MINUTES OF THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE

Meeting of January 6, 2015

MASSACHUSETTS HEALTH POLICY COMMISSION

THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
Charles F. Hurley Building
19 Staniford Street
Sixth Floor, Minihan Hall
Boston, MA 02114

Docket: Tuesday, January 6, 2015, 10:00 AM – 11:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee held a meeting on Tuesday, January 6, 2015 in the Minihan Hall at the Charles F. Hurley Building, 19 Staniford Street, Boston, MA 02114.

Committee members present were Ms. Marylou Sudders (Chair); Dr. Carole Allen; Dr. Wendy Everett; and Mr. John Polanowicz, Secretary of Health & Human Services.

Ms. Veronica Turner was absent.

Ms. Sudders called the meeting to order at 10:04 AM.

Ms. Sudders noted that if any member of the public would like to record this meeting they should see Ms. Coleen Elstermeyer, Chief of Staff.

ITEM 1: Approval of minutes

Ms. Sudders asked for any changes to the minutes from the December 10, 2014 meeting.

Dr. Allen asked to alter the minutes to clarify that the discussion was whether the statute creates a default 1:1 nurse staffing ratio. Ms. Sudders stated this would be corrected.

Seeing no further edits, Ms. Sudders called for a motion to approve the minutes as amended. Dr. Everett made the motion. Dr. Allen seconded. Members voted unanimously to approve the minutes. The four committee members present voted in the affirmative.

ITEM 2: Discussion of Proposed Regulation on Nurse Staffing Ratios in ICUs

Ms. Sudders reviewed the day's agenda. She stated that the Committee would discuss the proposed regulation governing nurse staffing ratios in Intensive Care Units (ICUs). She added that, if the Committee advanced the regulation, it would move to the Board for approval on January 20, 2015, and be released for public comment period.

Ms. Sudders introduced Ms. Lois Johnson, General Counsel, to provide an overview of the proposed regulation.

Ms. Johnson reviewed the key statutory requirements and considerations for the development of the regulation. She stated that the law requires that all patient assignments for a registered nurse shall be 1:1 or 1:2 depending on the stability of the patient as assessed by an acuity tool and by staff nurses in the unit. She added that the HPC is responsible for promulgating regulations to govern and implement this process and the process for creating an acuity tool.

Ms. Johnson reviewed the HPC's extensive public engagement. She stated that, throughout the process, the HPC held two public listening sessions, conducted visits to hospital ICUs, discussed the regulatory process at numerous committee meetings, and consulted a wide variety of public and private stakeholders.

Ms. Johnson reviewed key considerations in the development of the proposed regulation. She noted that less than 20% of Massachusetts hospitals currently use an acuity tool to assess patient stability. Further, these tools are generally used in academic medical centers (AMCs), not community hospitals. She stated that tools vary from paper checklist to comprehensive software and from hospital-developed to proprietor developed.

Ms. Johnson stated that this meeting marks the beginning of an extensive regulatory process. She noted that if the committee and Board endorse the regulation, the HPC will release it for a public hearing and public comment period. She added that the HPC anticipates continued engagement with stakeholders throughout the process.

Ms. Johnson stated that the HPC would work to balance guidelines consistent with the statutory purposes of promoting patient-centered staffing and the unique circumstances of each hospital ICU in the creation of an acuity tool. She noted there would be significant emphasis on process throughout the development or selection of an acuity tool. She added that the regulation would allow ICU staff nurses meaningful opportunities for participation and input in the selection, development, and implementation of the acuity tool. Ms. Johnson stated that this input would occur through advisory committees, composed of at least 50% registered nurses at each acute hospital.

Ms. Johnson noted that the Department of Public Health (DPH) would develop certification and enforcement procedures.

Ms. Johnson reviewed key definitions in the proposed regulation. She stated that these definitions are largely based on existing terms. New definitions have only been added where needed to meet the requirements of the statute. She highlighted the new definition of an "acuity tool" as "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." Ms. Johnson stated that the HPC proposes defining an intensive care unit pursuant to the definition used by the DPH in 105 CMR 130.020. This definition includes beds at DPH's Shattuck Hospital. Finally, she added that the term "patient

assignment" would be defined as "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."

