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# Performance measurement in long-term care in Austria

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# Characteristics of the Austrian system of long-term care

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- A theoretically consumer-directed but in practice supply-driven long-term care system
- Important role of cash benefits:
  - 5.1% of the population receive LTC allowances (€154 to 1,655 per month)
  - Increasing, but rationed home care (max. 2-3 hours per day)
  - About 16% of people in need of care in about 900 residential facilities
- The mixed economy of care provision:
  - Mainly non-profit providers in home care, increasing proportion of commercial providers in residential care
  - Informal care prevails, now backed-up by '24-hour care' (migrant carers)
- Decentralised governance



# Characteristics of public reporting on quality

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- Control 'light': A general lack of public reporting on quality
- Public control mechanisms differ by region and by type of service
  - and remain undisclosed
- First steps towards quality assurance and quality development over the past decade
  - A 'bottom-up' process supported by the Federal Ministry for Social Affairs
  - Regional governments defined minimum criteria for authorisation and accreditation, mainly for residential settings
  - Lack of incentives for providers to install quality management as prices are capped



# Vaguely defined structural quality standards

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- Size of care homes should be “manageable and arranged in family-like structures”
- Rooms should be “equipped with an accessible toilet and a bathroom”; primarily there should be single rooms
- Residents “must have the right to receive visitors at any time”
- There should be rooms for therapies, day care and rehabilitation services as well as for other services
- Care homes “should be situated within the borough to facilitate external relationships” not only with family and friends, but also with the community

Source: BGBl. Nr. 866/1993 (State treaty with regional governments)



# Minimum level of staffing in Austrian care homes (selected regions)

Region	Staffing ratio	Staffing structure
Burgenland	depending on number of places, weekly hours, day/night-shift etc.	50% Registered Nurses 50% Assistant Nurses
Carinthia	1 FTE: 2.4 residents	40% Registered Nurses, 50% Assistant Nurses, 10% others (trainees)
Lower Austria	Depending on residents' level of care needs, e.g. Level 1 (lowest): 1:20; Level 3: 1:10, Level 7 (highest): 1:1.4	45% Registered Nurses, 55% Assistant Nurses
Salzburg	To be defined by each care home (no legal regulation)	To be defined by each care home (no legal regulation)
Vienna	Depending on residents' level of care needs, e.g. Level 1 (lowest): 1:20; Level 3: 1:2, Level 7 (highest): 1:1	40% Registered Nurses, 45% Assistant Nurses; 15% Home helpers



# Even less defined standards and control in home care

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- Choice between services
- Services should be delivered “in an integrated (holistic) manner”
- “Existential services must also be available at weekends and holidays”
- Regional governments are obliged to cater for “professional quality assurance and control of services and their degree of expansion”

Source: BGBl. Nr. 866/1993 (State treaty with regional governments)



# No control of 24-hours assistants (migrant carers)

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- About 5-7% of people in need of care employ 24-hours assistants (mainly from Slovakia, Czech Republic and Hungary)
- 'Legalisation' in 2008
  - Subsidies for regular employment contracts linked to training of about 200 hours (home help level) or similar education
  - Most 24-hours assistants are formally self-employed
  - No further quality criteria or control mechanisms



# Key features of care home inspection and enforcement (selected regions)

Region	Responsible unit for inspection	Frequency of control	Potential fines
Burgenland	District authorities for smaller care homes, otherwise regional authorities	once in 24 months unannounced	up to €2,000
Lower Austria	Regional government: interdisciplinary team	about once per year with pre- announcement	n/a
Vorarlberg	District authority appoints an interdisciplinary team	once every 3 years; announced	up to €2,000
Vienna	Local Authority appoints Care Home Commission of 3-8 experts	once per year; not always announced	up to €10,000





# Quality development as a part of the general professionalisation process in LTC

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- A slow but steady professionalisation process since the 1990s:
  - Federation of Care Homes
  - Training for care home managers
  - Federation of non-profit organisations providing social care: Service Charter, monitoring tools etc.
- Hesitant legislators vs. enlightened providers
  - Since 2000: Introduction of quality management systems
  - Since 2004: Development of a specialised quality management system for care homes (later also for home care): E-Qalin
  - Since 2010: National Quality Certificate for care homes



# Conclusions

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- A highly regulated quasi-market with scarce competition and no public reporting
  - capped prices and capped numbers of subsidised service hours
  - increasing share of private for-profit care homes
- Between market-oriented governance and social planning
  - Rescaling of responsibilities: the ‘long-term care fund’
  - Quality improvement as an issue of ‘consumer protection’
  - Spill-over effects from health care?
  - Fears: quality improvement would require additional investments that would increase costs
  - 24-hours assistance: a ‘solution’ with a close expiry date



# Further information and contact

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## Further information:

- <http://www.ecabeurope.eu/>
- [www.euro.centre.org](http://www.euro.centre.org)
- <http://interlinks.euro.centre.org>
- [http://www.euro.centre.org/detail.php?xml\\_id=1396](http://www.euro.centre.org/detail.php?xml_id=1396)

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