ID Design Press, Skopje, Republic of Macedonia Open Access Macedonian Journal of Medical Sciences. https://doi.org/10.3889/oamjms.2019.455 eISSN: 1857-9655 Public Health



# Modified Delphi Consensus on Developing Home Care Service Quality Indicator for Stroke Survivor in Yogyakarta, Indonesia

Nur Chayati<sup>1, 2\*</sup>, Christantie Effendy<sup>3</sup>, Ismail Setyopranoto<sup>4</sup>

<sup>1</sup>School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yoqyakarta, Indonesia; <sup>2</sup>Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia; <sup>3</sup>Medical and Surgical Nursing Department, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia; <sup>4</sup>Neurology Department, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia

#### Abstract

Citation: Chayati N, Effendy C, Setyopranoto I. Modified Delphi Consensus on Developing Home Care Service Quality Indicator for Stroke Survivor in Yogyakarta, Indonesia. Open Access Maced J Med Sci. https://doi.org/10.3889/oamjms.2019.455

Keywords: Home care; Modified Delphi; Indicator development; Quality service; Quality of care

\*Correspondence: Nur Chayati. School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Indonesia. E-mail: nchayati 1983@gmail.com 17-May-2019:

Received: 20-Apr-2019; Revised: 17-May-2 Accepted: 18-May-2019; Online first: 30-May-2019

Copyright: © 2019 Nur Chayati, Christantie Effendy, Ismail Setyopranoto. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Funding: This research did not receive any financial support

Competing Interests: The authors have declared that no competing interests exist

BACKGROUND: Assessing the quality of health services provided at home (home care) is a challenge. The formulation of indicators requires open-minded people, who able to formulate several purposes objectively, and play an active role in decision making.

PURPOSE: To test the face validity of the home care quality indicator in stroke patients with the modified Delphi method.

METHOD: Eighty-one indicators generated from previous studies were assessed using 3 processes to get the final results: 1) conducted modified Delphi in two rounds, namely rating or scoring by experts (using median scores); 2) reviewing qualitative suggestions from experts during the Delphi process (using comments from both Delphi rounds); 3) sorting out and correcting the grammar of the appropriate indicator (based on the median score > 7, and no disagreement).

RESULT: Eighty-seven experts were involved in the first round Delphi and 34 experts in the second round. The experts were home care team selected from health care institutions in Yogyakarta with various professional backgrounds. Delphi process resulted in 67 indicators from 81 indicators which were divided into 10 domains: 1) Personal (2 indicators), 2) Documents (13 indicators), 3) Professionalism development (3 indicators), 4) Supporting facilities (8 indicators), 5) Administrative activities (4 indicators), 6) Health workers interaction with patients and families (15 indicators), 7) Physical conditions (2 indicators), 8) Self-actualization (1 indicator), 9) Psychological condition (5 indicators), 10) Family independent and coping (14 indicators). Selected indicators got to score more than 7 and no disagreement at all.

CONCLUSION: Sixty-seven indicators of the quality of home care, which were generated from modified Delphi consensus, were face validated. Further research could be conducted particularly on the trial process of these indicators at the actual home dwelling service setting.

### Introduction

Efforts to assess the quality of health services and indicators that represent the guality assessment are still an extensive discussion until now. The formulation of indicators requires open-minded people, who able to formulate purposes objectively, play an active role in decision making, highly committed to achieving the highest standards of performance and willing to accept the suggestion, to create new ideas and methods [1].

Assessing the quality of health services

Open Access Maced J Med Sci.

provided at home (home care) is a challenge because of the many influencing environmental factors. In previous studies, the author has explored the expectations of stroke patients with home care, as a candidate indicator of home-based service outcomes (patient and family centred care) (unpublished articles). Although some previous publications have compiled indicators for home care services, the validity and reliability of the methods used are still low. So in this paper, the author begins the preparation of indicators with the involvement of patients and families besides the literature study, then the list of indicators obtained is requested for assessment by experts with the modified Delphi method.

The first home care quality indicator set (HCQIs) was issued by Inter-RAI, an international research consortium specialised in the development application of standardised assessment and instruments in 1913 [2]. Second generation HCQIs developed in 2013, was introducina several improvement indicators, including a more acceptable risk adjustment strategy and the addition of indicator domains [3]. This instrument proved to be applicable in 30 countries in America and Europe, but no one has mentioned its application, especially in Southeast Asia. It is necessary to develop indicators using recognised methods by minimising bias and taking from valid sources [4].

The main objective of the study was to identify and develop indicators to assess the quality of home care services with stroke home care quality indicators (SHCQI) through the consensus of experts who were able to contribute to the assessment of the quality of home care for stroke patients.

### Methods

Eighty-one indicators produced from previous studies were assessed using 3 processes to get the final results: 1) conducted modified Delphi in two rounds, namely rating or scoring by experts (using median scores); 2) reviewing qualitative suggestions from experts during the Delphi process (using comments from both Delphi rounds); 3) sorting out and correcting the grammar of the appropriate indicator (based on the median score > 7, no disagreement). This study has received an ethical clearance letter from the Ethics Committee of the Faculty of Medicine, Public Health and Nursing, Gadjah Mada University.

## Results

For Delphi Phase I, the author provided an instrument that contained indicators of the quality of home care services for stroke patients to experts involved in-home care services. The instruments contain 81 indicators. The instruments were filled independently by experts, starting in mid-February 2018 until the end of March 2018. The experts were asked to give a score on the indicator, from numbers 1 to 9 as well as comments on each item. A value of 1-3 means that the indicator had a role and significance that was not/less important to assess the quality of home care services, a value of 4-6 means that the indicator has an important role and significance to assess the quality of home care

services, and a value of 7-9 means its indicator has a very important role and significance to assess the quality of home care services. The experts were all health workers at one hospital and two health centers, Yogyakarta, Indonesia as many as 70 experts.

A total of 81 indicators, along with scores given by 70 experts, were included in the excel program, as well as input/suggestions provided by experts. The scores were then analysed by the SPSS program to obtain the median value of each indicator. Only indicators with a median value of 7 to 9 were taken and will be used as potential indicators for Delphi Phase II (appropriate indicators).

For Delphi Phase II, the second version of the indicator list (the result of improvements from Delphi I) was taken to the discussion forum, which was attended by experts once again. The experts were asked to give scores, and comments on indicators with score criteria like in Delphi Phase I. Delphi Phase II emphasised the discussion process between experts so that all agreed on a particular score. If disagreements in giving scores or no agreement were found, then voting or taking the most votes was applied. The total experts involved in Delphi Phase II were 34 experts, from hospitals and health centres in Bantul Regency, Yogyakarta. This expert panel activity is carried out 4 times. These experts represent all health workers, consisting of specialist doctors, general practitioners, nurses. nutritionists, physiotherapists, and others. The expert characteristics of Delphi Phase I and Phase II are presented in Table 1.

Table 1: The expert characteristics of Delphi Phase I (N = 70) and Delphi Phase II (N = 34)

	Delphi I		Delphi II		
Profession and educational degree	n	F (%)	n	F (%)	
Midwifery (Diploma 3)	3	4.3	2	5.9	
Doctor					
Medical Specialist	3 7	4.3	1	2.9	
General Practicioner		10	6	17.6	
Postgraduate Master (Family	1	1.4	1	2.9	
Medicine)					
Dentist (Undergraduate)	1	1.4			
Dietician					
Diploma 3	4	5.7	3	8.8	
Undergraduate	1	1.4	1	2.9	
Nurse					
Diploma 3	33	47.1	8	23.5	
Diploma 4	1	1.4	1	2.9	
Undergraduate	9	12.9	3	8.8	
Health Promotion					
Undergraduate	1	1.4			
Postgraduate Master	2	2.8			
Public Health					
Undergraduate			1	2.9	
Postgraduate			2	5.9	
Dentist (Diploma 4)	3	4.3	1	2.9	
Medical Analyst (Diploma 3)			2	5.9	
Sanitarian (Diploma 3)			1	2.9	
Psychologist (Postgraduate Master)	1	1.4	1	2.9	
Gender					
Male	9	12.9	5	14.7	
Female	61	87.1	29	85.3	
Age					
Mean (SD)	36.8 (10.9)		37.7 (10.8)		
Median (min-max)	35 (21-60)		36 (23-60)		

Scores from 67 indicators of the second version and qualitative advice from experts were included in the Excel program and data were analysed through the SPSS program to find out the median of each indicator. Indicators with a median value of 7 to 9 (appropriate indicators) will be the final indicator of the quality of home care services for stroke patients.

The indicator will be developed into a questionnaire assessing the quality of home care services for stroke patients.

Most of the experts involved in-home care services were nurses, followed by doctors. Experts involved in Delphi Phase II were the same as experts

Table 2: Median value and indicator

in Delphi Phase I, but from 70 experts at the beginning only 34 experts were present at this Delphi Phase II, so the characteristics of experts in Delphi II were not much different from the Delphi I. The results of calculation of the median value of each indicator from Delphi I and Delphi II are presented in Table 2.

