

ICU Staffing Regulations: Operational Guidance

This document is intended to provide an overview of key issues that hospitals should be aware of as they continue to work with ICU staff to ensure compliance with the requirements outlined 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 produced in response to questions and feedback from members regarding acuity tool certification updates, quarterly ratio reporting requirements, and maintenance of all documentation required by the HPC and DPH guidelines.

ICU Acuity Tool Certification - Impact of Upgrades or Changes to the Acuity Tool

Under the state law, HPC regulations, and DPH guidance, hospitals are only required to obtain certification of their acuity tool through the process outlined by DPH. As a result, the hospital should carefully review any planned changes to their acuity tool software or substantial changes to the paper forms being utilized. It is important to determine if any changes affect how the patient is scored and the outcome of the patient assignment, and if these changes would cause the paperwork filed and approved by DPH to be significantly altered. We recommend contacting MHA to discuss logistics prior to submitting updated documentation based on any software updates or wording changes in your acuity tools.

For example, if a hospital was switching from one software vendor to another (e.g., QuadraMed to Kronos OptiLink, or from a homegrown paper tool to Cerner Clairvia), the hospital may contact DPH to inform them of these changes and develop a process for submitting updated certification documentation to DPH for their approval. However, if the provider is simply implementing upgrades to their software or updating non-critical information on a paper tool, there may not be a need to submit updated information to DPH and members are encouraged to contact MHA to discuss.

In the case of software upgrades, there is a distinction between regular software updates and acuity tool maintenance versus upgrading to a new version that changes the methodology and parameters described in your acuity tool documentation. It is recommended that a hospital submit updated documentation to DPH if the upgrade causes significant changes to the acuity tool, such as adjustments to the tool's scoring methodology or changes to one or more of the required indicators as outlined in the paperwork filed with DPH. Details on system edits or IT changes that do not change your filed paperwork or how scores are calculated should not have to be sent to DPH. With regard to paper based tools, if an alteration or change to any wording in the document affects how scores are calculated, and as a result changes the outcome of the assignment based on what was provided to DPH, then you may need to submit updated documentation.

Please note if you are not making any changes as suggested above, then your facility would not need to submit any updated documentation to DPH, provided that the state does not release revised guidance for hospitals. Should you feel that it is necessary to submit updated documents, we would recommend simply submitting an updated version of your acuity tool documentation with a cover letter outlining each change with references to the location of any adjustments made in your documentation.

Maintaining acuity tool and patient assessment scores

Each hospital must maintain the results of each assessment of ICU patient stability for every ICU patient and assignment for a minimum of ten years. Please note that MHA does *not* recommend maintaining acuity tool scores as part of the patient medical record, as it is not part of the actual treatment and care plan. The information should be kept in a separate file similar to how assignment sheets are used or maintained for charge nurses. In some cases, an acuity tool software system may be able to store the acuity scores, similar to an incident report or as part of a budgeting system that can be pulled from the software as needed. Whatever method is used, the records must be available upon request in the event of a complaint review or onsite visit by DPH.

Implementing a hospital policy for your acuity tool

The HPC regulations require each hospital to develop written policies and procedures that outline implementation of the acuity tool within your facility. While each hospital may have developed an approach and process for implementing the tool within ICU operations, you also need to have a specific policy regarding implementation of the acuity tool. To assist hospitals in drafting a policy, MHA and ONL had issued a template policy that hospitals can either use as drafted or amend to fit your facility-specific process. Our goal was to provide a template that meets the DPH regulatory requirements and expectations, as well as provide enough flexibility for hospitals to implement a policy that would not require changes to their acuity tool.

Maintaining acuity tool certification documents, advisory committee documents, and other procedures/policies

Hospitals must maintain their hospital policy, acuity tool certification documents, acuity tool advisory committee membership, meeting minutes, rationale for selection or development of the acuity tool, and information on how the tool was designed and implemented in response to recommendations of the committee. This information should all be stored in one place and hospitals should be prepared to present this information to DPH upon request. As a general practice, some hospitals have chosen to send their final acuity tool certification documentation to all members of their acuity tool advisory committee. While this is not required, it is a practice some hospitals implemented to ensure transparency with committee members about their acuity tool.

Please note that all of this information outlined above should be maintained internally and does *not* need to be submitted to DPH through HCFRS. In addition, the documentation and materials discussed above do *not* need to be available to the public nor posted on your hospital website. However, your facility must be able to provide your acuity tool certification documents (the final version provided to DPH) if someone makes this request.

Quarterly Ratio Reporting

It is critical that hospitals continue to report their quarterly ratio information to DPH and that you are posting this information on your hospital website. While there are no requirements as to where the quarterly ratio data is posted, it is important that you are consistently using the same webpage to make this data available. In addition, the data that is posted should be the exact same data as submitted to the state, which must be posted within 7 days of submitting this data to DPH as outlined in the chart below for Calendar year 2017.

Quarter	Reporting period	Due to DPH	Post on hospital website
1st Quarter	Jan – Mar 2017	April 15, 2017	April 22, 2017
2nd Quarter	Apr – Jun 2017	July 15, 2017	July 22, 2017
3rd Quarter	Jul – Sept 2017	October 15, 2017	October 22, 2017
4th Quarter	Oct – Dec 2017	January 15, 2018	January 22, 2018

To ensure compliance with this posting requirement, please note the following:

- All data must remain posted and available on your website for three years from the last date of submission. Even if you have posted information for the latest quarter, all prior quarters must continue to be publicly available and visible on your website for three years. While you can remove prior quarter data that is older than three years, you are not required to do so.
- All posted information for the average daily patient census, average daily staff nurse census, and average daily staff nurse-to-patient ratio must include all values after the decimal points, which is the same way this information should be submitted to DPH.
- Please make sure that your information is posted by the deadlines listed above.

Please refer to the two documents (“Suggested Guidance for Reporting Nurse to Patient Ratios” and “Nurse Staffing Reporting Template”) for additional guidance on submitting this information.

If you have any questions about these recommendations or if you would like for us to review the information your hospital has posted, please contact Anuj Goel at agoel@mhalink.org.