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Examples for quality measures and tools in the context of the implementation of the German Charter of Rights for People in Need of Long-Term Care and Assistance

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INTRODUCTION

The German Charter was one of the documents that inspired the European Charter of the Rights and Responsibilities of Older People in Need of Long-Term Care and Assistance. In the context of WeDO, the history and dissemination of the German Charter is an example of good practice for participative approaches of quality development in long-term care, involving multiple stakeholders on different levels.[1]

In WeDO, it is the task of the Deutsches Zentrum fuer Altersfragen (DZA) to support the WeDO Steering group to develop recommendations for participatory quality development, control and labelling tools, based on the experience with the implementation of the German Charter.

This paper gives an overview of quality measures and tools that have been applied in the ongoing implementation process of the German Charter of Rights for People in Need of Long-Term Care and Assistance. Note however, that it does not give an overview of the ongoing quality development process in the German long-term care system as such.

This overview consists of three parts: (1) a general summary of exemplary quality measures and tools that have been applied in the ongoing implementation process (2005-2011), (2) a summary of the appraisal of the "German Coalition" in WeDO which of these quality measures and tools are considered as particularly well-proven, (3) general recommendations for the WeDO Partnership, how to put the WeDO quality principles into practice, in reference to the selection of well-proven quality measures and tools out of the ongoing implementation process of the German Charter.

1 See section "Methodology for a participatory approach in a quality development process".

1 THE GERMAN CHARTER OF RIGHTS FOR PEOPLE IN NEED OF LONG-TERM CARE AND ASSISTANCE

The Charter of Rights for People in Need of Long Term Care and Assistance is intended to strengthen the role and the legal position of people in this situation and their relatives and to provide information and suggestions for those involved in supplying care and assistance.

The Charter is a result of the work of the "Round Table for Long Term Care" initiated in the autumn of 2003. This body was set up by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the former Federal Ministry of Health and Social Security with the aim of improving conditions for people in Germany who are in need of long-term care and assistance. For this, some 200 experts from all areas responsible for care in old age (including bodies responsible for care institutions, charitable associations, associations of responsible bodies, nursing home supervisory bodies, long-term care insurance funds, advocacy groups for the elderly, researchers, foundations, the federal states, local government) were all involved. In the period up to the autumn of 2005, working groups recommended practice-oriented courses of action how to improve home and residential care and to reduce bureaucracy, and developed as a central measure the "Charter of Rights for People in Need of Long-Term Care and Assistance". The Charter gives a detailed catalogue of the rights of people in Germany who are in need of long-term care and assistance.[2] Brochures of the German Charter in German and English and further information are available on the website www.pflege-charta.de/en.

The German Charter comments the rights of people in need of long-term care in a concrete and simple language. It consists of a preamble and eight articles that define basic rights of people in need of long-term care and assistance. In the Preamble, responsibilities are discussed and stakeholders named who are responsible for guaranteeing the rights of people in need of long-term care and assistance: the state, the municipalities, care providers, care funds but also every individual has responsibilities and obligations. Each of the eight articles is supplemented by explanatory notes about what they can mean in practice. The purpose of the German Charter of Rights for People in Need of Long-Term Care and Assistance is to strengthen the role and the legal position of people in need of long-term care and assistance across the life-course. Persons involved in supplying care and assistance are provided with guidelines and information.

Since its publication, the Charter has been supported by the government. A wide variety of consumer groups, stake holder organisations, professional associations, welfare associations, care service providers and care insurance funds, and has been implemented in quality development from within care organisations (internal quality development), external quality control (quality control by public authorities outside the care organisation) and quality labelling.

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2 http://www.pflege-charta.de/fileadmin/charta/pdf/Die_Charta_in_Englisch.pdf

The rights that are formulated in the Charter rights are an expression of respect for human dignity and are thus also anchored in numerous national and international legal texts, such as the German Constitution, the German Long-Term Care Insurance Law (Elftes Buch Sozialgesetzbuch: Soziale Pflegeversicherung) or the European Social Charter. In addition the Charter is being referred to in social legislation, both on Federation and federal states (Laender) level[3]. It has achieved political relevance by declarations of politicians at the level of municipalities, federal states (Laender) and the Federation. It has been used several times to substantiate relevant laws concerning care and housing. The most significant example is the below mentioned reference to the charter in justification of major reform of the German Long-Term Care Insurance in the year 2008 ("Pflege-Weiterentwicklungsgesetz") (see 2.2.2). Other laws on the federal and the state level in the area of housing and care refer to the Charter as well (e.g. Wohn- und Betreuungsvertragsgesetz (2009), Landesgesetz über Wohnformen und Teilhabe in Rheinland-Pfalz, Wohn- und Teilhabegesetz in Nordrhein-Westfalen, Pflegegesetzbuch Schleswig-Holstein). At present, some of the Laender are planning to refer to the Charter in future legislation.