Offices runded in the functionable in the functinable in the functionable in the functionable in the fu	0	Delphi Phase I Indicators	Median score	Categorize	Delphi Phase II Naration of indicator modification	Median score	Categorize
a. Maccing pectation         6         Advances         5         Advances           b. Maccing pectation         7         Advances         6         Advances         6           b. Property Market         7         Advances         6         Advances         6           b. Property Market         7         Advances         6         Advances         6           b. Property Market         6         Concerns         7         Advances         6           b. Property Market         6         Concerns         7         Advances         7	0		Wiedlah Score	Galegonze		Wedian Score	Oalegonze
<ul> <li>b. Chernell Presidone</li> <li>c. Preparatione</li>     &lt;</ul>		a. Medical spesialist	6	Uncertained	a. General Practitioner	8.5	Appropriate
al.         Programme Decempoint         For Appropriate Comparison         C         Decempoint         C         Appropriate Comparison         C         Decempoint         C         Appropriate Comparison         C         Approprison         C							Appropriate
- B. Adata         - P. Subjecting				Appropriate			Appropriate
Li Performante den trante actuale a trante en trante actuales trantes en trante en trante en trante en trante en trante en trantes e		d. Physiotherapist		Appropriate			Appropriate Appropriate
a) Locating sett       6       Monthained         b) Locating sett       6       Monthained       7       Appropriate       7       Appropriate       8       Appropriate <t< td=""><td></td><td></td><td></td><td>Uncertained</td><td>c. r sychologist</td><td>5</td><td>Appropriate</td></t<>				Uncertained	c. r sychologist	5	Appropriate
The fibre care jumit is studied 24 hours and w/, Yang     6     Uncernin     12. The fubre care is studied 24 hours and w/ for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for the fibre care is studied 24 hours and we have for		g. Laboratory staff					
a weak the crossing days at work for construction in analysis of any at work for construction of any at work for construction and any at work for constructin any at work for construction and any at work for c		h. Clergyman					
The former-can be available in the call for the search and the former are performed of the search available for the searc			6	Uncertain		8	Appropriate
Interval         Special medical lacotics         7         Agenome         3. Special medical lacotics         9         Agenome           The form that must be in the strain         6         Agenome         Form that must be indicated medical problem         6         Agenome           The period control or points and specification or points and specification and specification or points and specification and			6.5	Uncortain	visits within 6 working days and working hours.		
Special metal metal acceler soluble for home care plane         7         Appropriate         3. Special metal metals for home care         9         Appropriate           The form hymour polycologic data in each acceler acc			0.5	Uncertain			
The form that must be existed in medical exocutics The form that must be existed in medical encodics The property of participal of medical encodics The property of participal encoding			7	Appropriate	3. Special medical records available for home care	9	Appropriate
Assessment form,         4. Assessment form,         4. Assessment form,         6. Assessment form,							
a. The general condition of patients and fundies: provided in the patient of the patients and fundies: provided in the patient of the patients and fundies: provided in the patient of the patients and fundies: provided in the patient of the patient of the patients and fundies: provided in the patient of the patients and fundies: provided in the patient of							
personal and spectra and and spectrality of a set of the spectra and spectrality of the spectra and sp			0	Appropriate		0	Appropriate
b Panin (no. 2) Appropries be part of consistent of the part of the set of th			0	Appropriate	a. The general condition of patients and families, physical, psychological social spirituality and level of knowledge	9	Appropriate
d Fair she man and fair			7.5	Appropriate		9	Appropriate
e. Campyore stars lard     9     Appropriate     e. Campyore stars lard     8.5     Appropriate       Divocute from     7     Appropriate     6.     Appropriate     6.       Appropriate     7.     Appropriate     6.     Appropriate     6.       Appropriate     7.     Appropriate     7.     Appropriate     7.       Starter     7.     Appropriate     7. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>Appropriate</td></td<>							Appropriate
Data analysis form         7         Approprise         5. Data analysis form         9         Aza           Commension         7         Approprise         5. Data analysis form         9         Aza           From exclusion         7         Approprise         7. From evaluation         9         7. Approprise         7. Approprise         7. Approprise         7. From evaluation         9         7. Approprise							Appropriate
Processitie         6. Proceeding from free particular or parties and family considers         9         Appropriate or parties and family considers				Appropriate	e. Caregiver stress level		Appropriate
Prome exclusion of patient and framity conditions         7         Appropriate         7. From exclusion of patient and framity conditions         9         Appropriate         9.         Provide advance event reporting from the treatment         9         Appropriate         9.         Provide advance event reporting from the treatment         9         Appropriate         9.         The advance event reporting from the treatment         9         Appropriate         9.         The advance event reporting from the treatment         9         Appropriate         9.         Appropriate         9.         The advance event reporting from the treatment         9         Appropriate         9.         Appropriate         13.         Register schedule of mea				Appropriate			Appropriate Appropriate
A summary form of the patient's condition if the							Appropriate
diss         diss <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>Appropriate</td></th<>							Appropriate
performed Available for any performed for the second secon		dies					
Available forms of patient and family satisfaction levels       7       Appropriate       10. Available forms of patient and family satisfaction levels       8.5       Appropriate         A compliant (and to patient or family compliants       7       Appropriate       11. The service       9       Appropriate         Professional development of home care efforts       8       Appropriate       13       Regular schedule of meetings between home-care       8       Appropriate       13       Regular schedule of meetings between home-care       8       Appropriate       13       Regular schedule of meetings       4       Appropriate       15       Appropriate       15       Appropriate       16       The schedule of meetings       4       Approprinte       16       Appro			7	Appropriate		9	Appropriate
Information         Information <thinformation< th=""> <thinformation< th=""></thinformation<></thinformation<>			7	Appropriato		9 F	Appropriate
A complaint form for patient or family complaints 7 Appropriate 1.1. There is a complaint conf family of a page of the configuration of the patient or family of the configuration of the configuratic		for home care services	1	Appropriate		0.0	Appropriate
Professional development of home care ditoret: Encode and training when accepted as a home care and encode and training when accepted as a home care encode and training when accepted as home care encode and training when accepted as home care			7	Appropriate		9	Appropriate
Protessional development of home care efficient: Large products as home care efficient: Large products as home care efficient: Schement at home care efficient: Schement at home care efficient: Conducts						-	,,
officer         care officer					12. Professional development of home care officers:		
Scientific activities (seminars, conferences) relating to       7       Appropriate       b. Scientific activities (seminars, conferences) relating to       8.5       Appropriate         Corporation       Contraint       Contr			8	Appropriate		9	Appropriate
case management at home care case management at home care case management at home care conduct results of the development of home care case management at home care case management at home care case management at home care case plants case management at home care case plants case management at home care case plants ca			7	Appropriato		0 5	Appropriate
Conduct research for the development of home care         6         Uncontain           A regular schedule of meetings between home-care         6.5         Appropriate           Supporting facilities in home care         7         Appropriate         13. Regular schedule of meetings between home care         6.5         Appropriate           Supporting facilities in home care         7         Appropriate         13. Appropriate         13. There is norm for discussion between home care         8         Appropriate           There is norm for discussion between home care teams         7         Appropriate         15. There is norm for discussion between home care         8         Appropriate           There is norm for discussion between home care teams         7         Appropriate         16. Availability of information (leastift) about hom e care         8         Appropriate           The minimum equipment that is brought on to the patient's home         8         Appropriate         6. Ref for the minimum equipment that is brought on to the patient's home         9         Appropriate           a.         Skripping and team by the case of the distribution of information (leastift) about home care         8         Appropriate         7. Ref for the minimum equipment that is brought on to the patient's home         9         Appropriate           a.         Skripping and team by the case team vistith spatiates home care         7			1	Appropriate		0.0	Appropriate
programs A regular schedule of meetings between home-care members to discuss patient care plans7Appropriate members to discuss patient care plans8.5Appropriate members to discuss patient care plansSupporting facilities in home care avariability of information (teaffets) about home care avariability of information (teaffets) about home care avariability of information (teaffets) about home care avariability of advastional media8.5Appropriate membersAvailability of information (teaffets) about home care avariability of advastional media7Appropriate a care care traverse15. This is non- traverse8Appropriate avariability of advastional media/heath education, for parameter and stehtboscope9Appr avariability of advastional media/heath education, for parameter and stehtboscope9Appr avariability of advastional media/heath education, for parameter and stehtboscope9Appr appr avariability of advastional media/heath education, for parameter and stehtboscope9Appr appr avariability of advastional media/heath education, for parameter and stehtboscope9Appr appr avariability of advastional media/heath education, for parameter and stehtboscope9Appr appr appr appr attraverse9Appr appr appr appr appr attraverse9Appr appr appr appr appr appr9Appr appr appr appr appr appr appr9Appr appr appr appr appr appr9Appr appr appr appr appr appr appr9Appr appr appr appr appr appr9Appr appr appr appr <td></td> <td></td> <td>6</td> <td>Uncertain</td> <td>case management at nome care</td> <td></td> <td></td>			6	Uncertain	case management at nome care		
members to discuss patient care plans     team members at least once a month, to discuss patient care plans       Supporting team formation plants in home care plans     7     Appropriate       Availability of information (leastest) about home care teams     7     Appropriate       Availability of ducational media     7     Appropriate     15. There is from of discussion between home care     8     Appropriate       The minimum equipment that is brought on to the participation of the support of t							
