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Original Study

Quality of Care In Nursing Homes In Brazil

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A B S T R A C T

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Background: There is an increased demand for nursing homes (NHs) in middle-income countries such as Brazil. To monitor the quality of NHs, there is a need for reliable instruments to assess the extent to which the care provided meets the expectations and rights of residents and their families.

Purpose: To evaluate the reliability, applicability, and measurement results of an instrument for assessing the quality of NH care assessment.

Methods: We conducted a cross-sectional study in 31 NHs, applying the Observable Indicators of Nursing Home Care Quality Instrument (OINHQ) adapted to the Brazilian context. The instrument includes 30 infrastructure and process indicators measured by direct observation grouped into seven domains: Communication; Care Delivery; Grooming; Odors; Environment–Basic; Environment–Access; and Environment–Homelike. To assess feasibility and reliability, 3 pairs of raters with different profiles (health professionals, health inspectors, and potential residents) were independently involved in data collection. We calculated Cronbach α for internal consistency of the instrument, Overall Agreement Index (OAI), and Prevalence-Adjusted Bias-Adjusted Kappa (PABAK) for interrater reliability and analyzed the baseline NH quality through individual indicators, dimensions, and facilities.

Results: The OINHQ was in general reliable, with good internal consistency (Cronbach $\alpha = 0.93$) and interrater agreement (mean OAI = 75%; PABAK = 0.49). NH quality is not homogeneous (overall mean = 2.9, ranging by facility between 1.9 and 3.7, on a scale of 1–5). Process-related indicators (mean = 2.7) are generally worse than structure-related indicators (mean = 3.5). The best domains were associated with Odors (mean = 4.1) and Grooming (mean = 3.9), whereas the priority domains for receiving improvement interventions were Care Delivery (mean = 2.0) and Environment–Homelike (mean = 2.5).

Conclusions: Baseline evaluation of NH quality shows remarkable variability among facilities and ample room for improvement.

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Developing countries with a rapidly aging population show an urgent need for social assistance alternatives such as nursing homes (NHs) for the elderly. However, despite the growing importance of NHs, the development of indicators to monitor their quality is still an unfulfilled priority.¹

The authors declare no conflicts of interest.

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The importance of assessing and enhancing the quality of NHs has been recognized and encouraged in many countries since the seminal document published by the United States Institute of Medicine 30 years ago.² Low-quality services in these institutions are a matter of frequent complaints and an ongoing concern for residents, their families, health care professionals, and health inspectors.^{3,4}

The application of the Observable Indicators of Nursing Home Care Quality Instrument (OINHQ), developed in the United States^{5,6} and also applied in other countries,^{7,8} was designed to guide health inspectors, health care professionals, and potential residents in appraising specific observable indicators of quality care during an approximate 30-minute inspection of a nursing home.

The OINHQ was translated and adapted for Brazil⁹ and is now available for reliability and pilot application to analyze the quality of Brazilian NHs. The OINHQ measures quality of care based mainly on the patient-centered domain, which has been emphasized as a priority objective in many countries as well as by international organizations such as the Institute of Medicine (IOM),¹⁰ the World Health Organization (WHO),¹¹ and the Organization for Economic Cooperation and Development (OECD).¹² In Brazil, this objective is conceptually equivalent to the domains “Respect for the Right of Individuals” and “Acceptability,” included in PROADESS (Program for the Assessment of Health System Performance), the Brazilian model that assesses the performance of health services.¹³ The salient element of patient-centered care is respect for patient needs, desires, preferences, and values.¹⁴ Recent research has revealed the benefits associated with this domain in relation to enhanced quality and safety, lower costs, and increased satisfaction in both the health team and residents.^{14–16} With respect to caring for chronic conditions in the elderly, studies also indicate that providing patient-centered care improves disease follow-up, functional standards, quality of life, and mortality rates.^{16–18}

In view of the need for monitoring the quality of NHs and the strategic importance of enhancing patient-centered care for the elderly residents, we conducted a study using the OINHQ instrument translated and validated for Brazil,⁹ assessing its reliability and

usefulness in measuring NH quality. Measurement results may be a first approach in analyzing the baseline situation of NHs in terms of the quality of the care provided.

