

Quality Indicators for Geriatric Care

Japan Association for Improving Geriatric Medicine
Ad hoc Committee for the Evaluation of Quality of Geriatric Care

1. Purpose of developing Quality Indicators for Geriatric Care

The Research Group for Developing Specialized Geriatric Care (the Research Group) has pursued ideal figures of geriatric care. Healthcare workers at geriatric care hospitals are doing their best to offer high standard care. The relationship between their every day devotion and patient satisfaction is to be investigated. On the other hand, patients have difficulties selecting appropriate hospitals because of a lack of information as to the contents and/or quality of healthcare services offered.

Objective evaluation is needed to solve these questions. The Research Group developed quality indicators in order to objectively measure and demonstrate the quality of healthcare services.

Healthcare services can be evaluated from the viewpoints of “structure”, “process” and “result”. Regulations so far have focused only on “structure” such as floor space and number of staff per patient, and there are few regulations or minimum standards for “process” or “outcome”. The Research Group paid special attention in developing quality indicators to demonstrate “process” and “outcome” of every day healthcare services.

To calculate each quality indicator, objective data is needed. Healthcare staff at first had difficulties developing an in-hospital system to gather data, but the data is the reflection of healthcare services and of the patients’ care. Quality Indicators for Geriatric Care are mirrors to valuate healthcare services. The Research Group understands that to know the patients’ and the hospital’s situation surely contributes to an improvement of the quality in geriatric care.

Some people may think that 8 indicators are too few for the above purpose, but a step-by-step development is important. Further more, if there are many indicators, some hospitals are not able to participate in this project because of the burden of data gathering. Indicators are continuously developing, and the Research Group is responsible for revising quality indicators to contribute to the welfare of patients as well as healthcare staff.

2. Instructions for filling out the answer sheet

The quality indicators relating to “process” will evaluate a proper assessment of patients, nursing and/or care plans, which are based on the assessment, and the care, which is offered according to the nursing and/or care plan.

The quality indicators relating to “result” will evaluate the influences of the care offered.

Instructions for filling out the answer sheet are shown below.

- Subject : Each ward is requested to fill out one answer sheet. Wards for convalescence rehabilitation are excluded.
- Survey period : 4 times a year
Three consecutive business days : Any three consecutive business days in an appointed month. Hospitals can select any three consecutive days, but it is desirable that these three days are representative of the regular healthcare of a hospital.
- Events (Assessment, Planning, other Activities) must be recorded in the medical chart, nursing chart, or temperature board so that other people can confirm them.
- Total number : is the summation of the figures of each survey day. One patient may be calculated several times.
Ex) If there are 10 inpatients on Jan 1, 15 inpatients on Jan 2, and 15 in-patients on Jan 3, then the total number of inpatients of the three consecutive days is 40.
Ex) If patient A has two febrile days, and patient B has one febrile day during three consecutive days, then the total number of febrile patients is 3.