Supporting facilities in home care       7       Appropriate       Supporting facilities in home care       7.5       Appropriate         There is room for discussion between home care teams       7       Appropriate       7.5       Appropriate         Availability of educational media       7       Appropriate       7.5       There is room for discussion between home care       8       Appropriate         Availability of educational media       7       Appropriate       7.5       Appropriate       8       Appropriate         The minimum equipment that is brought on to the patient's home       8       Appropriate       8		A regular schedule of meetings between home-care	7	Appropriate	13. Regular schedule of meetings between home-care	8.5	Appropriate
Supporting facilities in home care Availability of information (Realities) about home care and a spectra for the spectra for t		members to discuss patient care plans					
Availability of information (leaflets) about home care     7     Appropriate     14. Availability of information (leaflets) about home care     7.5     Appropriate       There is is norm for discussion between home care teams     7     Appropriate     15. The is is norm for discussion between home care     8     Appropriate       Availability of exclussion at media     7     Appropriate     15. Availability of exclussion between home care     8     Appropriate       The minimum equipment that is brought on to the patient's home     5     Appropriate     7     Appropriate     9     Appropriate       0.     Weight Scales     5     Appropriate     8     Appropriate     8     Appropriate       0.     Weight Scales     5     Appropriate     8     Appropriate     8     Appropriate       1.     Advantage and the agreed Schedule     5     Appropriate     8     Appropriate     8     Appropriate       1.     Advantage and the agreed Schedule     5     Appropriate     8		Comparing facilities in home and					
services         services         services         services         services         Appropriate         Entity           There is room for discussion between home care teams         7         Appropriate         15. There is room for discussion between home care         8         Appropriate           The minimum equipment that is brought on to the patient's home         9         Appropriate         17. The minimum equipment that is brought on to the patient's home         9         Appropriate           0.         Weight Science         5         Uncortain         1         Penight         9         Appropriate           1.         C. The finitum equipment that is brought on to the patient's home         9         Appropriate         1         Diffici and appropriate         1         Appropriate         1 <td></td> <td></td> <td>7</td> <td>Appropriato</td> <td></td> <td>7.5</td> <td>Appropriate</td>			7	Appropriato		7.5	Appropriate
There is norm for discussion between home care teams     7     Appropriate     15. The elis norm for discussion between home care     8     Appropriate       Availability of educational media     7     Appropriate     16. Availability of educational mediaheabh education, for     9     Appropriate       The minimum equipment that is brought on to the patient's home     17. The minimum equipment that is brought on to the patient's home     9     Appropriate       a.     Sptrygmonanceter and stethoscope     8     Appropriate     3. Portigination and the stethoscope     9     Appropriate       b.     Veging to steth     7     Appropriate     3. Portigination and the stethoscope     9     Appropriate       c.     Status     7     Appropriate     3. Portigination and the stethoscope     9     Appropriate       a.     Status     7     Appropriate     3. Portigination and the status     9     Appropriate       Chinest auditis for implementing home care:     7     Appropriate     3. Portigination and the status			'	Appropriate		1.5	Appropriate
Availability of educational media/health education, for example, indicates that are by the care needed by the generation indicational media/health education, for example, indicates that are by the care needed by the generation is indicated by the generatis is indicated by the generation is			7	Appropriate		8	Appropriate
The minimum equipment hat is brought on to the patient's homeexample, leafiest that are by the care needed by the patient's homea.Sphyphonanometer and stethoscope8a.Sphyphonanometer and stethoscope9a.Sphyphonanometer and stethoscope9a.Sphyphonanometer and stethoscope9a.Sphyphonanometer and stethoscope9b.Pen Igot7c.Pen Igot7c.Pen Igot7c.Pen Igot7c.Pen Igot7c.Pen Igot8c.AppropriateC. Reflex Hammaric.Notestantiative activities for implementing home care: Administrative activities are part of a quality improvement program7Appropriate20. All adverse events are reported and documented in medical records8.5.5The process of managing patient or family complaints is to documented7c.Appropriate20. All adverse events are reported and documented in medical records8.5.5The officer fills out the medical record each home care7the officer fills out the medical record each home care7the officer fills out the medical record each home care7the officer fills out the select of patient is filled in a medical record7the officer fills out the medical record each home care7the officer fills out the medical record each home care7the officer fills out the medical record each home care7the officer fills out the medical reco							
The minimum equipment that is brought on to the patient's home       patient's home       17. The minimum equipment that is brought on to the patient's home         a.       Description       S. Sphymanizationeter and stethoscope       9       Appropriate         a.       Description       S. Sphymanizationeter and stethoscope       9       Appropriate         a.       Description       S. Sphymanizationeter and stethoscope       9       Appropriate         a.       Description       7       Appropriate       C. Reight Schwart		Availability of educational media	7	Appropriate		9	Appropriate
The minimum equipment that is brought on to the patient's home       17. The minimum equipment that is brought on to the patient's home         a.       Springmonancenter and stethoscope       8       Appropriate       a. Springmonancenter and stethoscope       9       Appropriate         b.       Weight Scales       7       Appropriate       b. Paringht       9       Appropriate         c.       Appropriate       Common the appropriate       Common the appropriate       Common the appropriate       A							
patient's home         a.         Sphrygmonanometer and stethoscope         8         Appropriate           a.         Sphrygmonanometer and stethoscope         8         Appropriate         a.         Sphrygmonanometer and stethoscope         9         Appropriate           b.         Weight Scales         5         Uncertain         b. Fenight         9         Appropriate         1         Notes         Notes         Notes <td< td=""><td></td><td>The minimum equipment that is brought on to the</td><td></td><td></td><td></td><td></td><td></td></td<>		The minimum equipment that is brought on to the					
a.       Sphygmomanometer and stethoscope       8       Appropriate       a.       Sphygmomanometer and stethoscope       9       App         b.       Weight Scales       5       Uncertain       b. Penight       9       App         c.       Pen light       7       Appropriate       C. Rellex Hammer       8       App         Administrative activities for implementing home care:       10       The home care team visits the patient's home according to the agreed schedule       9       App         Cinical audits are part of a quality improvement program       7       Appropriate       10. The home care team visits the patient's home according to the agreed schedule       0. All adverse events are reported and documented in       8.5       App         All adverse events are reported and documented in decidal record every time a       9       App       Appropriate       2.1. The process of managing patient or family complaints is documented in a medical record every time a       9       App         The dificial summary of the patient is filled in a medical       7       Appropriate       2.3. The dificial summary of the patient or family complaints and desires of patients       8       App         Visit       The dificial summary of the patient is filled in a medical       7       Appropriate       2.4. Health workers review visual and families:       7         Health workers akes comp							
b.     Weight Scales     5     Uncertain     9     Appropriate       c.     Pen light     0     Refinition     8     Appropriate     C. Refine KHammer     8       Administrative activities for implementing home care:     18     The home care team visits the patient's home according     8     Appropriate     18. The home care team visits the patient's home according to the agreed schedule     9     Appropriate       Clinical audits are part of a quality improvement program     7     Appropriate     19. Clinical audits are part of a quality improvement of the process of managing patient or family complaints is     7     Appropriate     20. All are reservents are reported and documented in medical record sch home care     7     Appropriate     21. The process of managing patient or family complaints     8.5     Appropriate       The officer fills out the medical record each home care     7     Appropriate     21. The officer fills out the medical record every time a scale wisit and desires of patients     8     Appropriate       The clinical summary of the patient is filled in a redical record each home care in the patient has quilt be homecare in program     9     Appropriate       Officer interaction with patients and families:     0     0     0     0     Appropriate     24. Health workers ask complaints and desires of patients and familie			8	Appropriate		9	Appropriate
Administrative activities for implementing home care:Administrative activities for implementing home care:The home care team visits the patient's home according8Appropriate18. The home care team visits the patient's home9AppropriateClinical audits are part of a quality improvement program7Appropriate19. Clinical audits are part of a quality improvement6UnitAll adverse events are reported and documented in8Appropriate20. All adverse events are reported and documented in8.5AppropriateAll adverse events are reported and documented in8Appropriate21. The processframaging patient or family complaints8.5AppropriateThe process of managing patient or family complaints is7Appropriate21. The processframaging patient or family complaints8.5AppropriateThe ortical concess of managing patient or family complaints and families:7Appropriate22. The officer file out the medical record eveny time a9AppropriateThe dinical summary of the patients filled in a tRM8Appropriate23. The clinical summary of the patients filled in a tRM8AppropriateOfficer interaction with patients and families:8Appropriate24. Health workers askocmplaints and desires of patients8AppropriateHealth workers review Valuate patient pain8Appropriate25. Health workers assessivaliate the risk of alling in9AppropriateHealth workers review Valuate patient patients8Appropriate25. Health workers assessivaliate the risk of falli		<li>b. Weight Scales</li>			b. Penlight		Appropriate
The home care team visits the patient's home according8Appropriate18. The home care team visits the patient's home9AppropriateClinical audits are part of a quality improvement program7Appropriate19. Clinical audits are part of a quality improvement6UnAll adverse events are reported and documented in8Appropriate20. All adverse events are reported and documented in8.5AppropriateAll adverse events are reported and documented in8Appropriate20. All adverse events are reported and documented in8.5AppropriateThe process of managing patient or family complaints is7Appropriate21. The process of managing patient or family complaints8.5AppropriateThe clinical summary of the patient is filled in a medical7Appropriate22. The clinical summary of the patient is filled in at RM8AppropriateOfficer interaction with patients and families:7Appropriate24. Health workers ack complaints and desires of patients8AppropriateHealth workers acks complaints and desires of patients8Appropriate24. Health workers review/valuet patient pain9AppropriateHealth workers review/waluet the risk of falling in8Appropriate24. Health workers review/value the risk of 19AppropriateHealth workers review/review/auduet the risk of falling in8Appropriate24. Health workers review/value the risk of 19AppropriateHealth workers review/review/auduet the risk of falling in8Appropriate24. Health workers review/ evaluate the			7	Appropriate		8	Appropriate
