

APPENDIX A

LIST OF PREDETERMINED QUALITY INDICATORS

FOR HOSPITALIZED NON-SURGICAL STROKE ELDERS

List of predetermined quality indicators for hospitalized non-surgical stroke elders

Quality aspect	Quality indicator
1. Management of the patient unit	1.1 Proportion between licensed and unlicensed staff 1.2 Nursing care hours per length of stay of non-surgical stroke elders 1.3 Proportion of registered and unregistered nurses 1.4 Nursing practice guidelines for caring for non-surgical stroke elders 1.5 The number of short training courses on caring for non-surgical stroke elders 1.6 Multidisciplinary care system in caring for non-surgical stroke elders 1.7 Area for rehabilitation of non-surgical stroke elders 1.8 Health education guidelines for non-surgical stroke elders/ families 1.9 Area for health education activity for non-surgical stroke elders with families/caregivers 1.10 Activity for knowledge sharing among nursing staff in the topic related to non-surgical stroke elders' care 1.11 Quality improvement system in caring for non-surgical stroke elders 1.12 Prevention guidelines for accidents/injury in elderly patients
2. Nursing staff qualification	2.1 Nurses' knowledge in stroke care 2.2 Nurses' knowledge in elderly care 2.3 Nurses' characteristics and competency in non-surgical stroke elders' care 2.4 Nurses' experiences in training courses on nursing care for non-surgical stroke elders 2.5 Nurses' competencies in dealing with caring families 2.6 Nurses' skill in using equipment in non-surgical stroke elders' care 2.7 Policy to promote relationship between nurses and non-surgical stroke elders 2.8 Satisfaction of non-surgical stroke elders, families and caregivers toward personality and nursing interaction

Quality aspect	Quality indicator
3. Nursing care activity	2.9 Satisfaction of non-surgical stroke elders, families and caregivers toward nurses' caring behavior
	2.10 Satisfaction of nurses' in providing care for non-surgical stroke elders
	2.11 Nursing service evaluation system
	3.1 Nursing care plan for non-surgical stroke elders covering holistic care
	3.2 Nursing care plan for non-surgical stroke elders covering four aspects of health care
	3.3 Assessment of vital sign of non-surgical stroke elders
	3.4 Assessment of Neurological -sign of non-surgical stroke elders
	3.5 Assessment and monitoring of non-surgical stroke elders in the critical phase
	3.6 Assessment of motor power and motion in non-surgical stroke elders
	3.7 Assessment of swallowing ability of non-surgical stroke elders
	3.8 Assessment of nutritional status of non-surgical stroke elders
	3.9 Assessment Excretion of non-surgical stroke elders
	3.10 Promoting motor power of muscles and joints
	3.11 Promoting non-surgical stroke elders' activity in daily life
4. Encouraging family participation in patient care	3.12 Nursing care of non-surgical stroke elders in the issues of hygiene care, nutritional care, fluid-medication care, excretion care, psychosocial care, and spiritual care
	3.13 Assessment of anxiety and depression of non-surgical stroke elders
3.14 Prevention of complications in the issues of pneumonia, urinary tract infection, pressure sores, and joint stiffness	4.1 Guidelines for promoting family participation in caring for non-surgical stroke elders
4.2 Percentage of families and caregivers who received encouragement participation in non-surgical stroke elders' care	

Quality aspect	Quality indicator
5. Planning for discharge and continuing care	4.3 Percentage of families and caregivers who participated in the care of non-surgical stroke elders
	4.4 Policy regarding the staying of families/caregivers at night time
	4.5 Area for families/caregivers to stay in hospitals in order participation in care
	4.6 Satisfaction of family in participating in patient care
	5.1 Guidelines for planning the discharge of non-surgical stroke elders
	5.2 Discharge planning for non-surgical stroke elders and families/caregivers covers rehabilitation techniques, promoting activity in daily life, feeding, medicine, complication prevention, home situation
	5.3 Nurse preparation of families and caregivers before the discharge of non-surgical stroke elders
	5.4 Nurse provision of education to non-surgical stroke elders/ families/ caregivers for caring for patients at home
	5.5 Percentage of non-surgical stroke elders who were satisfied with discharge planning
	5.6 Percentage of non-surgical stroke elders who received advice before discharge
	5.7 Percentage of non-surgical stroke elders who received advice for stopping smoking
	5.8 Non-surgical stroke elders' knowledge of self-care after discharge
6. Nursing care outcome	5.9 Referral system for elderly patients who have suffered strokes after discharge
	5.10 The consultation channel for non-surgical stroke elders, families/caregivers after discharge
	5.11 Number of non-surgical stroke elders with information who refer to the health care organization in the community
	5.12 Number of non-surgical stroke elders' return of information from community back to the hospital
	<ol style="list-style-type: none"> 1. Asperate pneumonia rate 2. Urinary tract infection rate 3. Pressure ulcer rate 4. Joint stiffness rate

Quality aspect	Quality indicator
	5. Fall/injury rate
	6. Drug adverse rate
	7. Deep vein thrombosis rate
	8. Mortality rate of non-surgical stroke elders
	9. Medical error in the care of non-surgical stroke elders
	10. Readmission rate of non-surgical stroke elders within 28 days
	11. Percentage of non-surgical stroke elders who received nursing care completely followed by nursing guidelines
	12. Percentage of non-surgical stroke elders who had monitored and recorded signs and symptoms of increased intracranial pressure
	13. Percentage of non-surgical stroke elders who had rehabilitation planning
	14. Percentage of non-surgical stroke elders who had been taught about improving activity in daily life
	15. Percentage of non-surgical stroke elders who had been assessed for activity in daily life before discharge
	16. Percentage of non-surgical stroke elders who had been assessed for disability before discharge from hospital
	17. Percentage of non-surgical stroke elders who received fluid, nutrition and medicine under physician's orders
	18. Percentage of non-surgical stroke elders who had increased intra-cranial pressure after admission
	19. Percentage of non-surgical stroke elders who have increase ability in daily living activity
	20. Percentage of non-surgical stroke elders, families/caregivers complaining

APPENDIX B
RESULTS OF DELPHI STUDY ROUND ONE
(TABLE B1-B6)

Table B1

Analysis of round one: importance and feasibility of management of the patient unit aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus indicators (Interquartile range ≤ 1.5)										
1. Nursing practice guidelines for caring for non-surgical stroke elders (re-wording "nursing practice guideline" from "nursing document")	6	6.14	0.98	1.25	Greatest	6	6.34	0.76	1.25	Greatest
2. The number of short training courses for caring for non-surgical stroke elders	7	6.45	0.82	1.0	Greatest	7	6.30	0.63	1.0	Greatest
3. Multi-disciplinary care system in caring for non-surgical stroke elders	7	6.66	0.82	1.0	Greatest	7	6.38	0.63	1.50	Greatest
4. Area for rehabilitation of non-surgical stroke elders	6	5.98	0.77	1.25	Greatest	5	5.12	0.98	1.5	Greatest
5. Health education guidelines for non-surgical stroke elders/families	7	6.84	0.64	1.0	Greatest	7	6.46	0.89	1.0	Greatest
6. Area for health education activity for non-surgical stroke elders with families/caregivers	6	5.44	0.93	1.25	Greatest	6	5.96	1.34	1.5	Greatest

