ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

January 2, 2015

Chairman Altman and members of the Health Policy Commission:

Thank you for the opportunity to provide written commentary on the implementation of Chapter 155 of the Acts of 2014, relative to quality measures applicable to hospital intensive care units (ICU). The American Nurses Association of Massachusetts believes an effective evaluation of staffing plans requires the consideration of both patient and staff measures including:

- Patient Outcomes.
- Time needed for direct and indirect patient care.
- Work related staff illness and injury rates.
- Turnover/Vacancy rates.
- Overtime rates.
- Rate of use of supplemental staffing.
- Compliance with regulation.
- Patient and Nurse Satisfaction.

In our original testimony we recommended the following quality measures

- Registered Nurses Hours per Patient Day (Recommended definition is the percentage of registered nursing care hours as a total of all nursing care hours).
- Hospital Acquired Infections.
- Patient Falls (with and without injury).
- Pressure Ulcer Rate, Hospital Acquired.
- Restraint Use.

These quality measures are endorsed by the National Quality Forum (NQF). While there are many validated measures, National Quality Forum measures are considered the "gold standard" by many. The National Quality Forum uses four criteria to assess a measure of endorsement:

1. Important to measure and report to keep our focus on priority areas, where the evidence is highest that measurement can have a positive impact on healthcare quality.
2. Scientifically acceptable, so that the measure when implemented will produce consistent (reliable) and credible (valid) results about the quality of care.
3. Useable and relevant to ensure that intended users — consumers, purchasers, providers, and policy makers — can understand the results of the measure and are likely to find them useful for quality improvement and decision making.
4. Feasible to collect with data that can be readily available for measurement and retrievable without undue burden.

Our recommended quality measures are defined by the NQF as:

Quality Measure	NQF Description	Measure Steward	Related to Nursing Care in The ICU	Applicable to all ICU Settings	Currently Reported by Massachusetts Hospitals
Nursing Hours Per Patient Day	NSC-13.1 (RN hours per patient day) – The number of productive hours worked by RNs with direct patient care responsibilities per patient day for each in-patient unit in a calendar month. NSC-13.2 (Total nursing care hours per patient day) – The number of productive hours worked by nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities per patient day for each in-patient unit in a calendar month.[1]	American Nurses Association	Yes	Yes	*PatientCareLink* provides a mechanism of voluntary reporting on staffing plans and actual staffing through reporting of actual worked hours per patient day ANA-MA recommends requiring hospitals to report, on a quarterly basis, Registered Nurse Hours per Patient Day
Hospital Acquired Infections: National Healthcare Safety Network (NHSN) Central line-associated	Standardized Infection Ratio (SIR) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will	Centers for Disease Control and Prevention	Yes	Yes	To receive payment from CMS, hospitals are required to report data about some infections to the Centers for Disease Control and

Bloodstream Infection (CLABSI) Outcome Measure	be calculated among patients in bedded inpatient care locations. This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavioral health hospitals.[2]				Prevention's (CDC's) National Healthcare Safety Network (NHSN). CMS reporting is currently collected through NHSN about central line-associated bloodstream infections and catheter-associated urinary tract infections
Hospital Acquired Infections: The National HealthCare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) will be calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU. This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavior health hospitals.[3]	Centers for Disease Control and Prevention	Yes	Yes	To receive payment from CMS, hospitals are required to report data about some infections to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). CMS reporting is currently collected through NHSN about central line-associated bloodstream infections and catheter-associated urinary tract infections
Falls with Injury	All documented patient falls with	American Nurses	Yes	Applicable to adult	Patient Falls are collected by

	an injury level of minor or greater on eligible unit types in a calendar quarter. Reported as Injury falls per 1000 Patient Days. (Total number of injury falls / Patient days) X 1000 Measure focus is safety. Target population is adult acute care inpatient and adult rehabilitation patients.[4]	Association		populations	*PatientCareLink*
Hospital Acquired Pressure Ulcers	The total number of patients that have hospital-acquired (nosocomial) category/stage II or greater pressure ulcers on the day of the prevalence measurement episode.[5]	The Joint Commission	Yes	Yes	Patient Falls are collected by *PatientCareLink*
Restraint Prevalence	Total number of patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence measurement episode.6	The Joint Commission	Yes	Yes	

In addition to these quality measures, the Health Policy Commission should consider medication errors and ventilator associated events.

Public Reporting on Staffing Compliance

ANA-MA supports the public reporting on both registered nurse staffing compliance and quality indicators through existing methods of public reporting. Currently *PatientCareLink*, a collaborative between the Massachusetts Hospital Association, Organization of Nurse Leaders of MA and RI, and the Home Care Alliance provides a mechanism of voluntary reporting on staffing plans, actual staffing through reporting of actual worked hours per patient day, and quality measures. ANA-MA recommends requiring hospitals to report, on a quarterly basis, Registered Nurse Hours per Patient Day as well as the chosen Nursing Sensitive Indicators, using the current *PatientCareLink*. Oversight of hospital compliance will be provided by the Department of Public Health.

The evidence and science in measuring quality is continually evolving. The Health Policy committee should ensure that the selected quality measures are reviewed and updated on a regular basis. This is best down by maintaining a quality measure stakeholder group, including The American Nurses Association Massachusetts, to meet twice a year to review current measures and present newly added, or upcoming, National Quality Measures.

Thank you for the opportunity to provide written testimony.

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