Title: Stakeholders rating components of a newly developed Swiss nurse-led care model: Modified RAND/ UCLA Appropriateness Method

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Abstract

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Background and Purpose

The care of nursing home (NH) residents is becoming more complex due to multimorbidity and dementia, thus requiring higher levels of geriatric expertise. Evidence shows that the introduction of nurse experts in NHs increases the quality of and satisfaction with care. However, the local introduction of nurse experts is dependent on the legal, regulatory and educational context. Accordingly, before its introduction, the scope of practice, competencies and expected outcomes of such roles need to be defined. The development of corresponding roles has been poorly described and under-researched in view of perceptions of diverse stakeholders.

Aim

To assess stakeholders’ perceptions of geriatric nurse expert competencies and expected outcomes relevant for Swiss NHs.

Methods

A modified RAND/ UCLA Appropriateness Method was used to rate both competencies and expected outcomes. Items for both were retrieved from a literature search of international nurse-led models of care and from multiple case studies in Switzerland. Their relevance for the Swiss health care system was rated by a panel of purposefully selected national health representatives of: patients and older persons groups, nursing homes, nursing experts and other care worker representatives, physicians’ and other professionals, educational institutions, hospitals and extra-mural care, insurance companies and policy-makers. Components were included in the final set if they received an overall panel median score of minimum 7 with agreement in accordance to the interpercentile range adjusted for symmetry (IPRAS).

Results

A total of 134 competencies and 72 outcomes on the level of residents and relatives, organization, quality of care, and healthcare system were rated as relevant for the Swiss healthcare system.

Conclusions

A set of geriatric nurse competencies and outcomes relevant for the Swiss NH were agreed upon.

Keywords: RAND UCLA, HEALTH POLICY, NURSING, MODEL OF CARE, LONG-TERM CARE, NURSING HOME