COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

Quality Improvement and Patient Protection Committee

January 6, 2015

Agenda

- Approval of Minutes from December 10, 2014
- Proposed ICU Nurse Staffing Regulation
- Schedule of Next Committee Meeting (TBD)

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- **Approval of Minutes from December 10, 2014**
- Proposed ICU Nurse Staffing Regulation
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Vote: Approving Minutes

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the minutes of the Committee meeting held on December 10, 2014, as presented.

Agenda

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- **Proposed ICU Nurse Staffing Regulation**
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Nurse Staffing Regulation – Key Requirements and Considerations

MGL c. 111, Section 231

For the purposes of this section, the term "intensive care units" shall have the same meaning as defined in 105 CMR 130.020 and shall include intensive care units within a hospital operated by the commonwealth.

Notwithstanding any general or special law to the contrary, in all intensive care units the patient assignment for the registered nurse shall be 1:1 or 1:2 depending on the stability of the patient as assessed by the acuity tool and by the staff nurses in the unit, including the nurse manager or the nurse manager's designee when needed to resolve a disagreement.

The acuity tool shall be developed or chosen by each hospital in consultation with the staff nurses and other appropriate medical staff and shall be certified by the department. The health policy commission shall promulgate regulations governing the implementation and operation of this section including: the formulation of an acuity tool; the method of reporting to the public on staffing compliance in hospital intensive care units; and the identification of 3 to 5 related patient safety quality indicators, which shall be measured and reported by hospitals to the public.

Listening Sessions and Stakeholder Engagement/Feedback

Public Listening Sessions

- HPC Daley Room 10/29/14
- State House Gardner Auditorium 11/19/14

HPC Staff ICU Visits

- Boston Children's Hospital
- Brigham and Women's Hospital
- Planned: Morton Hospital

QIPP Committee Meetings

- August 13, 2014
- October 29, 2014
- December 10, 2014
- January 6, 2015

Feedback on Quality Measures

- HPC solicited feedback on quality measures on December 10, 2014
- Received 3 submissions

HPC Staff Meetings with Stakeholders

- Massachusetts Hospital Association
- Massachusetts Nurses Association
- American Nurses Association-MA Chapter
- Department of Public Health
- Organization of Nurse Leaders
- Quadramed (acuity tool vendor)
- Massachusetts Council of Community Hospitals
- Steward Health Care System
- Navigant Consulting Inc.
- Accenture
- DPH Shattuck Hospital

Key Considerations in Development of Proposed Regulation

What is the current landscape?

- Less than 20% of MA hospitals currently use an acuity tool
- More commonly used in AMCs than in community hospitals
- Tool models vary from paper checklist to comprehensive software, and from hospital developed to proprietary

What do existing tools measure and how are they used?

- Patient acuity/mortality risk and nursing workload
- Used retrospectively for budgeting and resource planning purposes
- Hospitals are not currently using existing acuity tools to make staff assignments in a prospective manner
- Typically used as one of several variables to consider for staffing

Staffing ratios in other states?

- California has required nurse staffing ratios in hospitals
- Other states require hospitals to develop staffing plans
- No other state requires use of “acuity tool” to determine patient stability and assignment

Key Considerations in Development of Proposed Regulation

Regulatory Process

- The proposed regulation is the beginning of the regulatory process
- Per the regulatory requirements, the HPC will hold a public hearing and public comment period
- HPC anticipates continued engagement with stakeholders and refinement of the regulation

Development or Selection of Acuity Tool

- Provide appropriate balance between guidelines consistent the statutory purposes of promoting patient-centered staffing while recognizing unique circumstances of each hospital ICU
- Emphasis on process for development or selection of tool

Role of ICU Staff Nurses

- Meaningful opportunity for participation and input by ICU staff nurses in the selection, development and implementation of Acuity Tool
- Advisory committee composed of at least 50% registered nurses

Related Processes

- The Department of Public Health (DPH) will need to develop certification and enforcement procedures

