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## The University's two vocations: centralizing research and development; decentralizing useful information

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Upholding its distinguished tradition, the University of São Paulo School of Nursing (EEUSP) organized its VI International Seminar in November 2014 called – *Patient Safety and Nursing Work: 10 years of contribution of the Nursing Activities Score (NAS)*. This special edition of the Journal of the USP School of Nursing recounts the presentations given at the seminar.

Patient safety and nursing work have been the two key themes at EEUSP over the last few years. Nursing work and its measurement is a theme that has been searching for answers for almost half a century. The first instrument developed<sup>(1)</sup>, and some derivations that followed, did not reflect the reality of nursing work (defined as diagnoses and medical interventions), and therefore was never widely accepted. In light of these limitations, the NAS stood out due to its description of the fundamental activities that compose nursing practice and by calculating the time required to execute each one of them<sup>(2)</sup>. The NAS is therefore an instrument for quantified professional management. In the first decade after its publication, nursing professionals demonstrated increased interest. The EEUSP participated in the instrument's development phase and since then the School has always maintained a relevant role in the study, teaching and dissemination of the NAS, occupying here a rightly deserved place of prominence.

A third of the studies presented in this edition of the Journal were designed around the NAS, using its score, items, or both as generators of the investigated information. Three of these studies conducted a systematic analysis of the instrument:

Stafseth SK et al. studied the inter-observer reliability of the NAS and concluded that agreement among ratings of nursing professionals was 88.4%, and among the nursing management staff was 88.7%. Lower rates of agreement were observed when the raters were physicians (83.7%). Furthermore, when observers from all three professional categories carried out the assessment, agreement was lower still (78.7%). These results suggest that the degree of agreement can be attributed to facts related to the content and practice of different professions. An online collection of these scores could eliminate these differences.

Padilha KG et al. reviewed the NAS Instructions for Use in an attempt to reach an unequivocal understanding of its text. They conducted this study with a group of professionals from seven countries and nineteen intensive care units. However, only the creation of a computerized program can maximally standardize the item interpretation.

Lachance J et al. studied the use of the NAS (in 36 publications), following a health service quality assessment framework described in 1996, which includes three types of variables: *structural attributes*, *care processes* and *outcomes of care*<sup>(3)</sup>. The NAS was used to analyze “structural attributes” in most of the articles; however, it was never directly associated with the study of “care processes”. Accordingly, the EURICUS studies concluded that ignorance about “care processes” is at the origin of the non-systematic variation of clinical outcomes and costs in intensive care units<sup>(4)</sup>.

It can be said that the development of the NAS has now reached a phase of “implementing useful knowledge”. Approved as a measurement instrument, the NAS has found its destiny. Beyond producing some relevant studies, the University must now focus on teaching the instrument and co-ordinating multicentric application projects that guide its proper use. This final phase of activity will free up resources and energies that can be channeled to face new priority challenges.

In terms of health, the University develops multiple temporary activities that underpin a permanent mission: to perfect the quality of service delivered. Over this current century, the focus on the quality of work carried out in real time shall represent the main challenge for any University with a mission in Health.

An appropriate multidisciplinary methodology must be adopted so that work processes can be completely reproducible and controllable<sup>(4)</sup>. The business world, for example, is one that has long been down this path.

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