

# Quality of care in the Intensive Care Unit from the perspective of relatives

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**A206 - Quality of care in the Intensive Care Unit from the perspective of relatives**

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**M Van Mol<sup>1</sup> ; M Nijkamp<sup>2</sup> ; E Bakker<sup>2</sup> ; A Rensen<sup>3</sup> ; I Menheere<sup>3</sup> ; L Verharen<sup>3</sup>**

<sup>1</sup>Erasmus MC, Intensive Care Volwassene, Rotterdam, Netherlands, <sup>2</sup>OU, Heerlen, Netherlands, <sup>3</sup>HAN, Nijmegen, Netherlands

### **Introduction:**

This study describes the development and validating of the Consumer Quality Index 'Intensive Care Unit-Relatives' (CQI 'R-ICU'), with the purpose of a reliable measurement of the satisfaction of relatives and to identify evidence-based improvement-points. According to the quality standards of the Dutch Society of Intensive Care every ICU needs to record the satisfaction of relatives[1]. In this moment there is insufficient insight in the quality of care offered to relatives on the ICU because a valid and reliable Dutch measurement instrument is missing.

### **Methods:**

The CQI 'ICU-R' is based on a scientific and standardized method to determine the experience of patients[2]. The research process is a mixed design method, consisting of qualitative and quantitative survey investigation. Factor-analyses is carried out to determine the underlying structure of the new developed questionnaire. Through multiple regression-analysis the correlation between demographic variables and the experienced quality of care is explored.

### **Results:**

In six hospitals the CQI 'ICU-R' is send to relatives after received Informed Consent (n = 441), 55.1% of the respondents is partner of the patient. Respondents seem to be most satisfied with the presence of a professional at first entrance at ICU. The highest Quality Improvement Scores relate to information about meals, parking and other disciplines like social worker, spiritual worker or psychologist. After factor-analysis four clusters of items proved to determine the quality of care, named Support, Communication, General Information and Organisation. The reliability of the CQI 'ICU-R' is sufficient high, although only Communication and Support are significant predictors of total quality judgement of relatives (adj. R2 = .74). In addition, there is a significant difference in mean total quality judgement between the six hospitals as well as the four wards in Erasmus MC, but none of the demographic variables like sex, age, education, race and length-of-stay had an effect.

### **Conclusions:**

The CQI 'ICU-R' turned out to be, besides practical and useable, a valid, reliable and sensitive measure instrument. Large-scaled implementation is preferable.

### **References:**

- [1] Vos et al: Quality measurement at intensive care units: which indicators should we use? Journal of Critical Care 2007, 22, 267-274.
- [2] Sixma et al: Handboek CQI Ontwikkeling: richtlijnen en voorschriften voor de ontwikkeling van een CQI meetinstrument. Utrecht: Nivel 2008.