Title: A nation-wide project for the revision of the Belgian Nursing Minimum Dataset: from concept to implementation

Abstract:
Belgium has since 1985 a long tradition in the systematic collection of nursing data in the Belgian hospitals through the Belgian Nursing Minimum Dataset (B-NMDS). The Ministry of Public Health commissioned a research project to revise the Belgian Nursing Minimum Dataset (B-NMDS) for six care programs: cardiology, oncology, geriatrics, chronic care, pediatrics and intensive care. The study started in 2001 and will end in 2006.

The revision should take into account the changes in nursing practice, the international development of nursing languages and classifications, the changes in healthcare management and the need for integration with the hospital discharge dataset.

Starting from 2001 a structured framework was used to guide the NMDS-II development and updating. A very strict plan was followed based on two main streams: 1) using panels of expert nurses and NMDS-coordinators to build the acceptability of the tool and 2) making use of existing and new empirical nursing data for developing a high-quality valid and reliable tool. The conceptual grounding during the first phase gave way to language development based on the Nursing Interventions Classification.

In 2008, the official 1.4 version of the B-NMDS includes a larger and integrated database called Hospital Minimum Dataset and was introduced in all Belgian hospitals including 79 items.

In 2009 a study was commissioned by the Belgian Ministry of Public Health to integrate this new B-NMDS into the Belgian hospital reimbursement system. The aim of this study is to develop and validate nursing related groups (NRGs) from the Belgian Nursing Minimum dataset. Based on the available B-NMDS data from 2008 and 2009 nursing care profiles on the level of care episodes (N=1.378.326) will be grouped into 8 Major Nursing Categories (MNCs) and 92 NRGs, using statistical analysis. Next to this, validation’s committees (clinical, organisational and financial) have been installed. The developed cost-weights were based on nurse staffing levels and skill mix. Finally, NRGs result in a valid grouping technique that can be used for hospital reimbursement purposes.

Author’s Details:
Name: THONON Olivier A. M.  
Institution: University Hospital of Liege, Belgium  
City: Liège  
Country: BELGIUM  
Email: olivier.thonon@chu.ulg.ac.be  
Tel. No.: +3243667010 (secretariat) – +3243668224 (professional)  
Fax No.: +3243667621  
Mobile No: 0032474638089 (personal)