1.1 Dissemination of the German Charter

Basically, the ongoing dissemination process of the German Charter has followed four major strategies and was supported by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ):

1. Implementation of two subsequent projects to coordinate the dissemination and implementation of the German Charter at the German Centre of Gerontology (DZA) (co-ordinating office/information centre).[4] The first project, "Co-ordinating Office Long-term Care" (2007-2009), was established in January 2007 as an independent dialogue platform with care experts in order to (1) support the BMFSFJ public relations, such as public events addressing long-term care , (2) monitor two transfer-oriented model projects (see also 2.2.1), (3) coordinate an image campaign for care of the elderly and (4) develop concepts for integrated care. In addition, the "Co-ordinating Office Long-term Care" attended to queries from health professionals and the general

3 http://www.pflege-charta.de/umsetzung-der-pflege-charta/gesetzliche-bezugnahmen-auf-die-pflege-charta.html

4 The German Centre of Gerontology (the acronym DZA comes from its German name "Deutsches Zentrum fuer Altersfragen") is a scientific research centre with the focus on the investigation of the living arrangements, life situations, and life-styles of ageing people in the societal and policy context. The statutes of the institute state its purpose as being to "increase, collect, evaluate, process and disseminate knowledge about the living arrangements of ageing and old people in order to use this knowledge for scientifically independent consultation in respect to the challenges of an ageing population for society and social policy". The DZA is funded by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend). More information can be found on the website of the institute: www.dza.de/EN

public in regard to the Charter. Based on the key outcomes of the project "Co-ordinating Office Long-term Care", the subsequent project at the DZA, the "Information Centre on Long-term Care Charter", has started in 2009. Main tasks of the "Information Centre" are to (1) further promote value-based quality development processes in the long-term care sector, (2)strengthen the consumers' role and legal position of people in need of care and assistance, (3) continue supporting the BMFSFJ public relations in regard to the German Charter, (4) provide advice and guidance to the general public and care professionals in regard to the German Charter. One of the key outcomes of the current "Information Centre" project will be a Charter based modular set of teaching instructions and methods for vocational training and advanced education in nursing and long-term care.

2. Continuous work on public relations, including the development of information material on the Charter (brochures, posters, postcards, stickers, audio books), a comprehensive, constantly updated website[5] which offers numerous information material on the Charter as downloads, newsletter mailings, conferences and workshops on the Charter in practice, presentations of the Charter in numerous conferences, public relation events such as public joint signatures and public commitment of stakeholders in the long term-care sector (care providers, vocational associations in the care sector, consumer advice centres, health and care insurance funds and associations).
3. Communication of examples of good practice on various levels, via website, workshops and conferences.
4. Publications in the mass media and specialized press.

Since 2005 more than 450.000 brochures, posters, audio books of the German Charter have been distributed throughout Germany. One major public relation initiative took place in 2007 in which the Federal Ministry for Family Affairs circulated more than 27.000 copies to organisations throughout Germany.

Indications for a growing acceptance and a sustainable implementation process of the German Charter are the voluntary engagement of various stakeholders of the long-term care sector for the dissemination of the Charter (consumer advice centres, care counselling centres, long-term care insurance funds' care counselling agencies, vocational schools for elderly care, senior citizens' special interest groups, specialized press) and ongoing public joint signatures, publications, public commitments and statements.

1.2 Exemplary Charter based quality tools

Since its publication in 2005, a host of Charter based tools for internal quality development, external quality control and quality labelling were developed. These tools range from simple, efficient strategies for staff training in care homes to reference to the Charter in legislation on external quality control on Federation level.

5 http://www.pflege-charta.de/en/download

In the following paragraphs a quick overview on the most significant tools will be given. Exemplary successful tools will be described in more detail.

1.2.1 Exemplary Charter based internal quality development tools

The Charter has been referred to in various measures for internal quality development. Internal quality development comprises all kind of measures to improve the quality of care from within the organisation. The Charter based internal quality tools range from

a) value-oriented quality management (e.g. self-evaluations, quality circles, mission statements, target agreements) etc.
b) value-oriented training materials for human resources development, vocational training and advanced education for care of the elderly (Charter based vocational training and further education-kit by BMFSFJ, will be available as download on www.pflege-charta.de in autumn 2011).

a) Value-oriented internal quality management: Self-evaluation projects in care homes and home care organisations

The BMFSFJ funded two Charter based self-evaluation projects (2008, 2010) in care homes and home care organisations. The outcomes of these projects are well-proven internal quality development tools: (1) Charter based manuals for self-evaluation of care homes and home care services to assess the extent of the implementation of the Charter quality principles, (2) a collection of internal quality tools for the further implementation of the Charter quality principles both in care homes and home care organisations.

Both projects followed the same process: (1) develop a manual for self-evaluation to assess to which extent the eight articles of the Charter are already put into practice, (2) go through the self-evaluation process, based on the self-evaluation manual, supported by an external moderator, (3) based on the results of the self-evaluation, search (or develop) internal quality tools to further implement the Charter and define concrete plans for action, (4) control the implementation of the concrete plans for action, (5) disseminate examples of good practice to the public via Charter workshops, conferences, website and publications.

