

Quality Strategy for the Austrian Healthcare System

Version 1.0, May 2010

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Commissioned by the Austrian Federal Health Commission (BGK)

Introduction

The Austrian Federal Health Commission assigned the Quality Sub-Working Group [UAG Qualitative] the task to develop an all-Austrian quality strategy incorporating the existing regulations in the GQG [Federal Law on Quality in the Healthcare System] and the agreement according to Article 15a B-VG [Federal Constitutional Act]. The strategy was drafted by the Sub-Working Group in cooperation with other decision-makers and quality experts, and was agreed by the Federal Health Commission [BGK] on 25 June 2010. The works were accompanied and continuously updated by GÖG/BIQG.

The quality strategy is the basis for a coordinated and focused implementation of further quality activities. It is checked in regular intervals for its validity, applicability and implementation, and is adjusted accordingly. The strategy determines the continuous improvement process of the Austrian healthcare system.

With the formulation and agreement of mutually supported objectives and responsibilities as the basis for action of the various stakeholders in the healthcare system, Austria pursues a path that has already been successfully taken by other states (such as Germany, Great Britain, the Netherlands, Norway or Sweden).

The strategy below is aimed equally at decision-makers, financiers and health providers, and shall serve to guide their actions accordingly. The quality strategy is publicly available and serves as an orientation guide to the interested public.

Definition of terms contained in the quality strategy

Healthcare system: The Healthcare system pursuant to this quality strategy means patient care for which the main part of the used resources is spent, as well as health promotion and prevention that are gaining importance. The quality strategy expressly refers to all of these areas.

Quality: Quality means the level of performance of patient-oriented, transparent, effective and efficient services in all healthcare sectors. Quality is the degree of consistency between the treatment results and the previously mapped objectives of good treatment.

Quality management: Quality management means coordinated activities for the management and control of an organization, aimed at improving the quality of the manufactured products or the offered services.

Quality management serves to steer the individual influencing factors in their interplay towards the defined quality objectives, to evaluate and measure the results.

Vision

The Austrian quality strategy contributes significantly to the continuous further development, improvement and nationwide assurance of quality in all healthcare sectors. It supports the appropriate and most notably reliable healthcare provision to the population. Quality becomes the guiding and controlling criterion for the Austrian healthcare system.

Values

The quality strategy incorporates the following values:

In terms of patient orientation, the people involved shall be in the focus of the decisions and actions, and shall be enabled to take an active part. Particular emphasis is placed on the safety of patients, of the staff and of the system. The services shall be performed effectively in terms of the best possible result and efficiently in terms of an economic use of resources.

The equal treatment of female and male citizens in the access and use of healthcare services is encouraged by all decision-makers and healthcare providers.

A participative and cooperative course of action for the development and implementation of the quality strategy ensures its sustained effect. Since decisions are made on the basis of rational, evidence-based considerations, the public healthcare system can develop into a learning system. In this system, incentives shall have priority over sanctions, and an interdisciplinary and cross-sector approach shall be encouraged. The greatest possible transparency facilitates continuous further development and assurance of the quality in the Austrian healthcare system.

Preliminary remark on the objectives

1. The objectives are agreed in a binding form. The ways to reach these objectives may vary.
2. The objectives for a consistent quality strategy in the healthcare system, which have been developed jointly by the government, the federal states and the national insurance with the involvement of experts and professionals from all levels of the healthcare system, will be accepted as a commitment for all parties involved. However, it is agreed that the objectives may change as a result of foreseeable but also unforeseeable influences and changes in the course of the indicated periods.
3. Specifications of time and quantities are of an intending and anticipating nature but are considered realistic from today's perspective. They do not represent enforceable parameters but make it easier for all parties involved to determine in the future whether and to what extent the objectives set for themselves were achieved.
4. Certain structures and existing conditions of the healthcare system are currently not beneficial to the implementation of the objectives. However, all parties involved assume that the objectives should be pursued also with the current characteristics of the healthcare system.
5. A stronger focus on quality may lead to the development of rationalization opportunities and consequently to an increased efficiency in the healthcare system, in particular with regard to the interfaces. However, part of the indicated objectives will initially result in additional costs, at the level of the service providers as well as at the level of the decision-makers. The extent to which objectives are met therefore also depends on the available financial resources.
6. The pursuit of the objectives shall be jointly reviewed. After five years, the results will be discussed on the basis of an evaluation at a national conference of all parties involved. In the mean time, reflection will take place, and its results may be used as input and orientation guide, for example for the next agreement acc. to Article 15a B-VG. The information required for the evaluation will be provided by a national quality report that provides a progressive illustration of all sections (health promotion, patient care and prevention) and all sectors (ambulant and in-patient care and rehabilitation, and in any case the interfaces to the care sector). The report follows the objectives below.

