Nursing Care Indicators to Nursing Homes

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Abstract

There is an aging population not only in Portugal but also worldwide. The nursing homes provide its users services adjusted to their needs. Therefore, these institutions should have specialized human resources in health care, such as Nurses. However in Portugal have a low presence of these professionals in nursing homes.

Objective: To identify a sensitive nursing care set of quality indicators in nursing homes.

Methodology: Using the method of a PICOD question, it was made a search in EBSCO (CINAHL Plus with Full Text, MEDLINE with Full Text, British Nursing Index), resulting in hundred and thirty eight articles in total. There were searched scientific articles published in full text (28-01-2009), between 1998/01/01 and 2008/12/31.

Results: From hundred and thirty eight articles we selected twelve and of this identified fourteen quality care indicators: resources to the emergency room; number of days of hospitalization; total days of hospitalization in advanced recovery units; number of medical procedures; sensory function; presence of urinary catheters; loss of function and activities of daily living; controlled use of drugs; use of nine or more different drugs; nutrition; control of infection; pressure ulcers prevalence; pain control; prevalence of falls.

Conclusion: The nursing provide an important contribution in improving quality in the nursing homes. The results seems to show that the introduction of these professionals has direct impact in reducing of the use of health services (emergency and hospital days), reducing the falls, better pain management, in prevalence of the number of pressure ulcers and increased functionality. This set of results has obtained from an international research and so, gives the opportunity to various nursing homes or students in very countries monitoring these indicators, to explore them with the aim to verify its applicability and adapt them to the local needs.

Keywords: Nursing homes; Quality indicators; Health care; Outcomes

Introduction

In the coming decades will see an aging population worldwide, which will eventually be reflected in economic, social and demographic level [1], triggering profound implications in planning care for older people - for people over sixty five years old [2].

The aging population has created a concern for health and support provided by society for the elderly [2]. In Portugal at 2008, seniors (+65) representing approximately 17.1%, in 2060 will represent about 30%, while the percentage of people over eighty years of age will increase from the current 4.4% to 12.1% in 2060 [3].

The growth of health expenditure recorded in the last decade can conduct to an unsustainable financial situation that, given the growing needs for care of an aging population, seems to be necessary a new model of healthcare and monitoring of older people [3].

With long life term comes the comorbidities; therefore the nursing homes have to be prepared with human resources capable to respond to this challenge and use them efficient, to reduce the costs and provide a quality care [4].

The provision of integrated care, with the presence of nurses, differs from other types with respect to the contribution of knowledge about geriatric care, supervision of recreational activities, nutrition, health and development of skills for activities of daily living, such as extra care, food handling activities and social. The nurse can contribute / participate in all activities and care for the elderly [3-4].

The importance of nurses in nursing homes to achieve favorable outcomes. As indicators of quality, these researchers observed the presence of infections in residents and hospitalization for infection to establish a comparison / contrast between the nursing homes that have nurses on their staff and those in which there is no nursing service. Also there is evidence that the introduction of specialist nurses in nursing homes reduces hospitalizations for infections and other conditions, avoids some medical interventions, help prevent disease and stabilizing the health of the elderly [5].

The existence of a set of indicators of quality of care provided by nurses in nursing homes, more than one need, is now an imperative, as it can lead to an important tool for human resource management, materials and financial [6]. Whatever the health facility involved, the healthcare have high costs, therefore the efficient use of existing resources and the pursuit of high standards of quality should always be regarded as specific goals to achieve [5].

The Institute of Medicine conducted a study on the issue of quality in nursing homes and urged greater government regulation in this sector, in order to increase health indicators in the United States of America [7]. The Omnibus Budget Reconciliation Act of 1987 [4] established nursing care permanently in Nursing Homes, which are institutions of long-term care that provide the permanence of people over sixty-five years old with health services [8].

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Thought all the articles existent about set of indicators in different countries an realities, with this systematic review we propose compile a set of quality indicators that results of an bibliographic research in an international data base of scientific articles.

Methodology

In order to define a wide range of hypotheses inherent to the problem under study and to respond to the objective outlined, it was elaborated a question of departure that meets the criteria of the PICOD format: format: “What are the quality indicators sensitive to nursing care in nursing homes with Permanent nursing?” [9].