Ms. Johnson reviewed language in the regulation regarding patient assignment. She stated that, in all ICUs, each staff nurse shall be assigned one or two ICU patients at all times during a shift. She added that the proposed regulation does not prohibit a patient assignment of more than one staff nurse for an ICU Patient.

Ms. Johnson reviewed language in the regulation regarding the assessment of patient stability and determination of patient assignment. In the proposed regulation, the staff nurse assigned to care for a patient in the ICU should assess the stability of the patient using the acuity tool and their best judgment. Ms. Johnson noted that, if the results of the acuity tool and staff nurse differ, the nurse manager shall resolve the disagreement, while taking into consideration critical environmental factors such as nursing skill mix and the number of patients in the unit.

Ms. Johnson stated the HPC has received significant comment questioning how frequently the staff nurse will have to employ the acuity tool. In the regulation, the acuity tool is deployed when the patient is admitted to the ICU, once during a staff nurse's shift, and at other intervals as specified in the hospital's policies.

Ms. Johnson stated that, while the proposed regulation does not specify an acuity tool, it details the process and selection of the tool. She noted that the proposed regulation requires minimum requirements for the acuity tool; it must be in writing, electronic, or hard copy; tailored to the unique care needs and circumstances of the patient population in any ICU; and must include a method for scoring clinical indicators and other indicators of staff nurse workload.

To create the acuity tool, the hospital must form an advisory committee composed of at least 50% registered nurses, a majority of whom are staff nurses.

Dr. Everett asked for clarification on who the proposed regulation considered as a "staff nurses" in the advisory committee. Ms. Johnson stated that the HPC defines "staff nurses" here as those nurses working in the ICU.

Ms. Johnson stated that the advisory committee should make recommendations on hospital-specific elements of the acuity tool, including clinical indicators of ICU Patient stability, indicators of nurse workload, and details on how scores can be tabulated and used to determine patient assignment. According to the proposed regulation, the advisory committee should take critical environmental factors into consideration when creating their scoring system.

Ms. Johnson stated that the regulation also includes a process for staff nurses and nurse managers to test, validate, and recommend revisions to the acuity tool prior to

implementation. She also highlighted a process for the hospital to address recommendations of the advisory committee; policies and procedures for assessment of patient stability and determination of patient assignment; and a process for periodic review and evaluation of the implementation of the acuity tool.

Ms. Johnson reviewed additional requirements for the acuity tool in the proposed regulation. She stated that the tool will include a defined set of indicators that incorporate clinical indicators of patient stability related to the physiological status and clinical complexity of the patient. She also noted that the tool should list related scheduled procedures and therapeutic supports appropriate to the ICU patient population. She noted that the clinical domains listed in the regulation and on the presentation are not exhaustive, but rather provide a description of sample requirements.

The proposed regulation also dictates that the acuity tool include a defined set of indicators to assess the workload of staff nurses who care for ICU patients. She again noted that these domains are flexible and not prescriptive.

Ms. Johnson stated that the regulation charges each acute hospital with developing written policies and procedures that specify how their acuity tool will be used to determine whether an ICU patient requires care by one or more staff nurses.

Ms. Johnson stated that the proposed regulation also requires hospitals to document and retain records related to the selection of an acuity tool for ten years. Hospitals must also maintain records of staffing compliance for each ICU patient for ten years. These records will not be a part of the patient record.

Ms. Johnson reviewed the role of DPH, as described by the statute. DPH has a statutory obligation to certify hospital acuity tools submitted by hospitals to DPH by October 1, 2015. As such, hospitals must submit their selected acuity tool for each ICU to DPH for certification prior to implementation. Additionally, hospitals may also be asked to periodically submit their tool for review. Ms. Johnson added that DPH will determine whether the acuity tool developed or selected by the hospital is in accordance with the procedures and requirements of 958 CMR 8.00.

Secretary Polanowicz stated that the October 1, 2015 DPH certification submission deadline should be flexible to allow hospitals to thoroughly comply with the regulation.

Dr. Everett added that this deadline should be included in the sub-regulatory guidance rather than codified in the proposed regulation. She noted that the HPC should take steps to reduce undue administrative burden.

Ms. Johnson reviewed the proposed regulation's public reporting requirements on nurse staffing compliance. She noted that the HPC created these requirements with special attention to reducing administrative burden. Hospitals must submit compliance reports quarterly to DPH. These reports will include staff nurse-to-patient ratios by ICU as well as details on any instance in which the minimum ratio was not maintained.

