




Measuring Nursing Care Delivery Systems with IZEP® - development of a research based benchmark concept

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Content

- Theoretical background
- Research design and tools
- Data collection
 - Panel of experts
 - Questionnaire 1
- Data analysis
- First results
- Next steps

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Benchmarking

Benchmarking is a structured procedure used to compare quality related processes with others in order to rate the own performance and to compare with the best within or beyond the own sector (best practice). The target is the ongoing improvement of quality for all involved groups.

(Hildebrand 1999:46)

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Delphi method

- Structured process of group communication
- Admits revision of own judgments
- Anonymity of the participants
- Mailed questionnaires

(Ammon 2005, Steinmüller 1997: 77, Haeder:2000)

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Avoidance of Bias

- Representativeness
- View of Outsiders
- Selection bias
- Attrition bias
- Format bias

(Behrens/Langer 2006: 189ff, Steinmüller 1997: 76/81, Abderhalden/Needham 1999: 15)

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Research tools

- Three round Delphi-Survey
- Formal criteria for questionnaire-items
- Questionnaire 1: open questions
- Questionnaire 2: weighting round
- Development of the theoretical concept
- Questionnaire 3: agreement of the panel

(Steinmueller 1997: 81; Häder 2002: 4)

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Questionnaire 1/ pretest



- Electronic document (MS Word)
 - 9 questions: expectations towards a benchmarking system
 - 3 questions: personal experiences with benchmark processes
- 3 experts for pretest
- Modifications

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Panel



- Various perspectives represented (managerial, clinical)
- Qualifications (experience with benchmarking/Nursing care delivery systems)
- Various settings represented (acute care hospital, university hospital, rehabilitation, longterm care, homecare)
- Number of participants 33

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Panel recruitment



- Suggestions of IzEP® work group members
- Institutions interested in IzEP®
- Members of the Swiss Primary Nursing Network
- Members of the German Primary Nursing Network

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Panel of experts



- **Germany**
 - 5 Experts in Management
 - 5 Clinical Experts
 - 1 Outsider
- **Austria**
 - 6 Experts in Management
 - 3 Clinical Experts
 - 1 Outsider
- **Switzerland**
 - 4 Experts in Management
 - 6 Clinical Experts
 - 1 Outsider

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Panel of experts



	Germany		Austria		Switzerland	
	Clinical	Management	Clinical	Management	Clinical	Management
Homecare	X	X		X		X
Longterm Care	X	X		XX	X	X
Rehabilitation	X	X	X		X	X
Akute Hospital	X	X	X	X	XX	
University Hospital	X	X	X	X	XX	X
Outsider	X			X	X	

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Response rate



- Period of response: 2 hours to 6 weeks
- 32 questionnaires sent out
- 31 expert opinions

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Data analysis

- Software **MAXqda 2**
- Qualitative content analysis (according to Mayring)

(Mayring: 2007)

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Characteristics of the panel

- Experience with evaluation of Nursing Care Delivery Systems
 - »Our evaluation focuses on several aspects of the patient orientated Care (documentation, diagnosis, ward round, rapport, satisfaction of the patients,...) . We always evaluate all units. «
- Experience with IzEP®
- Experience with benchmarking in their own institution
 - »We are „ used “ to benchmarks«
 - »Benchmarking is important, if it’s requested by insurance companies and if it has an impact on the referral of patients.«

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Expectations in a benchmarking concept

First results

Generally

- Goal has to be clear
 - »Explicit description of the goal/ procedure/benefit and costs (money/time) for the institution.«
- Has to be useful for continuous quality improvement
 - »to identify strengths / weaknesses. Where will we start our continuous improvement process«
 - » with the comparison I expect new ideas in the development of best practice.«

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Categories and sub-categories

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Categories and sub-categories

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Category 1: Comparison with...

Units with...