Objectives

1. Continuous improvement of the process and results quality is advanced.
 - a) An interdisciplinary approach across all sectors is used in terms of integrated care.
 - b) Special emphasis is placed on the quality of the indications for service provision and the necessity of the services.
 - c) HTA and EBM are used as decision support.
 - d) Process orientation must be visible and be lived in the healthcare facilities, corresponding standards must be set and evaluated on a regular basis.
 - e) Evidence-based, interdisciplinary treatment standards across all sectors are developed, implemented and their implementation is evaluated. These methodically correct standards are used for quality development, and their mandatory compliance is ensured as a rule. The healthcare system pays more attention to patient benefit and its optimisation.
 - f) Comparable surveys on the patients' satisfaction with the care in all healthcare sectors are conducted in regular intervals.
 - g) Comparable "health" surveys are conducted in regular intervals.
 - h) Instruments for results quality measurement are jointly developed and implemented in all healthcare sectors.
 - i) Indicators for patient safety are developed that ensure compliance with the EU requirements.
2. Quality assurance and quality management are designed across all sectors.
 - a) Raising awareness with decision makers, service providers and patients is increased.
 - b) Minimum requirements / General conditions of quality management systems in all healthcare facilities are established, continuously further developed and evaluated.
3. Transparency of the healthcare system is ensured.
 - a) Availability of data records for quality assessment is systematically improved, emphasis is to be placed on comparable, valid documentation. These are used to increasingly generate nationwide registers.
 - b) Indicators in particular for processes and results are continuously recorded, with due regard to data protection, giving priority to the use of routine documentation, consequently respecting the principle of work efficiency. Feedback and benchmarking systems are introduced. If data of different facilities are compared, the risk will be adjusted according to scientific criteria. The principle of continuous learning shall apply.

- c) Transparency of offer, performance and result of the healthcare services is introduced, continuous evaluation becomes a principle.
 - d) Quality reports from all healthcare sectors are established and published on a regular basis. The responsibilities and deadlines for drafting the reports and/or the provision of necessary information with regard to the structure, quality and quantity to the author(s) of the reports are agreed in a binding form.
 - e) A generally accessible internet health portal will be set up, which is independent from individual interests.
4. A risk and safety culture is established.
 - a) Patient safety as well as the safety of the healthcare staff is ensured.
 - b) A comprehensive catalogue of measures for the reporting and treatment of “adverse events”, “medical/clinical errors” and “near errors” is established at different levels. A system-oriented approach must be adopted for this purpose, and the analysis must focus on improving the organization process.
 - c) In the context of patient safety, the principle of no-fault reparation should be aspired.
 5. Incentives for continuous quality improvement are provided.
 6. Quality-assured basic training, further and advanced training in theory and practice, independent from individual interests, are ensured for members of the healthcare professions for permanent preservation of skills and increased competence.
 - a) Professionalization of healthcare providers in the areas of quality management and quality assurance is promoted in all facilities and all sectors of the healthcare system.
 - b) The subject of quality management is included in the basic training, further and advanced training of the healthcare providers to a defined extent (definition of minimum contents, modular structure).
 - c) Benefits granted for example by medical technology companies and pharmaceutical companies etc. to healthcare providers and decision-makers must be disclosed.
 7. Mutual support, increased cooperation and coordination of the implementation of the quality objectives at the level of the government, the federal states and the national insurance are ensured.
 - a) The BIQG acts as central, scientifically independent coordination unit.
 8. After the BGK has decided on the strategy, operational objectives will be developed until the end of 2010, which shall subsequently be approved by the BGK.