Consequently, when defining the target object of study and wanting a broader understanding of this phenomenon, it was carried out a research in the electronic databases CINAHL Plus with Full Text and MEDLINE with Full Text, through EBSCO. The keywords used were previously validated by descriptors of the United States of National Library of National Institutes of Health and searched with the related guidance (Nursing Home Care AND Quality Indicators AND Outcomes).

The articles were searched in full text (28-01-2009), between 01/01/1998 and 31/12/2008, resulting in a total of one hundred and thirty-eight articles. The systematic literature reviews considers it should be included the evidence of the last 5 years, but we consider the time period of 10 years, because of a greater coverage compared to the existing knowledge on the subject in question [9]. In order to evaluate the levels of evidence we used the following six levels of evidence: Level I: Systematic reviews (meta analysis / guidelines for clinical practice based on systematic reviews); Level II: Experimental study; Level III: Quasi experimental study, Level IV: non-experimental studies; Level V: Qualitative study / review of the literature without systematic meta-analysis; Level VI: Opinions of respected authorities / Consensus panels [9].

As inclusion criteria it was privileged articles centered in the problematic, with resource to qualitative and/or quantitative methodology or systematic literature review, to clarify its advantages in the problematic, with resource to qualitative and/or quantitative analysis; Level VI: Opinions of respected authorities / Consensus panels [9].

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Table 1: Body of Analysis – Search on CINAHL, MEDLINE.
adequately assess the quality of health care, there must be a conceptual model of assessment [11].

Harrington et al. [14] found that the quality of healthcare is better in nonprofit nursing homes which have a better ratio nurse and staff/client. The following indicators to the lack of nursing care permanently in nursing homes: the physical restriction, weight loss, incontinence, the loss of functionality at the level of activities of daily living, increased pressure ulcers and behavioral problems [16]. The author concludes his study by establishing a direct relationship between increased hours of nursing care with reducing the prevalence of pressure ulcers [18].

The nurses experts in geriatrics have a crucial role in nursing homes [19]. Already [21] Rantz have suggested these facts in another study. Paulus, Raak and Keijzer [20] have identified in their study that the licensed nurse plays a key role in all activity profiles, statement that Kane and Kan, in 2000 reinforced with their findings.

Sublet [21] reinforce the idea that the use of quality indicators of health care cannot, however, be regarded in itself as an end but a means, a constant search for improvement of care [14-17].

**Conclusion and Implications for Professional Practice**

Guide it by the question, “What are the quality indicators sensitive to nursing care in nursing homes with Permanent nursing?” We conducted a critical analysis of all of the selected articles and we were able to develop a set of nursing care indicators to nursing homes, being the majority of these corroborated by the authors that we have consulted for the elaboration of the validity of this systematic review, thus responding to this question.

The constants changes on the demographic data and the long life term require that the healthcare system of each country change to response effectively, so the assessment of quality of healthcare is actually a priority in different levels of the modern society and can be a powerful tool in management of human and material resources.

The important role of nurses in nursing homes is clear in the studies reviewed and for a continuous improvement of quality in nursing care, the monitoring of quality indicators is crucial. So in table 2 are the set of nursing care indicators to nursing homes.

We recommend more investment in this area by government agencies in terms of research, implementation of programs to continuously improve the quality of nursing homes, with monitoring of health gains, based on the structure of nursing care indicators described.

In terms of research the authors propose structured programs of research from the post graduate training in nursing implementation and monitoring of the indicators described.

**References**


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**Table 2:** Set of indicators of quality health care sensitive to nursing homes. - CINAHL and MEDLINE Research

| 1. Resources to the emergency room; |
| 2. Number of days of hospitalization; |
| 3. Total days of hospitalization in advanced recovery units; |
| 4. Number of medical procedures; |
| 5. Sensory function (incidence of depression, dementia), communication, social relationships, family participation; |
| 6. Presence of urinary catheters, incontinence; |
| 7. Loss of function and activities of daily living (immobilization and bedridden); |
| 8. Controlled use of drugs (anti-psychotic drug control - the number and method of administration); |
| 9. Use of nine or more different drugs; |
| 10. Nutrition (weight loss, constipation, dehydration); |
| 11. Infection control (pneumonia, urinary tract infections); |
| 12. Pressure ulcers prevalence; |
| 13. Control of pain; |

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