



## Original Article

## Quality of Care Standards for Nursing Clinics in Rheumatology<sup>☆</sup>

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## ABSTRACT

**Background:** Nursing clinics in rheumatology (NCR) are organizational models in the field of nursing care. There are various NCR models, but there is no consensus on its operational definition. Our objective is to develop quality standards to define and characterize a NCR.

**Method:** Two-round Delphi method. The panel consisted of 67 experts: rheumatologists and nurses of the nursing working group of the Spanish Society of Rheumatology (SSR). The Delphi questionnaire was developed after a literature and experience review from previous SSR projects. The questionnaire consists of 7 sections: general considerations, standards of structure, process, treatment and monitoring, health education, training and research and quality of care. Each item was scored from 1 (least important) to 9 (most important) or by assigning a number (e.g. waiting days). The degree of agreement among the experts was categorized according to the coefficient of variation (CoV) between very high (CoV $\leq$ 25%) and very low (CoV>100%).

**Results:** The second round questionnaire (182 items) was answered by 46 panelists (34 rheumatologists and 12 nurses). A very important agreement was reached on the general standards of structure, process, treatment and monitoring, health education and quality of care. Less agreement was observed on standards related to training time, number of recommended nurses' research projects and publications.

**Conclusion:** The standards developed in this study would be useful for establishing desirable quality standards of structure and process, and criteria for clinical work, research and teaching that can be used to develop and evaluate the NCRs.

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## Estándares de calidad asistencial para las consultas de enfermería en reumatología

### R E S U M E N

**Palabras clave:**  
Reumatología  
Enfermería  
Calidad asistencial

**Introducción:** Las consultas de enfermería en reumatología (CER) son modelos organizativos asistenciales en el ámbito de competencias de enfermería. Hay diversos modelos de CER, pero no existe una definición operacional. El objetivo del proyecto es elaborar estándares de calidad para definir y caracterizar una CER. **Método:** Estudio Delphi a dos rondas. El panel estuvo constituido por 67 expertos: reumatólogos y enfermeras del grupo de trabajo de enfermería de la Sociedad Española de Reumatología (SER). El cuestionario se elaboró tras revisión bibliográfica y experiencias de proyectos previos de la SER. El cuestionario consta de 7 apartados: consideraciones generales, estándares de estructura, de proceso, de tratamiento y seguimiento, educación sanitaria, formación e investigación y calidad asistencial. Cada ítem se puntuó de 1 (menos importante) a 9 (más importante) o mediante una cifra. El grado de acuerdo de los expertos se categorizó según el coeficiente de variación (CV) entre muy alto ( $CV \leq 25\%$ ) y muy bajo ( $CV > 100\%$ ).

**Resultados:** El cuestionario de la segunda ronda (182 ítems) fue respondido por 46 panelistas (34 reumatólogos y 12 enfermeras). Se obtuvo un grado de acuerdo muy importante en los estándares generales, de estructura, de proceso, de tratamiento y seguimiento, educación sanitaria y calidad asistencial. Se encontró menor acuerdo en los estándares relacionados con el tiempo para formación, número de proyectos de investigación propios de enfermería y de publicaciones recomendables.

**Conclusión:** Los estándares desarrollados en este estudio permitirían establecer mínimos deseables de calidad de estructura, proceso, labor asistencial, investigadora y docente que se pueden utilizar para desarrollar y evaluar CERs.

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### Introduction

Nursing consultations in rheumatology (NCR) are organizational patient-centered models of care in the field of rheumatology nursing skills. NCRs have been developed in recent years, but their implementation in Spain is still piecemeal. There are various models of NCR but there is no operational definition. Although there is little scientific evidence, one might assume that the NCR optimize each professional skill and contribute to improve the efficiency and quality of care by decreasing costs, especially medical, improving outcomes and quality of life effectiveness and perceived patient outcomes. Given the difficulty to find a definition of NCR in the existing literature and its potential relevance to quality of care, we designed this research project with the overall aim of contributing to the operational definition of an NCR and advance the exploration of those aspects of care, teaching and research of the NCR that could help measure quality.

To address this, Delphi rounds were considered the most appropriate method by experts in the field. The Delphi method was initially developed by the Rand Corporation in the United States to make provisions on military matters after World War II. It has subsequently been used in various areas, both as a predictive tool or as a prioritization strategy formulation.<sup>1,2</sup> The objective of this technique is to improve judgments and forecasts on issues where there is uncertainty through expert opinion. It is based on the idea that the degree of consensus reached among a group of experts who are familiar with the topics under study gives a very rough idea of the actual size of these items.<sup>3</sup> This technique is very useful to know a problem when it cannot be addressed with experimental approaches. The Delphi technique has been used in a variety of health-related studies. For example, it has been used to make predictions,<sup>4–7</sup> prioritize design strategies,<sup>8–12</sup> and especially to develop standards of quality of care and appropriate use of medical technology.<sup>13–20</sup> This method was designed for this project, which aims to develop quality criteria and standards for defining and characterizing the NCR.

### Methods

The project was an initiative of the Nursing Task Force of the Spanish Society of Rheumatology (GTESER), carried out by a

scientific committee (CC) consisting of 10 rheumatologists and 3 nurses. In addition, two experienced researchers participated in the methodology design. The project development schedule is shown in Fig. 1.

After defining the objectives of the project, we developed a specific questionnaire addressed to experts in the field, to be applied by Delphi methodology. Basically, the Delphi method is carried out through a series of rounds in each of which questionnaires are distributed with specific questions made to a panel of experts who score their opinions on a quantitative scale. In the second round, and the following if any, experts receive “feedback” on the scores of the rest of the group (in the form of the mean score for each question) and have the opportunity to review and change their score if they wish. The process ends when it is considered that it has reached a certain level of consensus or that the information obtained is sufficient. This method ensures the anonymity of responses for each respondent (each responder knows what he has responded, how many have responded to what question, but does not know who has answered what). The anonymity of responses prevents the group from being dominated by powerful or vehement individuals, which sometimes are characteristics not necessarily associated to knowledge. In addition, one of the strengths of the Delphi method is that it identifies the degree of agreement, but does not force consensus, but rather weights the views expressed by the number of respondents and the intensity of their responses.

In this project, we used the Delphi method for 2 rounds, with the distribution of questionnaires via email. To prepare the questionnaire for the first round, we constructed a list of features that could describe an NCR or standards that should be met. To do this, we started from the results and experiences of several SER projects: SERAP,<sup>21</sup> ESPERANZA,<sup>22</sup> EMAR<sup>23</sup> from clinical practice guidelines of the SER<sup>24,25</sup> and publication of standards of quality of care in rheumatology.<sup>15</sup> The list of features or standards are grouped into the following sections: (1) initial considerations, (2) structural standards, (3) process standards, (4) treatment and monitoring, (5) health education; (6) training/research by the nursing staff of the NCR, and (7) quality of care.

This produced a first draft of the questionnaire sent to members of the CC to verify the relevance of the items, that the statement was not ambiguous and that the way to answer them was appropriate. With the contributions of the CC, the final questionnaire was desig-

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