- Similar primary nursing systems
 - »With organizations having the same nursing care delivery system. How can better results be achieved?«
- The same setting
 - »With Institutions of comparable size and comparable resources, and also with institutions with nursing care delivery systems other than Primary Nursing.«
- International with the best
 - » With the leading institutions of our type of setting in the German-speaking countries.«
- Different settings

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Categories and sub-categories

- Institutions which have...
 - Similar primary nursing systems
 - The same setting
 - Different settings
 - Internationally with the best
- The present situation with a numeric reference value (ranking)
 - Results related to structures and outcomes
- Frequency
 - Anonymity
 - Convenience
 - Theoretical background
 - Eligibility
- AG IzeP®
 - Benchmarking partners

Target-orientation Relevancy to practice

Category 2: Comparison of... I

- »duties and responsibilities of the Primary Nurse, the allocation of the patients, additional qualifications, support opportunities like coaching, clinical supervision«
- The present situation with a numeric reference value (ranking)
 - »an evaluation, for a comparison with other institutions.«

Category 2: comparison of... II

Nursing Care Delivery Systems

- Related to structures/resources
 - »caseload of Primary Nurses, guidelines for the work schedule, including patient-staff ratio«
- Related to Nursing Outcomes
 - »efficiency, care results, re-admission rates, pressure ulcer frequency, fall frequency, infections, customer satisfaction (patient, family, staff), frequency of errors«

Categories and sub-categories

- Institutions which have...
 - Similar primary nursing systems
 - The same setting
 - Different settings
 - Internationally with the best
- The present situation with a numeric reference value (ranking)
 - Results related to structures and outcomes
- Frequency
 - Anonymity
 - Convenience
 - Theoretical background
 - Eligibility
- AG IzeP®
 - Benchmarking partners

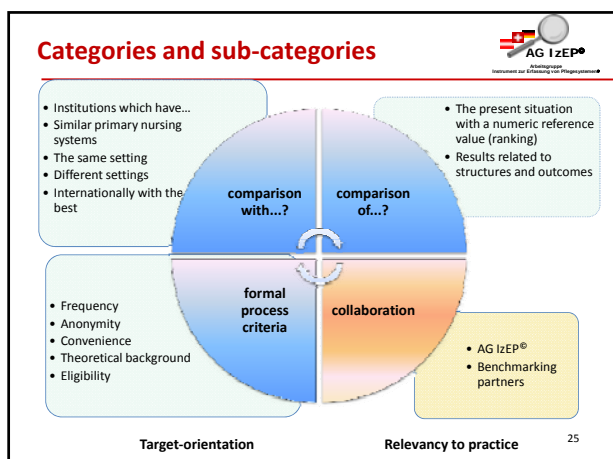
Target-orientation Relevancy to practice

Category 3: Formal process criteria I

- Frequency
 - »In periods in which it is realistic to work on changes or changes can be visible.«
- Anonymity
 - » In my opinion, anonymity is very important because of contest and the interest of the patient/ resident!«
 - »To learn from each other and to conjointly interpret the results, would be of a great benefit for the participating institution. The results have to be used confidentially.«
 - »Learning from the best – not possible with anonymity!«

Category 3: Formal criteria II

- Convenience
 - »without causing a big administration effort.«
 - »clear and comprehensible words«
 - »practical, not too scientific«
- Theoretical background
 - »a concept for benchmarking of Nursing Care Delivery Systems just makes sense if there is a correct definition of the terms. The different systems have to be described clearly (e.g. task allocation, team nursing, Primary Nursing).«
- Eligibility
 - »benchmarking IzeP-results should be an option, because not all institutions are interested to invest money in a benchmark of Nursing Care delivery Systems.«



- ### Category 4: Collaboration I
- With the work group IzEP®
 - » safekeeping of benchmarking contracts between the partners (code of honor)«
 - »To assist in an open discussion between the institutions«
 - »a contact person must be available.«
 - »organization of the participation for an external benchmarking (general conditions, agreements)«
 - »Organization of a Benchmark platform, optionally the moderation of an event/conference«
 - »Collecting of data for the benchmarking«
 - »to keep the data confidentially«
 - »To do the technical benchmarking/analysis«
 - »Feedback«
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- ### Category 4: Collaboration II
- With the work group IzEP®
 - » It would be helpful to have a cross-reference table of items and characteristics/dimensions. Further an interpretation of the results would be helpful. I would wish myself that the AG IzEP® offers training courses regarding the interpretation of the results and assistance in data collection and analysis.«
 - With partners for Benchmarking
 - »Benchmarking may not exclusively be reduced to the comparison. It is very important to cooperate with the benchmarking partners to identify the improvement potentials in the organization („Win-win-Situation“)«
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- ### Next Steps
- Develop questionnaire 2
 - Send Feedback on results of the 1st questionnaire together with questionnaire 2
 - Analyse questionnaire 2
 - Develop theoretical concept for Benchmarking
 - Develop questionnaire 3
 - Send Feedback on results of the 2nd questionnaire and concept together with questionnaire 3
 - Analyse questionnaire 3
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Questions?

Thank you!

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