

Acuity Tool Certification Template: Suggested Guidance

This document and the corresponding acuity tool certification template contain recommendations for providers to consider when submitting information about your facility's acuity tool for purposes of meeting the certification requirements in the DPH *Guidelines for Certification of Acuity Tools pursuant to 958 CMR 8.00, "Patient Assignment Limits for Registered Nurses in Intensive Care Units in Acute Hospitals"*. This document was developed by ONL and MHA, as well as the six AMCs who have gone through the DPH review and approval process for their acuity tools.

Acuity Tool Submission Details

Submitting your acuity tool documents for certification – All acuity tool documentation should be uploaded into DPH's Health Care Facility Reporting System (HCFRS).

- We recommend that your facility coordinate with the person responsible for submitting information through HCFRS (such as SREs (Serious Reportable Events) or MNO (Mandatory Nurse Overtime)) to ensure that there is one key person who is familiar with the system and can assist with the submission process. However, please make sure to include the contact information on the acuity tool template for the person who should address all questions about your acuity tool. DPH may have questions or require further information once your acuity tool documents are submitted, so it is critical that the contact listed be available to respond to any DPH inquiries.
- We suggest including a footer on each page of all your acuity tool documents that includes the hospital name and page number, so that all documents are clearly labeled as they are reviewed.

Multiple Campuses – Hospitals must submit a separate filing for ICUs on separate campuses by facility site ID number (based on how you submit reports into HCFRS for SREs per site).

- For example, if you have 12 ICUs, but 10 are on campus A, and 2 on are on Campus B – you must submit two filings based on the site ID with one report listing out the 10 from Campus A and the other report listing out the 2 from Campus B. If you are using a common acuity tool for the entire facility, all of the language for the two reports can be the same except for the name and description of each ICU, and the example(s) of how the tool meets the unique circumstances of each unit under Section IV of the acuity tool template.

Acuity Tool Certification Timeline - Starting October 1, 2016, all hospital ICUs and the 10 NICUs in Massachusetts (other than the six AMCs) may begin submitting their documents to DPH for review to determine if their acuity tools are in compliance with the minimum requirements.

- DPH may release additional guidance for all other hospital ICUs and NICUs in September 2016. Please note that this document is designed to help hospitals prepare their acuity tools and documentation, but adjustments may need to be made should DPH release additional guidance in the fall.
- Once your acuity tool has been submitted, please expect some dialogue between your facility and DPH on any questions they may have related to your acuity tool documentation. Should DPH request clarification, they will post a letter on HCFRS, so the site should be checked frequently after submission.
- All acuity tools must be certified by January 31st, 2017. All notifications will be uploaded in to HCFRS, whether DPH is requesting additional information or if your tool has been certified and an approval letter has been posted. If you need to submit additional information, we suggest adding responses to their questions on your initial submission documents, and resubmit all of your acuity tool information with a cover letter outlining where the changes

were made to your submission documents. Please refer to the DPH guidelines for further information regarding the acuity tool certification timeline.

Instructions for Completing the Acuity Tool Certification Template

I. Acuity Tool Description

Please provide a description of your acuity tool that includes the following:

- Overview of the tool – what it is and how it works.
- How the tool is used in conjunction with nursing judgement in determining an appropriate patient assignment.
- Key units of measurement (volume, acuity, discharges, transfers, nursing workload, etc.).

