Title:
Methodologies to Capture the Impact of Fundamental Care

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Session Title:
Fundamentals of Care: The Final Frontier?

Keywords:
Fundamentals of care, Measures and metrics and Standardised datasets

References:
Feo, R., & Kitson, A. (2016). Promoting patient-centred fundamental care in acute healthcare systems. *International Journal of Nursing Studies, 57*, 1–11.
Jeffs, L., Muntlin Athlin, A., Needleman, J., Jackson, D., & Kitson, A. (2018). Building the foundation to generate a fundamental care standardised data set. *Journal of Clinical Nursing*, *27*(11-12), 2481-2488.
Parr, J. M., Bell, J., & Koziol-McLain, J. (2018). Evaluating fundamentals of care: The development of a unit-level quality measurement and quality program. *Journal of Clinical Nursing, 27*(11-12), 2360–2372.
Stalpers, D., Kieft, R. A., van der Linden, D., Kaljouw, M. J., & Schuurmans, M. J. (2016). Concordance between nurse-reported quality of care and quality of care as publicly reported by nurse-sensitive indicators. *BMC Health Services Research*, *16*(1), 120. https://doi.org/10.1186/s12913-016-1372-z

Abstract Summary:
Fundamental care is inextricably linked to safety and quality metrics. Therefore, when constructing the evidence base that captures the impact of enacting fundamental care across the healthcare continuum and lifespan, a routinely collected data set of relevant measures is required.

Content Outline:
Introduction: Linking fundamental care and metrics.
Body: explore the current state of performance measurement, overview current trends, introduce a methodological approach to generate standardised data sets
Conclusion: Reiterate key trends and the proposed methodology for generating a standardised data set for fundamental care.

Topic Selection:
Fundamentals of Care: The Final Frontier? (25422)

Abstract Text:

Purpose:
Parr, Bell,and Koziol-McLain (2018) have described the development of a unit-level quality measurement and improvement programme using nine identified fundamental elements of care. These elements were used to define expected standards of care and develop and test a measurement and improvement framework. This project demonstrated the importance of local adaptation (Feo & Kitson, 2016) to measure and provide visibility of the fundamentals of care at unit level, and identify areas for local unit-led improvement. However, the measurement tools these researchers developed drew on existing audit systems focused on process measures rather than outcome measures and remain contextually specific.
Methods:
Parr, Bell,and Koziol-McLain (2018) have described the development of a unit-level quality measurement and improvement programme using nine identified fundamental elements of care. These elements were used to define expected standards of care and develop and test a measurement and improvement framework. This project demonstrated the importance of local adaptation (Feo & Kitson, 2016) to measure and provide visibility of the fundamentals of care at unit level, and identify areas for local unit-led improvement. However, the measurement tools these researchers developed drew on existing audit systems focused on process measures rather than outcome measures and remain contextually specific.
Results:
There are a number of trends that contribute to an increased need to develop a set of indicators to measure fundamental care. These trends include: (i) an increase in patient complexity and comorbidities; (ii) a shift towards integrated, value-based models of care; (iii) a focus on patient centred care through enhancing patient engagement and improving patient experiences; and (iv) advances in electronic platforms and analytics (Jeffs, et al 2018). Another key elements to be considered when generating a standardised data set for fundamental care is ensuring alignment with the current performance measurement methods including models, minimum data sets, big data, symptom science and nursing-sensitive indicators.
Development of standardised data sets will enable comparability of data across clinical populations, healthcare sectors, geographic locations and time. Indicators need to be comprehensive, yet context specific, and to reflect the outcomes associated with the provision of fundamental care. Articulating the contribution of fundamental care to broader patient, financial, organisational and system-level outcomes will ensure these core aspects of care and appropriately valued and resourced.
Conclusion:
This presentation overviews the four key trends and current state of performance measurement and introduces a methodological approach to generate a standardised data set for fundamental care.