Decisive success factors for the self-evaluation were to involve the staff right from the beginning and to sensitise staff for the issue of dignity of care. In some care organisations, the management organised work meetings, quality circles, special "Charter working groups", methods for sensitising for dignity of care and other measures to motivate the staff (see example for a staff training method for sensitising for the dignity of care in the following section).

Excerpt from self-evaluation manual for home care services[6], based on the German Charter:

Article 2: Everyone in need of long-term care and assistance has the right to protection against any physical or mental threats.		
What is the contribution of long-term care services towards ensuring …	Concepts, methods and measures in the long-term care service (What do we do?)	Scope for improvement/measures (What can we improve?)
2.1 … that people in need of care and assistance are protected from covert or open mental or physical violence?		

Download of complete self-evaluation manuals, both for home care services and care homes: www.pflege-charta.de/en/download

The self-evaluation process led to the implementation (and to some extent development) of a huge variety of internal quality tools to further implement the Charter in the care organisations, like:

- ethical case conferences on problematic care situations, based on the Charter
- a regional poster campaign to increase public awareness on the rights and needs of people in need of care ("well cared-for… to the theatre, shopping, to the pub, or to church"), accompanied by respective activities of the home care organisation.
- the set-up of regular social evenings for relatives ("candle-light dinners")
- theatre and photography events to sensitise for rights of care home residents
- realisation of palliative care
- see ANNEX 1 for further exemplary quality tools for internal quality development that were implemented to further implement the Charter in care organisations.

6 *Specific challenges of home care services:* Before the development of the self-evaluation manuals for home care services, extensive discussions were necessary to clarify to which extent home care services are responsible to ensure dignity of care and to which factual scope of action home care services have to improve quality and dignity of home care. This discussion is highly significant against the background of the complex challenges of home care. Home care services have to tackle at least three major challenges: (1) complex care setting: various stakeholders coordinate their actions to ensure overall quality of home care in cooperation with the person in need of care (involved stakeholders may be relatives, general practitioner, health and care insurance funds, social agencies, service providers like "meals on wheels", physiotherapists etc), (2) balancing professional care requirements and respect for privacy and autonomy of the persons in need of care and their relatives, (3) bridging the gap between existing funding options and factual needs and coordinating compensatory actions if funding options do not match current needs (e.g. who takes care of the household to which extent?).

The care organisations profited from the self-evaluation on three different levels: (1) improved work motivation of the staff, (2) awareness of the staff that daily work routines need to be challenged in to improve conditions for dignity of care, (3) concrete plans for action for quality improvement, (3) encouragement of the care organisations to communicate strengths to the public (promotion of public relation work).

b) Exemplary training tools for value-oriented human resources development

Sensitising staff for the dignity of care: "Shadowing"

"Shadowing" is a training tool to sensitise staff for the residents' perspective on dignity of care in care homes with nursing. A member of the staff spends (outside of his or her regular working unit and free from all care duties) up to three full days in the care home and accompanies a resident as a "shadow" in all daily care routines in the organisation (if the resident agrees). During this exercise, the member of the staff observes the daily care routines according to a checklist with pre-defined criteria and develops concrete suggestions, how to improve conditions for dignity of care and quality of life in the care home.

Both the care organisation and the staff profits from this method: it triggers complex reflexion processes among members of the staff and between staff and residents. Awareness for residents' needs, wishes and perspective increases (e.g. in regard to respect for privacy). Care routines are being questioned and concrete measures are developed how to improve the realisation of the Charter in daily care routines (e.g. wake-up routines, serving meals).

Charter based practice- oriented tool for vocational training and further education

The Information Centre on Long-term Care Charter and the BMFSFJ developed a manual for vocational training and further education on the dignity of care, based on the Charter. After testing by experts from the field (care pedagogues, head of care homes or residential units in care homes/home care organisations, head of vocational training institutes for nursing and care of the elderly), this manual will be published in autumn 2011 and will then be available as free download on the Charter website (www.pflege-charta.de).

Users of the manual are heads of care organisations, designated quality managers, trainers for vocational training and further education, advisory boards of care homes and senior special interests groups. Target participants of these training measures are various groups within professional care, ranging from nursing trainees to heads of care organisations, designated quality managers, advisory boards of care homes and senior citizens' special interest groups.