Table B2

Analysis of round one: importance and feasibility of nursing staff qualification aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1.Nurses' characteristics and competency in non-surgical stroke elders care	6	5.96	1.14	1.0	Greatest	6	6.17	1.18	1.25	Greatest
2 Nurses' experiences in training courses on nursing care for non-surgical stroke elders	7	6.68	0.89	1.0	Greatest	6	6.06	1.15	1.5	Greatest
3. Policy to promote relationship between nurses and non-surgical stroke elders	6	6.24	1.04	1.5	Great	6	6.08	1.25	1.25	Great
4. Nurses' competencies in dealing with caring families	6	6.21	0.93	1.5	Greatest	6	6.79	1.07	1.5	Greatest
5. Satisfaction of non-surgical stroke elders, families and caregivers toward personality and nursing interaction	7	6.96	0.79	1.0	Greatest	7	7.08	0.98	0.5	Greatest
6. Satisfaction of non-surgical stroke elders' families and caregivers toward nurses' caring behavior	7	6.79	1.14	1.25	Greatest	7	7.12	1.31	1.5	Greatest
7. Satisfaction of nurse in providing care for non-surgical stroke elders	7	6.94	0.92	1.25	Greatest	7	7.34	0.86	1.5	Greatest

Table B2 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Non-consensus Indicators (Interquartile range > 1.5)										
1. Nurses' knowledge of stroke care	5	5.93	1.29	1.5	Somewhat great	4	5.48	1.27	2.0	Moderate
2. Nurses' knowledge in elderly care	5	5.42	1.06	2.0	Somewhat great	4	5.59	1.20	2.0	Moderate
3. Nurses' skill in using equipment in non-surgical stroke elders' care	5	4.98	1.18	2.0	Somewhat great	5	5.22	1.69	2.25	Somewhat great
4. Nursing service evaluation system	5	4.89	1.05	1.25	Great	5	4.96	1.42	1.0	Great

Table B3

Analysis of round one: importance and feasibility of nursing care activity aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Assessment and monitoring non-surgical stroke elders in critical phase	7	6.68	0.85	0.50	Greatest	7	6.78	0.61	0.75	Greatest
2. Assessment of non-surgical stroke elders' motor power and motion	6	5.87	1.01	1.5	Greatest	6	6.04	.89	1.5	Greatest
3. Promoting motor power of muscle and joints	7	7.10	0.75	1.25	Greatest	7	7.04	0.82	0.25	Greatest
4. Nursing care of non-surgical stroke elders in the issues of hygiene care, nutritional care, fluid-medication care, excretion care, psychosocial care and spiritual care	7	7.22	0.94	0.25	Greatest	6	6.98	0.86	1.0	Greatest
5. Assessment of non-surgical stroke elders' nutritional status	5	4.88	0.95	1.5	Moderate	5	4.76	0.82	1.5	Moderate
6. Assessment of non-surgical stroke elders' anxiety and depression	7	6.89	1.12	1.25	Greatest	6	6.02	1.37	2.0	Greatest
7. Prevention of complication in the issues of pneumonia, urinary tract infection, pressure sores, and joint stiffness	7	6.52	1.15	1.0	Greatest	7	6.78	1.06	1.0	Greatest

Table B3 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
8. Promoting non-surgical stroke elders' activity in daily life	7	7.10	1.02	1.0	Greatest	7	6.88	0.94	1.0	Greatest
Non-consensus Indicators (Interquartile range > 1.5)										
1. Nursing care plans for elderly patients	5	4.94	0.96	2.0	Great	5	5.20	1.21	2.25	Great
2. Nursing care plan for stroke patients	7	6.84	1.02	1.75	Greatest	7	6.68	1.14	1.75	Greatest
3. Assessment of vital sign of non-surgical stroke elders	7	6.96	1.2	1.75	Greatest	7	6.68	1.07	1.75	Greatest
4. Assessment of neuro-logical sign of non-surgical stroke elders	7	6.92	0.87	1.50	Greatest	7	7.08	0.92	1.75	Greatest
5. Assessment of excretion function of non-surgical stroke elders	7	6.98	0.67	1.75	Greatest	6	6.22	1.02	1.75	Greatest
6. Assessment swallowing ability of non-surgical stroke elders	4	3.94	1.04	2.0	Great	4	4.16	1.12	2.25	Moderate

Table B4

Analysis of round one: importance and feasibility of encouraging family participation in patient care aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	Level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Guidelines for promoting family participation in caring for non-surgical stroke elders	7	6.86	1.08	1.5	Greatest	6	5.94	1.26	1.0	Greatest
2. Policy regarding the staying of families and caregivers at night time	7	6.78	0.98	1.0	Greatest	7	6.89	1.04	1.25	Greatest
3. Area for families and caregiver to stay in hospitals in order participation in care	7	6.82	0.79	0.5	Greatest	7	6.94	0.88	1.0	Greatest
Non-consensus Indicators (Inter-quartile range > 1.5)										
1. Percentage of families and caregivers who received encouragement participation in non-surgical stroke elders' care	3	2.98	0.98	2.0	Somewhat Less	3	2.78	.68	2.0	Somewhat less
2. Percentage of families and caregivers who participated in non-surgical stroke elders' care	3	2.76	0.60	2.0	Somewhat less	3	3.04	0.74	2.25	Somewhat less
3. Satisfaction of family in participation in patient care	3	2.98	0.92	3.0	Somewhat less	3	2.62	1.08	2.50	Somewhat less

Table B5

Analysis of round one: importance and feasibility of planning for discharge and continuing care aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Guidelines for planning the discharge of non-surgical stroke elders	7	6.96	0.74	1.0	Greatest	7	6.88	1.04	1.25	Greatest
2. Nurses' preparation of families and caregivers before the discharge of non-surgical stroke elders	7	6.89	0.55	1.0	Greatest	7	6.84	1.07	1.0	Greatest
3. Nurses' provision of education to non-surgical stroke elders, families and caregivers for caring for patients at home	7	6.88	0.74	1.0	Greatest	7	7.02	1.08	0.75	Greatest
4. Discharge planning for non-surgical stroke elders, families and caregivers covers rehabilitation techniques, promoting activity in daily life, feeding, medicine, complication prevention, home situation	7	6.90	0.96	1.25	Greatest	6	5.86	0.89	1.5	Greatest

Table B5 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
5. Referral system for elderly patients who have suffered strokes after discharge	7	7.12	1	0.25	Greatest	7	7.04	0.86	0.50	Greatest
6. The consultation channel for non-surgical stroke elders, families and caregivers after discharge	5	4.86	0.87	1.25	Great	5	4.92	1.31	1.5	Great
Non-consensus Indicators (Interquartile range > 1.5)										
1. Percentage of non-surgical stroke elders who received advice before discharge	4	3.96	0.76	1.75	Moderate	4	4.12	0.63	2.0	Moderate
2. Percentage of non-surgical stroke elders who received advice for stopping smoking	3	2.87	1.28	2.0	Somewhat less	3	2.92	1.14	2.0	Somewhat less
3. Number of non-surgical stroke elders informed with reference to health care organization in community	2	1.88	0.99	2.0	Less	2	1.67	1.03	2.5	Less
4. Number of non-surgical stroke elders informed with respect to return from community back to the hospital	2	1.96	1.05	2.25	Less	2	1.98	1.34	2.5	Less

Table B5 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Non-consensus Indicators (Interquartile range > 1.5)										
5. Non-surgical stroke elders' knowledge of self care after discharge	5	4.92	0.52	2.0	Great	5	4.68	1.08	2.25	Great
6. Percentage of non-surgical stroke elders who were satisfied with discharge planning	5	4.82	1.24	2.0	Great	5	4.74	0.98	2.0	Great

