



Review

Nursing sensitive quality indicators for nursing home care: International review of literature, policy and practice

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ABSTRACT

Objectives: To review nursing sensitive indicators used for nursing home care across seven nations with similar elder care (USA, Australia, Norway, New Zealand, England, Sweden and Denmark), and to evaluate their validity.

Design: Systematic search in the literature and other sources to find descriptions of development and validity testing of national quality indicators.

Data sources: Papers from scientific databases, relevant websites, additional papers and reports, and personal communication with experts in the field. The material was included if it contributed to the description of each country's processes in defining nursing sensitive quality indicators for nursing home care, and the main focus was use, developing and/or testing of quality.

Review methods: An overview of each country's utilization of nursing sensitive quality indicators was obtained. The evidence for the validity in development and testing procedures was analyzed using a set of evaluation criteria.

Results: All countries, except Sweden, have nationally standardized assessment of the patient before admission to the nursing home. There is large variation in the way these data collection tools were developed and how the data is used. Only the USA has systematically developed quality indicators on the basis of resident assessments. Twenty-three indicators used nationally in USA, thirteen in Australia, four in Norway, three in New Zealand and three in England were selected for review, and were evaluated for their validity as described in the literature. All selected indicators had satisfactory face validity, and for the twenty-three indicators used in the USA there was evidence for reliability testing. None of the quality indicators met all the criteria for validity. Evidence that the quality indicators can demonstrate meaningful differences in care and that the information can be extracted with minimal extra efforts was not found. Thresholds for high or low quality were determined only for the US quality indicators.

Conclusions: There are concerns about the validity and reliability of nursing sensitive quality indicators for nursing home care. The indicator development is sparsely documented. It is recommended that the development of quality indicators follows a sound process and that extensive empirical testing of the indicators is done.

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What is already known about the topic?

Nursing sensitive quality indicators are quantitative measures reflecting a professional care standard which are used as guides to monitor and evaluate the quality of nursing home care. Determining what aspects of nursing home care should and can be measured is the current work of many national health care systems.

What this paper adds

- An overview of nursing sensitive quality indicators used in nursing homes across countries.
- A synthesis of the evidence in the literature concerning the validity of nursing sensitive quality indicators.
- Recommendations for development and testing of nursing sensitive indicators for nursing homes.

1. Introduction

Nursing homes in developed countries have evolved over the past half-decade from being places of custodial care to facilities responsible for the management of an ever increasing range of complex nursing and medical conditions (OECD, 2005; Sosial- og helsedirektoratet, 2006). Globally, nursing homes are challenged to meet the dual demands of providing a home for older people while providing professional care for these complex health challenges as frail and vulnerable older people move through their end of life trajectory (Hauge, 2004; Helsetilsynet, 2005; Paulsen et al., 2004). Knowing when these challenges have been successfully met requires monitoring and audit. Determining what aspect of nursing homes should and can be measured is the current work of many national health care systems and the need for this has become more acute. Countries have long-term care systems bound to their own culture, history and financial resources but virtually all developed nations share the challenges of limitless demand within the context of finite resources and are struggling to bridge the quality gap in nursing home care (Iglehart, 2001).

As nursing care is the common service provided worldwide in nursing homes, it is important to understand how nursing care is evaluated. Using quality indicators that capture the outcomes of nursing care, is one way to monitor the quality of nursing homes (Norwegian Knowledge Centre for the Health Services, 2004). Efforts are underway to do this across developed nations. Gaining an understanding of the state of these varied efforts may help to provide important insights to more efficiently and effectively build coherent local, national, and international nursing sensitive quality indicators for nursing homes.

Therefore, this study aims to describe nursing sensitive quality indicators used in nursing homes across seven developed nations that have a similar system for elder care: access to nursing homes when needed, payment subsidized by tax or insurance, comparable cultural conditions, and a national system for monitoring nursing home quality. A convenience sample of seven countries, USA, Australia, Norway, New Zealand, United Kingdom (UK), Sweden and Denmark, were selected which met these criteria. Across UK there are different approaches and

the study focused on England. Although the USA has an elder care system with a larger private market influence than the other six countries, USA was included because there is a large amount of research concerning the development of nursing home quality indicators (Capitman et al., 2005). Nursing sensitive quality indicators used in these countries were evaluated for their validity and applicability. As the cost of developing and validating new quality measures is significant, a strong case can be made for international cooperation. The purpose of this work is to contribute to this effort.

2. Quality indicators as a measure of quality

Over a decade ago, a conference convened by World Health Organization (WHO) and the Milbank Memorial Fund resulted in an agreement to develop a coherent international policy on long-term care, including nursing home care, with an emphasis on quality assurance designed to satisfy both care recipients and caregivers (WHO, 2000). Toward this end, countries have made variable efforts to determine markers of quality care in nursing homes and to develop measures to evaluate its achievement. An internationally recognized, shared definition of quality states,

“the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (IOM, 2001, no page number)

Determining quality requires defining quality indicators. Quality indicators are quantitative measures reflecting a professional care standard which are used as guides to monitor and evaluate the quality of important patient care and support service activities (Joint Commission on Accreditation of Healthcare Organization, 2007a,b). In other words, quality indicators are used as the surrogate measure of quality. Quality indicators measure within three domains of quality of care: structure quality (structural factors that affect the performance of care), process quality (the direct care that the staff performs), or outcome quality (patient outcomes/impact for the patient or health care service outcome for the population) (Donabedian, 1980). There is a causal connection between the structure, process, and outcome quality, and indicators for each dimension have to be linked together. Nursing sensitive quality indicators are measures of changes in health status upon which nursing care may have direct influence (ICN, 2001). To judge whether quality measured by quality indicators is high or low, a standard has to be defined (Donabedian and Bashshur, 2003). Furthermore, quality indicators are intended to detect differences in care, rather than differences in patient characteristics (Agency for Healthcare Research and Quality, 2004).

The number of possible quality indicators is unlimited, but the critical issue is to find quality indicators that have high validity for the domain of care in focus. Quality indicators can be derived from individual patient data, such as individual functional and needs assessment (Karon and Zimmerman, 1998). Quality indicators that already are

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