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ONL Organization of Nurse Leaders
MASSACHUSETTS & RHODE ISLAND

December 23, 2014

David Seltz
Executive Director
Health Policy Commission
2 Boylston Street
Boston, MA 02116-4734

Re: Response to HPC Request for Comments on Nurse Staffing Quality Measures

Dear Mr. Seltz:

The Massachusetts Hospital Association and the Organization of Nurse Leaders of MA-RI submit this letter in response to the Health Policy Commission's (HPC's) recent request for comments related to the nurse staffing quality indicators. While we do provide comments on the specific questions asked (attached), we would like to reiterate several key considerations included in our recent testimony related to identifying the specific indicators.

Indicators that are chosen pursuant to the regulatory process should be focused on patient outcomes and allow for the development of clinical quality improvement initiatives. The goal was and is to capture and report one set of nationally accepted, valid, and reliable patient quality and safety indicators in one place. This would assist providers in delivering sound patient care and analyzing benchmarks against national and statewide norms to ensure we are constantly considering ways to improve or enhance the care we provide each day.

To ensure appropriate reporting, we urge the HPC to consider a quality measurement and reporting framework that is endorsed by national alliances, which leads to advancing a shared agenda for quality improvement, reduces onerous and duplicative reporting requirements, and minimizes confusion for the public and providers. As you have heard at the listening sessions, hospital staff demonstrated how they use commonly accepted reporting measures to benchmark and develop internal quality protocols that focus on improving patient care to surpass those benchmarks. When considering quality indicators, it is important to note that similar measures can have different definitions and calculation methodologies. Therefore standardizing the measures based on current reporting systems would minimize this concern.

To that end, we provide the following comments:

Are there additional safety quality measures that the HPC should consider?
No. Some of the indicators provided to the HPC to date are commonly used and nationally endorsed quality measures that are reported on a quarterly basis. A few of these can also be easily adopted for ICUs with minimal cost and time, but with maximum benefits. As we have cautioned in our previous testimony, any proposed measures that are not based on nationally accepted standards and are not focused on quality outcomes would take considerable time and resources for the state and providers to adopt and report; this includes developing the reporting framework, ensuring uniform and standardized agreement on definitions, and developing outcome measurements for public reporting.

What approach should the HPC consider for evaluating or updating the selected quality measures?
We would encourage the HPC to use an existing group, such as the Massachusetts Statewide Quality Advisory Committee (SQAC), to conduct a review every third year after the initial date that the quality measures are chosen to determine if the measures are appropriate or need to be updated. It is important to allow for sufficient time for the chosen set of measures to be collected and analyzed before any changes are potentially made for the sake of consistency and comparison. The reason that we recommend the SQAC is based on their legislatively mandated purpose of "advising all branches of state government regarding the alignment of healthcare performance metrics and the efficient collection and uniform reporting to support improvement in the health status of the residents of the Commonwealth." Using such an approach allows a diverse group of provider, payer, and consumer advocates appointed by the state to analyze and consider possible changes if needed. This would also eliminate the need to develop duplicative quality groups and remove any bias in the selection of stakeholders to conduct annual reviews.

HPC request for information on each suggested measure
Attached, please find a grid that provides comments related to each measure according to the issues raised by the HPC. However, we highly recommend that the three measures be chosen from the first four listed in the attached grid, which include Central line-associated Blood Stream Infection, Catheter-associated Urinary Tract Infection, Pressure ulcer prevalence (hospital acquired), and Patient falls with injury. In addition to those points, we also ask the HPC to ensure that any chosen measure must be able to:

- be reported through a standardized reporting framework with established measure definitions;
- be nationally accepted because of their reliability and validity, instead of ones that are based on institutional or staffing specific concerns;
- allow for comparison and trending across statewide and national norms;
- allow for quality improvement opportunities on patient clinical care in the ICU and not focus on operational or staffing concerns;
- allow for sufficient time to be evaluated appropriately;
- include a broad patient base, including all payers in measure specification and compilation; and
- collect the measures over a sufficient amount of time to permit an adequate sample and avoid a small number problem.

We appreciate the opportunity to provide comments and are available to provide further details.