Table B6

Analysis of round one: importance and feasibility of nursing care outcome aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Aspirate pneumonia rate	7	6.74	0.68	1.0	Greatest	6	6.22	0.53	1.0	Greatest
2. Urinary tract infection rate	6	5.84	0.58	1.0	Greatest	6	5.89	0.60	1.5	Greatest
3. Pressure ulcer rate	6	5.96	0.43	1.0	Greatest	6	5.78	0.40	1.25	Greatest
4. Joint stiffness rate	4	4.12	0.66	1.5	Moderate	4	3.96	0.84	1.5	Moderate
5. Fall/injury rate	7	6.90	0.37	1.0	Greatest	6	6.25	0.52	1.0	Greatest
6. Drug adverse rate	4	3.78	0.64	1.5	Moderate	4	3.62	0.71	1.5	Moderate
7. Deep vein thrombosis rate	5	4.96	0.89	1.25	Great	5	4.87	0.35	1.0	Great
8. Mortality rate of non-surgical stroke elders	4	3.92	0.78	1.5	Moderate	4	3.89	0.95	1.5	Moderate
9. Medical error in non-surgical stroke elders' care	7	7.12	0.83	0.25	Greatest	6	5.94	0.69	1.0	Greatest
10. Readmission rate of non-surgical stroke elders within 28 days	6	5.93	0.51	1.25	Great	5	5.08	0.69	1.5	Somewhat less
Non-consensus Indicators (Interquartile range > 1.5)										
1. Percentage of non-surgical stroke elders who received nursing care completely following the nursing guidelines	2	2.12	1.16	2.0	Less	2	1.87	1.38	2.0	Less

Table B6 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Non-consensus Indicators (Interquartile range > 1.5)										
2. Percentage of non-surgical stroke elders who had monitored and recorded signs and symptoms of increased intracranial pressure	2	1.84	1.56	2.5	Less	2	1.95	0.83	2.5	Less
3. Percentage of non-surgical stroke elders who had rehabilitation planning	3	2.68	1.22	2.5	Somewhat less	2	1.96	1.04	2.5	Less
4. Percentage of non-surgical stroke elders who had been taught about improving activity in daily life	2	2	1.02	2.0	Less	2	1.98	0.98	2.0	Less
5. Percentage of non-surgical stroke elders who had been assessed for activity in daily life before discharge	4	3.90	0.83	1.75	Moderate	3	2.74	0.72	2.0	Somewhat less
6. Percentage of non-surgical stroke elders who had been assessed for disability before discharge from hospital	4	3.73	0.94	2.0	Moderate	3	2.87	1.08	2.0	Somewhat less
7. Percentage of non-surgical stroke elders who received fluid, nutrition and medicine under physicians' orders	4	3.95	1.06	2.0	Somewhat less	2	1.98	0.72	2.5	Less

APPENDIX C
RESULTS OF DELPHI STUDY ROUND TWO
(TABLE C1-C6)

Table C1

Analysis of round two: importance and feasibility of management of the patient unit aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Nursing practice guidelines for the caring of non-surgical stroke elders	7	6.72	0.63	0	Greatest	7	6.45	1.21	1.0	Greatest
2. Policy in non-surgical stroke elders' care	5	4.86	0.98	1.0	Somewhat great	5	4.78	1.20	1.50	Somewhat great
3. Health education guidelines for non-surgical stroke elders and families	7	6.45	0.95	1.0	Greatest	6	5.9	1.26	1.25	Great
4. Activity for knowledge sharing among nursing staff in the topic relating to non-surgical stroke elders' care	7	6.55	0.63	1.0	Greatest	6.5	6.07	1.09	1.0	Greatest
5. Prevention guidelines for accidents/injury in elderly patients	6	6.04	0.96	1.0	Greatest	6	5.71	1.33	1.0	Great
6. Prevention guidelines for drug alerts in elderly patients	7	6.34	0.86	1.0	Greatest	7	6.31	0.89	1.0	Greatest
Non-consensus Indicators (Interquartile range > 1.5)										
1. Area for rehabilitation of non-surgical stroke elders	5	5.28	0.92	1.5	Great	5	5.31	0.87	2.0	Great

Table C1 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Non-consensus Indicators (Interquartile range > 1.5)										
2. Area for health education activity for non-surgical stroke elders with families and caregivers	6	6.38	1.05	1.0	Greatest	6	5.66	0.95	2.0	Greatest
3. The number of short training courses for caring for non-surgical stroke elders	5	4.62	1.12	1.75	Great	5	5.10	1.04	1.75	Great
4. Multidisciplinary care system in caring for non-surgical stroke elders	4	4.34	1.04	1.5	Somewhat great	4	4.20	0.87	1.75	Somewhat great

Table C2

Analysis of round two: importance and feasibility of nursing staff qualification aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Nurses' characteristics and competency in non-surgical stroke elders' care	7	6.50	1.20	0	Greatest	7	6.20	1.12	1.0	Greatest
2. Nurses' experiences in training courses on nursing care for non-surgical stroke elders	5	5.24	0.89	1.25	Great	5	5.12	1.51	1.5	Great
3. Satisfaction of non-surgical stroke elders, families and caregivers towards personality and nursing interaction	7	6.68	0.84	0.25	Greatest	7	6.48	0.68	0.25	Greatest
Non-consensus Indicators (Interquartile range > 1.5)										
1. Policy to promote relationship between nurses and non-surgical stroke elders	5	4.86	1.12	1.25	Great	5	4.74	1.30	1.75	Great
2. Satisfaction of non-surgical stroke elders, families and caregivers towards nurses' caring behavior	4	3.32	1.08	1.50	Great	4	4.16	0.84	1.75	Great
3. Satisfaction of nurse in providing care for non-surgical stroke elders	5	4.56	1.34	1.75	Great	5	4.82	1.08	1.75	Greatest

Table C2 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Non-consensus Indicators (Interquartile range > 1.5)										
4. Nurses' competencies in caring for families	4	4.21	.93	1.5	Greatest	5	4.79	1.07	1.75	Greatest

Table C3

Analysis of round two: importance and feasibility of nursing care process aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Assessment and monitoring of non-surgical stroke elders in critical phase	7	6.46	0.76	1.0	Greatest	6	5.62	1.12	1.0	Greatest
2. Promoting motor power of non-surgical stroke elders' muscles and joints	7	6.66	0.55	1	Greatest	6	6.30	0.90	1	Greatest
3. Nursing care of non-surgical stroke elders in the issues of hygiene care, nutritional care, fluid-medication care, excretion care, psychosocial care and spiritual care	7	6.60	0.74	1	Greatest	6	6.28	1.08	1	Greatest
4. Prevention of complications in the issues of pneumonia, urinary tract infection, pressure sores, and joint stiffness	7	6.84	0.75	1.0	Greatest	7	6.51	1.32	1.0	Greatest
5. Promoting non-surgical stroke elders' activity in daily life	7	6.90	0.99	0.25	Greatest	7	6.82	0.68	0.25	Greatest
Non-consensus Indicators (Interquartile range > 1.5)										
1. Assessment of non-surgical stroke elders' motor power and motion	6	6.12	0.67	1.5	Greatest	6	6.20	1.12	1.75	Greatest

Table C3 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Non-consensus Indicators (Interquartile range > 1.5)										
2. Assessment of non-surgical stroke elders' anxiety and depression	6	6.38	0.98	1.25	Greatest	6	6.10	0.98	1.75	Greatest
3 Assessment of non-surgical stroke elders' nutritional status	6	6.24	1.04	1.50	Greatest	6	5.98	1.24	1.75	Greatest

