Quality strategy for the Austrian healthcare system 3.0

Adopted by the Standing Coordination Committee
in June 2025
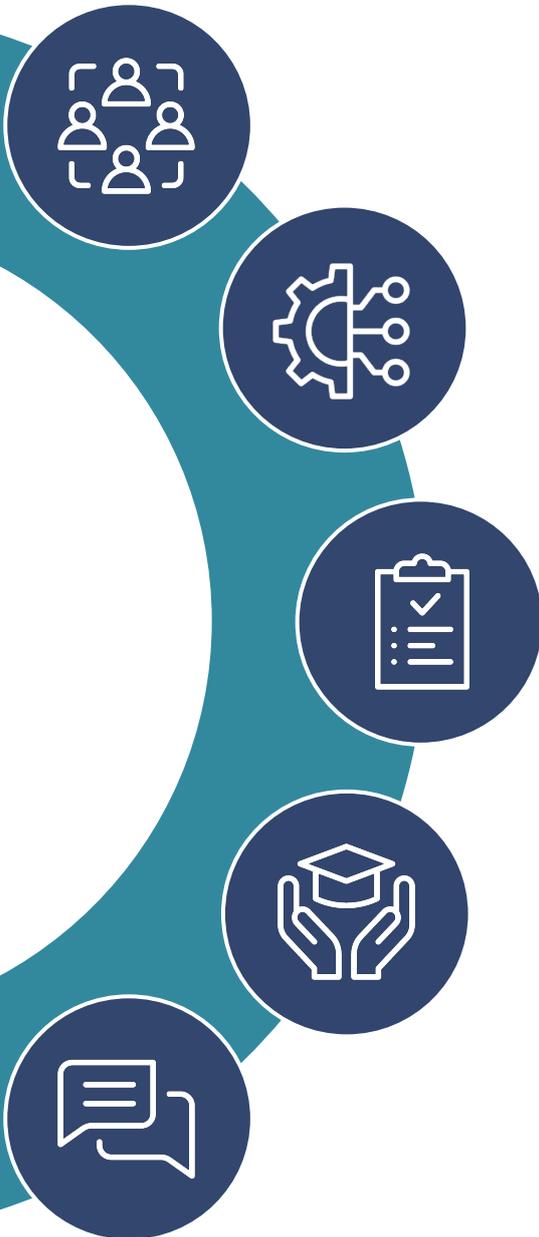
Imprint

Specialized assistance provided by the quality strategy project group and the following experts:

Summary

Background

Since 2010 the quality strategy has laid the foundations for coordinating and pooling quality activities in all sectors. Systematically continuing to develop the Austrian quality system contributes to increasing effectiveness and efficiency, improving care and maintaining the long-term financial viability of the healthcare system.

The 2024–2028 Target-Based Governance Agreement stipulates how work on the quality strategy should continue based on the specifications for the new target-based health governance period with a deadline of mid-2025. The recommended measures agreed in the quality strategy are to be implemented in conjunction with a monitoring process.

Methodology and structure

A **broad participatory process** was chosen as an appropriate method for work on the new quality strategy. Alongside the project group (target-based governance committee), one group of subject-matter experts (representatives of medical societies and professional groups) and a second group of experts by experience (representatives of demographic groups and individual citizens) were set up.

In addition to its vision and goals, the quality strategy outlines quality work (including a framework and legal foundations) as well as the five priority areas for 2025 to 2029. Measures were formulated for the priority areas and, where possible, metrics were assigned to them.

Quality strategy – priority areas for 2025–2029

Operational objective 1

Improving interface management

- Providing support measures to improve communication between health service providers
- Structuring patient pathways with target group specific information about points of contact/services
- Expanding integrated care by designating contact persons for patients

Operational objective 2

Improving quality by using new technologies

- Expanding telehealth solutions with uniform nationwide quality standards
- Making complete patient data easily accessible in ELGA, even for people without social insurance
- Providing quality-assured health information on 1450 or gesundheit.gv.at

Operational objective 3

Expanding measurement of the effectiveness and efficiency of quality measures

- Developing and building on nationwide standardized patient surveys with a special emphasis on PROMs and PREMs
- Continuing work on minimum requirements for quality management
- Fine-tuning independent quality assurance for healthcare professions in the outpatient sector

Operational objective 4

Taking greater account of quality issues in initial/continuing education and CPD for healthcare professions

- Promoting cultural change by embedding quality issues and nationwide quality specifications in initial/continuing education and CPD
- Basing training content on the results of quality measurement

Operational objective 5

Improving transparency

- Building on existing quality information services presented in a way that is understandable to the general public
- Operating and expanding the online health quality portal
- Promoting a safety culture
- Processing quality measurement results for specific target groups

Table of contents

Figures

Tables

Abbreviations

A-HAI	Austrian healthcare associated infections
AIHTA	Austrian Institute for Health Technology Assessment GmbH
A-IQI	Austrian inpatient quality indicators
A-OQI	Austrian outpatient quality indicators
ASVG	General Social Insurance Act (Allgemeines Sozialversicherungsgesetz)
BGLD	Burgenland
BIQG	Austrian National Institute for Quality in Health Care (Bundesinstitut für Qualität im Gesundheitswesen)
BMASGPK	Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection (Bundesministerium für Arbeit, Soziales, Gesundheit, Pflege und Konsumentenschutz)
B-VG	Federal Constitutional Act (Bundesverfassungsgesetz)
CPD	continuing professional development
DFP	professional development programme for doctors (Diplomfortbildungsprogramm)
DiGA	digital health applications (digitale Gesundheitsanwendungen)
DIN	German Institute for Standardization (Deutsches Institut für Normung e. V.)
DRG	diagnosis-related group-based hospital financing (leistungsorientierte Krankenanstaltenfinanzierung, LKF; procedure-oriented hospital financing)
ELGA	electronic health record
EU	European Union
GmbH	limited liability company
GÖG	Austrian National Public Health Institute (Gesundheit Österreich GmbH)
GQG	Health Quality Act (Gesundheitsqualitätsgesetz)
HTA	health technology assessment
ICD	implantable cardioverter defibrillator
ISO	International Organization for Standardization
IT	information technology
KAKuG	Federal Hospital Act (Krankenanstalten- und Kuranstaltengesetz)
KTN	Carinthia
M	measure
NÖ	Lower Austria
OECD	Organisation for Economic Co-operation and Development
OÖ	Upper Austria
ÖSG	Austrian Structural Plan for Healthcare (Österreichischer Strukturplan Gesundheit)
ÖSG-VO	Regulation on the Austrian Structural Plan for Healthcare (Verordnung zum Österreichischen Strukturplan Gesundheit)
ÖZÄK-QSV	Quality Assurance Regulation of the Austrian Dental Chamber (Qualitätssicherungsverordnung der österreichischen Zahnärztekammer)
PaRIS	international patient-reported indicator survey of people living with chronic conditions
PDCA	plan, do, check, act cycle

PFP	courses for nursing staff (Pflegefortbildungspunkte)
PRE(M)s	patient-reported experience(s) (measures)
PrimVG	Primary Healthcare Act (Primärversorgungsgesetz)
PRO(M)s	patient-reported outcome(s) (measures)
QM	quality management
QS-VO	Quality Assurance Regulation (Qualitätssicherungsverordnung)
RSG	Regional Structural Plan for Health (Regionaler Strukturplan Gesundheit)
SBG	Salzburg
STMK	Styria
T	Tirol
UMIT	Private University for Health Sciences and Health Technology in Tirol (Private Universität für Medizinische Informatik und Technik Tirol)
VBG	Vorarlberg
W	Vienna
WHO	World Health Organization
ZS-G	target-based health governance (Zielsteuerung-Gesundheit)
ZV	Federal Target-Based Governance Agreement (Zielsteuerungsvertrag auf Bundesebene)

1 Introduction/Background

The strategically planned and coordinated development of the Austrian quality system contributes to increasing effectiveness and efficiency in the healthcare system in the medium to long term and, thus, to improved care for the general public and the long-term financial viability of the healthcare system as well. The quality strategy lays the foundations for coordinating and pooling quality activities in all sectors. It is regularly reviewed for its validity, deployability and implementation and updated accordingly.