to the agreed scheduleaccording to the agreed scheduleClinical audits are part of a quality improvement program7Appropriate19. Clinical audits are part of a quality improvement for the programAll adverse events are reported and documented in8Appropriate20. All adverse events are reported and documented in8.5AppropriateThe process of managing patient or family complaints is7Appropriate21. The process of managing patient or family complaints8.5AppropriateThe dicical summary of the patient is filled in a medical7Appropriate22. The officer fills out the medical record every time a9AppropriateThe dicical summary of the patient is filled in a medical7Appropriate23. The elinical summary of the patient is filled in a RM8AppropriateOfficer interaction with patients and desires of patients8Appropriate24. Health workers reak complaints and desires of patients8AppropriateHealth workers ask complaints and desires of patients8Appropriate25. Health workers review/avaluate patient pain9AppropriateHealth workers ask complaints and desires of patients8Appropriate25. Health workers review/avaluate patient pain9AppropriateHealth workers ask complaints and desires of patients8Appropriate25. Health workers review/avaluate patient pain9AppropriateHealth workers ask complaints and desires of patients8Appropriate25. Health workers review/avaluate patient pain9AppropriateHealth workers askers a			0	Appropriato		0	Appropriate
Clinical audits are part of a quality improvement program       7       Appropriate       19. Clinical audits are part of a quality improvement       6       Unit and the program         All adverse events are reported and documented in medical records       8       Appropriate       20. All adverse events are reported and documented in medical records       8.5       Appropriate         The process of managing patient or family complaints is of a quality improvement of a quality improvement of family complaints is of a quality improvement of			0	Appropriate		9	Appropriate
All adverse events are reported and documented in medical records8Appropriate and carling the process of managing patient or family complaints is reducine records7Appropriate appropriate 21. The process of managing patient or family complaints is documented8.5Appropriate reducine recordsThe offices of managing patient or family complaints is documented7Appropriate 22. The officer fills out the medical record each home care visit7Appropriate 22. The officer fills out the medical record each home care visit9Appropriate and the patient is filled in a reducal record after the patient is filled in a reducal record after the patient has quit the homecare program or dies8Appropriate after the patient has quit the homecare program or dies9Appropriate after the patient has quit the homecare program or diesOfficer interaction with patients and families: Health workres receively evaluate patient pain and families8Appropriate and families24. Health workres check vital signs9Appropriate and familiesHealth workres reviewed/valuate patient pain and families8Appropriate appropriate25. Health workres check vital signs9Appropriate and familiesHealth workres reviewed/valuate patient pain application8Appropriate appropriate26. Health workres check vital signs9Appropriate appropriateHealth workres reviewed/valuate patient pain application8Appropriate appropriate27. Health workres check vital signs9Appropriate appropriateHealth workres reviewed (valuate the physical c			7	Appropriate		6	Uncertain
All adverse events are reported and documented in medical records       8       Appropriate medical records       8.5       Appropriate medical records         The process of managing patient or family complaints is 7       Appropriate medical records       21. The process of managing patient or family complaints       8.5       Appropriate medical records         The officer fills out the medical record each home care visit       7       Appropriate medical records       9       Appropriate medical records         The officer fills out the medical record exery time a visit       7       Appropriate medical records       9       Appropriate medical records         The clinical summary of the patient is filled in a medical record after the patient has quit the homecare program or dies       7       Appropriate medical records       8       Appropriate medical records         Officer interaction with patients and families:       6       Appropriate medical records       8       Appropriate medical records       9       Appropriate medical records       8       Appropriate medica							
The process of managing patient or family complaints is7Appropriate21. The process of managing patient or family complaints8.5AppropriateThe officer fills out the medical record each home care7Appropriate22. The officer fills out the medical record every time a9AppropriateThe officer fills out the medical record every time a diret the patient is filled in at RM8Appropriate23. The clinical summary of the patient is filled in at RM8AppropriateThe clinical summary of the patient is filled in at RM7Appropriate23. The clinical summary of the patient is filled in at RM8Appropriateor diesOfficer interaction with patients and families:Officer interaction with patients and families:8Appropriate24. Health workers review/velvaluate patient pain9AppropriateHealth workers review/velvaluate patient pain8Appropriate25. Health workers review/velvaluate patient pain9AppropriateHealth workers review/velvaluate patient pain8Appropriate25. Health workers review/velvaluate patient pain9AppropriateHealth workers review/velvaluate patient pain8Appropriate28. Health workers review/velvaluate patients9AppropriateHealth workers review/velvaluate patient patients8Appropriate29. Health workers review/velvaluate patients9AppropriateHealth workers review/velvaluate patient patients8Appropriate29. Health workers review/velvaluate patients9AppropriateHealth workers review		All adverse events are reported and documented in	8	Appropriate	20. All adverse events are reported and documented in	8.5	Appropriate
documentedis documentedThe officer Ills out the medical record each home care7Appropriate22. The officer Ills out the medical record every time a9AppropriateVisitThe cinical summary of the patient is filled in a medical7Appropriate23. The clinical summary of the patient is filled in at RM8AppropriateOfficer interaction with patients and families:Officer interaction with patients and families:Officer interaction with patients and families:Appropriate24. Health workers ack complaints and desires of patients8AppropriateHealth workers cake complaints and desires of patients8Appropriate25. Health workers review/evaluate patient pain9AppropriateHealth workers cakes/evaluate the risk of8Appropriate26. Health workers review/evaluate patient pain9AppropriateHealth workers asses/evaluate the risk of falling in8Appropriate28. Health workers review/evaluate the risk of falling in9AppropriateHealth workers nerview / evaluate the psychological7Appropriate29. Health workers review / evaluate the risk of falling in9AppropriateHealth workers nerview / evaluate the psychological7Appropriate20. Health workers review / evaluate the psychological9AppropriateHealth workers nerview / evaluate the psychological7Appropriate20. Health workers review / evaluate the psychological9AppropriateHealth workers nerview / evaluate the psychological7<							
The officer fills out the medical record each home care       7       Appropriate       22. The officer fills out the medical record every time a       9       Appropriate         The clinical summary of the patient is filled in a medical       7       Appropriate       23. The clinical summary of the patient is filled in a RM       8       Appropriate         Officer interaction with patients and families:       0<			7	Appropriate		8.5	Appropriate
visithome care visitThe clinical summary of the patient is filled in a medical record after the patient has quit the homecare program or dies7Appropriate23. The clinical summary of the patient is filled in at RM after the patient has quit the homecare program or dies8Appr or diesOfficer interaction with patients and families:Officer interaction with patients and families:8Appr or diesHealth workers ask complaints and desires of patients8Appropriate24. Health workers ask complaints and desires of patients8Appr or diesHealth workers review/evaluate patient pain8Appropriate25. Health workers creview/evaluate patient pain9Appr opriateHealth workers review/evaluate patient pain8Appropriate27. Health workers asses/evaluate the risk of9Appr opriateHealth workers review/evaluate patient pain8Appropriate28. Health workers asses/evaluate the risk of falling in9Appr opriateHealth workers review/evaluate patient pain9Appr opriate29. Health workers review/evaluate patient pain9Appr opriateHealth workers review/evaluate the risk of falling in patients8Appropriate29. Health workers review/evaluate patient pain9Appr opriateHealth workers review / evaluate the psychological7Appropriate20. Health workers review/evaluate patient and families9Appr opriateHealth workers review / evaluate the social conditions of patients7Appropriate30. Health workers review			7	Appropriato		0	Appropriate
The clinical summary of the patient is filled in a medical record after the patient has quit the homecare program or dies after the patient has quit the homecare program or dies after the patient has quit the homecare program or dies23. The clinical summary of the patient is filled in at RM8Appropriate after the patient has quit the homecare program or diesOfficer interaction with patients and families: Health workers ask complaints and desires of patients8Appropriate 24. Health workers check vital signs9Appr priateHealth workers askes/evaluate the risk of Health workers asses/evaluate the risk of falling in Health workers asses/evaluate the risk of falling in Health workers asses/evaluate the risk of falling in Health workers check the physical condition of patients Health workers check the physical condition of patients9Appr priate 29. Health workers review / evaluate the social conditions of and families7Appropriate 29. Health workers review / evaluate the social conditions of and families9Appr priate 29. Health workers review / evaluate the social conditions of and families9Appr priateHealth workers review / evaluate the social conditions of patients7Appropriate 29. Health workers review / evaluate the social, economic review / evaluate the social conditions of patients7Appropriate 20. Health workers review / evaluate the social, economic review / evaluate the social conditions of patients7Appropriate 20. Health workers review / evaluate the social, economic regulariy7. Appropriate revie			/	Appropriate		э	Appropriate
record after the patient has quit the homecare program or dies       after the patient has quit the homecare program or dies         Officer interaction with patients and families:       Officer interaction with patients and families:         Health workers ask complaints and desires of patients       8       Appropriate       24. Health workers ask complaints and desires of patients       8       Appropriate         Health workers review/evaluate patient pain       8       Appropriate       25. Health workers review/evaluate patient pain       9       Appropriate         Health workers review/evaluate patient pain       8       Appropriate       26. Health workers review/evaluate patient pain       9       Appropriate         Health workers review/evaluate patient s       8       Appropriate       27. Health workers assess/evaluate the risk of       9       Appropriate         Health workers review / evaluate the risk of falling in       8       Appropriate       28. Health workers assess/evaluate the risk of falling in       9       Appropriate         Health workers review / evaluate the psychological       7       Appropriate       29. Health workers review / evaluate the psychological       9       Appropriate         Health workers review / evaluate the social conditions of the patient       7       Appropriate       30. Health workers review / evaluate the social, economic       7.5       Appropriate       30. Health workers review /			7	Appropriate		8	Appropriate
