

Quality Measures and Nursing

Despite the \$2.3 trillion spent on U.S. health care, public and private payers still have a hard time measuring whether the kind of care they are paying for is of the highest value and produces the best outcomes. Nurses represent the largest group of health care professionals in the United States and have a direct affect on patient care, yet quality measures historically have focused on treatment of conditions or diseases, not on the care delivered by nurses. That changed in 2004, when the National Quality Forum (NQF) endorsed the first set of nationally standardized performance measures to assess the quality of care provided by nurses who work in hospitals.

By focusing on patient centered outcome measures such as prevalence of pressure ulcers and falls, as well as restraint use and frequency of catheter-associated infections, the NQF began to examine the link between what nurses do and the quality of care they provide. INQRI has played an important role in adding to the evidence about the utility of the NQF-endorsed Nursing Sensitive Measures by promoting the development and testing of new measures designed to both improve care and nursing performance, as well as reduce costs. Here are highlights of three INQRI projects related to measurement:

Measuring How Nurses Manage Pain. The work by Susan Beck and her team at the University of Utah¹ has been foundational to developing better measures of the quality of care related to pain management. Although nurses are the frontline providers of pain management in hospitals, pain goes unrelieved which affects patient outcomes, length of stay and costs a great deal. Beck and her team developed an instrument using qualitative and quantitative data to elicit patients' opinions about how their nurses and other members of their care team managed their pain and, ultimately, to help patients select hospitals based on this dimension of their care experience. For example, the surveys asked patients whether nurses believed them when they said they were in pain and evaluates whether the team involves patients in decisions about their pain management. The Pain-CQ survey tools will let patients rate their experience and help hospital administrators and policymakers who want to improve the care provided by nurses and other health team members. The initial tool was developed with the help of cancer patients. The tool is now being tested at a Veterans Administration hospital with patients who have a number of different diagnoses. The research may eventually spark the creation of a nurse-performance measure related to pain management.

Measuring Effective Care Coordination. Gerri Lamb and her team at Emory University² identified the specific activities nurses undertake to coordinate care, developed a new nurse care coordination measure and defined what nurse care coordination encompasses. Lamb's team created a Nurse Care Coordination Instrument composed of six core domains of nursing care coordination, including mobilizing, exchanging, organizing, assisting, checking and backfilling. This foundational work generated significant new knowledge about nurse care coordination in the hospital, which prior to this effort, was poorly defined and described. By identifying the specific activities undertaken by nurses to coordinate care, Lamb and her team demonstrated a promising relationship between nurse ratings of care coordination and patient outcomes, including patient satisfaction and reductions in medication errors and falls. Lamb, who recently co-chaired an NQF Steering Committee on Care Coordination, states that the ability to study nurses' contributions to care coordination is key to making sure that "the right thing is being done at the right time for the right outcome."

Testing Nursing Quality Measures with Consumers. The INQRI-supported work of Shoshanna Sofaer and colleagues at Baruch College³ and George Washington University has helped shed light on whether some of the nursing sensitive measures are perceived as meaningful by consumers. Consumers found several patient safety measures to be very compelling, and clearly believed that nurses had a significant role in hospital quality. On the other hand, consumers didn't think nurses should be advising patients to quit smoking, arguing that nurses have better things to do with their time. They also found measures of nurse skill mix and turnover rates confusing. The team learned that overall, the public, while valuing nurses highly, has an incomplete understanding of what they do, including what they do based on their own assessments, and to whom they are accountable. This research provided great weight to the importance of seeking public views when creating measures of nurse quality and showed that the public has much to contribute to the process. Findings could influence the process by which NQF endorses measures. In part because of this research, NQF recently dropped smoking cessation counseling for myocardial infarction, heart failure and pneumonia from the nursing sensitive measures.

1. Beck, Susan, "Measuring Nursing Care Quality Related to Pain Management." Robert Wood Johnson Foundation ID#58299. 9/1/06-8/31/08.
2. Lamb, Gerri, "Nurse-Sensitive Measurement of Hospital Care Coordination." Robert Wood Johnson Foundation ID#58290. 9/1/06-8/31/08.
3. Sofaer, Shoshanna, "Developing and Testing Nursing Quality Measures with Consumers and Patients." Robert Wood Johnson Foundation ID #73589. 9/1/09-8/31/08.