In addition to regulating the creation of an acuity tool, Ms. Johnson stated that the HPC is required to identify three to five patient safety quality indicators. She noted that the HPC requested and received additional comments on these quality measures from various stakeholders. The HPC expects to finalize these measures through sub-regulatory guidance.

Ms. Johnson noted that hospitals will be required to report ICU-related quality measures to DPH as specified in the HPC's guidance. Hospitals will also report specified quality measures to DPH at on the specified quality measures for each ICU. All of this information will be publically available.

Dr. Everett asked whether DPH would be able to decide the intervals at which acuity tools are certified. Ms. Johnson responded in the affirmative.

Dr. Allen commended the HPC's thorough and robust work. She expressed concern that the documentation requirement creates an undue administrative burden on hospitals and reduces the focus on patient care. She added that the list of patient stability clinical indicators should include categories such as renal, metabolic, infectious disease, and psychiatric care. Finally, Dr. Allen stated that the advisory committees should include a patient representative.

Secretary Polanowicz noted his agreement with Dr. Allen' recommendation for a patient advocate. He stated that many hospitals have an established Patient-Family Advisory Council (PFAC) and that Dr. Allen's suggestion should be included in further guidance from the HPC. Secretary Polanowicz stressed that the data from staffing reports should not be the sole determinant of the quality of care. He noted that many of the quality measures suggested in the proposed regulation are already serious reportable events reported to DPH and the Board of Registration of Medicine. He encouraged synergy in these efforts.

Ms. Sudders asked Secretary Polanowicz if he would recommend any additional should quality measures. Secretary Polanowicz responded that the HPC should determine how reporting should happen and what the ultimate goal of that reporting should be.

Dr. Allen stated that the HPC should include measures relative to pediatrics and Neonatal Intensive Care Units (NICUs) in the final regulations.

Ms. Sudders asked whether the proposed record retention requirements are standard. Ms. Johnson responded that it is a general reporting requirement. She added that DPH requested a longer record retention period to ensure that all hospitals are properly and thoroughly documented.

Ms. Johnson reviewed next steps in the regulatory process. She stated that, if the committee endorsed the proposed regulation, it would then be presented to the Board on January 20. Following a Board vote, the proposed regulation would be open to a public comment and hearing process.

Ms. Johnson stated that the HPC will convene a working group to discuss how to evaluate the law. The HPC will also release recommended quality measures for public comment in February. She stated that the goal is to advance a final regulation to the Board on April 29. Finally, she noted that the DPH would develop and promulgate regulations governing certification and enforcement of ICU nurse staffing ratios in summer 2015.

Mr. David Seltz, Executive Director, stated that this timeline reflects a continuing commitment to a robust and engaging process with a wide variety of stakeholders. He stated that advancing a draft regulation is an important next step in continuing this conversation.

Secretary Polanowicz stated that it is critical to release the proposed regulation for public comment to ensure various deadlines are met. He added that DPH should begin its regulatory work as soon as the HPC advances the proposed regulation for public comment.

Ms. Sudders asked for clarification on how changes to the regulation by public comment would be incorporated into the overall process. Ms. Johnson stated that this discussion is ongoing, but that public comment would be included either in the guidance or the regulation in some capacity.

Secretary Polanowicz stated that the HPC should have broad regulations to ensure compliance with statute that are informed by a more detailed set of sub-regulatory guidelines.

Seeing no further public comment, Ms. Sudders called for a motion to endorse the proposed regulation and move it to the Board for consideration. Dr. Everett made the motion and Dr. Allen seconded. The committee unanimously approved the motion. Voting in the affirmative were the four members present.

Dr. Allen asked if edits discussed at the day's meeting would be included in the proposed regulation being advanced to the Board. Ms. Johnson stated that they would.

Ms. Sudders stated that these draft regulations will be posted on the HPC's website one hour following the conclusion of the day's meeting.

Ms. Sudders asked if there was any public comment. Ms. Tara Tehan of the Massachusetts Chapter of the American Nurses Association offered public comment.

Dr. Allen thanked Ms. Sudders for her leadership as chair of the Quality Improvement and Patient Protection Committee.

Ms. Sudders recognized and thanked Secretary Polanowicz for his service to the HPC and the Commonwealth.

Ms. Sudders adjourned the meeting at 10:54 AM.