or diesOfficer interaction with patients and families: Health workers ask complaints and desires of patients8Appropriate and families24. Health workers ask complaints and desires of patients8Appr and families:Health workers check vital signs8Appropriate24. Health workers check vital signs9Appr and families:Health workers check vital signs8Appropriate25. Health workers check vital signs9Appr opriateHealth workers check vital signs8Appropriate27. Health workers check vital signs9Appr opriateHealth workers asses/selvaluate the risk of8Appropriate27. Health workers asses/valuate the risk of9Appr opriateHealth workers asses/evaluate the risk of falling in patients8Appropriate28. Health workers asses/valuate the risk of falling in patients9Appr opriateHealth workers review / evaluate the psychological7Appropriate29. Health workers check the physical condition of patients9Appr opriateHealth workers review / evaluate the social conditions of patients7Appropriate30. Health workers review / evaluate the social, economic roution of the patient7.5Appr opriateHealth workers review / evaluate patient and family7Appropriate32. Health workers review / evaluate the social, economic roution of the patient7.5Appr opriateHealth workers review / evaluate the social conditions of patients7Appropriate32. Health workers review / evaluate the social, economic <br< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>, ,</td></br<>						-	, ,
Health workers ask complaints and desires of patients       8       Appropriate and families       24. Health workers ask complaints and desires of patients       8       Appropriate and families       24. Health workers ask complaints and desires of patients       8       Appropriate and families       9       Appropriate       25. Health workers askes/evaluate the risk of 9       Appropriate       26. Health workers askes/evaluate the risk of 9       9       Appropriate       7. Health workers askes/evaluate the risk of 9       9       Appropriate       7. Health workers askes/evaluate the risk of 9       9       Appropriate       7. Health workers askes/evaluate the risk of 9       Appropriate       7. Health workers askes/evaluate the risk of 9       Appropriate       7. Health workers askes/evaluate the risk of falling in 9       9       Appropriate         Health workers review / evaluate the risk of falling in 9       8       Appropriate       29. Health workers askes/evaluate the risk of falling in 9       9       Appropriate         Health workers review / evaluate the psychological       7       Appropriate       29. Health workers review / evaluate the psychological       9       Appropriate         Health workers review / evaluate the social conditions of 9       7       Appropriate       30. Health workers review / evaluate the social conditions of 9       7.5       Appropriate         Health workers review / evaluate the social conditions of 9       7       Appropriat		or dies					
and familiesand familiesHealth workers check vital signs8Appropriate25. Health workers check vital signs9AppHealth workers review/evaluate patient pain8Appropriate26. Health workers assess/evaluate the risk of9AppHealth workers review/evaluate the risk of8Appropriate26. Health workers assess/evaluate the risk of9AppHealth workers assess/evaluate the risk of falling in8Appropriate27. Health workers assess/evaluate the risk of falling in9AppHealth workers check the physical condition of patients8Appropriate28. Health workers check the physical condition of patients9AppHealth workers review / evaluate the psychological7Appropriate29. Health workers review / evaluate the psychological9AppHealth workers review / evaluate the social conditions of7Appropriate30. Health workers review / evaluate the social, economic7.5AppHealth workers review / evaluate the social conditions of7Appropriate31. Health workers review / evaluate the and families7AppropriateHealth workers review / evaluate patient and family7Appropriate32. Health workers review / evaluate the and family7Apppatients and families8Appropriate33. Dectors review the medication that patients receive9Apppatients9Appropriate33. Dectors review the medication that patients receive9Apppatients9Appropriate34. Health work		Officer interaction with patients and families:	•	A	Officer interaction with patients and families:	0	<b>A</b>
Health workers check vital signs       8       Appropriate       25. Health workers review/evaluate patient pain       9       Appropriate         Health workers review/evaluate patient pain       8       Appropriate       26. Health workers review/evaluate patient pain       9       Appropriate         Health workers assess/evaluate the risk of       8       Appropriate       27. Health workers assess/evaluate the risk of       9       Appropriate         Health workers assess/evaluate the risk of falling in       8       Appropriate       28. Health workers assess/evaluate the risk of falling in       9       Appropriate         Health workers assess/evaluate the risk of falling in       8       Appropriate       28. Health workers assess/evaluate the risk of falling in       9       Appropriate         Health workers review/ evaluate the psychological       7       Appropriate       29. Health workers review / evaluate the psychological       9       Appropriate         Health workers review / evaluate the psychological       7       Appropriate       30. Health workers review / evaluate the social conditions of review / evaluate the social conditions of review / evaluate the social economic       7.5       Appropriate         Health workers review / evaluate patient and family       7       Appropriate       33. Doctors review / evaluate patient and family       7       Appropriate       33. Doctors review the medication that patients r			8	Appropriate		8	Appropriate
Health workers review/evaluate patient pain       8       Appropriate       26. Health workers review/evaluate patient patients       9       Appropriate         Health workers assess/evaluate the risk of       8       Appropriate       27. Health workers assess/evaluate the risk of       9       Appropriate         Health workers assess/evaluate the risk of falling in       8       Appropriate       28. Health workers assess/evaluate the risk of falling in       9       Appropriate         Health workers assess/evaluate the risk of falling in       8       Appropriate       28. Health workers assess/evaluate the risk of falling in       9       Appropriate         Health workers check the physical condition of patients       8       Appropriate       29. Health workers review / evaluate the psychological       9       Appropriate         Health workers review / evaluate the social conditions of       7       Appropriate       30. Health workers review / evaluate the social, conomic       7.5       Appropriate       31. Health workers review / evaluate the social, conomic       7.5       Appropriate         Health workers review / evaluate patient and family       7       Appropriate       32. Health workers review / evaluate patient and family       7       Appropriate       32. Health workers review / evaluate the social, conomic       7.5       Appropriate         He			R	Appropriate		٩	Appropriate
Health workers assess/evaluate the risk of       8       Appropriate       27. Health workers assess/evaluate the risk of       9       Appropriate         decubitus/pressure sores in patients       decubitus/pressure sores in patients       9       Appropriate         Health workers assess/evaluate the risk of falling in       8       Appropriate       28. Health workers assess/evaluate the risk of falling in       9       Appropriate         patients       Patients       29. Health workers check the physical condition of patients       8       Appropriate       29. Health workers check the physical condition of patients       9       Appropriate         Health workers review / evaluate the psychological       7       Appropriate       30. Health workers review / evaluate the psychological       9       Appropriate         Health workers review / evaluate the social conditions of       7       Appropriate       31. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate patient and families       7       Appropriate       32. Health workers review / evaluate patient and families       9       Appropriate         Health workers review / evaluate patient and famility       7       Appropriate       32. Dectors review / evaluate patient and families       7.5       Appropriate         Doctors review the medication that patients receive       8							Appropriate
decubitus/pressure sores in patients       decubitus/pressure sores in patients       decubitus/pressure sores in patients         Health workers assess/evaluate the risk of falling in       8       Appropriate       28. Health workers assess/evaluate the risk of falling in       9       Appropriate         Health workers check the physical condition of patients       8       Appropriate       29. Health workers check the physical condition of patients       9       Appropriate         Health workers review / evaluate the psychological       7       Appropriate       30. Health workers review / evaluate the psychological       9       Appropriate         Health workers review / evaluate the social conditions of       7       Appropriate       30. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate the social conditions of       7       Appropriate       31. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate patient and family       7       Appropriate       32. Health workers review / evaluate patient and families       9       Appropriate         Health workers review / evaluate patient and family       7       Appropriate       32. Health workers review / evaluate patient and families       9       Appropriate         Health workers review / evaluate patient and family       7       Appropr					27. Health workers assess/evaluate the risk of	9	Appropriate
patientspatientsHealth workers check the physical condition of patients8Appropriate29. Health workers check the physical condition of patientsHealth workers creview / evaluate the psychological7Appropriate30. Health workers creview / evaluate the psychologicalHealth workers review / evaluate the psychological7Appropriate30. Health workers review / evaluate the psychologicalHealth workers review / evaluate the social conditions of7Appropriate31. Health workers review / evaluate the social, economicThealth workers review / evaluate the social conditions of7Appropriate31. Health workers review / evaluate the social, economicThealth workers review / evaluate patient and family7Appropriate32. Health workers review / evaluate patient and familyThealth workers review / evaluate patients and familiesHealth workers review / evaluate patient and family7Appropriate33. Doctors review the medication that patients receive9Appropriate33. Doctors review the medication that patients receive9PregularlyHealth workers assess the independence of patientsHealth workers convey conditions and plans for nursing8Appropriate35. Health workers convey conditions and plans for9Appropriate10 families and patients clearly and language that is easy10 to and reserve to consult811 thealth workers provide opportunities for patients and9Appropriate12 thealth workers pro		decubitus/pressure sores in patients			decubitus/pressure sores in patients		
Health workers check the physical condition of patients       8       Appropriate       29. Health workers check the physical condition of patients       9       Appropriate         and families       Health workers review / evaluate the psychological       7       Appropriate       30. Health workers review / evaluate the psychological       9       Appropriate         Health workers review / evaluate the social conditions of for patients       7       Appropriate       30. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate patient and families       7       Appropriate       31. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate patient and families       7       Appropriate       32. Health workers review / evaluate patient and families       7       Appropriate         Bealth workers review / evaluate patients and families       7       Appropriate       31. Health workers review / evaluate patient and families       7       Appropriate         Doctors review the medication that patients receive       8       Appropriate       33. Doctors review the medication that patients receive       9       Appropriate         Health workers convey conditions and plans for nursing       8       Appropriate       35. Health workers convey conditions and plans for       9       Appropriate			8	Appropriate		9	Appropriate
