Quality Management and Quality Assessment in German Residential Care Facilities

M. Goldmann, C. Meyn | Toronto, 05-28-13
Agenda

1. Some Facts about the German System of Long Term Care (LTC)
2. Legal Background and Dimensions of Quality
3. Internal Quality Management
4. External Quality Assessment
5. The View of the Employees in Elderly Care
6. Conclusions
LTC - Funding

- A mandatory social long-term care insurance system was introduced in 1995
- The insurance covers almost the entire population and is funded by income based salary deductions. (2013: 2.05%)
- LTCI funds cover the actual costs for care; other costs (lodging etc.) have to be paid by the recipients themselves (or apply for means-tested social assistance)
## Eligibility criteria

<table>
<thead>
<tr>
<th>Care level 1</th>
<th>Care level 2</th>
<th>Care level 3</th>
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<td>People who need assistance with personal hygiene, feeding or mobility and help in the household several times during the week for at least 90 minutes a day with 45 minutes accounted for basic care.</td>
<td>People who need assistance at least three times a day and additional help several times a week for at least three hours a day with two hours accounted for basic care.</td>
<td>People who need assistance around the clock and additional help several times during the week for at least five hours per day with four hours accounted for basic care.</td>
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Persons in need of Care (2011)

- Persons in home care: 1.76 millions
- Persons in residential care facilities: 743,000

Age distribution:
- < 60: 16%
- 60-80: 31%
- ≥ 80: 53%
Provider of Residential Care Facilities (2011)

- Welfare associations: 55%
- Private ownership: 40%
- Public ownership: 5%
Quality of Care - key issue since introduction of LTC Act 1995

Legal Basis for Quality in LTC (selected)

- LTC Quality Standards Act (2001) [Qualitätssicherungsgesetz]
  Obligation for LTC providers to establish an internal Quality Management System

- Act of Further Development in LTC (2008) [PfWG]
  Annual inspection on quality in care institutions

- Surveillance Acts of nursing homes by 16 Federal States (Laender)
  Inspection of the living situation of the clients, fulfillment of contractual obligations for the providers, quality standards for buildings, lodging etc.

Medical Advisory Boards of the LTC insurance Funds (MDK) carries out the quality assessment.
Internal Quality Management

Care facilities have to

- apply measures for quality assurance
- to ensure the appropriate level of quality concerning
  - service facilities
  - staff
  - equipment
  - use of expert standards
- Prove that they work according to standards by extensive documentation

- Quality of structure
- Quality of process
- Quality of outcome
External Quality Assessment

Long Term Care Insurance Funds + their Medical Advisory Boards have to carry out **annual audits** of all care facilities (since 2011)

- **Control** – make assessments by site visits
- **Report** - give audit report to the Association of Long-Term Care Insurances Funds
- **Publish** - prepare a “transparency report” for every organization which is made publicly available in the internet
Topics of Quality Assessments

- Quality of structure
  - **Quality of Personnel**
    - adequate staffing according to the legal requirements
    - 3 years of qualification for geriatric nurses;
      additional training for ‘qualified nurse in charge’
      (Nation wide law on occupation in nursing care)
    - regular further training for all employees
  
- **Quality of Living Areas**
  - double or single rooms,
  - own furniture allowed,
  - guaranteed sphere of privacy
Topics of Quality Assessments

- **Quality of process**
  Required Planning and documentation of the care process
  - **Concept of Care**
    “Model of activating care”
    - Patient-centered - account for individual needs + experience
    - Social attendance
  - **Use of nursing/care standards**
    - Technical nursing care (e.g. wound care)
    - Basic care (e.g. oral + dental hygiene)
    - Prevention measures
    - Special nursing
External Assessment Procedure

Five steps:
- **Interviews** with head of care facility, with nurse in charge, quality manager and other relevant persons
- **Assessment** of framework, organization of nursing tasks, assignment of personnel, quality management, use of expert standards, further training of personnel, hygiene, measures for social assistance and housekeeping
- **Survey of satisfaction** of care recipients
- **Closing interview** with representatives of the care facility

Result
Report with grades from 1-6 according to school grades
Example of External Assessment
Grading Scheme for a Nursing Home
Transparency Requirements for Quality Assessment

The Medical Advisory Boards prepare:

- Audit reports for the Association of Long-Term Care Insurance Funds
- Transparency Reports (selection of assessed quality criteria) are published by the Association of Long-Term Care Insurance Funds. The results for the individual nursing homes and home care services respectively are available on the Internet (2012 about 2000 reports published)
Results in the Report of the Medical Advisory Board

3rd report (2012) states constant improvement of the assessed institutions compared to the report of 2007

- Data on the required items were available in a growing number of elderly care homes
- 75 to 95% of the care homes documented necessary measurements in areas of concern

Urgent need for improvement were stated in some areas

- e.g. appraisal of wellbeing
  only 57% of the care homes could present data concerning the wellbeing of residents suffering from dementia
Main critique of the Quality Assessment System

- Different areas are rated equal and shortcomings in one area can be compensated by another one
- The sample of residents in the survey is often not representative and the size of the sample is too small
- Extremely formal documentation requirements
- Assessments insufficiently evaluate the quality of outcomes but rather the quality of the documentation
- Evaluation results vary by the interpretation of the auditor
The View of the Employees in Elderly Care

Survey „Good Work“ 2012

- Reduction in quality: 56%
- Time pressure: 39%
- Interruptions in workflow: 61%
“Sometimes I think that I need the same amount of time for documenting, checking and revising the nursing records, taking part in meetings, reviewing records, going through checklists etc. as I do for the nursing itself. Even if it’s not really that much, it certainly feels like it. Nursing is my profession and is what I’m good at. I do all the general paper work but it’s something that I’m less fond of. However, these days nursing personnel are assessed based largely on how we fulfill these tasks. As a result, there is much more pressure.”
Conclusions

- The German LTC sector is suffering from very strong pressure of economization
- Considering demographic change and economic pressure quality of care is of major concern
- Strong contradiction between the great effort to establish good quality and the perception of working conditions (time pressure and understaffing)
- Quality assessment so far ignores the working conditions of the employees
- The reform of the system is ongoing and it clearly shows that QM can improve professionalization of care in certain (medical) areas
- It does not use its potentials if it does not include working conditions
For comments and questions please contact:

Dr. Monika Goldmann  
Sozialforschungsstelle Dortmund (sfs)  
Technische Universität Dortmund  
goldmann@sfs-dortmund.de  
+49 231 85 96-221  
www.sfs-dortmund.de

Christina Meyn  
Sozialforschungsstelle Dortmund (sfs)  
Technische Universität Dortmund  
meyn@sfs-dortmund.de  
+49 231 85 96-230  
www.sfs-dortmund.de