Content of the Charter based tool for vocational training and further education

Introduction: Table of contents, instructions for use, background information

Module 1	Content, objectives and areas of application of the Charter
Module 2	Professional self-concept, self-reflection, options for action for realising dignity of care
Module 3	Examples of good practice, suggestions for the introduction/implementation of the Charter
Module 4	Circumstances for dignity of care: time management, communication, guidelines how professional carers can take care of themselves (health prevention)
Module 5	Accompanying literature and selected publications

This training tool has two major objectives:

- For users: (1) provide trainers with directly applicable training materials for the introduction and implementation of the Charter, (2) give practice-oriented impulse and guidance for vocational training and further education in nursing and care of the elderly and (3) motivate other institutions to use the manual themselves and further disseminate the spirit of the Charter (e.g. regular schools).
- For participants of training measures: (1) inform about the content and objectives of the Charter, (2) develop practice-oriented ideas, how to implement the Charter in daily routines of care, (3) motive to reflect professional identity and gain professional confidence, (4) motivate future or current care professionals to implement Charter values in care concepts and -methods.

A broad spectrum of ready-to-use practice-oriented power points, work sheets, collection of various media, (including movies, photographs), training materials and didactic recommendations motivates and facilitates the implementation of internal quality development. The manual is designed for flexible use, depending on requirements of trainers and participants of training measures.

1.2.2 Exemplary Charter based external quality control tools

The Charter as a catalogue of rights for people in need of long-term care and assistance has not yet been transformed into a stand-alone external quality tool.

Nonetheless, due to its person-centred focus on quality of life and dignity of care, the Charter is being referred to in significant external quality control tools and/or accompanying legislation in the German long-term care sector. In external quality control and (accompanying) tools for transparency of quality of care, the Charter is being referred to as a basis for various evaluations, particularly in regard to "soft" factors like quality of life and consumer friendliness.

The most significant consideration of the Charter in external quality control can be located in the so-called „Transparency Initiative"[7] which was part of the major reform of the long-term care insurance in 2008 („Pflege-Weiterentwicklung-sgesetz"). Here, the Charter is reflected in some of the external control criteria particularly concerning quality of life in care homes (see § 115 Abs 1a SGB XI).

Excerpt of the legislation for the reform of the German long-term care insurance (Gesetz zur strukturellen Weiterentwicklung der Pflegeversicherung, p. 37 PfWG in Kraft seit 01.07.2008)
„The general principle of the long-term care insurance is current and future humane care, enabling independence, autonomy and participation in society. In this context, the *Charter of Rights for People in Need of Long-Term Care and Assistance* that was developed in the "Round Table for Long Term Care" is highly significant and addresses everyone carrying responsibility in the area of care." ("Das Leitbild der Pflegeversicherung ist jetzt und in Zukunft eine menschenwürdige Pflege, die ein möglichst selbständiges Leben zum Ziel hat und dadurch auch mit dazu beiträgt, eine selbstbestimmte Teilhabe am Leben in der Gesellschaft zu ermöglichen. In diesem Zusammenhang ist besonders die im Rahmen des Runden Tisches Pflege erarbeitete *Charta der Rechte der hilfe- und pflegebedürftigen Menschen* hervorzuheben, die sich an alle richtet, die in der Pflege Verantwortung tragen.").

Apart from that, the Charter was considered in a recently finalized and widely published and discussed research project on scientifically sound assessment of outcome quality in long-term care. In this project, indicators for quality of life in long-term care were developed in reference to the Charter. This project was funded by German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) and the German Federal Ministry of Health (BMG) in preparation of the upcoming major reform of care and external quality control in long-term care in the year 2012.

1.2.3 Exemplary Charter based quality labelling tools

Quality labelling represents another strategy for external quality development by promoting transparency of quality of care to the consumer and, hence, strengthening the consumer's role in the long-term care market.

The most significant reference to the Charter for quality labelling in long-term care can be located in the so-called "care home register" project.

7 The „Transparency Initiative" achieved, that from 2011 on, at least once a year, there are mandatory and unannounced quality controls of residential and home care services by the medical service of the health insurance companies (MDK). The results of these external quality controls are published in so-called „transparency-reports" to the public and summed up in „grades" from 1 (excellent) to 5 (deficient).

Website of the project "care home register" project (www.heimverzeichnis.de)[8]

www.heimverzeichnis.de is an initiative stemming from the realm of consumer protection. It aims at more transparency and better information for users of care homes in Germany. Besides publishing structural data (e.g. number of places, prices, infrastructure), the website highlights those care homes in which high standards for the residents' quality of life are achieved. Based on the WHO definition of good care, the quality of life is evaluated in regard to the residents' autonomy, participation and dignity. A checklist with 122 criteria was developed, assessing the residents' opportunities to maintain autonomy with 53 criteria, participation with 37 criteria and dignity with 32 criteria. The checklist was developed by associations of care homes, representatives of health insurance funds, interest groups of seniors and institutions for consumer protection. At least 80 percent of the criteria for each concept must be fulfilled to achieve the quality label "consumer friendliness and good quality of life". Data collection is done by trained volunteers. Care home providers can apply for the evaluation, the evaluation process is described in detail on the website and all necessary information material is ready for download, both for care home providers and for volunteers.