Sincerely,

Patricia M. Noga

Sharon A. Gale

Patricia M. Noga, PhD, RN
Vice President, Clinical Affairs
Massachusetts Hospital Association

Sharon A. Gale, RN, MSN, FAAN
Chief Executive Officer
Organization of Nurse Leaders of MA-RI

Measure	Evidence Based and Nationally Validated	Related to Nursing Care in the ICU	Measure Applicable to the ICU	Measure Currently Reported	Timing and Frequency of Reporting	Can this measure be used to improve patient safety and outcomes in ICUs?
Hospital Acquired Infections -- Central line-associated Blood Stream Infection (CLABSI) ***Endorsed by ANA, MHA, ONL***	Yes - This measure has been endorsed by the National Quality Forum (NQF) (#0139).	Yes - This was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF.	This can be applied to all types of ICUs.	Yes - This indicator is currently reported by all hospitals to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). It is also required to be reported by MA DPH to CDC/NHSN.	Data is collected monthly and reported quarterly to CMS. The data is posted to the Hospital Compare public website quarterly. It has also been added to public reports developed by DPH.	Yes -This indicator is also part of the CMS Hospital Inpatient Quality Reporting Program and is commonly utilized by providers as part of internal quality improvement initiatives that have led to a reduced number of infections resulting in improved patient safety. It is estimated that 48% of ICU patients have a central line catheter in place, putting them at a much higher risk for CLABSI. CLABSI cases significantly increase morbidity and length of stay, which add greatly to healthcare costs.
Hospital Acquired Infections -- Catheter-associated Urinary Tract Infection (CAUTI) ***Endorsed by ANA, MHA, & ONL***	Yes - This measure has been endorsed by the NQF (#0138).	Yes - This was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF.	This can be applied to all types of ICUs, however it is less relevant in NICUs.*	Yes - This measure is currently reported by all hospitals to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). It is also required to be reported by MA DPH to CDC/NHSN.	Data is collected monthly and reported quarterly to CMS. The data is posted to the Hospital Compare public website quarterly.	Yes - This is a key indicator that many hospitals are collecting to assist in reducing the number of infections, compared to the nation, resulting in improved patient safety. Like CLABSI, CAUTI cases significantly increase morbidity and length of stay, which add greatly to healthcare costs.
Pressure ulcer prevalence (hospital acquired) ***Endorsed by ANA, MHA, & ONL***	Yes - This measure has been endorsed by the NQF (#0201).	Yes - This was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF.	This can be applied to all types of ICUs, but is not as relevant in PICUs or NICUs.*	Yes - All MA acute care hospitals report this measure to the *PatientCareLink* program. The data are displayed on the public *PatientCareLink* website.	All MA acute care hospitals report to the *PatientCareLink* program one-day prevalence study data within a designated 2-week period in March and September; many report data for optional studies in June and December.	Yes - Many hospitals are collecting this measure to assist in reducing the number of pressure ulcers, resulting in improved patient safety.
Patient falls with injury ***Endorsed by ANA, MHA, MNA, & ONL***	Yes - This measure has been endorsed by the NQF (#0202).	Yes - This was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF.	This can be applied to most ICUs, but cannot be measured in NICUs.*	Yes - This measure is reported by self-selected acute care hospitals to the ANA through the NDNQI database, but this is not publicly reported by ANA. The measure is reported to the *PatientCareLink* program by all MA acute care hospitals and displayed on the public *PatientCareLink* website.	Data is reported quarterly to the *PatientCareLink* program. Data posted on the *PatientCareLink* website cover a rolling 4 quarter period. Please Note: PatientCareLink and ANA NDNQI share the same specifications for this measure.	Yes - Hospitals are using this information to reduce the number of falls with injury.
Patient falls without injury (Patient Fall Rate is the actual title.) Endorsed by ANA	Yes -- This measure has been endorsed by the NQF (#0141 Patient Fall Rate).	Yes - This was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF.	This can be applied to most ICUs, but cannot be measured in NICUs.*	Yes - This measure is reported by self-selected acute care hospitals to the ANA through the NDNQI database, but this is not publicly reported by ANA. The measure is reported to the *PatientCareLink* program by all MA acute care hospitals and displayed on the public *PatientCareLink* website.	Data is reported quarterly to the PatientCareLink program. Data posted on the *PatientCareLink* website cover a rolling 4 quarter period. Please Note: PatientCareLink and ANA NDNQI share the same specifications for this measure.	Hospitals monitor both falls with and without injury in an effort to reduce falls and improve patient safety. However, as the science around falls has evolved, there has been increasing focus on falls with injury because this has a more serious effect on the patient. As a result, concentrating on falls *with* injury as opposed to falls *without* injury has proven to be a more effective strategy in improving patient safety.

