

150: QUALITY INDICATORS ASSOCIATED WITH NURSE STAFFING IN ACUTE CARE SETTINGS

Savitz, L.A., Jones C., Bernard S.

Objective:

An interest in monitoring profession-specific quality indicators was expressed in a recent Institute of Medicine report and is a priority in recent quality surveillance initiatives by such groups as the Veterans Health Administration and American Nurses Association. This study, funded by AHRQ, aims to compare and contrast available quality indicators associated with nursing care outcomes that would inform policy, research, and provide a basis for sound quality monitoring and improvement efforts in hospital settings.

Methods:

We conducted a comparative analysis of published reports from the past 10 years. Our search of the peer-reviewed and gray literature was conducted to identify research and/or monitoring efforts reporting structure, process, and/or outcomes measures associated with nursing care. To be included in our analysis, sufficient detail on key attributes was required. Primary abstracted attributes include: data source, indicator definition, including numerator and denominator specification; unit of analysis; risk adjustment, if any; available validation information; and purpose for which the indicators were developed. We also limited our search to include reports and articles concerning inpatient care settings that were published in English. Twelve reports were identified and systematically abstracted, using a standardized form.

Results:

The results of this study provide an important comparative assessment of the types, content, and intended purpose of currently available nursing indicators. Preliminary analyses suggest that quality indicators of nursing care have evolved from nursing-sensitive indicators to adverse nurse-sensitive events consistent with the current emphasis on patient safety. The observed variation in indicator definition and specification will be described. In addition, limited risk adjustment, data sources, and limitations influencing scale of analysis will be documented together with available validation evidence.

Conclusions:

From this, the authors suggest a common menu of indicators together with future indicator development opportunities to address procedures and practices associated with risk management (e.g., use and duration of indwelling urinary catheters) and the impact of decreased staffing versus increased reliance on family members' involvement in hospital care, and/or increased use of technology. Finally, the authors comment on the unintended consequences of focusing on select versus rotating sets of indicators, whereby staff work towards the indicators at the expense of other quality attributes. Results of this study provide important consideration for: policy makers, studies of working conditions, efforts targeting quality improvement and/or patient safety interventions, and studies examining the impact of managerial decision making in hospital settings on patient outcomes (e.g., staffing mix, use of float/contract nurses).