

Required Elements of an Acuity Tool

Good Morning, my name is Sharon Donnelly. I have been a nurse for 24 years working in both bedside and management roles, and for the past five years, I have been the Program Director for the Acuity program at Brigham and Women's Hospital. I will be addressing the required elements of the acuity tool.

First and foremost is the element of Validity. All approved tools should be statistically tested and validated to confirm that they accurately capture ICU nursing workload and hours of care. They should ensure that staffing recommendations are consistent across ICUs and facilities.

Another required element of any tool is Reliability. Methods need to be incorporated to ensure that the tool is applied correctly and uniformly, and that the outputs are accurate. There must be ongoing training, education and support for staff and managers in the proper use of the tool, understanding, and application of the indicator definitions in interpretation of the data.

In reference to section 8.07 of the proposed regulations which states, "The acuity tool shall be tailored to the unique care needs and circumstances of the patient population in any ICU in which the Acuity Tool is deployed," the element of transportability is essential. There needs to be an ability to use the same tool across multiple unit types and patient populations. To have multiple tools in one institution would be onerous and unnecessary. Many units, particularly in community hospitals, have heterogeneous patient populations. You can have a patient with pneumonia, a trauma patient and a cardiac patient all within the same community ICU. It is important that the tool be able to accurately reflect the care needs of each of them.

Another important element is ease of use. It is important to minimize the documentation burden on the ICU nurse to allow him or her to focus on their patients. QuadraMed, the tool we use at the Brigham, has shown through decades of research that assessments of each system do not need to be itemized as they are in section 8.07 4a of the proposed regulations in order to capture the needs of a patient and to correlate those with hours of care requirements. Documenting the most frequent interval at which a patient requires assessment of any physiological parameter sufficiently

reflects the workload associated with the overall assessment needs of the patient. Minimizing the need to learn multiple definitions, and to document on multiple tasks, yet guaranteeing accurate reflection of a patient's need for ICU nursing care and differentiating patients based on those needs is vital. Work time studies have shown that it takes less than 60 seconds to classify a patient in Quadramed. Given that nurses will be required under the legislation to classify more often than they are now, I again encourage a valid yet simplified approach. We at the Brigham evaluated acuity tools and determined that QuadraMed best met our needs. To force us to use the indicators outlined here, not all of which are included in the Quadramed tool, would mean that we would have to abandon all of the great work done and start from scratch. This would negate many of the benefits and uses we gain from our current system, including the ability to benchmark. I urge you to reconsider and not mandate indicators but instead mandate a thorough evaluation process for selecting a tool.

I agree that external factors or other indicators of staff nurse workload, as described in section 8.07 4 (b) of the proposed regulations should also be included in an acuity system. Examples include the geography of a unit, expertise of the nursing staff and availability of ancillary staff such as respiratory therapists, equipment techs and unit coordinators, family meetings, bedside procedures, and extensive teaching with patients and families.

Finally, the tool should have the ability to differentiate between a 1:1 and a 1:2 patient care assignment based on hours of care derived from the patient classification as described in section 8.07 (5). Though we do not currently use Quadramed in this fashion, their statistical and programming teams are working on an addendum to their assignment module to make this possible.

Thank you for the opportunity to share my remarks with you.

Sharon Donnelly
QuadraMed Program Director
Brigham & Women's Hospital