Table C4

Analysis of round two: importance and feasibility of encouraging family participation in patient care aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Guidelines for promoting family participation in caring for non-surgical stroke elders	7	6.57	0.63	1.0	Greatest	6	6.14	0.85	1.0	Greatest
2. Policy regarding the staying of families and caregivers at night time	5	5.14	1.24	1.25	Great	5	5.26	0.98	1.25	Great
3. Area for families and caregivers to stay in hospitals in order participation in care	7	6.3	0.87	1.0	Greatest	6	5.7	1.16	1.0	Greatest
Non-consensus Indicators (Interquartile range > 1.5)										
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Table C5

Analysis of round two: importance and feasibility of planning for discharge and continuing care aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Guidelines for planning the discharge of non-surgical stroke elders	7	6.73	0.45	1.0	Greatest	7	6.35	0.98	1.0	Greatest
2. Nurse preparation of families and caregivers before the discharge of non-surgical stroke elders	7	6.54	0.58	1.0	Greatest	6	5.54	1.13	1.25	Greatest
3. Nurse provision of education to non-surgical stroke elders, families and caregivers for caring for patients at home	7	6.68	0.48	0.50	Greatest	7	6.41	0.80	0.50	Greatest
4. Referral system for elderly patients who have suffered strokes after discharge	7	6.55	0.63	0.25	Greatest	6	6.07	1.19	0.75	Greatest

Table C5 (continued)

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Non-consensus Indicators (Interquartile range > 1.5)										
1. Discharge planning for non-surgical stroke elders, families and caregivers covers rehabilitation techniques, promoting activity in daily life, feeding, medicine, complication prevention, home situation	5	4.90	0.96	1.5	Great	5	4.86	0.89	1.75	Great
2. The consultation channel for non-surgical stroke elders, families and caregivers after discharge	5	4.45	0.95	1.50	Great	4	4.15	1.12	2.0	Great

Table C6

Analysis of round two: importance and feasibility of nursing care outcomes aspect

Indicator	Importance					Feasibility				
	MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)										
1. Aspirated pneumonia rate	7	6.74	0.68	1.0	Greatest	6	6.22	0.53	1.0	Greatest
2. Urinary tract infection rate	6	5.84	0.58	1.0	Greatest	6	5.89	0.60	1.5	Greatest
3. Pressure ulcer rate	6	5.96	0.43	1.0	Greatest	6	5.78	0.40	1.25	Greatest
4. Joint stiffness rate	5	4.62	0.66	1.5	Somewhat great	5	4.96	0.84	1.5	Somewhat great
5. Fall/injury rate	7	6.90	0.37	1.0	Greatest	6	6.25	0.52	1.0	Greatest
6. Drug adverse rate	5	4.78	0.64	1.5	Somewhat great	5	4.62	0.71	1.0	Somewhat great
Non-consensus Indicators (Interquartile range > 1.5)										
1. Deep vein thrombosis rate	5	4.96	0.89	1.75	Great	5	4.87	0.35	1.0	Great
2. Mortality rate of non-surgical stroke elders	4	3.92	0.78	1.5	Moderate	4	3.89	0.95	1.75	Moderate
3. Medical error in non-surgical stroke elders' care	7	7.12	0.83	0.25	Greatest	6	5.94	0.69	1.75	Greatest
4. Readmission rate of non-surgical stroke elders within 28 days	6	5.93	0.51	1.75	Great	5	5.08	0.69	1.5	Somewhat less
5. The number of research studies and publications achieved by nursing staff	4	3.98	0.67	2.0	Moderate	4	4.04	1.12	2.25	Moderate

APPENDIX D
RESULTS OF DELPHI STUDY ROUND THREE
(TABLE D1-D6)

Table D1

Analysis of round three: face validity, importance, and feasibility of management of the patient unit aspect

Indicator	Validity level	Importance				Feasibility					
		MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)											
1. Nursing practice guidelines for caring for non-surgical stroke elders	Highest	7	6.52	0.68	0.25	Greatest	7	6.84	0.92	1.0	Greatest
2. Health education guidelines for non-surgical stroke elders, families and caregivers	Highest	7	6.68	0.96	0.50	Greatest	6	6.08	1.02	1.0	Greatest
3. Activity for knowledge sharing among nursing staff in the topic relating to non-surgical stroke elders' care	High	6	6.32	0.62	0.75	Greatest	6	6.43	0.74	1.0	Greatest
4. Prevention guidelines for accidents/injury in elderly patients	High	6	6.04	0.90	1.0	Greatest	6	5.97	1.04	1.0	Greatest
5. Prevention guidelines for drug alerts in elderly patients	High	7	6.86	0.78	1.0	Greatest	6	6.32	0.92	1.0	Greatest
Non-consensus Indicators (Interquartile range > 1.5)											
Policy in non-surgical stroke elders' care	Moderate	4	4.34	1.22	1.75	Great	5	5.21	0.74	1.75	Great

Table D2

Analysis of round three: face validity, importance, and feasibility of nursing staff qualification aspect

Indicator	Validity level	Importance				Feasibility					
		MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)											
1. Nurses' characteristics and competency in non-surgical stroke elders' care	Highest	7	6.56	1.14	0	Greatest	7	6.20	1.12	1.0	Greatest
2. Satisfaction of non-surgical stroke elders, families and caregivers toward personality and nursing interaction	Highest	7	6.34	0.84	0.25	Greatest	7	6.78	0.90	0.50	Greatest
Non-consensus Indicators (Interquartile range > 1.5)											
Nurses' experiences in training courses on nursing care for non-surgical stroke elders	Moderate	5	5.20	1.22	1.50	Great	5	5.34	1.21	1.75	Great

Table D3

Analysis of round three: face validity, importance and feasibility of nursing care activity aspect

Indicator	Validity level	Importance				Feasibility					
		MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)											
1. Assessment and monitoring of non-surgical stroke elders in the critical phase	Highest	7	6.67	1.22	1.0	Greatest	6	6.32	1.04	1.0	Greatest
2. Promoting motor power of non-surgical stroke elders' muscles and joints	Highest	7	6.84	1.05	1.0	Greatest	6	6.21	0.90	1.0	Greatest
3. Nursing care of non-surgical stroke elders in the issues of hygiene care, nutritional care, fluid-medication care, excretion care, psychosocial care and spiritual care	Highest	7	6.78	0.74	1.0	Greatest	6	6.08	1.18	1.0	Greatest
4. Prevention of complications in the issues of pneumonia, urinary tract infection, pressure sores, and joint stiffness	Highest	7	6.92	0.85	1.0	Greatest	7	6.81	0.72	1.0	Greatest
5. Promoting non-surgical stroke elders' activity in daily life	High	7	6.66	0.91	0.25	Greatest	7	6.94	0.96	0.25	Greatest
Non-consensus Indicators (Interquartile range > 1.5)											
-											

Table D4

Analysis of round three: face validity, importance, and feasibility of encouraging family participation in patient care aspect

Indicator	Validity level	Importance				Feasibility					
		MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)											
1. Guidelines for promoting family participation in caring for non-surgical stroke elders	Highest	7	6.82	0.63	1.0	Greatest	6	6.16	0.75	1.25	Greatest
2. Policy regarding the staying of families/caregivers at night time	High	6	5.84	1.24	1.25	Greatest	5	5.30	1.18	1.5	Great
3. Area for families/caregivers' stays in hospitals in order participation in care	High	7	6.34	0.87	1.0	Greatest	6	6.04	1.34	1.0	Greatest
Non-consensus Indicators (Interquartile range > 1.5)											
-											

Table D5

Analysis of round three: face validity, importance, and feasibility of planning for discharge and continuing care aspect