Proposed Regulation 958 CMR 8.00

958 CMR: HEALTH POLICY COMMISSION

958 CMR 8.00: REGISTERED NURSE-TO-PATIENT RATIO IN INTENSIVE CARE UNITS IN ACUTE HOSPITALS

Section

8.01: General Provisions
8.02: Definitions
8.03: Applicability
8.04: Staff Nurse Patient Assignment in Intensive Care Units
8.05: Assessment of Patient Stability and Determination of Patient Assignment
8.06: Development or Selection and Implementation of the Acuity Tool
8.07: Required Elements of the Acuity Tool
8.08: Records of Compliance
8.09: Acuity Tool Certification, Enforcement by the Department of Public Health
8.10: Public Reporting on Nurse Staffing Compliance
8.11: Collection and Reporting of Quality Measures
8.12: Development of ICU Staffing Plan
8.13: Implementation Timeline
8.14: Severability

Proposed Regulation 958 CMR 8.02: Definitions

Acuity Tool	A decision support tool using a method for assessing patient stability for the ICU Patient according to a defined set of indicators, and used in the determination of a Patient Assignment.
Intensive Care Unit ("ICU")	A unit physically and identifiably separate from general routine and other patient care areas, in which are concentrated special equipment and skilled personnel for the care of critically ill inpatients requiring the immediate and concentrated continuous care and observation, and which meets the Medicare requirements in 42 CFR 413.53(d) for intensive care type inpatient hospital units, and licensed by the Department, including coronary care unit, burn unit, pediatric intensive care unit and neonatal intensive care unit, as defined in 105 CMR 130.020, however named by the Acute Hospital; and an ICU service or beds in a hospital operated by the Commonwealth.
Patient Assignment	The assignment of a Staff Nurse to care for one or two specified ICU Patient(s) for a Shift, consistent with the education, experience and demonstrated competence of the Staff Nurse, the needs of the ICU Patient, and the requirements of the proposed regulation.

Proposed Regulation 958 CMR 8.04: Staff Nurse Patient Assignment

- In all ICUs, the Patient Assignment for each Staff Nurse shall be one or two ICU Patients at all times during a Shift (i.e., no more than two patients)
- The proposed regulation does not prohibit a Patient Assignment of more than one Staff Nurse for an ICU Patient

Proposed Regulation 958 CMR 8.05: Assessment of Patient Stability & Determination of Patient Assignment

The Staff Nurse assigned to care for the ICU Patient shall assess the stability of the ICU Patient utilizing:

(a) The Acuity Tool developed or selected by the Hospital and certified by DPH; and

(b) The exercise of sound nursing assessment and judgment within the parameters of the Staff Nurse's continuing education and experience.

Proposed Regulation 958 CMR 8.05: Assessment of Patient Stability & Determination of Patient Assignment

Disagreement between Acuity Tool and Staff Nurse assessment of ICU Patient stability:

- If the Staff Nurse assigned to care for the ICU Patient determines that the ICU Patient's stability requires a different Registered Nurse-to-patient ratio than that indicated by the Acuity Tool, the Nurse Manager or the Nurse Manager's designee shall resolve the disagreement between the Acuity Tool and the Staff Nurse's assessment.

- The Nurse Manager or designee shall resolve the disagreement in consultation as appropriate with the other Staff Nurses on the unit and taking into account critical environmental factors such as nursing skill mix and patient census on the unit, and shall determine the appropriate Patient Assignment.

Proposed Regulation 958 CMR 8.05: Assessment of Patient Stability & Determination of Patient Assignment

Frequency of use of Acuity Tool by Staff Nurse, at a minimum:

(a) Upon the ICU Patient's admission or transfer to the ICU;

(b) Once during a Shift; and

(c) At other intervals or circumstances as specified in the Acute Hospital's policies and procedures established pursuant to 958 CMR 8.07(6).