Method

Design and Context

We conducted a cross-sectional observational study to analyze the reliability of the OINHQ instrument, and the baseline situation of NH quality. It was carried out between September and October 2014, in the state of Rio Grande do Norte (RN). The study is part of a wider project aimed at validating the OINHQ and promoting the assessment NH quality in Brazil. The project began with a cultural adaptation of the instrument, as described in an earlier study.⁹

Study Subjects

The study population consisted of all the NHs in Rio Grande do Norte state that had at least 5 elderly residents. According to the Department of Health Surveillance (SUVISA/RN), in July 2014 the state had 38 institutions, none of which were public, 11 (29%) were private for-profit ones and the remainder philanthropic. In relation to

Table 1

Internal Consistency of the OINHQ by Domains (Cronbach's Alpha) Stratified by Professional, Regulator, and Potential Resident, Rio Grande do Norte, Brazil, 2014

Domain/Indicator	Health Professionals			Regulators			Potential Residents		
	Item-Total Correlation	α if Item Exclusion	α	Item-Total Correlation	α if Item Exclusion	α	Item-Total Correlation	α if Item Exclusion	α
D1: Communication			0.96			0.93			0.95
I1	0.88	0.95		0.80	0.91		0.89	0.94	
I2	0.88	0.95		0.71	0.92		0.83	0.94	
I3	0.91	0.94		0.74	0.92		0.87	0.94	
I4	0.85	0.95		0.81	0.91		0.88	0.94	
I5	0.91	0.94		0.80	0.91		0.90	0.94	
I6	0.79	0.96		0.84	0.90		0.76	0.95	
D2: Care Delivery			0.56			0.49			0.67
I7	0.52	0.45		0.28	0.43		0.59	0.59	
I8	0.31	0.51		0.30	0.41		0.48	0.59	
I9	0.38	0.48		0.01	0.57*		0.35	0.64	
I10	-0.03	0.66*		-0.07	0.57*		0.10	0.73*	
I11	0.49	0.44		0.46	0.33		0.42	0.61	
I12	0.33	0.51		0.66	0.25		0.58	0.55	
D3: Grooming			0.91			0.97			0.93
I13	0.86	—		0.93	—		0.90	—	
I14	0.86	—		0.93	—		0.90	—	
D4: Odor			0.88			0.91			0.90
I15	0.79	—		0.84	—		0.81	—	
I16	0.79	—		0.84	—		0.81	—	
D5: Environment—Basic			0.87			0.90			0.88
I17	0.75	0.82		0.85	0.85		0.83	0.82	
I18	0.64	0.85		0.68	0.89		0.65	0.87	
I19	0.84	0.80		0.75	0.87		0.85	0.82	
I20	0.54	0.88*		0.72	0.88		0.51	0.90*	
I21	0.71	0.83		0.80	0.87		0.75	0.85	
D6: Environment—Access			0.75			0.77			0.81
I22	0.57	0.68		0.59	0.71		0.48	0.83*	
I23	0.78	0.53		0.53	0.75		0.79	0.67	
I24	0.53	0.70		0.60	0.71		0.73	0.72	
I25	0.35	0.78*		0.60	0.70		0.55	0.79	
D7: Environment—Homelike			0.81			0.75			0.72
I26	0.62	0.77		0.59	0.68		0.34	0.73*	
I27	0.66	0.76		0.67	0.64		0.59	0.62	
I28	0.72	0.74		0.48	0.72		0.67	0.59	
I29	0.64	0.77		0.70	0.65		0.60	0.64	
I30	0.42	0.83*		0.179	0.80*		0.243	0.75*	
Total			0.94			0.93			0.93

α , Cronbach alpha; D, domain; I, indicator.

*Values at which internal consistency would increase by removing the item.

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