Indicator	Validity level	Importance				Feasibility					
		MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)											
1. Guidelines for planning the discharge of non-surgical stroke elders	Highest	7	6.89	1.05	1	Greatest	7	6.75	1.43	1	Greatest
2. Nurses' preparation of families and caregivers before the discharge of non-surgical stroke elders	Highest	7	6.70	0.86	1	Greatest	6	6.14	1.19	1.25	Greatest
3. Nurse provision of education to non-surgical stroke elders and families/caregivers for caring for patients at home	Highest	7	6.98	0.78	0.50	Greatest	7	6.64	0.81	0.50	Greatest
4. Referral system for Elderly patients who have suffered strokes after discharge	Highest	7	6.65	1.23	0.25	Greatest	6	6.42	1.04	0.75	Greatest
Non-consensus Indicators (Interquartile range > 1.5)											
-											

Table D6

Analysis of round three: face validity, importance, and feasibility of nursing care outcome aspect

Indicator	Validity level	Importance				Feasibility					
		MD	M	SD	IQR	level	MD	M	SD	IQR	Level
Consensus Indicators (Interquartile range ≤ 1.5)											
1. Aspirated pneumonia rate	Highest	6	6.14	0.68	0	Greatest	7	6.92	0.53	0	Greatest
2. Urinary tract infection rate	Highest	6	5.84	0.58	1.0	Greatest	6	5.89	0.60	1.5	Greatest
3. Pressure ulcer rate	Highest	7	6.76	1.03	0.50	Greatest	6	5.78	0.48	1.25	Greatest
4. Joint stiffness rate	High	5	5.12	0.66	1.25	Great	5	4.96	0.84	1.50	Great
5. Fall/injury rate	Highest	7	6.96	0.97	1.25	Greatest	7	6.85	0.52	1.0	Greatest
6. Drug adverse rate	High	5	5.28	0.64	1.50	Great	5	5.22	0.68	1.25	Great
Non-consensus Indicators (Interquartile range > 1.5)											
-											

APPENDIX E
LIST OF EXPERTS

APPENDIX E1
EXPERT OF INTERVIEW

1. Assistant Professor Penchun Leartrat, PhD, RN

Medical Nursing Department, Faculty of Nursing, KhonKaen University

2. Miss Uma Juntawises, MSN, APN

Coordinator of stroke care, Songklanagarind Hospital, Songkhla

3. Assistant Professor Pornchai Sathirapunya, MD, Neurologist

Head of Neuromedical division, Medical department, Songklanagarind Hospital,
Songkhla

4. Mr Kiatisuk Ratchaboriruk, MD, Neurologist

Head of Neuromedical division, Medical department, Hat-Yai Regional Hospital,
Songkhla

APPENDIX E2
EXPERT OF DELPHI STUDY

Expert of quality management

1. Associate Professor Rachanee Sujijantararat, DSN, RN
Faculty of Nursing, Mahidol University
2. Associate Professor Boonjai Srisatidnarakul, PhD, RN
Faculty of Nursing, Chulalongkorn University
3. Associate Professor Thavat Chanchayanon, MD, Anesthetist
Head of Quality Center, Songklanagarind Hospital, Songkhla
4. Assistant Professor Surachat Ngorsuraches, PhD, Pharmacist
Faculty of Pharmacy, Prince of Songkla University, Songkhla
5. Mrs Somsamai Suteerasarn, PhD, RN
Director of Nursing Service Department, Songklanagarind Hospital, Songkhla
6. Mrs Wallapa Kochapakdee, DSN, RN
Vice President, Thaksin University, Songkhla
7. Miss Wannee Tapaneeyakorn, PhD, RN
Director Assistant of Academic Service and Nursing Professional,
Phraboromaratchonnee Nursing College (Bangkok), Bangkok
8. Mrs Patama Vajamun, PhD, RN
Head of Primary Care Unit Nakornratchaseema Regional Hospital,
Nakornratchaseema

9. Miss Vimolratana Limranangkura, RN

Vice President of Academic Service and Director of Nursing Service Department,
The Prasat Neurological Institute, Bangkok

10. Mrs Suparnee Narkvichien, MSN, RN

Head of Medical patient unit, Klang Hospital, Bangkok

10. Mrs Charoonluk Pongcharoen, MSN, APN

Committee of Hospital Quality Management, Case Managers of Stroke Care,
Chaoprayayommarach Hospital, Karnchanaburee

12. Mrs Rattanaporn Tungyingyong, MSN, APN

Head of Holistic Care Center, Head of Medical Patient Unit and Head of Medical
Intensive care unit, Supasittiprasong Regional Hospital, Ubonrachatane

Expert of stroke care:

1. Associate Professor Salee Chalermwannapong, MSN, RN

Nursing Administration Department, Faculty of Nursing, Prince of Songkla
University, Songkhla

2. Assistant Professor Penchun Leartrat, PhD, RN

Medical Nursing Department, Faculty of Nursing, KhonKaen University,
KhonKaen

3. Assistant Professor Pornchai Satirapunya, MD, Neurologist.

Head of Neuromedical Division, Medical Department, Songklanagarind Hospital,
Songkhla

4. Mrs Tanyaluk Bunlikitul, PhD, RN
Nursing instructor, Fundamental Nursing Department, College of Nursing Thai Red Cross Society, Bangkok
5. Mrs Totsaporn Khampolsiri, PhD, RN
Nursing instructor, Medical Nursing Department, Faculty of Nursing, Chiangmai University, Chiangmai
6. Miss Uma Juntawises, MSN, APN
Care Coordinator of stroke, Songklanagarind Hospital, Songkhla
7. Mrs Kannika Angkun, MSN, APN
Chairperson of Stroke Care Improvement Project
Head of Medical Patient unit, Hat Yai Regional Hospital, Songkhla
8. Mr Kiatisuk Ratchaboriruk, MD, Neurologist
Head of Neuromedical Division, Medical Department, Hat-Yai Regional Hospital, Songkhla
9. Mr Suchart Harnchaipibulkul, MD, Neurologist
Vice President of Research Department,
The Prasat Neurological Institute, Bangkok
10. Mrs Prayoon Churnratanakul, RN
Head Nurse of Stroke Unit, Division of Medical Nursing, Department of Nursing, Siriraj Hospital, Bangkok
11. Mrs Ratanarudee Devahastin, RN
Head Nurse of Stroke Unit, Division of Medical Nursing, Department of Nursing, Chulalongkorn Hospital, Bangkok

12. Associate Professor Nijri Charnnarong, MD, Neurologist

Medical Department, Chulalongkorn University

Expert of elderly care:

1. Professor Pranom Othaganont, Ed.D, RN

Dean of Nursing Faculty, Naresuan University, Pitsanuloke

2. Associate Professor Prasert Aussuntachai, MD, Gerontologist

Medical Department, Faculty of Medicine, Mahidol University. (Siriraj), Bangkok.

3. Associate Professor Prakong Intarasombut, MSN, RN

Nursing Division, Faculty of Medicine, Mahidol University (Rama), Bangkok

4. Associate Professor Vilaivan Thongcharoen, MSN, RN

Fundamental Nursing Department, Faculty of Nursing,

Mahidol University, (Siriraj), Bangkok.

