

A new Quality and Equity Indicator System (QEIS) for routinely monitoring quality standards in nursing homes

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Introduction

The Italian Ministry of Health commissioned a study to develop a new Quality And Equity Indicator System (QEIS) for routinely monitoring quality standards in nursing homes. This system is expected to be implemented in 4 Italian Regions by 2013. The National Institute of Health (NIH) collaborated for developing that system. This paper focus on the most original indicators of the QEIS system.



Aims

To propose a set of indicators for monitoring important performance care process and outcomes for use in Italy's public sector nursing home services.

Methods

A number of candidate indicators was considered by the drafting group, drawn from the published literature and other sources. Thirty indicators are proposed as suitable for introduction based on data collected by 15 nursing homes of Lazio and Puglia Regions. These indicators covered performance sub-domains identified as important for monitoring humanization service performance, rehabilitation care and customer satisfaction with care but for which specific indicators are not proposed due to lack of available data. All candidates were evaluated using criteria relate to the comprehensiveness. Candidate indicators were also assessed against reliability and validity criteria. A final issue considered in the design of indicators is whether they should be based on currently available data or whether a staged approach should be taken to indicator development.

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Results

Nine indicators were finally selected (table 1).

1.	Percentage of residents who have a written plan of rehabilitation which specifies: (a) kind of rehabilitation; (b) frequency at which rehabilitation will occur; (c) precautions
2.	Percentage of residents who have in their clinical documentation a written list of individual dietary preferences
3.	100% m ² of communal space (excluding corridors, residents' private accommodation, and entrance halls of corridor width) totally used for animation of recreational and socialization activities plus 50% m ² of communal space partially used for animation of recreational and socialization activities
4.	Presence of a (written) procedure to assist resident in decision making which ensures (score 0-3): <ul style="list-style-type: none"> - that the prospective resident and/or his/her family is invited to visit residential care setting before he/she makes a decision to stay - that the resident is presented to the members of the staff and to the other residents - that the resident is provided with information about arrangements for visiting, mealtimes, and the programme of activities provided, including those that are available in the local community
5.	Absence of restrictions on timing of the visits (score 0-1)
6.	Percentage of residents who are provided with a case manager
7.	Quality PEAT* score on meals (1-5)
8.	Percentage of satisfaction with care questionnaires filled-in by the relatives
9.	Percentage of satisfaction questionnaires which have at least 80% of answers scored as "sufficient"

*PEAT: Patient Environment Action Team Assessments 2011, NHS National Patient Safety Agency Performance Indicators. www.npsa.nhs.uk



Conclusions

Some indicators for monitoring performance in nursing homes were developed. Their primary purpose is to facilitate collaborative benchmarking among public long-term care organizations for the elderly, with a view to improving service quality.