share quality improvement plan with HIQA during inspections
- First thematic programme was on **restrictive practices**



Ireland – Quality improvement II

- **Inspection reports** of residential care providers are regularly published online, detailing the overall experience as well as compliance with all legal regulations
- **National Nursing Home Experience Survey** carried out across nursing homes recently, used to inform policymaking (overall satisfaction, satisfaction with different components of care, e.g. transition into nursing home, caregivers and staff, etc.)






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