8 Find more details on the www.heimverzeichnis.de project on http://interlinks.euro.centre.org/model/example/wwwHeimverzeichnisde_CertifiedQualityOfLifeInNursingHomes

2 RESULTS FROM THE INFORMAL SURVEY ON THE IMPLEMENTATION OF THE CHARTER AMONG THE "GERMAN COALITION": APPRAISAL OF WELL-PROVEN QUALITY MEASURES AND TOOLS

In order to support the WeDO steering group to develop guidelines and tools to improve quality within the partnership, the German Centre of Gerontology (DZA) asked the "German Coalition" to evaluate the ongoing implementation process of the German Charter and highlight well-proven tools for dissemination, internal or external quality development and quality labelling (time period 2007 to 2011).

For this, the DZA conducted an informal survey among the members of the WeDO-"German Coalition", based on a largely standardized questionnaire and telephone interviews (see annex for English version of the questionnaire).

The "German Coalition" consists of 19 representatives from public authorities, statutory and private health insurance funds, senior citizen interest groups, and associations of the care professions, universities, the consumer advice centres, gerontopsychiatric care and the government (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth; Federal Ministry of Health).

It is important to note some limitations of this informal survey of the informal survey among the members of the "German Coalition": (a) The below summarised results are not an exhaustive description of good approaches for quality development in Germany or Europe.9 (b) The "German Coalition's" appraisal of the charter implementation in the German long-term care sector may not be interpreted as a formal evaluation.10.

2.1 Exemplary well-proven dissemination strategies

A constant flow of various public relation activities, accompanied by the development and dissemination of information materials on the Charter (brochures, flyer, poster, sticker, post cards, audio books) was appraised as efficient. The Charter website (German, English) is considered as an efficient tool for the dissemination. It offers the options (1) to download brochures and posters of the German Charter, it reports (2) on practice-oriented

9 See questionnaire on the implementation of the German Charter in annex.

10 A formal evaluation of the impact of the Charter on quality of care and quality of life of people in need of long-term care and assistance would require for example a (1) scientifically sound set of indicators for the Charter quality principles (e.g. for autonomy, privacy), (2) a representative sample of people in need of long-term care and assistance that have received the Charter in the years since its publication in 2005.

implementation projects and (3) other examples of good practice(4) and it provides a list of publications in the specialized care press and the like (see www.pflege-charta.de).

Exemplary successful strategies for dissemination are the organisation of workshops or conferences on the implementation of the Charter, presentations of the Charter in conferences, distribution of brochures in conferences, public statements and joint signatures. Regular mailings have increased the demand for Charter brochures and posters and the "traffic" (click-rate) on the Charter website significantly.

Another exemplary successful strategy for the dissemination of the Charter is providing sufficient, complementary counselling for consumers and health care professionals (1) how to claim the rights formulated in the Charter from the consumer perspective and (2) how to put the Charter into practice by professional care.

Further exemplary successful measures may be the implementation of the Charter in further fields of the long-term care charter such as quality development in innovative housing projects for the elderly and volunteer work and sensitising for dignity of care in regard to use of "ambient assisted technologies" (AAL).

In general, the voluntary character was identified as one of the key success criteria for the dissemination of the Charter because it strengthens credibility and commitment of the different stakeholders.

2.2 Exemplary well-proven quality tools for internal quality development

In general, the "German Coalition" attributes the Charter a high potential for quality development in long-term care, particularly in regard to its insistence on "soft quality of life factors". It contributes to strengthen the consumer's role and has proven to be a highly useful standard for internal and external quality development and quality labelling.

In regard to internal quality tools, examples for well-proven Charter based quality tools are

- value-oriented quality management, such as self-evaluations
- value-oriented vocational training and further education training tools.

Future challenges are the implementation of the Charter in further sectors of long-term care, such as quality development in innovative housing models, volunteer work and sensitising for dignity of care in regard to application of AAL.

2.3 Exemplary well-proven quality tools for external quality development and quality labelling

The appraisal of Charter based external quality control varies within the "German Coalition", particularly in regard to the structural implementation of the Charter.

Common ground is that external quality control is supposed to trigger internal quality development processes by providing advice and guidance, both in regard to quality of care and tackling limited resources and other structural constraints.

During the appraisal of Charter based external quality control, other model external quality control tools were discussed, such as the development of local networks of (in-)formal service providers and the introduction of value-oriented complaint-management in order to strengthen the legal position of the consumer (e.g. be defining time frames in which complaints must be dealt with). The rationale behind the external quality control function of local networks is that simply being part of a network opens the care organisation to the public. This facilitates informal external quality control by third parties and additionally motivates communication with network partners to improve transparency of quality and services.

In regard to quality labelling tools, there is consensus that Charter-based quality labelling contributes to promoting transparency of quality of care to the consumer and hence strengthens its legal position.

2.4 "German Coalition's" first recommendations for the implementation of the WeDO quality principles, based on the German experience with the Charter

Based on appraisal of the implementation process of the German Charter, the "German Coalition" recommends following established strategies and quality tools for the implementation of the WeDO quality principles by the WeDO partnership.