In 2010, the first version of the quality strategy was adopted by the then Federal Health Commission. In 2017, the Federal Target-Based Governance Commission released an updated version (v2.0) of the quality strategy for publication. In 2021, the Standing Coordination Committee continued work on the quality strategy (v2.1) (BMSGPK 2022).

At the end of 2022, work began on evaluating v2.1 in order to gain insights into how well known the quality strategy was, the extent to which it had been implemented and how practicable it was. In addition, topics were noted that went beyond the scope of the previous quality strategy and that could be relevant for an update so as to create a starting point for developing the next quality strategy. The report on evaluating the quality strategy for the Austrian healthcare system (v2.1; Eisenmann et al. 2023) was published in December 2023 after having been approved by the Standing Coordination Committee.

In the 2024–2028 target-based health governance agreement (Zielsteuerung-Gesundheit 2024), the first priority for essential further work in the topic area of quality is continuing work on the quality strategy based on the specifications of the new target-based health governance period, for which a deadline of mid-2025 was set. The recommended measures agreed in the quality strategy are to be implemented in conjunction with a monitoring process.

> High-quality healthcare is patient oriented,
> sustainable, effective, safe and collaborative.
> Communication takes place on equal terms
> at the best point of service
> with due regard to the principle of "digital before outpatient before inpatient".

Figure 1: Quality issues and framework
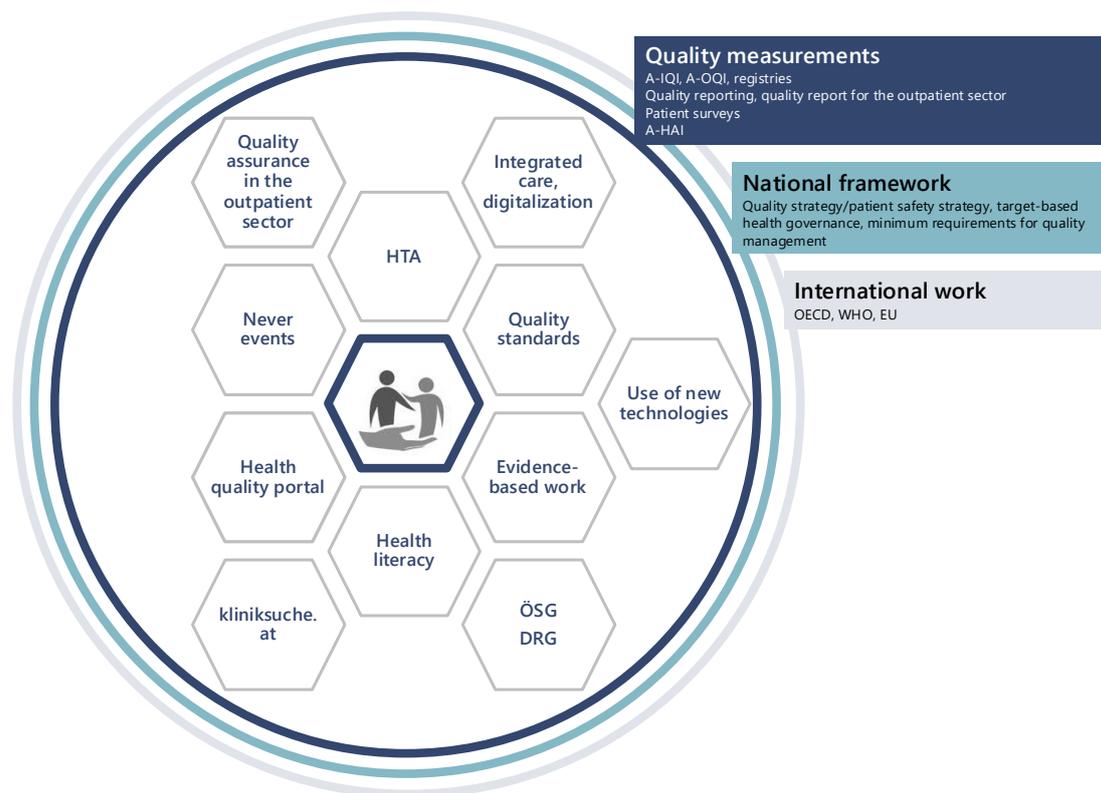
A-HAI = Austrian healthcare associated infections

A-IQI = Austrian inpatient quality indicators

A-OQI = Austrian outpatient quality indicators

DRG = diagnosis-related group-based hospital financing

EU = European Union

OECD = Organisation for Economic Co-operation and Development

ÖSG = Austrian Structural Plan for Healthcare

WHO = World Health Organization)

Source: representation by BMASGPK, modified by GÖG

2 Vision and goals

The Austrian healthcare system has standardized nationwide quality systems in all areas (hospitals, outpatient sector) that are developed continuously on the basis of evaluations. Quality work sustainably promotes patient safety and successful treatment outcomes.

In addition to continuously improving the quality of care and services, a second overarching goal concerns all efforts and measures focusing on the safety of patients and employees alike. Developments in digitalization and increased cooperation between service providers must also be taken into account.

Well qualified, highly competent healthcare personnel are an essential prerequisite for high-quality healthcare. Health service providers participate in the specified quality assurance measures and are actively involved in developing and expanding them to match their professional practice.

Transparent illustrations of health information and the results of quality work support the health literacy of the general public.

The international quality dimensions of safety, effectiveness, patient centredness, timeliness, efficiency, equitability and integration[1] have been defined as universal goals for determining and implementing the current priority areas.

The nationwide quality work carried out by facilities and organizations within the framework of system control corresponds to the goals of target-based health governance. This work makes a significant contribution to increasing effectiveness and efficiency in the healthcare system in the medium to long term and is, thus, instrumental to the long-term financial viability of the healthcare system.

The associated quality measurements cover structure, process and outcome quality indicators as well as the experiences of users of the healthcare system (patients, health service providers). Analyses and evaluations of the results are published and form the basis for the continued development of quality work.

---

[1] Integration is understood to mean care that is coordinated across different levels and service providers with optimal coordination between the service providers.

Figure 2: Target groups of the quality strategy[2]
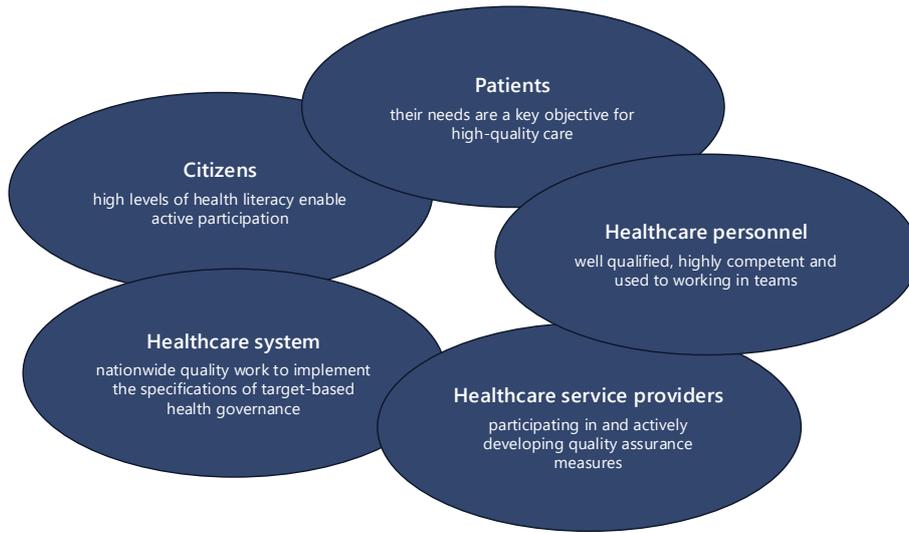
Source and representation: GÖG