5. Assistant Professor Jiraporn Kespitchayawattana, PhD, RN

Faculty of Nursing, Chulalongkorn University, Bangkok

6. Assistant Professor Porntip Malathu, PhD, RN, Certificate in Gerontology

Nursing Division, Faculty of Medicine, Mahidol University (Rama), Bangkok

7. Assistant Professor Waree Kungjai, PhD, RN

Fundamental Nursing Department, Faculty of Nursing,

Burapha University, Chonburee

8. Mrs Raweewan Paokanha, PhD, RN

Fundamental of Nursing Science Department, Faculty of Nursing,

Burapha University, Chonburee

9. Miss Virapun Wirojratana, PhD, RN (Gerontologist)
Fundamental Nursing Department, Faculty of Nursing,
Mahidol University (Siriraj), Bangkok.
10. Miss Prapai Boonchareonlert, MSN, RN
Head of Medical Intensive Care Unit, The Prasat Neurological Institute, Bangkok
11. Miss Auemporn Kanjanarungsrichai, MSN, RN
Head of Medical Patient Unit, Nakornratchaseema Regional Hospital,
Nakornratchaseema
12. Mrs Nalinee Pasukuntapak, MSN, RN
Head of Medical Care Unit, Prasat Neurological Institute, Bangkok

APPENDIX E3
EXPERT OF CONTENT VALIDITY TESTING

1. Mrs Somsamai Suteerasarn, PhD, RN

Director of Nursing Service Department, Songklanagarind Hospital, Songkhla

2. Mrs Wallapa Kochapakdee, DSN, RN

Vice President, Thaksin University, Songkhla

3. Mrs Promot Thongsuk, PhD, RN

Faculty of Nursing, Prince of Songkla University, Songkhla

4. Miss Uma Juntawises, MSN, APN

Coordinator of stroke care, Songklanagarind Hospital, Songkhla

5. Mrs Kannika Angkun, MSN, APN

Chairperson of Stroke Care Improvement Project

Head of Medical Patient unit, Hat Yai Regional Hospital, Songkhla

APPENDIX F
QUESTIONNAIRE

APPENDIX F1
FOCUS GROUP INTERVIEW GUIDE

Part I: Participants' demographical data

1. Name.....Last name.....
2. Education level () Bachelor degree in
- () Master degree in
- () Other, please identify.....
3. Workplace.....
4. Position of work
5. Duration of work on caring for elderly stroke patient.....years
6. Experiences related to caring for elderly stroke patient
 -
 -

Part II: Focus group interview questions

1. What do you think about nursing care for hospitalized non-surgical stroke elders at the present?
2. What should be the most significant activity and the best care that nurses give to hospitalized non-surgical stroke elders?
3. What should be the characteristics of good nurse and good care in providing care for hospitalized non-surgical stroke elders?

APPENDIX F2
SEMI-STRUCTURE INTERVIEW GUIDE
(EXPERT)

Part I: Experts' demographical data

1. Name.....Last name.....
2. Academic level.....
3. Aged.....years
4. Education level () Bachelor degree in
- () Master degree in
- () Doctoral degree in
- () Other, please identify.....
5. Work Position.....
6. Duration of this work position.....years
7. Experiences (including year) and outcomes in quality care management or stroke care or elderly care
-
-

Part II: Interview questions

1. What do you think about current nursing care for hospitalized non-surgical stroke elders?
2. What should be the most significant activity and the best things that nurses do for hospitalized non-surgical stroke elders?
3. What should be the characteristics of good nurse and good care for hospitalized non-surgical stroke elders?

APPENDIX F3
SEMI-STRUCTURE INTERVIEW GUIDE
(NON-SURGICAL STROKE ELDER)

Date/ time of interview.....

Part I: Non-surgical stroke elder's demographical data

1. Name of Patient unit.....
2. Code of patient.....sex..... age.....years
3. Medical Diagnosis.....
5. Date of admission.....
6. General health status.....
.....
7. Coma score
8. Communication ability.....

Part II: Interview questions

1. What do you think and feel about the nursing care you received during hospitalization?
2. What should be the most significant activity and best things that nurses do for you?
3. What should be the characteristics of good nurse and the good care that you expect?

APPENDIX F4

SEMI-STRUCTURE INTERVIEW GUIDE

(NON-SURGICAL STROKE ELDER' S FAMILY)

Date/ time of interview.....

Part I: Non-surgical stroke elder's family demographical data

1. Name of Patient unit.....
2. Code of patient.....Code of family member.....
3. Sex of participant..... Aged.....years
4. The relationship between the patient and this family Member.....
5. Period of time/ day for caring the patient.....
.....
7. Caring activity.....
.....
.....

Part II: Interview questions

1) What do you think and feel about the nursing care that your spouse/ father received during hospitalization?

2. What should be the most significant activity and the best things that nurses do for your spouse/ father?

3. What should be the characteristics of good nurse and the good care that you expect in providing care for spouse/ father?

APPENDIX F5
DELPHI QUESTIONNAIRE ROUND ONE

Part I: Experts' demographical data

1. Name.....Last name.....
2. Academic level.....
3. Aged.....years
4. Education level () Bachelor degree in
- () Master degree in
- () Doctoral degree in
- () Other, please identify.....
5. Workplace.....
6. Position of work
7. Duration of work on this position.....years
8. Experiences (including year) and outcomes in quality care management or stroke care or elderly care
 1.
 2.
 3.
 4.
 5.
 6.
 7.

Indicator	Importance							Feasibility							Suggestion & Reason
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
2. Nursing staff qualification:															
2.1 Nurses' knowledge in stroke care															
2.2 Nurses' knowledge in elderly care															
2.3 Nurses' characteristics and competency in non-surgical stroke elders' care															
:															
:															
:															
:															
3. Nursing care activity:															
3.1 Nursing care plan for non-surgical stroke elders covering holistic care															
3.2 Nursing care plan for non-surgical stroke elders covering four dimensions of health care															
:															
:															
:															
New indicator add:															
4. Encouraging family participation in patient care:															
4.1 Guidelines for promoting family participation in caring for non-surgical stroke elders															
4.2 Percentage of families and caregivers who received encouragement to participate in non-surgical stroke elders' care															
:															
:															
:															
New indicator add:															

APPENDIX F6

DELPHI QUESTIONNAIRE ROUND TWO

Experts' Opinion and suggestion of nursing quality indicator for hospitalized non-surgical stroke elders

Instruction: Please choose the level of important and feasibility of each indicator that you agree and give the suggestion of each indicator in the suggestion column.

Indicator	Importance							Feasibility							Suggestion & Reason
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
:															
:															
:															
:															
6. Nursing care outcome:															
6.1 Aspiration pneumonia rate															
6.2 Urinary tract infection rate															
6.3 Pressure ulcer rate															
:															
:															
:															
:															
New indicator add:															

The meanings of variables and of level of agreement are as similar as round one Delphi questionnaire

APPENDIX F7

DELPHI QUESTIONNAIRE ROUND THREE

Experts' opinion of face validity and experts' confirmation of importance and feasibility level of nursing quality indicator for hospitalized non-surgical stroke elders

Meaning of variables

Face validity means the indicators accurately reflect quality aspect of nursing care for hospitalized non-surgery stroke elder and validity was achieved by the experts' consensus

- The 7 level of agreement:
- 1 = Less importance/ feasibility/ valid
 - 2 = Importance/ Feasibility/ Valid
 - 3 = Less importance/ feasibility/ valid
 - 4 = Moderate importance/ feasibility/ valid
 - 5 = Great Importance/ feasibility/ valid
 - 6 = Great important/ feasibility/ valid
 - 7 = Greatest importance/ feasibility/ valid

Instruction: To confirm the level of opinion of the importance and feasibility of each indicator that the experts chose in the round two.

In each indicator, the median score (Δ), and the interquartile range (\diamond) of the group of expert panels' score in round two were presented. In addition, the expert's own score of round two was identified (\bullet).

