

Measure #28. Collaboration and Satisfaction About Care Decisions (CSACD)

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
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			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
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

Collaboration and Satisfaction About Care Decisions (CSACD)

Purpose: To validate an instrument developed from an earlier Decision About Transfer (DAT) instrument that measures collaboration and satisfaction about decisionmaking in patient care.

Format/Data Source: 9-item questionnaire administered to health care professionals (physicians and nurses) while they actively provide care. Using a 7-point Likert scale the instrument addresses the degree of collaboration between physicians and nurses during the decisionmaking process.

Date: Measure published in 1994.¹

Perspective: Health Care Professional(s)

Measure Item Mapping:

- **Communicate:**
 - Interpersonal communication:
 - *Within teams of health care professionals:* 2
- **Teamwork focused on coordination:** 1-7

Development and Testing: The previously-constructed Decision About Transfer (DAT) instrument conferred criterion-related validity, but reliability could not be calculated for a single question, sparking development of the Collaboration and Satisfaction About Care Decisions (CSACD). The CSACD was developed to contain 7 questions addressing collaboration, 6 critical questions and 1 global. Content validity for collaboration questions of this instrument was supported by a prior literature review,² nurse and physician experts, and potential subjects. After expert review, the instrument was pilot tested via mailed surveys with focus on transfer decisions. Criterion-related validity and construct validity were supported. Internal consistency of the 6 critical-attribute collaboration items was supported with a Cronbach's alpha coefficient of 0.93.¹

Link to Outcomes or Health System Characteristics: Questionnaire responses correlate to patient outcomes concerning length of stay, mortality and morbidity as well as provider outcomes regarding job satisfaction and retention of ICU nurses.¹

Logic Model/Conceptual Framework: A previously-developed conceptual of collaboration.²

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 developer.

Notes:

- For simplification purposes, in order to properly reference specific items within this profile, all instrument items found in Table 1 of the source article were consecutively numbered.¹
- This instrument contains 9 items; 7 were mapped.
- The CSACD was developed to study ICU transfer decisions and outcomes in an ICU, but it could be used in non-ICU settings or to refer to other patient care decisions as well.¹

Sources:

1. Baggs JG. Development of an instrument to measure collaboration and satisfaction about care decisions. *J Adv Nurs* 1994;20: 176-82.
2. Thomas K. Conflict and conflict management. In: MD Dunnette, ed. *Handbook of industrial and organizational psychology*. Chicago: Rand McNally College Publishing Company; 1976. p. 889-935.
3. Baggs JG, Norton SA, Schmitt M, et al. Intensive care unit cultures and end-of-life decision making. *J Crit Care* 2007; 22:159-168.
4. Baggs JG, Schmitt MH, Mushlin AI, et al. The association between nurse-physician collaboration and patient outcomes in three intensive care units. *Crit Care Med* 1999; 27: 1992-8.
5. Dougherty MB, Larson E. A review of instruments measuring nurse-physician collaboration. *J Nurs Adm* 2005;35(5):244-53.