Field of action	First recommendations of the "German Coalition" for the dissemination and implementation of quality principles in long-term care
Dissemination of quality principles	Continuous public relation work and comprehensive website Practice-oriented dissemination of quality principles via examples of good practice (website, conferences, workshops, mailings etc) Implement comprehensive counselling and information centres for the consumers and care professionals, how to put quality principles into practice and claim consumers' rights
Implementation of quality principles in internal quality development tools	Develop methods for value-oriented internal quality management, such as self-evaluation processes based on quality principles (analogue to Charter based self-evaluation process, see 2.1.1) Integrate quality principles in tools for vocational training and human resources development (see 2.1.1)
Implementation of quality principles in external quality control tools and quality labelling	Implement external quality control of long-term care services and organisations, based on quality principles in order to trigger internal quality development processes. For this counselling, guidance and tools should be provided, how to deal with structural limitations to implement quality principles Implement value-based complaint management and strengthen legal position of consumers (e.g. define time frames in which the complaint has to be dealt with) Develop value-based quality labelling tools to enhance transparency of quality of care for the consumers

2.5 "German Coalition's" suggestions for fields for action for participative quality development with older volunteers

Apart from the appraisal of exemplary successful quality tools for internal and external quality development and quality labelling, the informal covered suggestions for fields for action for participative quality development with older volunteers.

Fields for action	Ideas for volunteers' tasks
Local care networks in residential areas:	Local engagement of older volunteers in implementing local networks
Needs-assessment processes in care homes	Support of the person in need of long-term care and assistance e.g. to ensure dignity and privacy during the assessment procedure
Value-oriented complaint management	Support of complaining person in need of care and assistance (e.g. taking care that complaint is being dealt with in a reasonable time frame and concrete action is taken)
Quality labelling and organizational development	Assessment of services and quality of care and quality of life by volunteers/consumers (see www.heimverzeichnis.de)
Legal representation of care home residents	Support of residents' advisory board in care homes
Support Participation of people in need of care and assistance	Provision of time-consuming services and mobility support

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Websites

www.pflege-charta.de/en

www.heimverzeichnis.de

http://interlinks.euro.centre.org/model/example/wwwHeimverzeichnisde_CertifiedQualityOfLifeInNursingHomes

ANNEX 1: EXEMPLARY CHARTER BASED TOOLS FOR INTERNAL QUALITY DEVELOPMENT

Exemplary Charter based tools for internal quality development, implemented after Charter based self-evaluation process (see 2.2.1)

Quality Principles of German Charter	Internal quality development tools for home care	Internal quality development tools for care homes
	Differentiation according to purpose (processes and guidelines, implementation of additional services, staff training)	
Self-determination and support for self-help	*Implementation of additional services:* Structured introductory talks with client and his/her relatives; biography work, comprehensive counselling and information on issues like: advance directives, living wills/powers of attorney (documents in master sheet, place where original is deposited is known), availability of individual care times (24 hour availability of care service); care emergency phone.	*Processes and guidelines:* Concept for move-in to care home (e.g. comprehensive counselling for move-in; retrospective reflection on move-in with external auditor, individual care home contracts); counselling centre for official matters. *Implementation of additional services:* integration of relatives; biographical work, ombudsperson for residents; assessment of residents' wish list. *Staff training:* staff development and target agreements, ethical case conferences; simulated move-in to care home, dealing with living wills and other mandates.
Physical and mental integrity, freedom and security	*Processes and guidelines:* standard for freedom restricting measures, counselling protocol on falls; checking of medication especially in cases of replacements/multiple prescriptions, standard for	*Processes and guidelines:* dealing with abuse and fixation, process guidelines for the rejection of medication by residents (general acceptance; documentation; information of the medical doctor).

	"handling medication". *Implementation of additional services:* service emergency help-line (max. reaction time 30 min), 24 hour availability of service, extending assignments at short notice, bridging gap during waiting periods by making resources available, relief measures for relatives, co-operation with communal partners: district care authorities, municipal advice agency or social psychiatric service. *Staff training:* training of care professionals on handling medication and the effects of medication.	*Implementation of additional services:* evaluation of medication in regular intervals; room-keys for residents; anonymous suggestions box for residents and staff. *Staff training:* Prevention of abuse; instant dismissal of abusive staff.
Privacy	*Processes and guidelines:* grievance management; evaluation of care mission statement at regular intervals; question of spiritual guidance clarified on enrolment; standards on hygiene and cleanliness; standards on dealing with client's property; standards on dealing with client's keys; regulation on not accepting gifts; regulation on handling private property. *Implementation of additional services:* same sex care staff if desired; arranging of meetings with relatives; flexible working hours and locations (with relatives for instance); care documentation folder will be kept in service office if client requests this. *Staff training:* workshops to sensitise for dignity of care, code of conduct as part of annual performance appraisal; self-awareness workshops for "dignity of care" and communication; initial training concept and initial training	*Processes and guideline*: memorandum how to deal with residents; standards for respect of privacy and the intimate sphere (e.g. locked doors during care, use of curtains/room dividers in shared rooms; "do not disturb signs"; room for retreat/personal phone calls); residents may reject members of the staff. *Implementation of additional services:* In-house mending of personal clothes; open visiting hours; individual security containers; anonymous survey among residents. *Staff training:* sensitising of new staff for dignity of care; encouragement of residents to express their concerns during move-in process.

