

TO: The Health Policy Commission's Quality Improvement and Patient Protection Committee

FROM: Julie Pinkham, Executive Director, Massachusetts Nurses Association

DATE: October 29, 2014

RE: Intensive Care Unit Staffing Reporting Requirements

Under the state's new Intensive Care Unit law, which requires a one-to-one nurse-to-patient assignment except in certain cases where a patient is stable enough for a one nurse to two patient assignment, the Health Policy Commission has been charged with promulgating regulations governing the method of reporting to the public on staffing compliance and specific patient safety quality indicators. The Massachusetts Nurses Association strongly supports the following recommendations for these public reporting requirements.

Reports on staffing compliance

The central data repository for all staffing compliance data under the ICU law should be the Center for Health Information and Analysis (CHIA). Hospitals already report several different sets of data and quality measures to CHIA via the CHIA-INET system, so there is already a process in place. Data should be submitted by each individual hospital on a monthly basis, to ensure the most accurate and up-to-date information. This information should then be made available to the public, in an easily accessible and easily understood format via the CHIA website. Staffing compliance reports should at a minimum include:

- How many patients have been admitted to each hospital ICU, identifying what type of ICU (NICU, MICU, SICU, etc.);
- The total patient hours spent in the ICU that month;
- The number of hours where a patient had a one-to-one nurse assignment and the number of hours where a patient had a one-to-two nurse assignment;
- The number of incidents where there was a disagreement about the appropriate staffing level resulting in a one nurse to two patient assignment.

Staffing compliance should also be reported annually as part of any quality measure report issued by CHIA and included as part of the CHIA Annual Report on the Performance of the Massachusetts Health Care System

Reports on patient safety quality indicators

CHIA should also be the central repository for patient safety quality indicators. Patient Safety Indicators should be submitted on a quarterly basis to CHIA via the CHIA-INET system and made available on a quarterly basis to the public via the CHIA website. This will allow for the data to present an accurate picture of how a hospital is performing in these areas.

The MNA supports the recommendations put forth by Judy Schindul-Rothschild, Ph.D, M.S.N. regarding the appropriate patient safety quality indicators.

The patient safety quality indicators should be reported annually as part of any quality measures report issued by CHIA and included as part of the CHIA Annual Report on the Performance of the Massachusetts Health Care System and made available to the public via the CHIA website in an easily accessible and easily understood format.

Oversight Authority

As the Health Policy Commission has been given responsibility and oversight regarding the implementation and operation of this new law, the Commission should be the oversight authority for any disputes under this law. The Health Policy Commission should use any enforcement powers at its disposal to ensure compliance with the law and any associated regulations. Further, the Commission should require compliance with this law, and any associated regulations, to access any funding or grants awarded by the Commission now, or in the future.

The MNA strongly recommends that CHIA be the collector and publisher of all data associated with compliance with the ICU law and that the Health Policy Commission be the oversight agency, because both are more appropriately staffed and funded to accommodate these responsibilities than other state offices and agencies, including the Department of Public Health (DPH). The oversight by the HPC was purposeful in creation of the law – DPH was rejected as an appropriate body. The MNA having explicitly negotiated HPC in the passage of this law, would have serious concerns if either or both of these functions were placed under DPH. Funding and staffing reductions have left DPH unable to effectively take on additional responsibilities and with executive branch changes and staff transition this concern is further exacerbated.

Public reporting on staffing compliance and quality indicators are vital components to this law. We must get this right.