and familiesand familiesand familiesHealth workers review / evaluate the psychological7Appropriate30. Health workers review / evaluate the psychological9AppropriateIdealth workers review / evaluate the social conditions of7Appropriate31. Health workers review / evaluate the social, economic7.5AppropriateHealth workers review / evaluate the social conditions of7Appropriate31. Health workers review / evaluate the social, economic7.5AppropriateHealth workers review / evaluate patient and family7Appropriate32. Health workers review / evaluate patient and family7AppropriateHealth workers review / evaluate patient and family7Appropriate33. Doctors review the medication that patients receive9AppropriateDoctors review the medication that patients receive8Appropriate33. Doctors review the medication that patients receive9AppropriateHealth workers measure the patient's weight6Uncertain1Health workers assess the independence of patients9AppropriateHealth workers convey conditions and plans for nursing8Appropriate35. Health workers convey conditions and plans for9Appropriateto understand and friendly18Appropriate36. Health workers provide opportunities for patients and9Appropriateto understand and friendly8Appropriate36. Health workers provide opportunities for patients and9Appropriateto understand and friendly8Appropr			0	Appropriato	patients	0	Appropriate
Health workers review / evaluate the psychological       7       Appropriate       30. Health workers review / evaluate the psychological       9       Appropriate         Indelth workers review / evaluate the social conditions of the patient       7       Appropriate       31. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate the social conditions of patients and families       7       Appropriate       31. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate patient and family       7       Appropriate       32. Health workers review / evaluate the social, economic       7.5       Appropriate         Sprituality       7       Appropriate       31. Health workers review / evaluate patient and family       7       Appropriate         Doctors review the medication that patients receive       8       Appropriate       33. Doctors review the medication that patients receive       9       Appropriate         Health workers assess the independence of patients       7       Appropriate       34. Health workers assess the independence of patients       9       Appropriate         Health workers convey conditions and plans for nursing       8       Appropriate       35. Health workers convey conditions and plans for       9       Appropriate         to families and patients clearly and langu			ō	Appropriate		э	Appropriate
condition of the patientcondition of the patientHealth workers review / evaluate the social conditions of7Appropriate31. Health workers review / evaluate the social, economic7.5Appropriate32. Health workers review / evaluate patient and familiesHealth workers review / evaluate patient and family7Appropriate32. Health workers review / evaluate patient and familyPoctors review the medication that patients receive8Appropriate33. Doctors review the medication that patients receivegeularly6UncertainHealth workers assess the independence of patients7Appropriate33. Doctors review the medication that patients receivegeularlyHealth workers measure the patient's weight6UncertainHealth workers convey conditions and plans for nursingNot the Batthel IndexHealth workers convey conditions and plans for nursingHealth workers provide opportunities for patients andand families and patients clearly and language that is easy to understand and friendlyHealth workers provide opportunities for patients and8Appropriate36. Health workers provide opportunities for patients and9Appropriate36. Health workers provide opportunities for patients and9Appropriate36. Health workers provide opportunities for patients and9Appropriate36. Health workers provide opportunities for patients and94 <t< td=""><td></td><td></td><td>7</td><td>Appropriate</td><td>30. Health workers review / evaluate the psychological</td><td>9</td><td>Appropriate</td></t<>			7	Appropriate	30. Health workers review / evaluate the psychological	9	Appropriate
Health workers review / evaluate the social conditions of patients and families       7       Appropriate       31. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate patient and family       7       Appropriate       32. Health workers review / evaluate the social, economic       7.5       Appropriate         Health workers review / evaluate patient and family       7       Appropriate       32. Health workers review / evaluate patient and family       7       Appropriate         Spirituality       Doctors review the medication that patients receive       8       Appropriate       33. Doctors review the medication that patients receive       9       Appropriate         Health workers measure the patient's weight       6       Uncertain       9       Appropriate         Health workers convey conditions and plans for nursing       8       Appropriate       35. Health workers assess the independence of patients       9       Appropriate         Health workers convey conditions and plans for nursing       8       Appropriate       35. Health workers convey conditions and plans for       9       Appropriate         to families and patients clearly and language that is easy       to understand and friendly       16       Appropriate       36. Health workers provide opportunities for patients and       9       Appropriate         Health workers provi		condition of the patient			condition of the patient		
Health workers review / evaluate patient and family     7     Appropriate spirituality     32. Health workers review / evaluate patient and family     7     Appropriate spirituality       Doctors review the medication that patients receive     8     Appropriate     33. Doctors review the medication that patients receive     9     Appropriate regularly       Health workers measure the patient's weight     6     Uncertain       Health workers assess the independence of patients     7     Appropriate     34. Health workers assess the independence of patients     9     Appropriate       With the Barthel Index     7     Appropriate     35. Health workers convey conditions and plans for nursing to families and patients clearly and language that is easy to understand and friendly     8     Appropriate     35. Health workers clearly and language that is easy to understand and friendly     9     Appropriate appropriate       Health workers provide opportunities for patients and families to consult     8     Appropriate appropriate     36. Health workers provide opportunities for patients and     9     Appropriate appropriate		Health workers review / evaluate the social conditions of	7	Appropriate	31. Health workers review / evaluate the social, economic	7.5	Appropriate
spirituality spirituality spirituality spirituality spirituality spirituality spirituality spirituality poctors review the medication that patients receive 9 App regularly regularly Health workers measure the patient's weight 6 Uncertain Health workers assess the independence of patients 7 Appropriate 34. Health workers assess the independence of patients 9 App with the Barthel Index 4 Health workers convey conditions and plans for nursing 8 Appropriate 35. Health workers convey conditions and plans for 9 App nursing to families and patients clearly and language that is easy to understand and friendly Health workers provide opportunities for patients and 8 Appropriate families to consult 4 and friendly 4 and language that the spirituality and language that the spirituality 4 and the spirituali			-	A		-	4
Doctors review the medication that patients receive     8     Appropriate     33. Doctors review the medication that patients receive     9     Appropriate       regularly     regula			7	Appropriate		7	Appropriate
regularly Health workers measure the patient's weight 6 Uncertain Health workers assess the independence of patients 7 Appropriate 34. Health workers assess the independence of patients 9 App with the Barthel Index Health workers convey conditions and plans for nursing 8 Appropriate 35. Health workers convey conditions and plans for 9 App to families and patients clearly and language that is easy to understand and friendly Health workers provide opportunities for patients and 8 Appropriate 36. Health workers provide opportunities for patients and 9 Appropriate families to consult			8	Appropriate		٩	Appropriate
Health workers measure the patient's weight     6     Uncertain       Health workers assess the independence of patients     7     Appropriate     34. Health workers assess the independence of patients     9     Appropriate       with the Barthel Index     with the Barthel Index     with the Barthel Index     9     Appropriate       Health workers convey conditions and plans for nursing     8     Appropriate     35. Health workers convey conditions and plans for     9     Appropriate       to families and patients clearly and language that is easy     10     10     10     10     10       to understand and friendly     10     10     10     10     10     10       Health workers provide opportunities for patients and     8     Appropriate     36. Health workers provide opportunities for patients and     9     Appropriate			0	, pp. opriato		5	, .ppi opi iate
Health workers assess the independence of patients     7     Appropriate     34. Health workers assess the independence of patients     9     Appropriate       with the Barthel Index     with the Barthel Index     with the Barthel Index     9     Appropriate       Health workers convey conditions and plans for nursing to families and patients clearly and language that is easy to understand and friendly     8     Appropriate     35. Health workers convey conditions and plans for     9     Appropriate       Health workers provide opportunities for patients and     8     Appropriate     36. Health workers provide opportunities for patients and     9     Appropriate       Health workers provide opportunities for patients and     8     Appropriate     36. Health workers provide opportunities for patients and     9     Appropriate		Health workers measure the patient's weight	6	Uncertain			
Health workers convey conditions and plans for nursing to families and patients clearly and language that is easy to understand and friendly to understand and friendly       35. Health workers convey conditions and plans for       9       Appropriate         Health workers convey conditions and plans for nursing to families and patients clearly and language that is easy to understand and friendly       is easy to understand and friendly       9       Appropriate         Health workers provide opportunities for patients and friendly       8       Appropriate       36. Health workers provide opportunities for patients and       9       Appropriate		Health workers assess the independence of patients				9	Appropriate
to families and patients clearly and language that is easy nursing to families and patients clearly and language that is easy to understand and friendly is easy to understand and friendly Health workers provide opportunities for patients and 8 Appropriate families to consult families to consult							
to understand and friendly Health workers provide opportunities for patients and 8 Appropriate families to consult families to consult			8	Appropriate		9	Appropriate
Health workers provide opportunities for patients and     8     Appropriate     36. Health workers provide opportunities for patients and     9     Appropriate       families to consult     families to consult     families to consult     9     Appropriate					nursing to ramilies and patients clearly and language that		
families to consult families to consult		Health workers provide opportunities for patients and	8	Appropriate		9	Appropriate
			-	· oprice		-	
37. Health workers give medical procedure according to a 9 App problem found (based on data analysis results)					37. Health workers give medical procedure according to a	9	Appropriate

