

Thank you for the opportunity to speak today. I am Heather Wood, an RN and I have been working with workload measurement or Acuity systems for over 20 years. I am employed by QuadraMed Corporation. We offer an evidence-based system for workload measurement called AcuityPlus. The AcuityPlus system provides an objective, reliable and transportable measure of nursing workload. Additionally, the system has an outcomes module to facilitate the process of evaluating the impact of staffing on patient outcomes.

I would like to briefly address the following items:

- Data reliability
 - Data transportability
 - Staffing & Workload in ICUs?
 - Evaluating the impact of staffing on patient outcomes
 - Certification of acuity systems
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1. Patient workload is determined by differentiating patients based on their needs for care, using indicators that are objective and reliable – And the results have clinical and face validity. The AcuityPlus Inpatient methodology uses nursing process indicators to differentiate and predict a patient's care requirements, and was developed and validated by experts in patient care delivery and workload measurement, insuring the content validity of the tool. The clinical experts' care hour estimates correlated highly (0.93 overall) to the care hour predictions of the AcuityPlus Inpatient methodology verifying the predictive validity of the tool.

2. The indicators need to be transportable ----- meaning that the indicators produce the same measurement or results across ICUs within the same organization and across organizations. Validity for the AcuityPlus methodology was established over the ICU clinical specialties, over all participating institutions, over all the patient age groups and by various patient lengths of stay. Validity was also examined and established by the facility geographical location and teaching affiliation status.
3. Although most ICU patients require 1:1 or 1:2 care. Some ICU patients may require 1:1.5 or 2:1 care. Also, there may be some patients that do not belong on the ICU requiring less than 1:2 care. AcuityPlus measures patient care requirements on a continuum (six patient types) providing for accurate workload measurement of all types of patients that can be found in ICUs.
4. The quantification of comparable workload and staffing provides the necessary basis for evaluating the impact of staffing on patient outcomes. AcuityPlus has the ability to track patient outcome measures. In studies we have completed with clients, we have identified that negative variance between recommended and actual staffing correlates to patient falls and medication errors. By linking the patient care delivery process data to outcome measures, caregivers can identify best practice models, better manage the patient care delivery process and improve outcomes.
5. The classification process needs to be a process that works with existing work flows, is non-disruptive and leads to an evaluation of the quality measurement. Classification with QuadraMed's AcuityPlus system can be transparent, where classification is a

byproduct of the electronic documentation process. This does not add any additional nursing workload and insures the accuracy of the classification assessment. Classifications can also be completed non-transparently directly in the AcuityPlus software. The non-transparent classification process takes less than 10 seconds per classification on an average, and the data is immediately available and live.

6. We trust as you develop the certification process for acuity systems, that you aim toward a straight forward and non-complex process; with a goal to evaluate the process and systems to gauge the success of the regulations in the ICU. Post this evaluation; the certification process can be revised if needed to enhance the process.

I, as well as others working with QuadraMed's AcuityPlus system are available to provide additional information and to respond to any questions. I thank you for this opportunity to speak.