Measure	Evidence Based and Nationally Validated	Related to Nursing Care in the ICU	Measure Applicable to the ICU	Measure Currently Reported	Timing and Frequency of Reporting	Can this measure be used to improve patient safety and outcomes in ICUs?
Registered nurse hours per patient day Endorsed by ANA	Yes - This measure has been endorsed by the NQF (#0205).	Although this was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF, it does not measure quality of nursing care provided in the ICU.	This indicator is not specific to clinical care in the ICU.	This measure is reported by self-selected acute care hospitals to the ANA through the NDNQI database, but this is not publicly reported by ANA. The measure is reported to the *PatientCareLink* program by all MA acute care hospitals and displayed on the public *PatientCareLink* website.	All MA acute care hospitals report once a year their budgeted RN hours per patient day and their actual hours per patient day by unit and unit-type. The data is displayed on the public *PatientCareLink* website.	No - This measure does not reflect the acuity of patients cared for by the nurse and only tracks the amount of time nurses spent with patients.
Restraint prevalence (vest and limb) Endorsed by ANA	Yes - This measure has been endorsed by the NQF (#0203).	Yes - This was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF. It was originally developed by CallNOC but The Joint Commission later assumed the measure steward role.	This is not measured in PICUs or NICUs because it only includes adults 18 years or older.*	This measure is not used by the CMS HIQRP and has been discontinued by The Joint Commission for acute care hospitals.	This measure is not routinely collected, nor is it reported to the public.	No - We would caution using such an indicator for quality measurement in an ICU setting as it does not provide any outcome measurement of clinical care.
Adult inpatients who reported how often their pain was controlled Endorsed by MNA	Yes - This measure is endorsed by the NQF (#0166).	This measure has never been identified as nursing sensitive under the HCAHPS survey, the mechanism through which it is collected.	HCAHPS is a facility-wide measure that is not specific to ICU settings. Also, it is only measured in the adult population, so it is not relevant to the PICU or NICU.*	This measure is collected by CMS in their HCAHPS survey and not as part of the Hospital Compare or other clinical outcome measures.	Hospitals report HCAHPS data quarterly to CMS as part of the CMS HIQRP.	Although healthcare providers across the state are committed to developing provider focused strategies to treat and prevent opioid prescription abuse for issues including patients who are seeking treatment options to control pain, this is an area of health care treatment and practices that is constantly evolving. As a quality or outcome measure, this is an indicator better suited for the outpatient and ambulatory care settings and not the ICU at this time.
Death among surgical inpatients with serious treatable complications: deaths per 1,000 discharges Endorsed by MNA	Yes - This measure has been endorsed by the NQF (#0351).	Yes - This was one of the original 15 National Voluntary Consensus Standards for Nursing-Sensitive Care endorsed by the NQF.	Measurement of this indicator is limited to surgical patients and would exclude other patients in the ICU.	This measure is calculated by CMS for Medicare patients only and displayed on the Hospital Compare website. It is part of the CMS HIQRP.	CMS analyzes and posts 8 quarters of Medicare claims data. Hospitals do not report the measure data.	No - This measure is limited to Medicare patients only in the HIQRP, so it is not a good basis for reviewing patients in an ICU.
Poor Glycemic Control (Manifestations of Poor Glycemic Control is the actual title.) Endorsed by MNA	"Manifestations of Poor Glycemic Control" was never endorsed by the NQF. There is a different measure CMS uses ("Glycemic Control -- Hyperglycemia") that is endorsed by NQF (#2362).	No - Glycemic control is more a function of medical management than nursing care.	This measure is not specific to the ICU.	Neither the Hospital Acquired Condition (HAC), nor #2362 is currently reported in any federal program. The measure is specified for use with EHR data, which is insufficiently developed for widespread use at this time.	No data is currently reported. CMS has discontinued reporting the HAC "Manifestations of Poor Glycemic Control" on Hospital Compare and dropped the measure from the HIQRP.	No - The specific measure listed by the HPC is not utilized by any federal or national reporting entity, and the most similar measure we identified is not used in any federal reporting program, so ICUs cannot compare this indicator to hospitals in other states for benchmarking and quality improvement purposes.

Measure	Evidence Based and Nationally Validated	Related to Nursing Care in the ICU	Measure Applicable to the ICU	Measure Currently Reported	Timing and Frequency of Reporting	Can this measure be used to improve patient safety and outcomes in ICUs?
Post-operative wound dehiscence Endorsed by MNA	This measure has not been endorsed by the NQF.	This measure has never been identified as a nursing-sensitive care measure.	Measurement of this indicator is limited to surgical patients and would exclude many types of patients in the ICU.	This measure was removed from the CMS HIQRP after FY 2012 and is no longer reported on Hospital Compare, although it is a component of the PSI-90 composite measure in the HIQRP.	This measure is no longer reported by CMS. In the past, the measure was never reported by hospitals to CMS; rather it was calculated by CMS from Medicare billing records.	No - This indicator is only measured in surgical patients with wounds, a small subset of ICU patients. It is not an NQF endorsed measure, so it has not been thoroughly reviewed or validated through the NQF consensus process, making it difficult to measure across multiple hospitals and states.

***MHA &ONL do not believe the law applies to the NICU or PICU.**

AHRQ = Agency for Healthcare Research & Quality
ANA = American Nurses Association
CDC = Centers for Disease Control
DPH = MA Department of Public Health
HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems
HIQRP = Hospital Inpatient Quality Reporting Program
NHSN = National Healthcare Safety Network
NQF = National Quality Forum