#### Public Health

1	The patient can carry out activities on the bed, such as	7.5	Appropriate	38. The patient's ability/independence to carry out daily	8.5	Appropria
	moving from a lying position, tilting right and left, and positioning the body when in bed.	-	A	activities / ADL increases		
	The patient can walk in a flat place; if they use a wheelchair, they are still used	7	Appropriate			
	Patients can walk the stairs	6	Uncertain			
	The patient can carry out activities in small rooms such as using a washroom or bedpan or urinal, walking to and from the bathroom, cleaning the bathroom after	7	Appropriate			
	using/flushing the toilet, changing diapers and arranging					
	all the equipment needed.	-	A			
	The patient can wear and take off the clothes The patient can control micturition	7 7	Appropriate Appropriate			
	The patient can control defecation	7	Appropriate			
	The patient can self-care, such as combing hair, brushing teeth, shaving facial hair, dressing up, washing hands and face	7	Appropriate			
	The patient can bath and wash the whole body The patient can take a meal by his/her self; regardless of	7 7	Appropriate Appropriate			
	the eat technique including tube feeding The patient takes medicine according to the prescription by the Doctor	7.5	Appropriate			
	The patient controls or follows up the medical condition according to the schedule	8	Appropriate			
	The home-care patient does not acquire complications in the following:			<ol> <li>The home-care patient does not acquire complications as follows:</li> </ol>		
	a. Pneumonia	7	Appropriate	a. Pneumonia	6.5	Uncertai
	b. Urinary tract infection	7 7	Appropriate	<ul> <li>b. Urinary tract infection</li> </ul>	6.5	Uncertai
	c. Post-stroke pain	7	Appropriate	c. Post-stroke pain	7	Appropria
	d. Deep vein thrombosis	7	Appropriate	d. Deep vein thrombosis	6	Uncerta
	The home care-patient performs the following social			<ul> <li>e. Hemiparesis</li> <li>The home care-patient performs the following social</li> </ul>	4	Uncerta
	activities according to his/her capability			activities according to his/her capability	-	Uncerta
	The patient can re-perform his/her most favourite hobby	7	Appropriate	40. The patient can re-perform his/her most favourite hobby	4	Uncerta
	The patient can carry out the activity in the community	7	Appropriate	41. The patient can re-perform his/her most favourite hobby	5.5 7	Uncerta
	The patient can gather and play with children or grandchildren	7 6.5	Appropriate Uncertain	42. The patient can gather and play with children or grandchildren 43. The patient can getter and play with children or	7	Appropria Uncerta
	The patient can visit relative's house	6.5 7		43. The patient can gather and play with children or grandchildren		
	The patient can perform praying The psychological status of the home care-patient	7	Appropriate	44. The patient can perform praying on the bed or in other places The psychological status of the home care-patient should	9	Appropri
	should be:			be:		
	The patient expresses happiness to live his/her life	7	Appropriate	45. The patient expresses happiness to live his/her life	7.5	Appropria
	The patient expresses expecting live long	7	Appropriate	46. The patient expresses expecting live long	7.5	Appropri
	The patient expresses a strong belief to heal	7	Appropriate	47. The patient expresses a strong belief to heal	7.5	Appropri
	The patient expresses having a harmonic relationship with the other family members	7	Appropriate	<ol> <li>The patient expresses having a harmonic relationship with the other family members</li> </ol>	7	Appropria
	The patient expresses accepting his/her medical condition	8	Appropriate	49. The patient expresses accepting his/her medical condition	8	Appropria
	The patient expresses no regret in his/her medical condition	7	Appropriate	50. The patient expresses no regret in his/her medical condition	7.5	Appropria
	The patient expresses no fear or worry in his/her medical condition	7	Appropriate	<ol> <li>The patient expresses no fear or worry in his/her medical condition</li> </ol>	7.5	Appropria
	The patient expresses the capability to hold anger	7	Appropriate	52. The patient expresses the capability to hold anger	7.5	Appropria
	The patient expresses committing no stress The patient expresses committing no depression	7	Appropriate Appropriate	53. The patient expresses committing no stress 54. The patient expresses committing no depression	7.5 7.5	Appropria Appropria
	The patient expresses being happier to outhouse activity	7	Appropriate	55. The patient expresses being happier to outhouse	8	Appropria
	than in-house activity The patient expresses no inferior feeling in his/her	7	Appropriate	activity than in-house activity 56. The patient expresses no inferior feeling in his/her	8	Approprie
	medical condition The family asks/consult to the health worker about:			medical condition 57. The family asks/consult to the health worker about:		
	a. The patient's diet	8	Appropriate	a. The patient's diet	9	Appropri
	b. At home-training procedure	8	Appropriate	b. At home-training procedure	9	Appropria
	c. The patient's medicines d. Follow up schedule	8 8	Appropriate Appropriate	c. The patient's medicines d. Follow up schedule	9 9	Appropria Appropria
	e. The problems/burden carried out Role of the family in taking care of the patient at home	8	Appropriate	e. The problems/burden carried out At-home role of the family in looking after the patient at home	9 7	Appropria
	The family reminds the patient to take medicines The family reminds the patient about follow up schedule	8 8	Appropriate Appropriate	58. The family reminds the patient to take medicines 59. The family reminds the patient about follow up	9 9	Appropria Appropria
	The family accompanies the patient during follow up	8	Appropriate	schedule 60. The family accompanies the patient during follow up	9	Approprie
	The family prepares the allowed food for the patient	8	Appropriate	<ol><li>61. The family prepares the allowed food for the patient</li></ol>	9	Appropria
	The family helps ROM training at home	8	Appropriate	62. The family helps ROM training at home	8.5	Appropria
	The family encourages the patient	8	Appropriate	63. The family encourages the patient	9	Appropria
	The family accompanies and listens to the patient's talk or complaint To reduce the psychological burden, the family needs to	8	Appropriate	64. The family accompanies and listens to the patient's talk or complaint To reduce the psychological burden, the family needs to	8	Appropria
	do some of the following acts: The family shares the feeling or problems to the other	7	Appropriate	do some of the following acts: 65. The family shares the feeling or problems to the other	8	Appropria
	member, such as children, relatives	7	Appropriate	member, such as children, relatives	7	A
	The family takes recreation The family checks up to the medical condition to the health service	7 8	Appropriate Appropriate	66. The family takes recreation 67. The family checks up to the medical condition to the health service	7 8.5	Appropria Appropria

Based on Table 2, we can observe that there are 10 indicators determined by the professionals as uncertain (median < 7) as the instruments for assessing the quality of home care services. Therefore they were eliminated from the list. Based on the expert's suggestion on the appropriate indicators, we revised the order of the sentences, add items for the indicator, and merge several indicators into one indicator item which was considered more proper. The result of the indicators revision was presented in the column of the modified indicators sentences. The next processes were grammar improvement of the appropriate indicators, the addition of 2 new indicators, and merge of 12 indicators about daily living activities, based on the expert's suggestions or inputs. At the end of Delphi Phase I, we obtained 67

indicators. Then the expert in an expert panel discussed and reassessed these 67 items. The discussion resulted in 54 appropriate indicators for home care quality (Table 3).

## Discussion

The achievement on an indicator implies the quality of service. According to the quality management theory of Donabedian, the quality of service required three aspects: structure, process, and output [5].

### Table 3: List of the face validity indicators according to Delphi Phase II

Category	Domain	No	Face validity Indicators
Structure	Personal	1	The Health Officers included in a home care team:
			a. General Physician b. Nurse in charge of a patient with a minimum education of Diploma 3
			c. Medical rehabilitation staff
			d. Nutritionist
			e. Psychologist
	Documents	2 3	Home care team carries out home visit corresponding to the agreement between the team and the patient Availability of home care complementary forms inside the patient's medical record
	Documents	5	Home-care complementary forms inside the medical record
		4	Form of assessment,
			a. General condition of the patient: physical, psychological, social, spiritual, and knowledge level
			b. The general condition of the family: knowledge level and assets/resources map in the family
			c. Pain
			d. Risk of decubitus e. Risk of fall
			f. The stress level of the family and the family caregiver
		5	Form of data analysis
		6	Form of the treatment record
		7	Form of evaluation/development of the patient and the family condition
		8	Form of patient condition resume if the patient died
		9	The other complementary forms and separated from the medical record: Form of adverse events reporting
		10	Form of satisfaction level of the patient and the family toward the home care service
		11	Form of the patient or the family complaints
	Professionalism	12	Professional development for the home caregiver:
			a. Briefing/orientation about home care in the first days becoming home care officer
		13	b. Scientific activities (seminar, conference) related to the home care case management Regular inter-home care team member schedules and coordination forums to discuss the patient plan of care
	Facilities	15	Supporting facilities for home care:
		14	Availability of information (leaflet) about home care service
		15	Availability of discussion room for home care team member
		16	Availability of education media/health education, including leaflet suitable to the care needed by the patient
		17	Minimum instruments availability during a home visit a. Sphygmomanometer and stethoscope
			b. Measuring band
			c. Penlight
			d. Reflex hammer
			e. Minor surgery set
rocess	Administration process	10	Administrative activities during home care implementation:
		18 19	All adverse events are reported and recorded in the medical record Documentation of the maintenance process of the patient and the family complaints
		20	The officer fills out the medical record each home care visit
		21	The patient's clinical resume fulfilled in the medical record after the patient discontinues the service or died
	Interaction process		Interaction between the officer and the patient and the family:
		22	The health officer asks the desires or complaints of the patient and the family
		23 24	The health officer examines the vital signs
		24 25	The health officer assesses/evaluates the patient pain The health officer assesses/evaluates the risk of decubitus/wounds in the patient
		26	The health officer assesses/evaluates the risk of fall in the patient
		27	The health officer examines the physical status of the patient
		28	The health officer assesses/evaluates the psychological status of the patient and the family
		29	The health officer assesses/evaluates the social, economic, cultural status of the patient and the family
		30 31	The health officer assesses/evaluates the spiritual status of the patient and the family The doctor regularly reevaluates the medicines received by the patient
		32	The health officer assesses the nutritional status of the patient
		33	The health officer assesses/evaluates the level of independence of the patient and the family
		34	The health office delivers the care status and plans to the family and the patient in clear, detail, hospitable, and
		~-	understandable sentences
		35	The health officer opens a session for the patient and family to consult The health officer rives the care according to the factual problems (based on the data analysis result)
Dutput	Physical well-being	36 37	The health officer gives the care according to the factual problems (based on the data analysis result) The capability/independence of the patient to perform a daily living activity is not declined
aipui	i nysical weir-being	38	The home care patient does not complicate the following condition:
			a. Post stroke pain
	Self-actualisation		Socially, the home care patient performs the following activities according to his/her capability:
	Developed and the first	39	The patient is sociable with the children or grandchildren
	Psychological state	40	The patient can pray The psychological status of the home care patient includes the following condition:
		41	The patient expresses sincerely and patiently accepting his/her medical condition
		42	The patient has a real motivation in life
		43	The patient expresses the harmonic relationship between the patient and the family members
		44	The patient feels glad during outhouse activity and does not expect to be alone
	Family independent and coping	45	The family consults to the health officer about:
			a. The patient's diet b. The home training procedure
			c. The medicines are taken by the patient
			d. The follow-up schedule of the patient
			e. The problems/burdens acquired
			The role of the family at home:
		46	The family reminds the patient of the time to take medicine
		47 48	The family reminds and accompanies the patient to health check The family prepares the allowed foods for the patient
		48 49	The family prepares the allowed foods for the patient The family helps the patient doing ROM (range of motion) training at home
		50	The family encourages the patient
		51	The family accompanies and listens to the patient's talk and complaint
			To reduce the mental burden, the family can do these following acts:
			To reduce the mental burden, the family can do these following acts:
		52 53	The family takes recreation