Proposed Regulation 958 CMR 8.06: Development or Selection and Implementation of the Acuity Tool

Required elements of Acute Hospital's process for development or selection of Acuity Tool for each ICU:

(a) Formation of an advisory committee:

- At least 50% Registered Nurses who are not Nurse Managers, a majority of whom are Staff Nurses; and
- Other members including representatives of nursing management and other appropriate ancillary and medical staff

Proposed Regulation 958 CMR 8.06: Development or Selection and Implementation of the Acuity Tool

(b) Advisory committee makes recommendations on the elements of the Acuity Tool, including:

1. Clinical indicators of ICU Patient stability
2. Other indicators of Staff Nurse workload and
3. Scores to be assigned to each indicator and how scores are tabulated and used in the determination of Patient Assignment.

In considering the above, the advisory committee shall take into account critical environmental factors, such as:

(i) Physical environment of the unit, including visibility of patient/monitoring equipment;

(ii) Nursing skill mix, competency and familiarity with the ICU;

(iii) Availability of patient care equipment and technology; and

(iv) Availability of ancillary and support staff in the ICU

Proposed Regulation 958 CMR 8.06: Development or Selection and Implementation of the Acuity Tool

Additional required elements of Acuity Tool development or selection process:

(c) Process for Staff Nurses and Nurse Managers to test, validate and recommend revision to the Acuity Tool prior to implementation;

(d) Process for the Hospital to address recommendations of the advisory committee;

(e) Policies and procedures for assessment of patient stability and determination of Patient Assignment; and

(f) Process for periodic review and evaluation of the implementation of the Acuity Tool.

Proposed Regulation 958 CMR 8.07: Required Elements of Acuity Tool

Minimum requirements for the Acuity Tool:

1. Must be in writing, electronic or hardcopy;
2. Tailored to the unique care needs and circumstances of the patient population in any ICU in which the Acuity Tool is deployed; and
3. Includes a method for scoring clinical indicators and other indicators of Staff Nurse workload

Proposed Regulation 958 CMR 8.07: Required Elements of Acuity Tool

Acuity Tool shall include a defined set of indicators incorporating:

(a) Clinical Indicators of Patient Stability related to physiological status and clinical complexity and related scheduled procedures, medications and therapeutic supports appropriate to the ICU Patient population in the ICU in which the Acuity Tool will be deployed in clinical domains such as:

1. Respiratory;
2. Cardiac;
3. Surgical;
4. Neurological;
5. Gastrointestinal;
6. Skin;
7. Orthopedic;
8. Reproductive

Proposed Regulation 958 CMR 8.07: Required Elements of Acuity Tool

And the Acuity Tool shall include a defined set of indicators incorporating:

(b) Other indicators of Staff Nurse workload associated with caring for the ICU Patient appropriate to the ICU Patient population in the ICU in which the Acuity Tool will be deployed such as:

1. Patient age or gestational age and cognitive/functional ability;
2. Patient and family communication skills and cultural/linguistic characteristics;
3. Need for patient and family education;
4. Family and other support for the patient;
5. Need for care coordination; and
6. Transitional care and discharge planning required for the patient.

Proposed Regulation 958 CMR 8.07: Required Elements of Acuity Tool

Written policies and procedures for use of the Acuity Tool:

Each Acute Hospital shall develop written policies and procedures specifying how the resulting Acuity Tool score will be used to support the determination that the ICU Patient requires care by one or more Staff Nurses, or by a Staff Nurse assigned to care for no more than two ICU Patients

Proposed Regulation 958 CMR 8.08: Records of Compliance

Each Acute Hospital shall document and retain for a minimum period of ten (10) years:

1. Records related to the process it followed for development or selection of the Acuity Tool; and
2. Records of staffing compliance indicating the results of the assessment of ICU Patient stability and determination of Patient Assignment for each ICU Patient

Proposed Regulation 958 CMR 8.09: Acuity Tool Certification, Enforcement by DPH

- Hospitals submit the Acuity Tool for each ICU for DPH certification prior to implementation and periodically as determined by DPH
- DPH will determine whether the Acuity Tool(s) was developed or selected by the Acute Hospital in accordance with the procedures and requirements of 958 CMR 8.00
- Hospitals must comply with the procedures for certification and enforcement as established by DPH

