

Title

Making nursing visible: Researching Nurse-sensitive indicators in the land between nursing and technology.

Author's Short bio.

Phil Shields RN Ba Nursing (Hons) is a Nursing PhD Candidate at Melbourne Victoria University's Centre for Health Research and Education. Phil has worked sixteen years in health as an ambulance officer then nurse and sixteen years in Information Communications Technology. His study is the result of combining the two halves of his working life. Phil is interested in measuring nursing quality outcomes. He is researching a validation framework as a stepping-stone for an Australian nursing minimum data set.

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ABSTRACT

INTRODUCTION

Nursing as a profession has been concerned with the need for efficient data collection and analysis of patient clinical data since its inception [1].

Until recently, nursing has had little to offer in electronic empirical evidence when asked to demonstrate how its activity improves patient outcomes. To address this knowledge gap, nursing outcomes research has maintained a steady growth over the last decade.

An explanation for this interest in nursing quality outcomes seems to be accountability; outcomes are generating large interest in the nursing community because hospitals are being asked to demonstrate efficiency, resource utilisation and value of patient care. Nurse sensitive indicators are being identified to fill this information gap in order to record and measure nursing processes and patient outcomes [2].

The thesis is concerned with identifying metrics which may be used to capture and measure artefacts reflecting nursing activity. Before that can happen, we need to understand what they are and how they relate to clinical nursing.

The search for these metrics takes us into a newly explored area between nursing and technology, nursing informatics.

BODY

This presentation describes the topography between nursing and technology which is characterised by frameworks containing indicators and data sets. Indicators can be likened to capsules containing data both readable to humans and computers recording nursing activity in time. Indicators are categorised into taxonomies reflecting their usage in the Donabedian [3], structure, process and outcome domains. These taxonomies can be stripped to the “bare-bones” to form Nursing Minimum Data Sets (NMDS) containing a minimum set of items of information with uniform definitions and categories concerning the specific dimension of nursing which meets the information needs of multiple data users in the health care system [4].

Indicators become useful if they communicate between Donabedian domains recording nursing structural influences to patient and nurse outcomes as described by Aiken, Clarke [5] and structural influences through nurse interventions to patient/nurse outcomes as described

by Doran, Sidani [6]. This presentation illustrates these two studies describing communication pathways between nursing indicators and future clinical implications for Australian nurses.

CONCLUSION

Nurse sensitive indicators lie between nursing and technology in a land where the topography is poorly understood. They are a basic “capsule” designed to hold data relevant to nursing activity in time. This presentation illustrates what is known about the topography and describes two studies proving that communication pathways exist between indicators in the Donabedian framework. Future possible implications arising from inter-indicator communication for clinical nursing are theorised.

References

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