



22.7.19.00	4	AEDL: Ausscheiden können	
<p><b>Problemposten:</b> Herr Zeller klagt unter Druckfall aufgrund einer Magen-Darm- Störung. Er klagt unter krampfartigen Bauchschmerzen, gelblichem Stuhl, Täglich mal 5-6x häufige wässrige Stühle, durch ausscheiden. Herr Zeller empfindet selbst sich sehr schwach zu fühlen.</p> <p><b>Prognose:</b> Er möchte schnell wieder gesund werden, da er in 14 Tagen zu einem Kururlaub von seiner Tochter abgeholt wird.</p> <p><b>Pflegeziel:</b> Herr Zeller soll nicht austrocknen, soll eine unizke Nahrung betreiben, das Tabe soll weiter kontrolliert bleiben, er soll keine Schmerzen empfinden.</p> <p><b>Maßnahmen:</b> 5x Tgl 500 ml Isotoner elektrolytischer (Strophade) Javranng. müchlich 1/3 durch Pflanzöl (PK) 3x Tgl Tabe messen, 1/2 durch PK 3x Tgl Getränke hinstellen und anbieten durch PK 6x Tgl Inkontinenzmaterial anbieten 1/2 durch PK</p> <p>6x Tgl Saugen und Beragen, siehe Plan A durch PK bei Anzeichen von Verstopfung der Dickdarm durch Pflanzöl (PK) 9x Tgl Besuch im Zimmer, Gespräche anbieten durch PK</p>			
			AP, AK

# Quality Management and Quality Assessment in German Residential Care Facilities

## 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



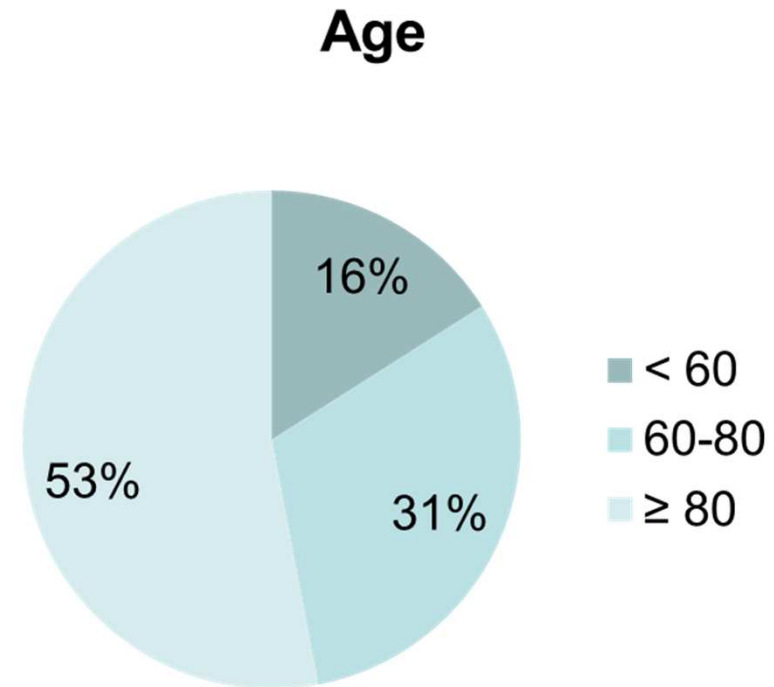
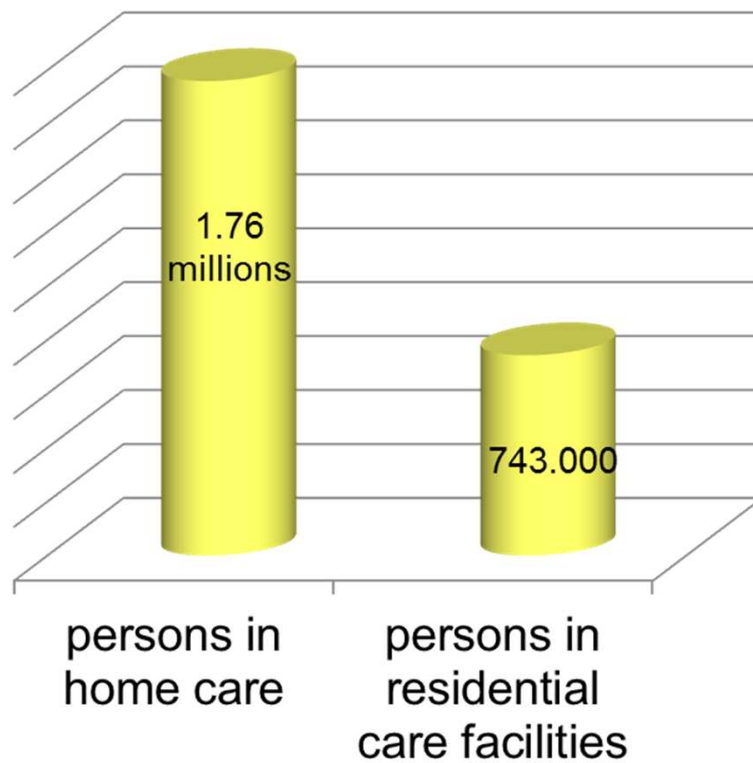
## LTC - Funding

