Quality Indicators for Geriatric Nursing in Acute Care Settings

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**Background:** Patients age 65 and older account for over 50% of all hospital admissions in Japan. Long-term care insurance was enacted in 2000, and quality of care has been evaluated in long-term care settings. Although it has also been increasing older patients in hospital setting, quality of care for those people are well not examined. Older patients in acute care settings are increasing, and it is too important to examine quality indicators to conduct best practice in geriatric nursing. The purpose of this study is to review studies of quality indicators for the care of the older patients in acute care settings.

**Results:** The database search results in 18 articles. Screening the titles and abstracts yielded 11 articles for inclusions, the excluded articles were reported by long-term care or home settings. Of the 18 studies, 2 studies were conducted in the emergency departments, 2 studies were reported by Acute Care of the Elderly (ACE). Conditions assessed by the quality indicators were delirium, falls, pressure ulcer, restraint use, and patient satisfaction. The study of development of clinical indicators used modified Delphi methods showed 19 indicators of which 17 were process indicators and 2 were outcome indicators. The report of patient satisfaction described overall older patient satisfaction with medical service and family members low satisfaction regarding the quality of information flow.

**Methods:** Studies were identified by searching MEDLINE and CINAHL by using the key words of “quality indicators” AND “geriatric nursing” AND “hospital”. Study characteristics such as type of study, objectives, results, conclusions, quality indicators used, and conditions assessed by the quality indicators were examined.

**Conclusion:** Although quality indicators were examined in nursing practice, quality indicators especially for older patients in hospital settings are still not well examined. Worldwide aging population are increasing not only developed countries but also developing countries, development of quality indicators are crucial to improve the care for older patient.