



To: Health Policy Commission

From: Heather Wood  
Product Manager, AcuityPlus  
QuadraMed Corporation

Date: April 3, 2015

Thank you for this opportunity to provide information. My name is Heather Wood, and I am submitting these comments on behalf of QuadraMed Corporation.

I am the Product Manager for QuadraMed's AcuityPlus product. AcuityPlus is a software solution with an evidence-based Inpatient methodology to differentiate patients based on their needs for care and the complexity of the care.

I am an RN, with experience in both the hospital environment and in the vendor arena. I have been working with and improving systems to differentiate patients into care based categories for over 25 years.

QuadraMed has been involved with acuity solutions since the early 1970s; continually improving and validating the Inpatient methodology. Our patient classification system, AcuityPlus provides information on the 5 rights of staffing: the right number of staff, with the right skill, in the right location, at the right time, with the right assignment.

Patient classification can be completed transparently, as a by-product of electronic documentation or an RN can classify patients directly in the AcuityPlus software product. The process of classifying a patient takes 10-30 seconds per patient.

Below are the important points we would like to share with you.

1. The assessment of patient stability used in determining the Patient Assignment?

Patient stability is assessed by the acuity and complexity of each patient. Both the acuity and complexity of care are driven by clinical measures.

The benefits of an acuity tool recommending patient assignments:

- Utilization of a proven evidence based approach for patient assignments
- Documentation of equitable distribution of workload
- Ability to create assignments that incorporate continuity of care by pre-assigning the patient to the staff member that last cared for the patient
- Ability to analyze assignments at the staff nurse level, over a user defined period of time
- Ability to assign workload based on staff expertise/experience/certifications
- Ability to save reports for minimum of 10 year period electronically



2. The development or selection and implementation of the Acuity Tool for each ICU and the process for such development or selection and implementation?

AcuityTool:

Developing and Maintaining:

- Acuity tool be reliable, valid and transportable. This ensures that the tool will provide consistent results across ICU populations. Using a tool that is based on the patient's needs for care as the differentiator allows for the same tool to be used with all ICU populations: adult to pediatrics to neonatal; and surgical to neurological to cardiovascular, and other clinical populations of patients.
- Data be monitored on an ongoing basis (minimally monthly) to document both the consistent application of the tool and most importantly to provide ongoing data on the validity of the tool.
- A specific project to determine that the tool reliability, validity and transportability are maintained at an acceptable level every 3-5 years.

Selection Considerations:

- Tool reliability, validity and transportability
- Who maintains the reliability, validity and transportability of the tool? Is this done by the vendor or is the client expected to do this? If the vendor does this, what is the historical documented frequency?
- Is the tool transparent, meaning is there an option to have patient classification as a by-product of existing electronic documentation?
- Does the acuity system include an assignment component? Does the assignment component save and track assignments for data analysis and compliance records?
- Does the acuity system include an outcomes component, to facilitate the tracking and analysis of patient, employee and unit outcomes and staffing?
- Does the system provide comparative benchmarking data?
- What is the impact of system implementation and product updates on the IT department?
- Has the software reliability and supportability been proven for over 10 years?
- References, specific to ICU patient populations.

The important elements of the implementation process are:

- Implementation coordinator from the vendor is an RN and the hospital project coordinator is an RN, preferably with management or project experience.
- The implementation process contains two analysis components; 1) the categorization of the patients based on their needs for care and 2) an analysis of the unit and factors that impact staffing and patient care needs.
- The implementation has 2 phases: 1) the go-live phase includes two analysis components, education of staff and initiation of classification process; and 2) post-go live phase, focuses on data analysis and incorporating the acuity data and process into organizational culture.
- Post implementation vendor support by RN to promote understanding of the classification process and data analysis, and to support ongoing incorporation of the data into the organizational culture.



### 3. Required elements of the Acuity Tool?

The major elements that need to be included in an acuity tool are:

- clinical indicators to differentiate patients based on their needs for care, that are validated to differentiate patients across patient ages and diagnosis
- patient turnover to incorporate workload associated with the admission, transfer and discharge process
- activities requiring additional 1:1 care for one hour or greater duration where an additional RN is required to meet the patient’s needs for care
- ability to incorporate elements that impact staffing in addition to patients; such as unit geography, support services, staff experience/expertise

### 4. Records of compliance, both for the development or selection of Acuity Tool(s) and staffing compliance?

Suggested report format for staffing compliance:

Unit	# of Pts	% Assign Change Requests	% Assign Changed	% > 1:1 Assign	% 1:1 Assign	% 1:2 Assign	% Assign < Rec Ratio	% Assign in Agreement	% Assign > Rec Ratio
ICUA	9				33%	67%	0%	89%	11%
ICUB	6	10%	5%	2%	20%	78%	0%	90%	10%

The report could be by shift, by day, by specified date range. Additionally could be a monthly or quarterly report displaying data by month/quarter to show trend information. Having a report available with multiple date range options, allows an analysis of data on a frequent basis vs completing an analysis on a quarterly basis to facilitate the ability to incorporate any required changes.

### 6. The collection and reporting of quality measures?

- There is additional value associated with an acuity tool that includes the ability to collect and report on quality measures. This adds the ability to easily compare staffing to patient outcomes to assess the relationship between staffing and outcomes.

### 7. The implementation timeline for submission of the Acuity Tool(s) to the Department of Public Health for certification?

The AcuityPlus tool is already valid and reliable; is in use, and ready to be submitted per DPH schedule.