	assessment; ethical workshops and case conferences; further training on culturally sensitive care for the aged.	
Qualified and person-oriented care, support and treatment	*Processes and guidelines:* Pain management (pain expert standard, pain assessment, pain diary in care documentation software, further training; handling pain killers), 'staff familiarisation concept' (such as initiation day for new staff members); Charter as part of contract between institution head and management; grievance management; standard for introductory interview; reflection interview six to eight weeks after start of contract; transition management; daily (and weekly) case conferences; regular service consultations with care staff and domestic staff; documentation shared with general practitioners and uniformly used; evaluation discussions with service providers; standards on for example "nutrition", "attitude to HIV/AIDS". *Implementation of additional services:* employment of a wound manager; primary nursing system; biography work; routine care and support visits; care service management consultation hours also at weekends; training of volunteers; internal audits. *Staff training:* structured annual training concept; instructions for	*Processes and guidelines:* Consideration of residents' biography and cooperation with relatives; evaluation of the staff in regular intervals; intermediate evaluation in trial period; checklist for hospital transfer; yearly survey of residents, relatives and custodians; mutual visits of residential area managers. *Implementation of additional services:* flexible needs-oriented working hours; optimisation of collaboration with external co-operation partners: fixed contracts with wound management services, medical doctors; co-operation with pain therapists; communal co-operation networks/round tables, surveys among external co-operation partners; continuous offer of beverages and finger-food; residents have free choice where to have a meal. *Staff training:* "staff health feedback talks" after periods of illness and

	self-care (back training, Qi Gong courses, prevention courses via health insurance funds); health pass; staff training on complicated or rare diseases; discussion group on palliative care.	other absence; regular multidisciplinary care conferences; leadership workshops; participation of residents and relatives in internal quality audits; staff training to sensitise for communication issues in care.
Information, counselling, informed consent	*Implementation of additional services:* Comprehensive counselling on ways of assistance by social workers and carers (including home visit counselling); arrangements with advisory bodies, authorities, health and long-term care insurances; opportunity for those seeking help to talk outside official consultation hours; information evenings and events on what home care services offer in clubs and associations; cost estimates in detail with break-down of costs; detailed information package on care provisions; participation in networking with care centres; option of all official business with authorities to be taken over by home care service (partly for a fee).	*Implementation of additional services:* Comprehensive counselling during move-in, including detailed and comprehensible information on costs, services and quality; information on house rules; trial habitation; counselling and training offers for relatives; publication of quality reports.
Communi-cation, esteem and participation in society	*Implementation of additional services:* help in obtaining and handling aids and appliances; contact with medical supply shops and similar partners; organising cinema visits; joint outings to theatre; arranging visitor services; organisation of family celebrations in care institutions for the elderly run by funding body; annual outings; arrangement of assisted	*Processes and guidelines:* dealing with residents' assistive devices. *Implementation of additional services:* home visits by medical specialists; co-operation with occupational and speech therapists; biographical work; information on events; joint activities in small groups (e.g. cooking, music, art); care home journal; co-operation with communal organisations (e.g. kindergarten, schools, carnival society); personal invitation of the residents to events and activities; in-

	transport services; use of media facilitated if desired (newspaper, TV, radio); care service holiday offers; games afternoons; newspapers positioned to facilitate reading by those with sight impairments; book of wishes; letters only read out loud if explicitly requested; storage place for letters according to wishes of bedridden care recipient (viewing by third parties should be prevented); escorts to polling stations; if postal vote, letters are taken to post office; "fun group" set up by staff for people without relatives and events organised on a voluntary basis; beverages service; inclusion of interpreter; support groups. *Staff training:* employment of gerontopsychiatric professional staff; relatives evenings (i.e. candle light dinners with family members); for dementia patients twice a month; further training on communication skills, especially geared to clients with communication barriers.	house election office; concept for integration and training of volunteers; house rules for persons with dementia.
Respect for religion, culture and beliefs	*Processes and guidelines:* Recording of biographic and religious backgrounds at introductory interview; respect for religious requirements and rituals (i.e. no alcohol in case of clients with Muslim faith, etc, acceptance of hospitality drinks). *Implementation of additional services:* arrangement of home visits by clergy.	*Processes and guidelines:* Assessment of spiritual needs part of move-in interview, including need of support to participate in religious activities for immobile residents (e.g. praying, fasting, church service, home visits by clerics, meditation). *Implementation of additional services:* broadcasting of church services to residents' room, provision of spiritual guidance, regular meetings of residents with religious/spiritual interest; cooperation with local religious organisations and clerics. *Staff training:* culturally sensitive

