

# Measure #12a. ICU Nurse-Physician Questionnaire - Long Version

**CARE COORDINATION MEASURE MAPPING TABLE**

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
<b>CARE COORDINATION ACTIVITIES</b>			
Establish accountability or negotiate responsibility			
Communicate		■	
<i>Interpersonal communication</i>		■	
<i>Information transfer</i>		■	
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals		■	
Create a proactive plan of care		■	
Monitor, follow up, and respond to change		□	
Support self-management goals			
Link to community resources			
Align resources with patient and population needs			
<b>BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION</b>			
Teamwork focused on coordination		■	
Health care home			
Care management			
Medication management			
Health IT-enabled coordination		□	

**Legend:**

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

# ICU Nurse-Physician Questionnaire - Long Version

**Purpose:** To measure clinician perceptions of collaborative interactions, with a specific focus on leadership, organizational culture, communication, problem-solving, team cohesiveness, and coordination.

**Format/Data Source:** 218-item survey consisting of 11 sections. Requires approximately 45 minutes to complete.

**Date:** Measure published in 1991.<sup>1</sup>

**Perspective:** Health Care Professional(s)

## Measure Item Mapping:

*(Sections II and III are property of Human Synergistics and were not mapped for this profile)*

- **Communicate:**
  - *Between health care professional(s) and patient/family:* I.39d-g
  - *Within teams of health care professionals:* I.5, I.17, I.35, I.39a-c, V.II.A.e
  - *Across health care teams or settings:* V.II.B.f, I.16
  - Interpersonal communication:
    - *Within teams of health care professionals:* I.2, I.9, I.11, I.14, I.21, I.23
  - Information transfer:
    - *Between health care professional(s) and patient/family:*
    - *Within teams of health care professionals:* I.3, I.6, I.10, I.12, I.15, I.18, I.22, I.24, I.25, I.28, I.31, I.36, I.38, V.II.A.i, V.II.B.h
    - *Across health care teams or settings:* I.8, I.20
- **Assess needs and goals:** V.1, V.3, V.11a, V.11c
- **Create a proactive plan of care:** I.36, I.38, V.II.A.a, V.II.A.b, V.II.A.h, V.II.B.a, V.II.B.d, V.II.B.e
- **Monitor, follow up, and respond to change:** I.28
- **Teamwork focused on coordination:** I.26, I.27, I.30, I.32, I.33, I.34, IV.1-48, V.9, VIA.1-16, VIB.1-16, V.II.A.d, V.II.A.f, V.II.A.g, V.II.B.b, V.II.B.c, V.II.B.g
- **Health IT-enabled coordination:** V.II.A.c, V.II.B.i

**Development and Testing:** The instrument demonstrated high reliability and validity for almost all scales. Testing was conducted using a nationally representative sample from 42 medical/surgical intensive care units (ICUs), and findings were further supported by on-site observational evaluation visits. Individual member responses can be aggregated to a unit level for broader evaluation. Factor analysis and analysis of variance were conducted as part of the testing process.<sup>1</sup>

**Link to Outcomes or Health System Characteristics:** A team-satisfaction-oriented culture, strong leadership, open and timely communication, effective coordination, and open collaborative problem-solving, as assessed by the ICU Nurse-Physician Questionnaire, corresponded with better performing health care sites. Performance in these sites was assessed by

on-site evaluations, which consisted of interviews, observation of practice, and comparison with a set of “best” and “worst” practices.<sup>1</sup>

**Logic Model/Conceptual Framework:** Author-developed framework of managerial (leadership, culture) and organizational (coordination, communication, conflict management) factors affecting ICU performance.<sup>1</sup>

**Country:** United States

**Past or Validated Applications\*:**

- **Patient Age:** Not Applicable
- **Patient Condition:** Not Applicable
- **Setting:** Inpatient Facility

\*Based on the sources listed below and input from the measure developers.

**Notes:**

- This instrument is available in nurse and physician versions. All questions are nearly identical in the two versions except for minor wording changes to reflect the appropriate audience. Both versions can be found online.<sup>2</sup>
- This instrument is also available in a short version, which can be found online.<sup>2</sup>
- This instrument contains 218 items; 157 were mapped.
- The measure developers believe that this instrument can be successfully used in other settings, beyond ICU units. We included it in the *Atlas* because of its strong relevance to the framework domains, robust reliability and validity, and potential for adaptation to a variety of other health care settings.

**Sources:**

1. Shortell S, Rousseau DM, Gillies RR, et al. Organizational assessment in Intensive Care Units (ICUs): Construct development, reliability, and validity of the ICU Nurse-Physician Questionnaire. *Med Care* 1991;29(8): 709-27.
2. UC Berkeley School of Public Health: Stephen M. Shortell Research Projects Web site. Available at: <http://shortellresearch.berkeley.edu/ICU%20Questionnaires.htm>. Accessed: 22 September 2010.