- 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)

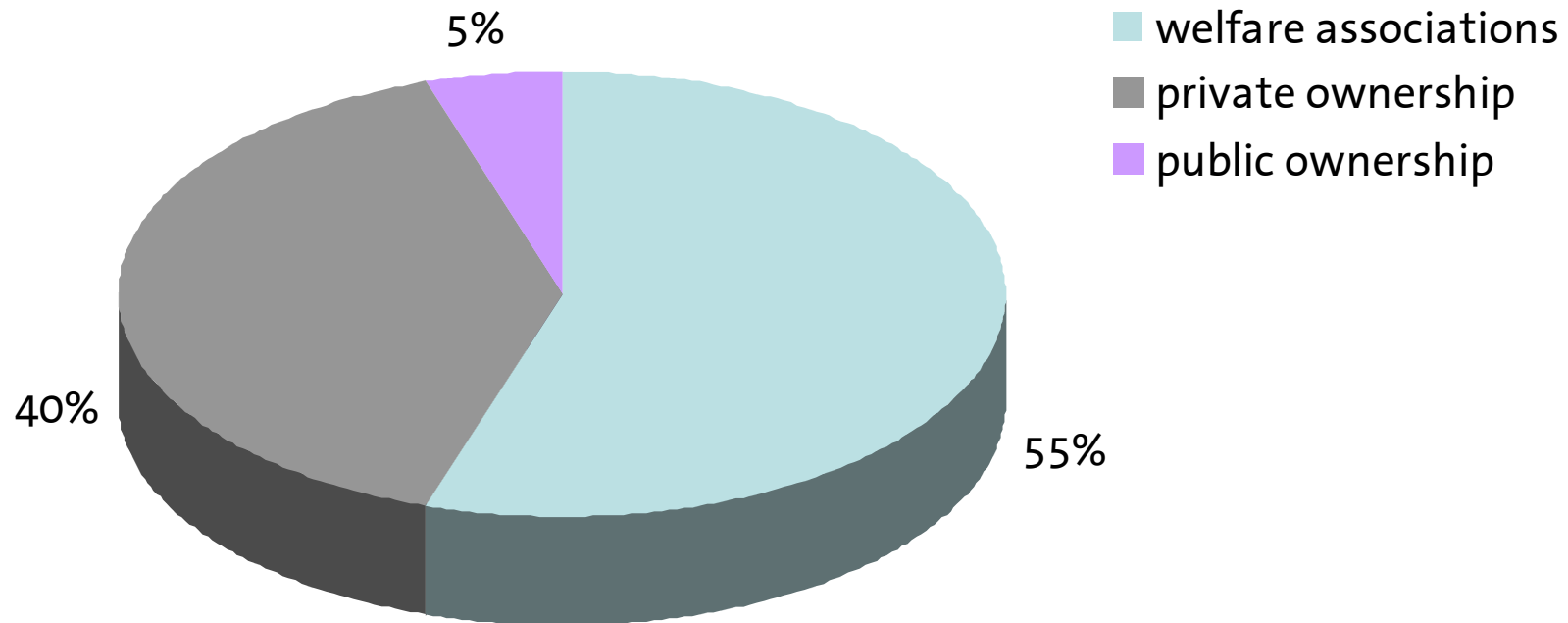
## Eligibility criteria

Care level 1	Care level 2	Care level 3
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.	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.	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.

## Persons in need of Care (2011)



## Provider of Residential Care Facilities (2011)



## 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

**GV Speisensbedarfserfassung - IST-Erfassung**  
Akt.Mandant: 0101 - Seniorenzentrum Waldblick, Dinslaken  
User: Gerda Cober (GC)

Datum: 10.05.2006 | Klient: 4711 - Frau Renate Abel (2.110, Haus/OE: Haus II, Station: Pflegestation OG)

Datum	Soll kcal	Ist kcal	Dif kcal	kj	BE	Eiwert	Fett	Kohlenhydr.	Wasser (ml)	G	F	M	NM	A	N	ZW	KA	HK	HML	Soll BMI	Ist BMI	Soll kg	Ist kg
10.05.2006	2024	1578	-446	6644	22.3	72.03	73.71	164.52	1400	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26	18		
09.05.2006	2024	1600	-154	7620	24.7	80.42	78.21	207.32	1895	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
08.05.2006	2024	1935	-89	8102	27.1	81.58	85.77	209.55	2105	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
07.05.2006	2024	2125	101	8897	28.2	90.62	90.26	212.31	1940	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