Figure 3: Structure of the quality strategy

Quality strategy 3.0				
Vision and goals				
Improving interface management	Improving quality by using new technologies	Expanding measurement of the effectiveness and efficiency of quality measures	Taking greater account of quality issues in initial/ continuing education and CPD in healthcare professions	Improving transparency
Ongoing quality work at federal level on				
quality of care quality measurement patient safety → strategy transparency				
National framework and legal foundations				
International work: OECD, WHO, EU				

Source and representation: GÖG

---

[2] **Health service providers** are doctors and other self-employed healthcare professionals working in the outpatient sector, in hospitals, dispensing chemists and care facilities.
Healthcare personnel covers everybody working in the healthcare system, especially those in healthcare professions.

3 Methodology

Since the participation of stakeholders, patients and their representatives is a priority in the current target-based health governance period, a **broad participatory process** was chosen as an appropriate method for work on the quality strategy. Alongside the project group (committee) made up of representatives from the federal states, social insurance institutions and federal government, one group of subject-matter experts (representatives from quality management in the inpatient and outpatient sectors, medical societies and various professional groups) and a second group of experts by experience (self-help organizations, those with lived experience of poverty or migration, representatives of demographic groups) were set up. The goal was to make the planned quality work for target-based health governance transparent and to obtain feedback on the priority areas identified by the project group in workshops.

In the **2024–2028 Target-Based Governance Agreement**, activities for this period in the topic area of quality were agreed upon by the partners of target-based health governance and subdivided into two operational objectives and further essential work. This is the basis for the work presented in Chapter 4 on quality in the Austrian healthcare system. Individual sections address the related measures and further essential work taken from the Target-Based Governance Agreement and presented in tabular form.

Evaluations are an essential component of the public health action cycle (plan, do, check, act). Therefore, the results of the **evaluation of v2.1 of the quality strategy** are one of the foundations for improving it still further. One issue to be considered in this context was integrating patients' perspectives more strongly.

The **cross-sectoral patient survey** (BMSGPK 2023) is a good tool, particularly at the interfaces between the inpatient and outpatient sectors (also one of the topics identified in the evaluation as requiring further attention). The results of the last survey informed recommendations for action, which were approved by the target-based health governance partners, representing a further component for improvement.

In order to involve key stakeholders in updating the quality strategy, a survey of topics that need to be given greater consideration was conducted at the **quality symposium** held in spring 2024 in the form of a collection of handwritten post-it notes.

The Federal Target-Based Governance Agreement and the three components mentioned above form the basis for the **priority areas in the quality strategy for 2025–2029.** Based on the results of the evaluation (the survey in particular), the recommendations for action from the patient survey and the topics collected at the symposium, topics were identified, clustered and prepared before being submitted to the quality strategy project group for prioritization. Measures for the prioritized topics were then developed and discussed in two workshops with subject-matter experts and experts by experience before being finalized in a joint meeting attended by everybody involved in the process. Each priority area was assigned measures and, where possible, metrics.

4 Quality in the Austrian healthcare system

Alongside a definition of quality in the healthcare system and its legal foundations, this chapter should provide an overview of quality work at federal level. The work is carried out within the framework of target-based health governance and is determined by the objectives, measures and further essential work listed in the catalogue of objectives and measures in the **2024–2028 Federal Target-Based Governance Agreement**. The quality strategy only includes measures and further essential work in the topic area of quality, which are presented in tabular form.

4.1 Framework and legal foundations

The Austrian **Health Quality Act** provides the framework for quality, transparency and patient safety in Austria. It defines quality as "the degree to which the characteristics of patient oriented, transparent, effective and efficient healthcare services are fulfilled".

Optimizing the quality of structures, processes and outcomes is a central concern of quality work. To ensure this optimization, quality work in Austria takes place on all levels in the healthcare system.

On the organizational level, quality work takes the form of **quality management**, which includes measures for planning, monitoring and optimizing processes, with the aim of achieving a continuous process of improvement that can be described using the PDCA cycle (plan, do, check, act).

Other legal foundations relevant for quality work are listed below, without claiming to be exhaustive:
- Krankenanstalten- und Kuranstaltengesetz (KAKuG; Federal Hospital Act), esp. § 5b on quality assurance
- Hospital acts at federal state level (BGLD, KTN, NÖ, OÖ, SBG, STMK, T, VBG, W)
- Gesundheitsfondsgesetze (Health Fund Acts) at federal state level (BGLD, KTN, NÖ, OÖ, SBG, STMK, T, VBG, W)
- Legal foundations for **target-based health governance**:
  - Agreement pursuant to Article 15a of the Bundes-Verfassungsgesetz (B-VG, Federal Constitutional Act) on the Organization and Financing of the Healthcare System
  - Agreement pursuant to Article 15a of the Bundes-Verfassungsgesetz (B-VG, Federal Constitutional Act) on Zielsteuerung-Gesundheit (target-based health governance)
  - Vereinbarungsumsetzungsgesetz (VUG; Agreement Implementation Act)
  - Zielsteuerungsvertrag auf Bundesebene (Themenbereich Qualität; Federal Target-Based Governance Agreement, topic area of quality)
- Legislation on healthcare professions (including the Ärztegesetz 1998 [ÄrzteG; Medical Practitioners Act] and Gesundheits- und Krankenpflegegesetz [GuKG; Healthcare and Nursing Act]). Explicit provisions on quality assurance can only be found in the Medical Practitioners Act and Dental Practitioners Act (Zahnarztgesetz; ZÄG)
- Qualitätssicherungsverordnung 2024 (QS-VO; Quality Assurance Regulation)
- Qualitätssicherungsverordnung der österreichischen Zahnärztekammer (ÖZÄK-QSV; Quality Assurance Regulation of the Austrian Dental Chamber)

- Allgemeines Sozialversicherungsgesetz (ASVG; General Social Insurance Act)
- Primärversorgungsgesetz (PrimVG; Primary Healthcare Act)
- Arzneimittelgesetz (AMG; Medicinal Products Act, as a basis for drug safety)
- Bundespflegegeldgesetz (BPGG; Federal Care Allowance Act), particularly the section on quality assurance
- Federal act on documentation in the healthcare system as a basis for the documentation of diagnoses and services in particular in the entire outpatient and inpatient sectors
- Bundesgesetz über die Gesundheit Österreich GmBH (GÖGG; Federal Act on the Austrian National Public Health Institute)
- Gesundheits- und Ernährungssicherheitsgesetz (GESG; Health and Food Safety Act)
- Österreichischer Strukturplan Gesundheit (ÖSG; Austrian Structural Plan for Healthcare) and Regionale Strukturpläne (RSG; Regional Structural Plans), with the Regulation on the Austrian Structural Plan for Healthcare (ÖSG-VO) laying down which parts of the national plan are binding
- Medizinproduktegesetz (MPG; Medical Devices Act)

There are also Austrian standards that can be used to regulate quality assurance and management. Most of them are based on European standards such as DIN EN 15224, which is based on ISO 9001:2008.

4.2 Quality of care

One of the goals of healthcare is to ensure a high quality of care. In Austria's Health Targets, quality of care relates to the level of performance of existing healthcare. That means meeting the implicit and explicit needs of patients in the best possible way. This is based on available resources and state-of-the-art of science and medicine.