The expert can decide on confirmation to **change** or **non-change** the opinion by put (x) in the column and giving the reason.

APPENDIX F9

INDICATOR APPLICABLE QUESTIONNAIRE

Instruction: This indicator applicability questionnaire composed of two sections, i.e.

1) Demographic data form, 2) Indicators' applicability testing

Part I: Demographical data

1. Date of data collection.....
2. Hospital's name.....
3. Patient unit's name.....
4. Participant's name.....
5. Participant's work's position.....

Part II: Indicators' applicability testing

Quality indicator	Occurrence of information						Remark
	Auditing Document		Observing Patient/ family		Interviewing patient/ family		
	Yes	No	Yes	No	Yes	No	
1. Nursing practice guidelines for caring for non-surgical stroke elders							

APPENDIX G
PROTECTION OF HUMAN SUBJECTS

APPENDIX G1
INFORMED CONSENT FORM

Thesis Title: The Development of Nursing Quality Indicators for Hospitalized Non-Surgery Stroke Elders

My name is Pratyanan Thiangchanya, I am a nursing instructor and currently enrolled to complete doctoral study at Nursing Faculty, Prince of Songkla University. The objective of this study is to develop nursing quality indicator for hospitalized non- surgery stroke elders. The knowledge enhanced of this study will be important, as it will lead to improve quality of nursing care for this patients' group.

I would like to encourage you to join in this study, which will be acted using participation in the interview. The interview will take place in hospital setting with a tape- recorded, and the period will be used not more than one hour. During the interview, you may turn down to answer any questions, and demand that the tape-recorded will be turn off. No name will present on the transcribed interviews. Extracts of the interview will be used in the research report, but you will not be distinguished in the any way. Participations of this study is voluntary and consent can be withdrawn at any time without negative consequence of benefits.

If there are any question or concerns you have regarding this research, please do not falter to make contact with me or the advisors.

Pratyanan Thiangchanya

Student: Pratyanan Thiangchanya, Mobile Phone No. 087-3922640

Advisory team: Associated Professor Dr. Sunutra Taboonpong: 074-286548

Professor Dr. Sanguansin Rattanalert: 074-451727

Assistance Professor Dr. Kathryn Burks

โครงการวิจัยเรื่อง: การพัฒนาตัวชี้วัดคุณภาพการพยาบาลผู้สูงอายุที่ป่วยเป็นโรคหลอดเลือดสมองพิการและ

ไม่ได้ผ่าตัด

เรียน ผู้ป่วย และญาติผู้ดูแล ที่นับถือ

ดิฉันขอเล่ารายละเอียดของโครงการวิจัยที่กำลังทำอยู่ และขอเรียนเชิญท่านและญาติผู้ดูแลเข้าร่วมในโครงการนี้ จากภาวะความเจ็บป่วยของท่านที่ต้องเข้ารับการรักษาในโรงพยาบาลครั้งนี้ พยาบาลเป็นบุคลากรทางสุขภาพที่มีความสำคัญในการดูแลท่าน การพัฒนาคุณภาพการพยาบาลต้องอาศัยข้อมูลพื้นฐานหลายประการ โดยเฉพาะ ความคิดเห็นและการรับรู้ของผู้ป่วยและญาติจะมีประโยชน์อย่างยิ่งในการจัดการพยาบาลที่มีคุณภาพ ในการนี้ ดิฉันนางปรัชญานันท์ เทียงจรรยา นักศึกษาหลักสูตรปริญญาเอก สาขาการพยาบาล มหาวิทยาลัยสงขลานครินทร์ จึงสนใจที่จะศึกษาการรับรู้ของท่านและญาติผู้ดูแลเกี่ยวกับคุณภาพการพยาบาลที่ท่านได้รับ ผลการศึกษาที่ได้จะนำไปเป็นแนวทางในการกำหนดตัวชี้วัดเพื่อพัฒนาคุณภาพการพยาบาลต่อไป

ในการนี้ดิฉันจึงใคร่ขอเรียนเชิญท่านและญาติผู้ดูแลเข้ามามีส่วนร่วมในการศึกษานี้ โดยขอสัมภาษณ์ท่านขณะพักรักษาในโรงพยาบาล การสัมภาษณ์จะมีการจดบันทึกและบันทึกเทปการสนทนา โดยข้อมูลส่วนตัวของท่านและญาติผู้ดูแลจะถูกเก็บไว้เป็นความลับ ส่วนความคิดเห็นที่เกี่ยวข้องกับคุณภาพการพยาบาลจะนำเสนอในภาพรวม

การเข้าร่วมโครงการนี้ ขึ้นกับความสมัครใจของท่าน และเมื่อเข้าร่วมโครงการแล้ว ท่านมีสิทธิที่จะตอบหรือไม่ตอบคำถามก็ได้ รวมทั้งมีสิทธิถอนตัวจากการศึกษาได้ โดยไม่มีผลใดๆ เกี่ยวข้องกับการรักษาพยาบาล ถ้าท่านต้องการข้อมูลเพิ่มเติม สามารถซักถามจากดิฉันหรือคณะอาจารย์ที่ปรึกษาได้อย่างเต็มที่

นางปรัชญานันท์ เทียงจรรยา

นักศึกษา : นางปรัชญานันท์ เทียงจรรยา โทรศัพท์ 087-3922640

อาจารย์ที่ปรึกษา: รองศาสตราจารย์ ดร.สุนุดตรา ตะบูนพงศ์ โทรศัพท์ 074-286548

ศาสตราจารย์ นายแพทย์สงวนสิน รัตนเลิศ โทรศัพท์ 074-451727

Assistance Professor Dr. Kathryn Burks

APPENDIX G2
PARTICIPANT' S CONSENT FORM

I.....have read the above information of this consented form. I understand the purpose and the methodology of the study “The Development of Nursing Quality Indicators for Hospitalized Non-Surgical Stroke Elders.” I have the opportunity to ask the questions. I understand my right to direct any future questions that I may have to the committee of Institutional Review Board of Nursing Faculty, Prince of Songkla University. I have received a copy of the consent form. I hereby give the permission to be interviewed and tape-recorded. I understand that my participation is voluntary and I may refuse my consent and terminate my participation at any time without provoking any penalty.

.....
Place/date

.....
()
Participant

.....
Place/date

.....
(Pratyanan Thiangchanya)

ชื่อโครงการ การพัฒนาตัวชี้วัดคุณภาพการพยาบาลผู้สูงอายุที่ป่วยเป็นโรคหลอดเลือดสมองพิการและไม่ได้ผ่าตัด

ข้าพเจ้าได้รับทราบจากผู้วิจัย ชื่อ นางปรัชญานันท์ เทียงจรรยา
นักศึกษาคณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ ซึ่งได้ลงนามด้านท้ายของหนังสือนี้ถึงรายละเอียด
และวิธีการศึกษาวิจัยเรื่อง “การพัฒนาตัวชี้วัดคุณภาพการพยาบาลผู้สูงอายุที่ป่วยเป็นโรคหลอดเลือดสมองพิการ
และไม่ได้ผ่าตัด”

ข้าพเจ้ายินดีเข้าร่วมในการศึกษารั้งนี้โดยสมัครใจ และรับรู้สิทธิที่จะปฏิเสธการเข้าร่วมวิจัยได้ตาม
ต้องการ โดยไม่จำเป็นต้องแจ้งเหตุผล ซึ่งไม่มีผลใดๆ ต่อการรักษาของข้าพเจ้า

ข้าพเจ้ายินดีให้ข้อมูลของข้าพเจ้าแก่ผู้วิจัยเพื่อเป็นประโยชน์ต่อการศึกษา โดยผู้วิจัยรับรองว่าจะเก็บ
ข้อมูลเป็นความลับและจะเปิดเผยเฉพาะข้อมูลสรุปผลการวิจัย

ข้าพเจ้ายินดีเข้าร่วมการศึกษารั้งนี้ ภายใต้เงื่อนไขที่ระบุไว้แล้วข้างต้น

.....
สถานที่/วันที่ ()
ผู้เข้าร่วมวิจัย

.....
สถานที่/วันที่ (นางปรัชญานันท์ เทียงจรรยา)

APPENDIX G3

INSTITUTIONAL REVIEW BOARD' RESULTS

Faculty of Nursing, Prince of Songkla University,

Criteria for Approval of Institutional Review Board

Mrs. Pratyaman Thiangchanya

Please determine all of the following items for research approval regarding ethical components (issues)

Table with 3 columns: Item, Yes, No. Contains 6 rows of ethical criteria with checkboxes.

