



Funding incentives to reward nursing-care quality

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Overview

- Value that nursing care contributes
- Cost of loss in nursing care quality
- Discussion whether nursing care quality can be supported through funding incentives

Consequences of poor quality nursing care

- Adverse events related to nursing:
26% permanent disability
8% in death
68% highly preventable (Wilson, Runciman et al 1995)
- UTI, pneumonia, pressure injury, thrombosis, wound infection
(NSW Department of Health, 2007)



Cost of adverse events

- + \$6826 to cost of an admission (Ehsani, Jackson et al, 2006)
- Not complete cost

Hidden and shifted cost factors

- Patient & family

Australian tax payer:

- Hospital funding
- PBS
- MBS
- Other primary care services

Incentives for quality nursing care

Problems:

- Validity of assumptions
- Technical difficulties with quality measurement
- Unintended consequences
- Non-responding managements





Assumptions

- Are tangible inputs the determining causes of quality outcomes?
- Does the quality in measured components indicate similar quality in unmeasured components?
- Does the attention given to tangible care spill over to intangible care?

Technical difficulties

Measurement difficulties:

- Diverse service bundle
- Many intangible service components
- Multiple contributors to quality making an attribution of causality difficult
- Indicator validity, reliability and sensitivity

Other problems

- Process, adherence or failures, care outcomes, patient perception?

Nurse sensitive patient outcome indicators

- Relationship between nurses' time and skill and specific adverse health outcomes

Urinary tract infections

Pneumonia

Bed sores

Thrombosis

Wound infection





Rewards

Who and how?

Services will 'rust on' these reporting points.

Hospital managements - financial

Ward teams - educational and care grants

Reputational rewards

Non-responders-management approach

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