Based on Donabedian's quality framework, quality of care is defined by quality indicators for structures, processes and outcomes as well as the evidence base necessary for quality work. The topic of quality measurement is presented in Section 4.4.

4.2.1 Austrian Structural Plan for Healthcare[3]

The Austrian Structural Plan for Healthcare is the central instrument for planning integrated care at federal level; it is a master plan that has been jointly developed and adopted by the federal government, federal states and social insurance institutions. It contains binding specifications for planning the healthcare system at federal state level (regional structural plans for healthcare) as well as criteria for a uniform quality of care nationwide.

As a "living document", the Austrian Structural Plan for Healthcare is updated in accordance with the specifications of target-based health governance on an ongoing basis. Necessary additions arising while maintaining and updating the structural plan are proposed jointly by the federal government, federal states and social insurance institutions in accordance with jointly

---

[3] https://goeg.at/OESG [accessed on 24.06.2025].

determined priorities. In line with target-based health governance, the current focus for additions is on the outpatient sector.

The basis for quality of care in both the outpatient and inpatient sectors focuses on structural quality; it is covered in Chapter 3 of the Austrian Structural Plan for Healthcare.

Based on the Austrian Structural Plan for Healthcare there are **regional structural plans (RSG)** for every federal state (BGLD, KTN, NÖ, OÖ, SBG, STMK, T, VBG, W).

Both the Austrian Structural Plan for Healthcare and the regional structural plans are subject to ongoing **monitoring** by the Austrian National Public Health Institute (GÖG, goeg.at).

4.2.2 Diagnosis-related group-based hospital financing[4]

In Austria, the diagnosis-related group (DRG)-based hospital financing system is used to reimburse inpatient and hospital outpatient services in acute care hospitals on the basis of flat rates per case. The goals behind this system include the increased transparency of costs and procedures, a more optimal use of resources and a reduction in unnecessary multiple procedures. The DRG-based hospital financing model is updated annually within the framework of target-based health governance.

The DRG-based hospital financing system is particularly relevant for quality because of the data it collects for planning, monitoring and managing inpatient and hospital outpatient healthcare as well as for quality assurance and quality control within a defined scope. In addition, staffing needs and the range of services are defined for individual areas. Quantitative staffing standards count as one of the most important indicators of structural quality.

4.2.3 Integrated care

In accordance with target-based health governance, integrated care is defined as patient oriented, continuous, cross-sectoral, interdisciplinary and/or multiprofessional care that is based on standardized care concepts (guidelines, quality standards, patient pathways, etc.) and relates to defined clinical indications and specific demographic groups. It involves the alignment of processes and organizations (cf. also the Austrian Structural Plan for Healthcare).

In the 2024–2028 Target-Based Governance Agreement, integrated care is addressed in Strategic objective 2, "Ensuring public satisfaction by optimizing care and treatment processes" and in Operational objective 7, "Improving integrated care" (cf. Table 1 below).

To support such care processes, new nationwide IT structures will be created on the basis of existing ELGA infrastructure for the integrated care of people living with chronic conditions – with the aim of ensuring that everybody involved in integrated care can use the same IT infrastructure. This will enable medical and technical/routine data to be documented, provided and accessed in a uniform manner. Workflows can also be supported across organizational boundaries, including the integration of telemonitoring data.

---

[4] https://www.sozialministerium.at/Themen/Gesundheit/Gesundheitssystem/Krankenanstalten/Leistungsorientierte-Krankenanstaltenfinanzierung-(LKF).html [accessed on 24.06.2025].

Table 1: Operational objective 7 "Improving integrated care"

Measures	Deadline
M1: Developing and finalizing the medical, legal and technical (ELGA) framework for implementing current concepts for integrated care for type 2 diabetes and congestive heart failure – including evaluations – as templates for additional concepts for integrated care for people living with chronic conditions	End of 2026
M2: Developing at least two other concepts for integrated care for people living with chronic conditions	End of 2028
M3: Optimizing care for people with disabilities	Ongoing
M4: Giving greater consideration to flat-rate or bundled remuneration to support integrated care	End of 2028

Source: Target-Based Governance Agreement 2024–2028

4.2.4 Quality standards

Quality standards define nationwide requirements for patient care focusing on processes and organizational frameworks. In view of the anticipated effects, recommended measures should be as evidence based as possible and their implementation as feasible as possible. The Health Quality Act forms the basis for these quality standards. The Minister of Health can issue quality standards as federal quality directives or recommend them as federal quality guidelines.

An overview of the quality standards can be found here (in German): https://www.sozialministerium.at/Themen/Gesundheit/Gesundheitssystem/Gesundheitssystem-und-Qualitaetssicherung/Qualitaetsstandards.html

In the Target-Based Governance Agreement, specifications for quality standards are addressed under **further essential work in the topic area of quality**.

Table 2: Specifications for quality standards (further essential work)

Specific tasks	Deadline
Evaluating and updating the methods for drawing up quality standards in accordance with the Health Quality Act	End of 2026
Finalizing quality standards including indicators and the development of related patient information guides	Ongoing
Standardizing evaluations using defined indicators/surveys and updating quality standards (which are generally valid for a period of five years)	Ongoing
Prioritizing new topic areas for quality standards on a regular basis using a standardized procedure	Ongoing
Drawing up new quality standards and topic areas in accordance with priorities	Ongoing
Monitoring the implementation of quality standards on a regular basis, preferably using routine data	Ongoing

Source: Target-Based Governance Agreement 2024–2028

4.2.5 Evidence-based work

Systematic literature reviews, quality assessments and the structured processing of results serve as the foundation for evidence-based work. This evidence is then contextualized by involving Austrian and, where appropriate, international experts. Against this backdrop, transparent policy advice is provided. In Austria, research on quality in healthcare is carried out by research

institutes (including AIHTA, Cochrane Österreich), universities (UMIT) and government agencies (including the Austrian National Public Health Institute, GÖG).

Health Technology Assessment

Health technology assessment (HTA) is a multidisciplinary process that uses explicit methods, with an evidence-based approach being an integral part. HTA determines the value of a health technology (e.g. medical devices, pharmaceuticals and various medical procedures) in relation to clinical and non-clinical parameters. This includes, for example, the effectiveness and safety of an intervention but also the social, organizational, legal and ethical consequences associated with using health technology. The purpose of HTA is to inform political decision making in order to promote an equitable, efficient and high-quality healthcare system.

In the Target-Based Governance Agreement, HTA and evidence syntheses are addressed under **further essential work in the topic area of quality** as follows:

Table 3: Specifications for HTA and evidence syntheses (further essential work)

Specific tasks	Deadline
National implementation of the EU Regulation on HTA	Beginning of 2025
Systematic processing of evidence (incl. quality assessments)	Ongoing

Source: Target-Based Governance Agreement 2024–2028

4.3 Quality measurement

The goal of quality measurement is to collect and analyse clinical quality measures as a basis for optimizing the quality of medical care.

Quality measurement involves examining courses of treatment and their outcomes in both inpatient and outpatient settings. In addition, existing structures and processes are monitored that have a significant impact on the quality of services. Patients' assessments of strengths and weaknesses as well as areas for improvement in healthcare provide valuable input for quality work in the healthcare system.

4.3.1 Quality reporting

In accordance with the Federal Hospital Act, hospitals are obliged to participate in nationwide quality reporting. To this end, the Austrian National Public Health Institute (GÖG) regularly collects information on various topics such as quality models, patient and employee surveys or complaint and risk management in hospitals via a secure-access platform. The entries are then anonymized, summarized in national reports and published on the website https://goeg.at/Qualitaetsplattform.

Participating facilities, hospital operators and representatives of the federal states are thus given the opportunity to compare themselves with aggregated results (e.g. Austria as a whole), which can then inform possible improvements in their own institution(s). Selected content is also published on kliniksuche.at.