Results

- Exempt
Need to be approved by IRB
Notify the researches to correct as follow :

- Prepare informed consent in the proposal

Evaluator's Signature: Aranya Chaowalit
Date: 3 August 2005

Chair of IRB

The researcher has already corrected as follow :

- 1.
2.
3.

Researcher



Institutional Review Board/Independent Ethics Committee

Prasat Neurological Institute, Department of Medical Services, Ministry of Public Health, Thailand

Name of Project **Development of Nursing Quality Indicators for Hospitalized Non-Surgical Stroke Elderly
(Project No. 49013)**

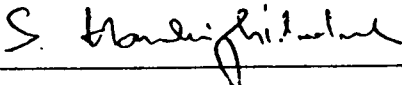
Principal Investigator **Pratyanan Thiangchanya**

Trial Site **Prasat Neurological Institute**

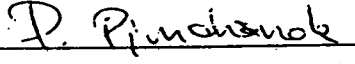
Approval Documents **Brief Dissertation Proposal**
Semi-structure interview guideline
Informed consent form

We also confirm that we are an ethics committee constituted in agreement and in accordance with the ICH GCP.

The Institutional Review Board/Independent Ethics Committee Prasat Neurological Institute, Department of Medical Services, Ministry of Public Health, Thailand had reviewed Thai and/or English protocol. In ethical concern, the committee has reviewed and approved for implementation of the research study as above mention, therefore the Thai protocol will be mainly conduct.

 **Chairman**

(Mr. Suchat Hanchaiphiboolkul)

 **Secretary**

(Ms. Pimchanok Puthkhao)

Chairman

APPENDIX H
DATA COLLECTION REQUEST-RETURN LETTER



ที่ ศธ.0521.1.05/ 1874

คณะพยาบาลศาสตร์
มหาวิทยาลัยสงขลานครินทร์
ตู้ ปณ. 9 ปทศ.คอหงส์
อ.หาดใหญ่ จ.สงขลา 90112

3 กรกฎาคม 2549

เรื่อง ขอบความอนุเคราะห์ผู้ทรงคุณวุฒิตรวจสอบเครื่องมือวิจัย

เรียน ผู้อำนวยการวิทยาลัยพยาบาลสภากาชาดไทย

สิ่งที่ส่งมาด้วย โครงร่างวิทยานิพนธ์ และเครื่องมือวิจัย จำนวน 1 ชุด

ด้วย นางปรัชญานันท์ เทียงจรรยา รหัสนักศึกษา 4658004 นักศึกษาหลักสูตร
ปรัชญาดุษฎีบัณฑิต สาขาวิชาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขล
านครินทร์ มีความประสงค์ที่จะทำวิทยานิพนธ์ เรื่อง "Development of Nursing Quality Indicators for
Hospitalized Non-Surgical Stroke Elders" โดยมี รองศาสตราจารย์ ดร.สุนุดตรา ตะบูนพงศ์ เป็น
อาจารย์ที่ปรึกษาวิทยานิพนธ์ ซึ่งในกระบวนการสร้างเครื่องมือวิจัยในเรื่องนี้จำเป็นต้องมีการ
ตรวจสอบความตรงทางภาษาและความเหมาะสมของภาษาของเครื่องมือวิจัย ตลอดจนแนวคำถาม
ต่าง ๆ เพื่อให้มีความเหมาะสมและครอบคลุมครบถ้วนในประเด็นที่ศึกษาดังกล่าว

คณะพยาบาลศาสตร์ จึงใคร่ขอความอนุเคราะห์จาก ดร.ธัญญลักษณ์ โอบอ้อม เป็น
ผู้ทรงคุณวุฒิตรวจสอบเครื่องมือวิจัยของการทำวิทยานิพนธ์ดังกล่าว

จึงเรียนมาเพื่อ โปรดพิจารณาให้ความอนุเคราะห์ด้วย จะเป็นพระคุณยิ่ง

ขอแสดงความนับถือ

(รองศาสตราจารย์ ดร.อรัญญา เชาวลิต)

คณบดีคณะพยาบาลศาสตร์

สำนักงานเลขานุการ

โทรศัพท์ 0-7428-6561

โทรสาร 0-7421-2901

สำเนาเรียน ดร.ธัญญลักษณ์ โอบอ้อม



ที่ กข.วพ. 1699. /2549

สภากาชาดไทย
The Thai Red Cross Society

วิทยาลัยพยาบาลสภากาชาดไทย

ถนนพระราม 4 เขตปทุมวัน

กรุงเทพฯ 10330

คณะพยาบาลศาสตร์
เลขรับ... ๘๙๓๗
วันที่ ๑ ส.ค ๕๙
เวลา 15-00

31 กรกฎาคม 2549

เรื่อง ยินดีให้บุคลากรเป็นผู้ทรงคุณวุฒิตรวจสอบเครื่องมือวิจัย

เรียน คณบดีคณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์

อ้างถึง หนังสือที่ ศธ.0521.1.05/1874 ลงวันที่ 3 กรกฎาคม 2549

ตามหนังสือที่อ้างถึง ขออนุมัติให้ อาจารย์ ดร.ชัญลักษณ์ โอบอ้อม เป็นผู้ทรงคุณวุฒิ ตรวจสอบเครื่องมือวิจัยของนางปรัชญานันท์ เทียงจรรยา นักศึกษาหลักสูตรปริญญาตรีบัณฑิต สาขาวิชาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ รายละเอียด ดังความแจ้งแล้ว นั้น

วิทยาลัยพยาบาลสภากาชาดไทย ยินดีให้ความร่วมมือ ทั้งนี้ ได้แจ้งให้ผู้เกี่ยวข้องทราบ ด้วยแล้ว

จึงเรียนมาเพื่อโปรดทราบ

๓) ๕๕๕ ๗๗๗

อธิการบดี สภากาชาดไทย

ขอแสดงความนับถือ

อ.ดร.จิตติพงษ์ ฟูงกุล

นายไพโรจน์...

(ผู้ช่วยศาสตราจารย์ชูลีพร เซาว์นเมธากิจ)

นางสาว... หน่วยสารบรรณ

ผู้อำนวยการวิทยาลัยพยาบาลสภากาชาดไทย

โทร 0 2256 4092-99 ต่อ 114

๑๕ ส.ค ๕๙

โทรสาร 0 2256 4090

รหัสแฟ้ม 3/4 ให้ข้อมูลเพื่อการวิทยานิพนธ์

File การโต้ตอบ

๑๑๖
๑๕ ส.ค ๕๙

นางสาว...