	Staff training: culturally sensitive work with the aged; biography work; supervision on dealing with themes 'closeness and distance'.	care.
Palliative support, dying and death	*Implementation of additional services:* Questionnaire 'Wishes on End of Life Care";utilization of trained palliative staff; membership of local hospice association; 24 hour service; publicising of what is available on the 'palliative network'; brochure on advance directives is distributed (if required/on request). *Staff training:* further training on 'mourning and death'; interdisciplinary case conferences.	*Processes and guidelines:* Process guidelines for pain therapy and dealing with other straining symptoms; continual care person takes care of needs and wishes, supported by management; living wills are sent in case of hospitalization; biographical work; process guidelines how to deal with residents' living wills *Implementation of additional services:* cooperation with pain therapists; concept for terminal care and cooperation with hospice services; farewell rituals: exhibition of candles for deceased in lounge, transport of the deceased only in coffin and via the main entrance, funeral service after day of death, farewell book; memorial site, farewell room, opportunity to take farewell in deceased residents' room; working group palliative care; in-house brochure for staff.

ANNEX 2: QUESTIONNAIRE FOR THE EVALUATION OF THE IMPLEMENTATION OF THE GERMAN CHARTER BY THE WEDO "GERMAN COALITION"

Evaluation of the dissemination and implementation of the German Charter of Rights for People in Need of Long-Term Care and Assistance (German Charter)
(German Centre of Gerontology)

Questionnaire for the evaluation of existing instruments and measures for the implementation of the German Charter by members of the WeDO's „German Coalition", March 2011

Evaluation of public relations, according to scale 1-4 **1 intensify, 2 continue, 3 finalize, 4 already finalized**		
Measures for dissemination and information	Website on the German Charter	
	Mailings of information material Brochures, flyer, poster, audio books (up to now more than 400.000 copies distributed by German Centre of Gerontology and the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMSFSJ))	
	Press information	
	Support of national and regional Charter events (BMFSFJ)	
	Dissemination of Charter by consumer advice centres	
	Dissemination of Charter by care counselling offices (Pflegestützpunkte)	
	Dissemination of Charter by vocational schools	
	Dissemination of Charter by senior citizens' special interest groups	
	Dissemination of Charter by counselling offices of the health and care insurance funds	
	Advertising for the Charter in specialised press and association newsletters	

Measures to promote reflection and statements on the Charter by stakeholders in the long-term care sector	Dissemination of examples of good practice via website	
	Public statements and requests in regard to the Charta by associations and institutions (including public joint signatures)	
	Regional events (and public joint signatures) on the Charter, on initiative of local stakeholders	
	Publications on the Charter in specialised press	
Evaluation of measures for implementation of the Charter in institutions, according to scale 1-4 **1 intensify, 2 continue, 3 finalize, 4 already finalized**		
Implementation of the Charter in internal quality management	Reference in mission statements of institutions	
	Systematic self-evaluation (-reflexions) according to Charter based self-evaluation manual, eventually adapted to existing quality management system	
	Charter benchmarking circles	
	Quality Circles	
	Ethical Case Conferences	
	„Charter-Godfather": Members of the staff are designated to take care of the implementation of single Charter articles in daily practice	
	Sensitising methods for the perspective of people in need of care („shadowing", poster campaign, theatre, book of wishes)	
	Management: Development of competence profiles, target agreements and human resources development plans	
Implementation of the Charter in vocational training and workshops	Internal workshops, trainings on the Charter (or selected aspects of the Charter)	
	Care home council: Training of members of the staff and advisory board of care homes	
	Use of the Charter for vocational training (textbooks, teaching)	

	Development of practice-oriented training material for the introduction and implementation of the Charter in institutions	
Evaluation of measures for implementation of the Charter in external quality management, according to scale 1-4 **1 intensify, 2 continue, 3 finalize, 4 already finalized**		
The Charter as benchmark for quality of care	(at present still unsystematic) consideration of the Charter in external audits and counselling of the medical advisory board of the health and care insurance funds (at present particularly in regard to quality of life)	
	Reference to the Charter in quality-labelling	
Evaluation of measures for implementation of the Charter to increase transparency of quality care, according to scale 1-4 **1 intensify, 2 continue, 3 finalize, 4 already finalized**		
	Reference to Charter in project „care home register" and transparency criteria of the care insurance funds (according to § 115 para. 1a SGB XI)	
	Reference to Charter in institutions based quality reports	
	(Partly) use of the Charter for indicators to measure quality outcome in care homes	
Evaluation of measures for implementation of the Charter as a reference in political mission statements (e.g. reference to Charter to reason a major care reform ("Pflegeweiterentwicklungsgesetz" 2008)), according to scale 1-4 **1 intensify, 2 continue, 3 finalize, 4 already finalized**		
	Reference in legislation on Federation level	
	Reference in legislation on federal states level	
	The Charter on the agenda of care advisory boards on federal states level	