Since 1st January 2025, clinical psychologists, psychotherapists and music therapists have also been required by the laws regulating their professions to participate in quality reporting.

In the Target-Based Governance Agreement, quality reporting is addressed under **further essential work in the topic area of quality** as follows:

Table 4: Specifications for quality reporting (further essential work)

Specific tasks	Deadline
Quality reporting for independent outpatient clinics, acute care hospitals, hospitals with inpatient rehabilitation units, hospitals with long-term, convalescent and preventive care	Beginning of 2025
Quality report for the outpatient sector	Annually

Source: Target-Based Governance Agreement 2024–2028

4.3.2 Austrian inpatient quality indicators (A-IQI)/Quality registries

The **Austrian inpatient quality indicators (A-IQI)** system[5] uses indicators from routine data and hospital-based registries to detect anomalies and a peer review process to identify potential for optimization.

This involves analysing and evaluating relevant information on specific clinical indications or medical services such as mortality rates, intensive care admission rates, complications, volume information and surgical techniques as well as care and process indicators. Based on this analysis, if any anomalies are found during the peer review process, quality improvement measures are developed in collaboration with those responsible for such matters at the hospital concerned.

In addition to the regular quality indicators, several other metrics are now included in the A-IQI process such as additional evaluations, quality registries and analyses of the quality of care/care density.

In the Target-Based Governance Agreement, A-IQI is addressed under **further essential work in the topic area of quality** as follows:

Table 5: Specifications for A-IQI (further essential work)

Specific tasks (see also section on transparency)	Deadline
Evaluating and expanding kliniksuche.at	End of 2027
Increasing internal transparency between partners involved in target-based health governance	Annually

Source: Target-Based Governance Agreement 2024–2028

Quality registries are electronic databases for medical treatments and can be regarded as a special form of patient registries. They are primarily run to optimize healthcare on a systemic level and serve as a statistical basis for planning, quality assurance and quality reporting. The Austrian National Public Health Institute (GÖG) runs and updates the following nationwide

---

[5] https://www.sozialministerium.at/Themen/Gesundheit/Gesundheitssystem/Gesundheitssystem-und-Qualitaetssicherung/Ergebnisqualitaetsmessung.html [accessed on 24.06.2025].

quality registries on behalf of the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection:

- the stroke unit registry
- the cardiac surgery registry
- the pacemaker, ICD and loop recorder registry.

Each registry collects quality data that are also processed within the A-IQI system. Anonymized registry reports are compiled and published once a year.

In Austria, various organizations and societies (e.g. universities, medical societies,) also maintain quality registries on a voluntary basis. One example would be the Austrian Registry of Deliveries (GRÖ).

In the Target-Based Governance Agreement, quality registries are addressed in **Operational objective 8, "Ensuring quality in the entire healthcare system"** and under **further essential work**.

Table 6: Specifications for quality registries (further essential work)

Measure/specific tasks	
M3: Designing, setting up and working on a common (quality) strategy for registries (incl. definitions of standards, registry interfaces)	Mid-2025
Managing and regularly fine-tuning existing quality registries	
Finalizing the strategy pertaining to nationwide quality registries incl. stipulation of relevant criteria	End of 2024
Establishing new quality registries based on the results of the strategy for registries	End of 2028

Source: Target-Based Governance Agreement 2024–2028

4.3.3 Surveillance of healthcare associated infections (A-HAI)

Healthcare associated infections (HAI) are infections that are causally related to treatment in a healthcare facility (e.g. hospital, nursing home, doctor's practice, etc.) and were not present in the patient before their treatment. HAIs are associated with higher morbidity and mortality. For healthcare systems, the healthcare costs caused by HAIs are also relevant. Preventing HAIs is one of the core tasks of the hygiene team and surveillance of HAIs leads to a significant reduction in their occurrence. Pursuant to the provisions of the Federal Hospital Act, all hospitals in Austria are obliged to participate in an approved surveillance system for recording such infections. There are currently four such surveillance networks in use in Austria. The relevant data are collected and transmitted to the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection once a year by the network operators; an annual report is also published.

https://www.sozialministerium.at/Themen/Gesundheit/Gesundheitssystem-assoziierte-Infektionen-und-Krankenhaushygiene.html has further information on HAIs.

4.3.4 Quality assurance in the outpatient sector

For doctors working in the outpatient sector, the specifications (regarding evaluation criteria and the process) are laid down in the Quality Assurance Regulation appended to the Medical Practitioners Act, which was enacted in 2024 and is legally binding until the end of 2027 (the

cycle began in 2023). In a five-year cycle, all doctors with single and group practices (regardless of their contract status with a social insurance provider) take part in a self-evaluation carried out by the Austrian Society for Quality Assurance and Quality Management in Medicine (ÖQMED). Subsequently, a random sample of ten per cent is selected from the positive self-evaluations. In the selected single or group practices, on-site inspections are carried out by peers who, together with the doctors, review the results of the self-evaluation and, if necessary, propose solutions for improvement. This process, as well as reviews based on complaints, is organized by the Austrian National Institute for Quality in Health Care (commissioned by the federal ministry responsible for health).

For further information, see https://www.gesundheit.gv.at/service/professional/qsp.html.

In the dental sector, the Quality Assurance Regulation was appended to the Dental Practitioners Act in 2022. It specifies the relevant structural and process criteria as well as the process itself and is organized by "medQ.at – Dr. Roman Haas Medical Quality GmbH".

In 2024, mandatory participation in a quality reporting process was also stipulated in the laws regulating psychotherapists, clinical psychologists and music therapists.

Beyond that, there are no legal regulations regarding uniform nationwide quality assurance for health service providers. The minimum requirements for quality management for all health service providers are laid down in a binding agreement covering quality assurance in the outpatient sector.

In the Target-Based Governance Agreement, quality assurance in the outpatient sector is addressed in Measure 1 of **Operational objective 8, "Ensuring quality in the entire healthcare system"**:

Table 7: Specifications for quality assurance in the outpatient sector (further essential work)

Measure	Deadline
M1: Developing and continuing work on independent, standardized nationwide quality assurance systems in conjunction with and for each group of health service providers in the outpatient sector, incl. transparent reporting	End of 2026

Source: Target-Based Governance Agreement 2024–2028

4.3.5 Austrian outpatient quality indicators (A-OQI)

In order to develop indicators for the outpatient sector on the basis of routine data, it is necessary to gather data from this sector. Mandatory medical coding has been in place since 2016 although the service catalogues of the various social insurance providers have to be mapped onto the ministry's standardized nationwide service catalogue – with limited data quality that needs to be improved. Outpatient coding is to be introduced for contracted healthcare facilities and hospital outpatient departments in 2025 and for non-SHI accredited doctors in 2026. In order to make best use of the time until the A-OQI has been implemented, quality circles were chosen and set up as a quality assurance tool for doctors working in the outpatient sector.

The aim behind **A-OQI quality circles** is to enable doctors working in the outpatient sector to discuss the care of patients with a (chronic) condition (diabetes, atherosclerotic diseases) as

specified for that year as well as potential improvements in their care; this then informs measures to optimize care in the local district where they work – using a structured feedback questionnaire. This feedback is followed up on by the A-OQI project group. The Austrian Society for Quality Assurance and Quality Management in Medicine is responsible for coordinating the A-OQI quality circles.

In the Target-Based Governance Agreement, A-OQI is addressed in Measure 2 of **Operational objective 8, "Ensuring quality in in the entire healthcare system"**:

Table 8: Specifications for A-OQI (further essential work)

Measure	Deadline
M2: Working on cross-sectoral quality indicators for the outpatient sector (A-OQI) based on routine/administrative documentation for standardized nationwide diagnoses and services in the inpatient and outpatient sectors	End of 2028

Source: Target-Based Governance Agreement 2024–2028

4.3.6 Patient surveys, PREMs/PROMs

Patients' assessments of the strengths, weaknesses and areas for improvement in healthcare provide valuable input for quality work in the healthcare system.