II. Methodology for Scoring Acuity

Describe the acuity tool's methodology for scoring patients that contributes to the development of a staffing assignment. Please consider the following points in your response:

- Briefly describe how nurses document patient information in the acuity tool, including what information is documented and how is it uploaded/included in the acuity tool.
- Provide some threshold or outline of how the scores are calculated, including the key components in your acuity tool assessment – for example, hours per patient day (HPPD), ADT (admissions, discharges, transfers), etc.
- If your tool captures any additional factors, provide some examples or an overview of these factors and how they contribute to a patient's overall score.
- Describe how the methodology is based on existing standards or any evidence-based methodology.
- Outline how frequently staff nurses perform the acuity assessments and therefore use the acuity tool in determining patient assignments.
 - Please note that the HPC regulations stipulate that the acuity tool must be used upon the ICU patient's admission or transfer to the ICU, at least once per shift, and at other intervals or circumstances as specified in the acute hospital's policies and procedures.
- Describe how the charge nurse interfaces with staff nurses to ensure knowledge of each patient's acuity.
- Specify a method for scoring the defined set of indicators and how it will be used to calculate the number of nurses or nursing hours required to care for the patient.
 - What is the range of scores (1-5), (1-12), (low, medium, high acuity), etc.?
 - Include the number of required RN care hours or similar methodology for your acuity system when calculating the final score, and explain how each patient's score translates into a patient assignment.

III. Indicators Included

Please put an **X** in the box next to each indicator that is included in your acuity tool and explain how these elements have been incorporated into the tool.

- If your acuity tool does not include a particular indicator, please explain why and how your tool uses other factors in place of the one that is not in your tool.
- If each included indicator is not explicitly shown in your supporting documentation, please write a sentence or two explaining how the indicator is incorporated.
- Please note that while clinical complexity is truly a composite of various indicators, you will need to write a description as to how this indicator is included in your acuity tool.

IV. For the ICU(s) listed above, please briefly describe how your acuity tool meets the unique care needs and circumstances of the patient population in that ICU.

Please list the name and type of each ICU (one ICU in each box), and provide a brief example of how your acuity tool meets the needs of each patient population in each unit. The goal is to show how the tool addresses the unique care needs of each population in the different ICUs in conjunction with clinical judgement. This could include any of the following:

- Examples of procedures performed in each ICU and how the acuity tool was able to meet the needs of a patient in each unit.
- Anonymous patient examples that include the patient's needs, circumstances, and care provided. This could include information a staff nurse enters into the acuity tool and the rationale for selecting such indicators.
- Patient care examples with adjustments to points assigned or the amount of time allotted within the acuity system to perform certain procedures in different ICUs.

Supporting Documentation

Supporting documentation could include any of the following:

- Screenshots of your acuity tool (paper or electronic) with de-identified patient information.
 - Dashboards, where information is entered, what staff nurses will see, etc.
- List of indicators with descriptions showing how each indicator is included in the acuity tool.
- Charts or diagrams outlining how points or hours are assigned based on various indicators.
- Options for nurses to select with explanations on how their input contributes in the determination of a patient assignment.
- Slides or background information related to your acuity tool framework, scoring methodology, and/or patient classification system.

Additional Recommendations

Educating ICU Staff – We recommend an open and transparent education process in which all staff in the ICU (nurses, physicians, and other ancillary staff) are briefed on what you have submitted and how the process works.

Appropriate Documentation – While DPH currently does not require information regarding the advisory committee(s) and the hospital's rationale for selecting an acuity tool as part of the certification process, please ensure that there is a process to receive input from staff nurses and other committee members, as well as other requirements specified in the HPC regulations. In addition to the HPC regulations, please review the DPH Checklist to ensure your submission contains the key elements outlined by DPH.

Suggested Steps for Uploading the ICU Acuity Tool Documents into HCFRS

1. Once the user has logged into HCFRS, select "Create a Case".
2. Hospital information appears for confirmation. If accurate select "save".
3. Scroll down on the main screen to Available Action and select "Enter Intake Report". Then click "Start Action".
4. Where it says patient information – select the option indicating that there is "NO" patient involved as this is a required field.
5. In the Incident Type Drop Down – select the "ICU Staffing Report".
6. In the Incident Narrative – type "see attached report" as this is a required field.
7. Select Dashboard view.
8. Upload the report by attaching the document.
9. Select "Submit Intake Report" (located in the same row as the "Enter Intake Report" option).
10. To finish, click "Start Action" and then "Save" to upload the report. Select "close case".