



# INVOLVING THE PUBLIC IN HEALTH CARE QUALITY MEASUREMENT: A STUDY OF NQF NURSING SENSITIVE QUALITY MEASURES

Baruch College/George Washington  
INQRI Research Team  
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# Presentation Overview

- The Project
- The Research Team
- Methods
- Findings
- Implications

# INQRI

- The Project Officer for the initiative at RWJ is Lori Melichar, Ph.D., a labor economist
- The National Program Office (NPO) is at the University of Pennsylvania, and is jointly led by Mary Naylor, Ph.D. and Mark Pauly, Ph.D.
- The initiative began in 2005; this project was among the first nine funded by INQRI

# The Project

- “Developing and testing nursing quality measures with consumers and patients”
- Funded by the Robert Wood Johnson Foundation’s Interdisciplinary Nursing Quality Research Initiative (INQRI)
- Mission of the initiative is to demonstrate the contributions of nursing to health care quality and improve nursing quality

# The Project

- Project had three aims:
  - To conduct research to gauge public response to the “NQF 15”
  - To develop a conceptual framework to support measurement of nursing’s role in care coordination in the hospital
  - To conduct research to gauge public response to this framework in the context of their own experiences

# INQRI Team

- RWJ Project Officer – Lori Melichar, Ph.D., health economist
- National Program Office – University of Pennsylvania
- Co-Directors Mary Naylor, Ph.D. and Mark Pauley, Ph.D.
- Thus, NPO mirrors the commitment to interdisciplinary scholarship

# The Baruch/GW Research Team

- Shoshanna Sofaer, DrPH, Baruch College School of Public Affairs (Baruch), Principal Investigator
- Jean Johnson, PhD, RN, FAAN, George Washington University School of Medicine and Health Sciences (GW), Co-Principal Investigator

# The Interdisciplinary Research Team

- Ellen Dawson, PhD, RN, ANP (GW), Co-Investigator
- Kirsten Firminger, doctoral candidate, (Baruch)
- Christine Pintz, PhD, FNP (GW)
- Andrea Brassard, DNSc, MPH, ANP (GW)

# Research Methods

- Aim One: gauge the response of the public (specifically people with a recent hospitalization experience) to the NQF 15 nursing sensitive hospital quality measures
- We conducted nine focus groups
  - Three each in DC, Chicago and Phoenix
  - Three each with people who used OB, medical and surgical services

# Research Methods

- The purpose of the focus groups was to determine if participants:
  - Could understand and interpret the measures
  - Found the measures significant in the light of their hospital experiences
  - Thought the measure related to the roles, responsibilities and functions of nurses in particular

# Research Methods

- To prepare for the groups, we developed user friendly language to describe the NQF 15 to the public (handout)
- We presented slides on quality measures to provide background for everyone
- Both these steps are essential to genuinely assessing the public's response to technically specified measures like the NQF 15

# Research Methods

- We asked participants to silently rate each of the measures on their:
  - Importance
  - Whether variation in performance across hospitals was likely
  - Whether an unusually high or low score would lead people to reconsider their hospital choice
- We also discussed participants' responses to each measure in considerable depth

# Research Methods

- To gauge understanding, we asked participants to explain measures in their own words
- Consistent with previous research, we found the public is very sensitive to issues of fairness in the attribution of performance measures and typically bring these issues up on their own, in their own language

# Research Methods

- With respect to several measures, participants often raised issues about attribution and accountability
  - Who is responsible: doctor, nurse, patient, hospital management?
  - Who has the expertise?
  - Maybe this is really a “team effort”
  - Maybe things are not so “black and white” in many areas

# Findings

- On the silent ratings, at least 80% of participants found the following measures very important:
  - Failure to rescue
  - Pressure ulcers
  - UTI among catheterized patients
  - Central line infections
  - Pneumonia among patients on ventilators
  - Positive nursing work environment

# Findings

- Several are classic patient safety measures – other research shows the public has a positive response to such measures
- With respect to the positive working environment, it appears that people are reasoning by analogy here – they know how important a positive working environment is for their own performance and they carry the metaphor to nursing quality

# Findings

- Participants were least responsive to the three smoking measures, for a wide range of reasons, including
  - Nurses have better things to do with their time
  - Patients know they shouldn't smoke so it won't make a difference any way
  - Smoking is the patient's responsibility
  - Nurses who are overweight and who smoke themselves are not credible as messengers to adopt healthy behaviors

# Findings

- Many participants were ambivalent about the measures relating to falls and restraints
  - Several thought patients might fall even if they were warned not to get out of bed by nurses and that nurses shouldn't be "marked down" for those patients
  - Several thought some patients needed to be restrained, especially those who were mentally unstable, in order to protect both the patient, other patients and the staff themselves

# Findings

- On the other hand, a few participants reported that in their own experience, they had been restrained by a nurse, they felt, as “retribution” for “bad behavior”
- In general, however, participants were worried about holding *only* nurses responsible for complex situations influenced by many factors and requiring “right action” from different actors

# Findings

- Measures of nurse staffing, including the nursing mix and turnover rates, appeared to confuse many participants
- With respect to the nursing mix, the basic response was: What's good? That is, they did not know what they should be looking for in a nursing mix
- A more straightforward measure like the percent of the nursing staff who are RNs might be easier for the public to understand

# Findings

- Intuitively, people believe that having a higher nurse to patient ratio will be good for quality
  - But the actual measure, which speaks more narrowly to hours nurses are available for each patient, somehow didn't link in their minds to such ratios
- These folks were VERY aware of the nursing shortage, which shaped some responses
  - For example, some thought an agency/registry nurse was better than no nurse

# Findings

- People were also confused by the “rate at which nursing staff voluntarily end their employment”
  - Did this mean the turnover rate?
  - The number of vacancies?
  - Was it important?
- As a result, this measure was not as highly rated

# Findings

- More broadly, recently hospitalized patients are fully aware of the centrality of nurses to their hospital experience
- More than anything, people want the nurse to “be there” and to “be competent”
- That does not, however, mean that they really understand what nurses DO

# Implications

- The public really has a lot to contribute to the process of assessing the value of individual quality measures
- NQF criteria for endorsement include relevance to the public, but
- Currently, the NQF process does not require those proposing measures to present evidence of the public's response to them
- Instead, NQF depends on people who "represent" consumers and patients

# Implications

- We are convinced that getting this kind of input *before* the endorsement process will improve the decisions made in several ways:
  - Judgments about the inherent importance of individual measures, and the relative importance of different measures, will be either reinforced or seriously questioned
  - Issues of attribution of responsibility will be surfaced

# Implications

- Problems in specification that lead to potential confusion can be identified
- What evidence needs to be presented to “legitimate” a measure
- What kind of “contextual” information will be needed if measures are to be publicly reported
- The result may be, in some cases, that measures should be endorsed but NOT for public reporting

# Incorporating public input into measurement development

- The second phase of our research focused on the development of measures of nurses' contribution to care coordination in the hospital
- We
  - Reviewed the literature
  - Interviewed nurses using vignettes of situations with important care coordination issues

# Incorporating public input into measurement development

- Generated a set of preliminary domains of care coordination with examples of measures in each
- Vetted these with another nine focus groups with recent hospital patients
- Patient views were often quite different from the views of nurses, even though they agreed that good nurses made a big difference in the quality of coordination

# Incorporating public input into measurement development

- We have developed, and hope to test and refine, a set of items on care coordination that could be included in a patient experience survey like Hospital CAHPS
- In this process, again, the perspectives of the public will play a large role
- There are, indeed, many ways to let the public have a voice in quality measurement and reporting