In Austria, health service providers independently conduct a wide range of patient surveys within their own facilities. A comprehensive survey for the outpatient sector is currently being developed by the Competence Centre for Integrated Care.

On behalf of the Federal Target-Based Governance Commission, the Austrian National Public Health Institute (GÖG) regularly surveys patients' experiences with the healthcare system in its **cross-sectoral patient survey.**[6] Of particular interest are their experiences with workflows between the outpatient and inpatient sectors, i.e. transitions from one sector to the other. Two surveys have already been conducted (2015 and 2022), the results of which are informing recommendations for action that, in turn, serve as a basis for improvements.

Patient-reported outcomes (PROs) are direct reports provided by patients on any outcomes related to their health or treatment, such as quality of life or symptoms. A distinction can be made between generic PROMs and condition-specific PROMs.

Patient-reported experiences (PREs) measure patients' experiences, such as their satisfaction, subjective experiences (e.g. pain management) or objective experiences (e.g. waiting for an initial appointment). PREMs can be influenced by patient expectations, particularly in relation to measurements of satisfaction, which is why these should be considered a subgroup of PREMs.

In the Target-Based Governance Agreement, patient surveys are addressed in Measure 4 of **Operational objective 8, "Ensuring quality in the entire healthcare system"**:

---

[6] https://www.sozialministerium.at/Themen/Gesundheit/Gesundheitssystem/Gesundheitssystem-und-Qualitaetssicherung/Qualitaetsberichterstattung/Patientinnen--und-Patientenbefragung-2015.html [accessed on 24.06.2025].

Table 9: Specifications for patient surveys (further essential work)

Measure/specific tasks	Deadline
M4: Continuing to develop and periodically carrying out cross-sectoral patient surveys with a special emphasis on patient-reported experiences and outcomes (PREMs/PROMs) and publications as well as deriving measures and participating in international initiatives (PaRIS/OECD)[7]	End of 2028

Source: Target-Based Governance Agreement 2024–2028

4.3.7 Evaluations

Evaluation research

In various areas of the healthcare system, projects, measures and other interventions include evaluations to systematically assess the results (effectiveness and efficiency) but also to measure and evaluate how they were carried out (processes, implementation). The results of an evaluation can provide evidence of learning experiences, contributing to the optimization of measures, but can also pave the way for making decisions as to which pilot schemes should be implemented on a permanent basis, for example.

Economic evaluations

Health economics plays a vital role in improving quality in the healthcare system. Economic analyses help ensure that resources are used efficiently. Cost-benefit or cost-effectiveness analyses are key methods in this area. Health economics promotes the measurement of quality, develops incentive systems and analyses the effects of technology and innovation. Health economic modelling can be used to estimate future demand for services and to plan capacities.

4.4 Patient safety

Patient safety encompasses all precautions taken to ensure the safety of patients by minimizing or preventing risks, adverse events, errors and harm in the course of medical care. This can be achieved, for example, through continuous improvements in quality or by introducing specific measures. By regularly reviewing and improving their workflows and, where necessary, establishing process-oriented standards, healthcare facilities can ensure that care is provided in the best possible way and that adverse events are prevented as far as possible.

However, it is not only patients who benefit from optimized processes but also those who work in this demanding environment. Staff in the healthcare system are confronted with potential risks and stress on a daily basis. Optimized processes can contribute significantly to reducing workloads, avoiding stressful situations and ensuring the safety of staff and, in turn, that of patients.

---

[7] Participation in PaRIS requires budgetary resources to be clarified.

As patient safety is a key issue in quality assurance, related work at federal level and recommendations for action are set out in the **patient safety strategy** (BMASGPK 2025).

Patient safety is addressed under **further essential work in the topic area of quality**.

Table 10: Specifications for patient safety (further essential work)

Specific tasks	Deadline
Reconceptualizing the patient safety strategy in line with work on the quality strategy	Mid-2025
Creating a (legally binding and organizational) framework in order to implement the measures recommended in the patient safety strategy	Mid-2026

Source: Target-Based Governance Agreement 2024–2028

4.5 Transparency

Providing transparent, reliable information on the services offered by the healthcare system as well as on their quality is a cornerstone of high-quality healthcare, as is ensuring that this information is easily accessible and presented in a comprehensible manner. Freely accessible information portals can convey information in language that is understandable to laypeople; they can also help patients make informed decisions, thus contributing to individuals' health literacy.

The internal transparency of quality data for individual health service providers is an equally important element.

In the Target-Based Governance Agreement, transparent information on quality work is addressed under **further essential work in the topic area of quality**.

Table 11: Specifications for transparent information on quality work (further essential work)

Specific tasks	Deadline
Providing information on quality work for key stakeholders in the Austrian healthcare system as well as expert audiences, the general public and patients	2025
Setting up a section on kliniksuche.at or the health quality portal for health service providers/partners of target-based health governance (data management cockpit)	End of 2026

Source: Target-Based Governance Agreement 2024–2028

4.5.1 Health quality portal (gesundheit-qualitaet.gv.at)[8]

Projects and work on quality are carried out on all levels of the healthcare system in Austria by various stakeholders. The health quality portal presents these topics in one place and in a clear manner.

---

[8] https://qualitaet-gesundheit.gv.at [accessed on 24.06.2025].

The goal of the portal is to provide a comprehensive overview of Austrian health topics related to quality, to initiate and promote cooperation between key stakeholders in the Austrian healthcare system and to bridge the gap between science and practice-oriented research.

The contents of the portal are primarily aimed at people working in the healthcare system but also at patients or members of the general public who are interested in the topics it covers.

4.5.2 National health portal (gesundheit.gv.at)[9]

Austria's national health portal provides independent, quality-assured and service-oriented information on all aspects of health and illness. This service is intended to strengthen the health literacy of the general public and, thus, also to underpin patient safety.

gesundheit.gv.at provides information on topics related to health care, prevention and screening, on the range of health services available and how they are financed, on the organization and structures of the Austrian healthcare system as well as on activities carried out by the European Union and other supranational organizations in the field of health. The goal of the public health portal is to provide quality-assured objective information and services for members of the general public who are interested in it/them. In line with efforts to improve access to health services and strengthen participation in health-related decisions in the spirit of patient empowerment, the information offered is primarily aimed at the general public but expert audiences would be another target group.

4.5.3 "Find services near you" (kliniksuche.at)[10]

Kliniksuche.at (released on 6th April 2016) is a project dating back to the 2013 health reform in the area of quality and patient safety and organizationally embedded in the A-IQI system (cf. Subsection 4.3.2). It has the following goals:
- Patients and their relatives should be given the means to act on their own responsibility and prepare themselves as well as possible for an upcoming, plannable hospital stay;
- Patients and their relatives should be supported in their decision making by a neutral and comprehensible platform;
- The platform should contribute new impulses and also encourage service providers to engage more intensively with quality issues.

Information is currently available on kliniksuche.at in three categories: services/diagnoses, hospitals and departments/outpatient clinics. The information is generated from hospital routine data (DRG), the platform for quality reporting and a structural database (formerly "Spitalskompass", a web-based input mask for hospitals).

In accordance with the Federal Target-Based Governance Agreement, kliniksuche.at will be evaluated and expanded by the end of 2027 (cf. Subsection 4.3.2).

---

[9] https://www.gesundheit.gv.at [accessed on 24.06.2025].
[10] https://kliniksuche.at [accessed on 24.06.2025].