06.05.2006	2024	1775	-249	7432	23.2	74.31	79.55	167.34	2247	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
05.05.2006	2024	1885	-139	7892	24.7	81.23	79.41	202.83	1994	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
04.05.2006	2024	1820	-204	7620	24.3	79.74	78.22	197.49	2312	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				

**Tagesübersicht 10.05.2006**

Art	Zeit	Entl. ml	Getränk	Bezeichnung	Hot	Hotz	Uhrzeit
E	Getränke	0	0	0	0	0	750
E	Frühstück	425	1762	5.5	12.82	15.13	65.58
E	Zwischennacht	93	412	5	4.95	5.7	6
E	Mittagessen	609	2561	5.9	43.6	38.96	21.67
E	Nachmittag	454	1899	5.9	10.71	14.02	70.27
E	Abends	0	0	0	0	0	0
E	Nachts	0	0	0	0	0	0
E	Trinknahrung/Nahrungsergänzung	0	0	0	0	0	0
E	Sondernahrung/Infusion	0	0	0	0	0	0
S	TAGESSUMME	1578	6644	22.3	72.03	73.71	164.52
A	Ausgabe in ml	0	0	0	0	0	300
S	EW-AUSFLUSS DIFF. vor Atemvl.	0	0	0	0	0	304
B	Gewichtserhebung	0	0	0	0	0	0

**Getränke** | Frühstück | Mittag | Nachmittags | Abends | Nachts | Zwischennachtszeit | Trinknahrung/Nahrungsergänzung | Sondernahrung/Infusion | Gewichtserhebung

Uhrzeit: 14:04  
Getränk: (Auswahl)  
Menge: ml  
Bemerkung:  
Ausgabe: (Auswahl)  
Menge: ml

Klienteninformation:  
Flüssigkeitsbedarf: 2020 ml/Tag  
Vorlieben/Abmagerungen:  
Kein Fisch  
Kein Schwein  
Keine Mähren