Proposed Regulation 958 CMR 8.10: Public Reporting on Nurse Staffing Compliance

- Hospitals must report at least quarterly to DPH, as specified by DPH:

  (a) Staff Nurse-to-patient ratios by ICU; and

  (b) Any instance and the reason in which the minimum Staff Nurse-to-patient ratio of one to two was not maintained;

- Hospitals must issue quarterly reports to the public on Staff Nurse-to-patient ratios by ICU on the Acute Hospital's website, and as may be specified in HPC guidance

Proposed Regulation 958 CMR 8.11: Collection and Reporting of Quality Measures

- The HPC is required to identify 3 to 5 patient safety quality indicators to be measured and reported by hospitals to the public
- Following the December 10 QIPP Meeting, the HPC requested and received additional comments on quality measures
- The HPC recently received additional input on quality measures from MHA/ONL, MNA and ANA
- The HPC expects to finalize such measures either through sub-regulatory guidance or in the final regulation

Proposed Regulation 958 CMR 8.11: Collection and Reporting of Quality Measures

In evaluating quality measures, HPC will consider whether proposed measures are:

- Evidence-based, standardized, validated and nationally-accepted
- Capable of benchmarking over time
- Currently collected and reported in MA
- Nursing-sensitive
- Applicable across ICU-types, if feasible

Suggested Quality Measures:

- Post-operative wound dehiscence (MNA)
- Poor glycemic control (MNA)
- Adult inpatients reporting pain control (MNA)
- Death among surgical inpatients with serious treatable complications (MNA)
- Patient Falls with Injury (MNA, ANA)
- Restraint prevalence (ANA)
- Patient Falls without Injury (ANA)
- Registered Nurses Hours per Patient Day (ANA)
- Hospital Acquired Infections: CLABSI (ANA, ONL)
- HAI: CAUTI (ANA, ONL)
- Hospital-acquired pressure ulcers (ANA-ONL)

Proposed Regulation 958 CMR 8.11: Collection and Reporting of Quality Measures

Hospitals shall:

1. Report ICU-related quality measures to DPH, as specified in guidance of the HPC;
2. Report the specified quality measures to DPH at least annually; and
3. Issue reports to the public on the specified quality measures for each ICU, at least annually, on the Hospital's website, and as may be specified in guidance of the HPC.

Proposed Regulation 958 CMR 8.12: Development of ICU Staffing Plan

Each Hospital shall develop and implement a Registered Nurse staffing plan for the ICU in which the Acuity Tool is deployed that incorporates data gathered from implementation of the Acuity Tool.

Proposed Regulation 958 CMR 8.13: Implementation Timeline

The proposed regulation provides that each Hospital shall submit an Acuity Tool for each ICU to the DPH for certification no later than October 1, 2015.

Next steps in the regulatory process

January 6 QIPP Committee meeting: vote to advance proposed regulation to HPC Board

January 20 HPC Board meeting: discussion of proposed regulation; vote to advance proposed regulation to public comment and hearing process

February Convene a working group to discuss evaluation of the law; release of recommended quality measures for public comment

March QIPP Committee meeting & public hearing(s) on proposed regulation; discussion of working group and release of quality measures; public comment period

April QIPP Committee meeting: discussion of recommended final regulation; vote to advance final regulation to HPC Board

April 29 HPC Board meeting: discussion of recommended final regulation; vote to approve and authorize regulation

Summer 2015 DPH develops and promulgates regulation governing certification and enforcement

**All dates subject to change*

Vote: Advancing Proposed Regulation on ICU Nurse Staffing

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the advancement of the proposed regulation on registered nurse-to-patient ratio in intensive care units in acute hospitals to the full board for vote to issue and solicit public comment.

Agenda

- Approval of Minutes from December 10, 2014
- Proposed ICU Nurse Staffing Regulation
- **Schedule of Next Committee Meeting (TBD)**

Contact Information

For more information about the Health Policy Commission:

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