5 Priority areas for 2025–2029

In addition to the quality work laid down in the 2024–2028 Target-Based Governance Agreement that was presented and specified in Chapter 4, priority areas were also selected for the period covered by the quality strategy for which there is a specific need for action in the healthcare system. These priority areas were chosen and ranked by the quality strategy project group, the measures were developed and discussed in a broad participatory process in two workshops with subject-matter experts and experts by experience before being agreed upon jointly and consensually.

The following groups were entrusted with developing the measures:
- the health strategy project group with partners of target-based health governance, namely representatives from the federal government, federal states and social insurance institutions;
- a group consisting of nominated subject-matter experts and representatives from quality management in the inpatient and outpatient sectors, medical societies and various professional groups;
- a group consisting of experts by experience and representatives from self-help organizations and demographic groups as well as those with lived experience of poverty or migration.

The groundwork for the priority areas was based on:
- the results of the evaluation of the quality strategy 2.1;
- recommendations for action based on the results of the cross-sectoral patient survey in 2022 (Santner et al. 2024);
- the results of a survey conducted during the quality symposium held in 2024.

5.1 Interface management

In healthcare, transitions between different care settings (e.g. the transition from a hospital to general practice) or between people (e.g. between members of different healthcare professions or between healthcare professionals and patients) are referred to as interfaces. Challenges at these interfaces include the timely transfer of information and ensuring continuity of care.

Interface management focuses on ensuring seamless, i.e. smooth, safe and efficient, healthcare delivery across the board (from early detection and prevention to aftercare) so that everybody involved has access to all relevant information at all times within clearly defined areas of responsibility. The goal of the quality strategy 3.0 is to continue improving interface management in order to ensure high-quality care.

In the past it became apparent that the interfaces between different sectors/settings in particular need to be improved but there is also room for improvement within sectors/settings.

Integrated care for people living with chronic conditions is singled out in particular as their care often requires frequent changes between settings.

In the work on the patient safety strategy, which is being updated at the same time as the quality strategy, the issue of (information) transitions between health service providers and patients was identified as a priority area. The updated quality strategy should therefore focus on the interfaces between the individual health service providers involved in a patient's care.

Operational objective 1: Improving interface management	
Measures	Metrics
1.1 Providing support measures to improve communication between health service providers[11] including increased dissemination of such measures	
1.2 Structuring patient pathways with target group specific information about points of contact/services for health service providers, patients, their relatives and close associates	Number of initial calls to 1450 concerning health complaints
1.3 Expanding integrated care for people living with chronic conditions, particularly by creating the role of contact persons[12] to function as coordinators for patients	Proportion of people living with chronic conditions in integrated care programmes who know who their contact person is[13]

5.2 Using new technologies

The use of digital technologies is an important tool for improving quality in the healthcare system. For example, a patient's electronic health record (ELGA) contains a lot of important medical information. To ensure that all relevant data can be accessed at the right time by treating doctors or health service providers, these services need to be user friendly and easily accessible.

This plays a particularly important role in integrated care. Shared IT infrastructure for all stakeholders should support the documentation, provision and retrieval of medical and technical/routine data in a uniform manner; it should also help simplify workflows across organizational boundaries and integrate telemonitoring data.

In addition, digital health applications (DiGA) are becoming increasingly important. These are software-based medical or therapeutic interventions for the prevention, documentation or treatment of health problems (e.g. telemedicine). Health apps give their users the opportunity to actively participate in patient-oriented healthcare or to find out about their current health status.

---

[11] For example different methods of communication (e.g. closed-loop communication), digital tools and standardized checklists/process flows.

[12] Case coordination in ELGA.

[13] Source: a new item in a future patient survey.

Operational objective 2: Improving quality by using new technologies	
Measures	**Metrics**
2.1 Expanding telehealth solutions,[14] with uniform nationwide quality standards to be defined for system requirements and content. The classification of telehealth apps as medical devices is to be pursued and examined from a legal and medical perspective.[15]	
2.2 Making complete patient data accessible in ELGA with low-threshold access (user-friendliness). This option should also be examined and, if need be, implemented for patients without social insurance (e.g. with the help of online identification and authentication using ID Austria) so as to provide treating doctors with information about previous illnesses and treatments.	Number of individuals without social insurance whose medical records are stored in ELGA
2.3 Providing quality-assured health information on 1450 or gesundheit.gv.at and promoting it suitably to improve individuals' digital health literacy	Number of visits to gesundheit.gv.at; number of calls to 1450; download statistics for the 1450 app

5.3 Expanding measurement of the effectiveness and efficiency of quality measures

Quality measurement involves measuring and evaluating the quality of structures, processes and outcomes (e.g. patient-relevant outcomes) in the healthcare system using previously defined quality indicators. Methods for doing so include the analysis of routine data or data that were collected systematically for the purpose of quality measurement. Quality measurement in Austria should be intensified across sectors and professional groups.

One example for quality measurement in Austria is quality reporting. For this purpose, an online questionnaire (in the form of a self-evaluation) is used to survey various quality aspects, such as the existence of patient and employee surveys or complaint and risk management, in facilities such as hospitals for which participation in quality reporting is mandatory (in accordance with the Federal Hospital Act).

In the future, quality measurement should focus particularly on PROMs und PREMs (patient-reported outcome/experience measures). One example would be the "cross-sectoral patient survey", in which a random sample of patients take part who were first treated in hospital and then in the outpatient sector (by a general practitioner). So far, the "cross-sectoral patient survey" has mainly asked about PREMs.

In the outpatient sector, doctors and dentists take part in a mandatory, standardized self-evaluation, the results of which are reviewed in a randomized procedure. There is no such obligation for other self-employed healthcare professionals (e.g. physiotherapists, midwives), however.

---

[14] For example teleconsultations, decision support systems.

[15] Particularly for optimizing communication between health service providers and patients as well as for optimizing lay care.

Operational objective 3: Measuring the effectiveness and efficiency of quality measures	
Measures	Metrics
3.1 Collecting and analysing data from standardized nationwide patient surveys in different settings and across settings/sectors, with a special emphasis on PROMs and PREMs; based on this, developing and working on surveys and drawing up a concept for implementing measures informed by the results	Implementation of standardized nationwide patient surveys covering PROMs and/or PREMs
3.2 Continuing work on minimum requirements for quality management as a basis for developing quality assurance systems in the outpatient sector and continuing to develop quality reporting	Publication of the updated minimum requirements for quality management
3.3 Continuing work on independent quality assurance for healthcare professions[16] in the outpatient sector based on minimum requirements and specifications laid down in legislation regulating individual professions	Implementation of independent quality assurance for a least one additional healthcare profession
3.4 Promoting the secondary use of health data, particularly outpatient coding, as well as registry data and routine data from the inpatient sector, and using indicators derived from these data for quality measurement and assurance	Number of cross-sectoral indicators in quality measurement
3.5 Establishing cross-sectoral quality measurement using evidence-based quality indicators	

5.4 Quality issues in initial/continuing education and CPD in healthcare professions

All professional groups/health service providers are involved in the implementation of quality work. Quality-related provisions are enshrined in legislation regulating individual professions, in the Health Quality Act and in other legal provisions. This provides the legal basis for ensuring quality in healthcare.

In principle, the requirements for high-quality initial/continuing education and CPD are increasing constantly. In many healthcare professions, basic knowledge (methods and tools) of quality management is required or assumed but this topic is given insufficient consideration in curricula. The topic of quality in healthcare should be addressed at an early stage and be an integral part of initial/continuing education and CPD, in order to prepare individuals in good time for everyday work in their chosen professions. Continuing education and CPD courses in particular can be used to create networks and facilitate exchange.

In addition to healthcare personnel's knowledge of and attitude towards quality, a supportive framework for professional practice is an essential factor for high-quality care and patient safety.