## 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:

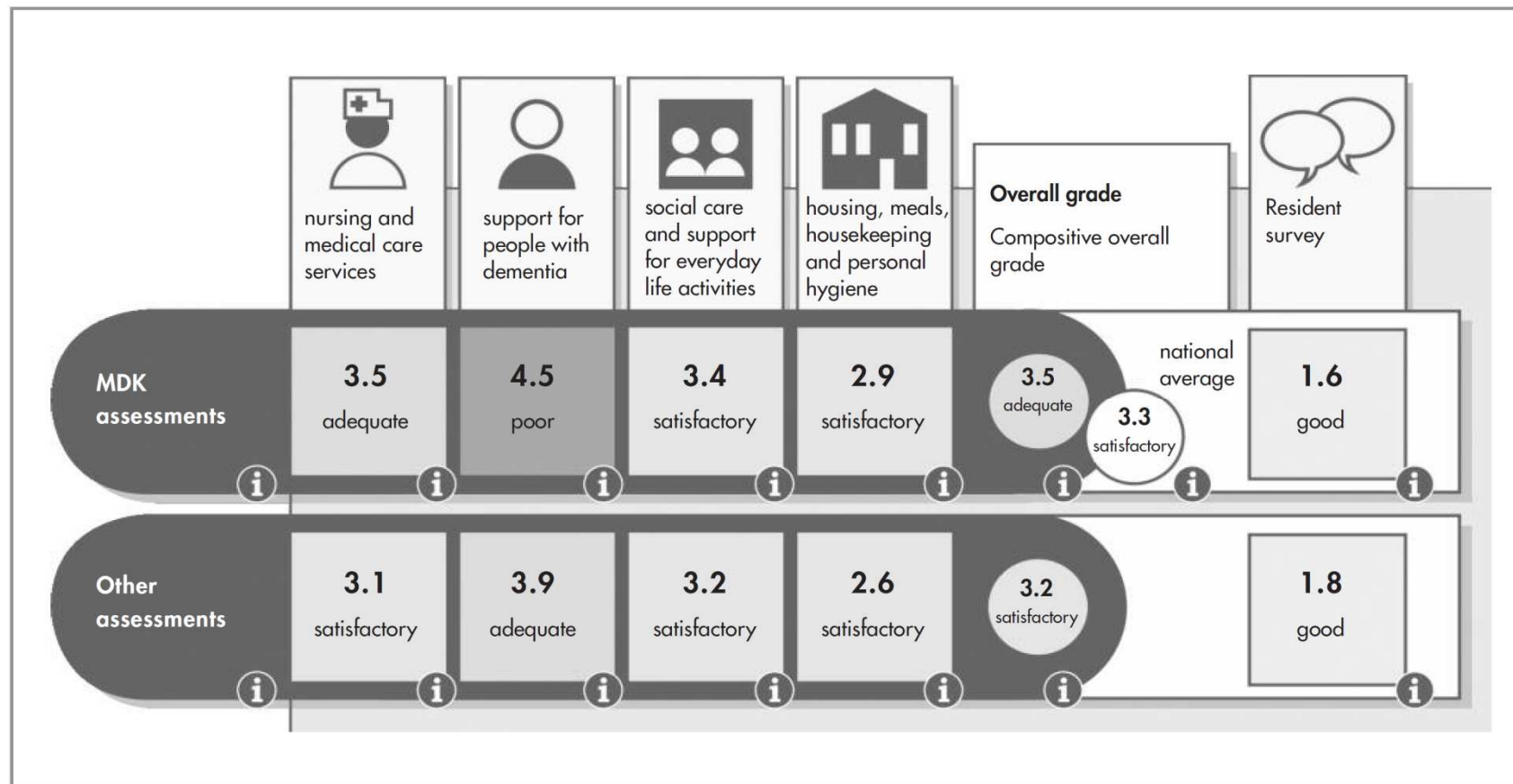
- **Interviews** with head of care facility, with nurse in charge, quality manager and other relevant persons
- **Assessment** of framework, organization of nursing tasks, assignment of personnel, quality management, use of expert standards, further training of personnel, hygiene, measures for social 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 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