An approach to the structure and process founded by Donebedian turned out to be one of the references mostly used to assess the service quality. It was proven by Kaionius's research which compared between a nursing home and home care. There were 35 indicators used in this survey. The indicators of structure used were the costs per elderly, the staffing, and the training; the indicators of the process which were studied included the respect, information, influence (allowing the autonomy). The number of elderlies who expressed respect was larger in the elderly acquiring home care than a nursing home. There was no component of structure correlated significantly to the satisfaction of the elderlies (correlation test showed 0 to weak correlation), while all components of process correlated significantly to the satisfaction of the elderlies (correlation test showed a moderate to strong correlation) [6].

The indicators establishment in this study utilised the modified Delphi consensus, which had been recognised as a valid method [7]. The modified Delphi method, also known as the RAND/UCLA Appropriateness Method (RAM), initially aimed to ensure the effectiveness of a health intervention given to patients and to be the main instrument in assessing the accuracy and inaccuracy of a medical or surgical procedure, but currently its use is broader for all health fields. RAM emphasises the determination of indicators based on the degree of benefits and losses that the patient will receive (appropriateness).

The other method conducted bv Scaccabarozzi studied on the assessment of end of life service quality in a home palliative care using the method of Rasch analysis. This identified 5 indicators easy to use by the health care providers: "interview with the caregivers, sustainable training for the staffs, medical and nursing intervention bv multidisciplinary specialists, psychological support to the patient and family, supply of medicines at home) and identified 3 problematic indicators (the availability of regulation on local network of palliative care as the reference, the needs on the care in most of the problematic patients who needed high-intensity care, and the percentage of cancer patient died at home) [8]. This method of analysis was able to reveal which indicators could be achieved and which indicators that needed extra efforts to be achieved. The analysed indicators in this study were mostly indicators of process. The patient's expectation to die at home was assumed as an unsuccessful indicator. It correlated to the operational and organisational aspect which correlated to the inability to develop a structure which comprehension can ensure between the governmental pathway and the care continuity.

The other method to assess the service quality was Outcome Assessment and Information Set (OASIS), which was used to measure the quality and plan of home care in the US. This instrument had a lower to moderate validity and reliability value, as well as the implementation in measuring outcome or outcome-based quality improvement was debatable [9].

First set of indicators of home care quality (HCQIs) was established by Inter-RAI (The Resident Assessment Instrument). The advantages of interRAI HCQIs use included more standardised items of assessment, a more comprehensive set of indicators, and a better capacity to provide group measuring from the different HCQI compared to individual measuring. These were useful to provide a complete evaluation of the service quality. HCQI second generation consisted of 23 indicators that included 8 functional indicators, 10 clinical indicators, 5 social and medication indicators [3].

The quality in the health service standards and indicators recommended in United States of America and Australia included effectiveness, efficiency, safety and risk, timeliness, equity, and person and family-centred care, which offered advantage and guideline to achieve optimal health status for elderly, as well as to optimize transitional care from hospital to home.

Allen studied the quality indicator of outcome in transitional care (post-discharge care) for older people and their caregivers transferring from hospital to home. Indicator of outcome included effectiveness (based on evidence and given to the right patient), efficiency (effective care, time, cost, and resource), timeline (on time), safety and risk (a care that carried out lower risk and no harm), equity (a fair care for everyone), person and family-centred care and experience (respecting expectation, value, objective of the patient and family, inviting the patient and family in decision making) [10].

A critical review on evidence needed expertise from the people who understood the matter of evidence-based medicine, in another hand an assessment on quality on stroke patient home care needed people who concerned in-home care service and neurology [11]. Therefore, we convincedly stated that indicators resulted from this process were appropriate and valid. The indicators could be a minimum criterion with consideration on evidence, synthesis and critical process.

In conclusion, the modified Delphi process enabled the elimination of an initial list of 81 candidate indicators to the final list of 54 candidate indicators. This process was involving 70 experts from different professional backgrounds. The final list of candidate indicators will be useful as a guide to identifying the quality service of stroke survivors at home dwelling care.

This research recommended further research to test the feasibility of the established criteria, including a test on content validity, construct validity, and instrument reliability. The outcome from the established indicators needed a high consistency. Hence the analysis of the correlation between indicators scores obtained by the trial of indicators implementation could be able to strengthen the validity of the indicators.

## Acknowledgement

The researchers expressed gratitude to the Ministry of Research, Technology, and College for the BPPDN scholarship, to all research assistants for the time and efforts on the data collection.

### References

1. Strating MMH, Nieboer AP. Psychometric test of the Team Climate Inventory-short version investigated in Dutch quality improvement teams. BMC Health Services Research. 2009; 9:1-8. <u>https://doi.org/10.1186/1472-6963-9-126</u> PMid:19627621 PMCid:PMC2724501

2. Hutchinson AM, Milke DL, Maisey S, Johnson C, Squires JE, Teare G, Estabrooks CA. The Resident Assessment Instrument-Minimum Data Set 2.0 quality indicators: a systematic review. BMC Health Serv Res. 2010; 166:2-14. <u>https://doi.org/10.1186/1472-6963-10-166</u> PMid:20550719 PMCid:PMC2914032

3. Foebel AD, van Hout HP, van der Roest HG, Topinkova E, Garms-Homolova V, Frijters D, Onder G. Quality of care in European home care programs using the second generation interRAI Home Care Quality Indicators (HCQIs). BMC Geriatrics. 2015; 15(1):148. <u>https://doi.org/10.1186/s12877-015-0146-5</u> PMid:26572734 PMCid:PMC4647796 4. Elwyn G, O'Connor A, Stacey D, Volk R, Edwards A, Coulter A, Butow P. Developing a quality criteria framework for patient decision aids: online international Delphi consensus process. BMJ. 2006:1-6. <u>https://doi.org/10.1136/bmj.38926.629329.AE</u> PMid:16908462 PMCid:PMC1553508

5. Donabedian A. The quality of care. How can it be assessed? JAMA. 1988; 260(12):1743-1748. https://doi.org/10.1001/jama.1988.03410120089033

6. Kajonius PJ, Kazemi A. Structure and process quality as predictors of satisfaction with elderly care. Health and Social Care in the Community. 2016; 24(6):699-707. https://doi.org/10.1111/hsc.12230 PMid:25809819

7. Okoli C, Pawlowski SD. The Delphi method as a research tool: An example, design considerations and applications. Information and Management. 2004; 42(1):15-29. https://doi.org/10.1016/j.im.2003.11.002

8. Scaccabarozzi, G., Lovaglio, P. G., Limonta, F., Floriani, M., & Pellegrini, G. Quality assessment of palliative home care in Italy. Journal of Evaluation in Clinical Practice. 2017; 23:725-733. https://doi.org/10.1111/jep.12704 PMid:28176419

9. O'Connor M, Davitt JK. The Outcome and Assessment Information Set (OASIS): A Review of Validity and Reliability. Home Health Care Services Quarterly. 2012; 31(4):267-301. https://doi.org/10.1080/01621424.2012.703908 PMid:23216513 PMCid:PMC4529994

10. Allen J, Hutchinson AM, Brown R, Livingston PM. Quality care outcomes following transitional care interventions for older people from hospital to home: A systematic review. BMC Health Services Research. 2014; 14(1):346. <u>https://doi.org/10.1186/1472-6963-14-346</u> PMid:25128468 PMCid:PMC4147161

11. Joseph-Williams N, Newcombe R, Politi M, Durand MA, Sivel S, Stacey D, Elwyn G. Toward minimum standards for certifying patient decision aids: a modified Delphi consensus proces. Medical Decision Making. 2014; 34:699-710. https://doi.org/10.1177/0272989X13501721 PMid:23963501