---

[16] For self-employed members of regulated healthcare professions.

Operational objective 4: Taking greater account of quality issues in initial/continuing education and CPD for healthcare professions	
Measures	**Metrics**
4.1 Promoting cultural change in the healthcare system so that addressing quality issues becomes a matter of course for employees and patients and is seen as an opportunity; integration of quality issues and nationwide quality requirements[17] into all stages of initial/continuing education and CPD for healthcare professionals and, subsequently, regular state-of-the-art continuing education and CPD courses (mandated by managers), e.g. the professional development programme (DFP) run by the Austrian Medical Chamber or courses for nursing staff (PFP) run by the Austrian Health and Nursing Association	Number of continuing education and CPD courses for doctors that explicitly address quality (information request to the Academy of Physicians)
4.2 Basing the contents of training courses on the results of quality measurement with special consideration given to the topics of communication, intercultural aspects, practical relevance, inclusion (language, disabilities) in initial/continuing education and CPD courses for healthcare professionals	

5.5 Improving transparency[18]

Transparency in quality work is essential to ensure or improve the general public's trust in the healthcare system. Transparent processes should create a shared and open learning environment in healthcare facilities for healthcare personnel and patients alike. Transparency is also a prerequisite for patients and the general public getting involved in processes that shape the healthcare system.

Individual health literacy and patients' awareness of quality issues should be strengthened. A grasp of relevant, evidence-based information should also be developed. Transparency can and should help make the complexity of the healthcare system more tangible so that patients can find their way around the healthcare system more easily and are familiar with responsibilities and procedures.

---

[17] For example quality standards, the quality strategy, the patient safety strategy.

[18] Plan for addressing misinformation in the healthcare system: https://pmc.ncbi.nlm.nih.gov/articles/PMC9421549 [accessed on 24.06.2025].

Operational objective 5: Improving transparency	
Measures	Metrics
5.1 Building on existing quality information services (kliniksuche.at, the rehab guide Reha-Kompass, the Austrian Platform for Health Literacy) and health information for specific target groups on gesundheit.gv.at on an ongoing basis. Publications (quality standards, strategies, action plans, etc.) should be presented in a manner accessible to the general public; patient information guides should be created (also in easy-read formats).	Number of patient information guides published complying with quality standards including in easy-read format
5.2 Operating and expanding the online health quality portal and launching a newsletter including best practice examples to better showcase the diverse quality work being done at federal level	Number of best practice examples in the newsletter of the health quality portal
5.3 Promoting a positive attitude towards quality improvement measures in the spirit of a safety culture	
5.4. Making the results of quality measurement transparent, for example, by preparing relevant content for specific target groups and regularly presenting best practice examples.	Number of best practice examples presented at quality events

6 Evaluation

All work on implementing measures and all other essential work set out in the Federal Target-Based Governance Agreement is subject to annual monitoring.

The quality strategy is to be evaluated in 2030 in relation to the progress made or completion of work in the priority areas; the evaluation will include an overview of the work already carried out within the framework of target-based health governance provided in the monitoring process.

Literature

Arzneimittelgesetz - AMG: Bundesgesetz vom 2. März 1983 über die Herstellung und das Inverkehrbringen von Arzneimitteln (Arzneimittelgesetz - AMG), BGBl. Nr. 185/1983, in der geltenden Fassung

Ärztegesetz 1998 – ÄrzteG 1998: Bundesgesetz über die Ausübung des ärztlichen Berufes und die Standesvertretung der Ärzte (Ärztegesetz 1998 – ÄrzteG 1998), BGBl. I Nr. 169/1998, in der geltenden Fassung

ASVG: Allgemeines Sozialversicherungsgesetz — ASVG, BGBl. Nr.189/1955, in der geltenden Fassung

BMASGPK (2025): Patientensicherheitsstrategie 3.0. Bundesministerium für Arbeit, Soziales, Gesundheit, Pflege und Konsumentenschutz, Wien

BMSGPK (2022): Qualitätsstrategie für das österreichische Gesundheitswesen Version 2.1. Aktualisierung der Qualitätsstrategie. Hg. v. Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz (BMSGPK), Wien

BMSGPK (2023): Sektorenübergreifende Patientenbefragung. Ergebnisbericht 2022. Hg. v. Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz (BMSGPK), Wien

BPGG: Bundespflegegeldgesetz, BGBl. Nr. 110/1993, in der geltenden Fassung

Dokumentation im Gesundheitswesen: Bundesgesetz über die Dokumentation im Gesundheitswesen, BGBl. Nr. 745/1996, in der geltenden Fassung

Eisenmann, Alexander; Soede, Isabel; Neubauer, Sonja (2023): Evaluierung der Qualitätsstrategie für das österreichische Gesundheitswesen Version 2.1 – Evaluierungsbericht. Publikationsfassung. Gesundheit Österreich GmbH, Wien

GESG: Bundesgesetz, mit dem die Österreichische Agentur für Gesundheit und Ernährungssicherheit GmbH errichtet und das Bundesamt für Ernährungssicherheit, das Bundesamt für Sicherheit im Gesundheitswesen sowie das Bundesamt für Verbrauchergesundheit eingerichtet werden (Gesundheits- und Ernährungssicherheitsgesetz – GESG), BGBl. I Nr. 63/2002 in der geltenden Fassung

GQG: Bundesgesetz zur Qualität von Gesundheitsleistungen (Gesundheitsqualitätsgesetz), BGBl. I Nr. 179/2004, in der geltenden Fassung

GuKG: Bundesgesetz über Gesundheits- und Krankenpflegeberufe (Gesundheits- und Krankenpflegegesetz - GuKG), BGBl. I Nr. 108/1997, in der geltenden Fassung

KAKuG: Bundesgesetz über Krankenanstalten und Kuranstalten, BGBl. Nr. 1/1957, in der geltenden Fassung

MPG: Bundesgesetz betreffend Medizinprodukte (Medizinproduktegesetz), BGBl Nr I 657/1996 in der geltenden Fassung

ÖZÄK-QSV: Qualitätssicherungsverordnung 2022 der Österreichischen Zahnärztekammer (ÖZÄK-QSV 2022), in der geltenden Fassung

PrimVG: Bundesgesetz über die Primärversorgung in Primärversorgungseinheiten (Primärversorgungsgesetz – PrimVG), BGBl. I Nr. 131/2017, in der geltenden Fassung

QS-VO: Verordnung des Bundesministers für Soziales, Gesundheit, Pflege und Konsumentenschutz zur Qualitätssicherung der ärztlichen Versorgung durch niedergelassene Ärztinnen und Ärzte sowie Gruppenpraxen (Qualitätssicherungsverordnung 2024 – QS-VO 2024), BGBl. II Nr. 111/2024, in der geltenden Fassung

Santner, Martina; Teufl, Lukas; Kern, Reinhard; Eglau, Karin (2024): Maßnahmenempfehlungen, basierend auf den Ergebnissen der Sektorenübergreifenden Patientenbefragung 2022. Factsheet. Hg. v. Bundesmininsterium für Arbeit, Soziales und Konsumentenschutz, Wien

VUG: Vereinbarungsumsetzungsgesetz 2024 - VUG 2024, BGBl. I Nr. 191/2023, in der geltenden Fassung

Zahnärztegesetz - ZÄG: Bundesgesetz über die Ausübung des zahnärztlichen Berufs und des Dentistenberufs (Zahnärztegesetz – ZÄG), BGBl. I Nr. 126/2005, Fassung vom 1.12.2017

Zielsteuerung-Gesundheit (2024): Zielsteuerungsvertrag auf Bundesebene Fassung gemäß Beschluss der Bundes-Zielsteuerungskommission vom 7. Juni 2024, Wien