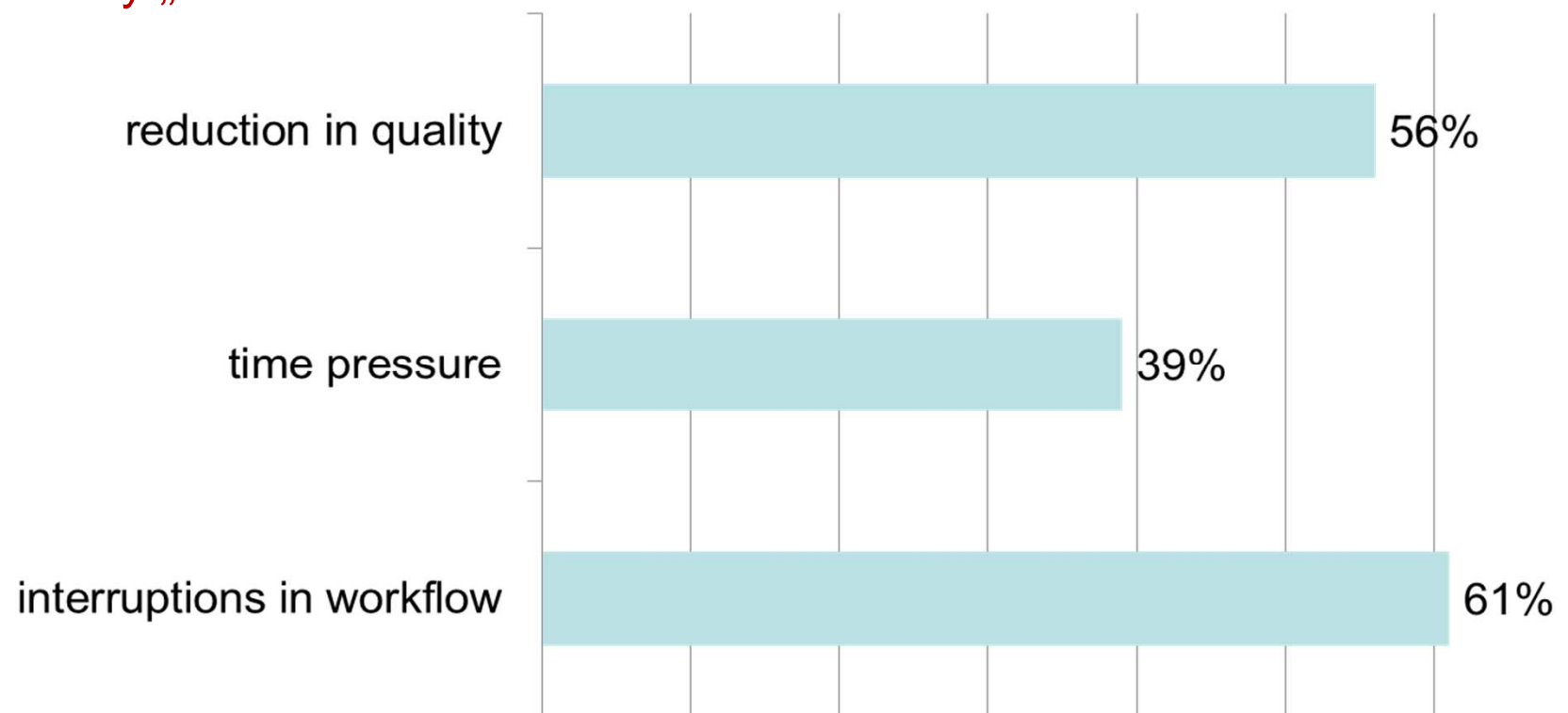
## Main critique of the Quality Assessment System

- 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





*“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:

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