

Maine Health Data Organization

Rule Chapter 270: Uniform Reporting System for Health Care Quality Data Sets

January 7, 2016

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Section I. Basis Statement

Section II. Names of Individuals that Submitted Comments

The following is a list of individuals and affiliations that submitted written comments to the Maine Health Data Organization (MHDO) regarding proposed rule Chapter 270:

1. Cokie Giles, RN, President MSNA. Council of Presidents National Nurses Organizing Committee
2. Kevin T. Kavanagh, MD, MS, Board Chairman, Health Watch USA, Inc.
3. Kathy Day, RN (retired), Patient Safety Advocate
4. Sandra Parker, Vice President and General Counsel, Maine Hospital Association
5. Karynlee Harrington, Acting Executive Director, Maine Health Data Organization & Director Maine Quality Forum

Section III. Summary of Comments Received by Submitter with Proposed Agency Response & Action.

The Maine Health Data Organization is authorized by statute to collect quality data from hospitals and ambulatory surgery facilities to support the set of quality measures adopted by the Maine Quality Forum with the goal of improving the quality and safety of healthcare in Maine.

Rule Chapter 270: Uniform Reporting System for Health Care Quality Data Sets defines the procedure for filing health care quality data sets including identifying the organizations required to report; establishing the requirements for content, format, medium, and time frame for filing quality data sets; establishing standards for the data reported; and specifying provisions for compliance.

The proposed changes to Chapter 270 promote further alignment with the Centers for Medicare and Medicaid Services (CMS) data collection requirements eliminating duplicative reporting by Maine hospitals to both a state and national source; improves access to Healthcare Associated Infection (HAI) outcome measures and all CMS mandated reporting requirements to National Healthcare Safety Network (NHSN); eliminates Section 5, the requirement to report nursing sensitive system centered health care quality data; and updates/clarifies provisions including definitions in the rule.

Below is a summary of the comments received by each submitter and the proposed Agency response:

1. Cokie Giles submitted the following comments:

Comment 1: As patient and public health advocates, the direct care nurses of the Maine State Nurses Association (MSNA) believe that the public is entitled to transparent information regarding registered nurse staffing in Maine hospitals. Therefore MSNA is opposed to the decision to waive any reporting requirements related to nursing care. MSNA views the current requirements as a place to build from and considers the elimination of minimum reporting requirements at a time when the public is entitled to meaningful staffing data. MSNA encourages the MHDO to explore ways to collect additional unbiased staffing data that can be validated and used as a basis of comparison of Maine's hospitals and health care facilities. Example provided is to collect the actual number of patients assigned to each registered nurse to supplement the reporting requirements of acute care and critical access facilities in Maine.

2. Kevin T. Kavanagh submitted the following comments:

Comment 2: Opposed to deleting Section 5- the nurse sensitive measures from the Rule. The commenter sites Maine as the leader in healthcare transparency which is cited as the basis of consumer driven healthcare and a free-market healthcare delivery system. Also stated is that the two most important categories of measures are outcome-which measure patient safety and structure-which measures the available staff and working environment. Nurse to patient ratios have been shown to be highly related to patient mortality and the occurrence of patient harm. Similarly, the ratio of registered nurses to licensed practical nurse (skill mix), along with total nursing care hours have been shown to lower adverse events. Examples are provided of other States that are publically reporting nursing structure measures. There were several comments regarding the expansion of the State's Medicaid system.

3. Kathy Day submitted the following comments:

Comment 3: Opposed to removing the nurse sensitive measures defined in Section 5 from MHDO mandatory reporting purposes. The measures considered for removal are quality measures. There is an obvious and proven correlation between patient safety and how accessible a patient's RN is. If there are inadequate numbers of qualified professional nurses to care for the patients, more patients will be harmed. These quality measures should be included on the new CompareMaine web-site.

MHDO Response: The three comments above are all in opposition to the deletion of Section 5 of the rule-*Nursing Sensitive System Centered Health Care Quality Data Set*. The measures in section 5(A)(B) are measures endorsed by the National Quality Forum (exception is measure NSSC 6 in section 5(B)). The two measures listed under 5(C), NSSC 7a and NSSC 7b are no longer endorsed by the National Quality Forum. The rationale behind the proposal to delete Section 5 of the rule was based on the goal of focusing limited resources on the collection and submission of data to the MHDO that is being used and or publically reported to drive improvement in health care quality and safety. To date there have been limited requests for this data, Calais Hospital and Maine Coast Memorial Hospital recently requested the data in Section 5(A)-NSSC 1-4 and 5(B) NSSC 5-6. I am also not aware of this data being publically reported. Up until now there has not been a vehicle for the MHDO/MQF to publically report these measures; now that may be a possibility via CompareMaine. Comment 3 suggests that the MHDO consider reporting these quality measures on CompareMaine. Given the balance we are trying to strike, one option would be to reinstate Section 5(A) and (B), 5(C) remains deleted. The MHDO board could consider suspending the collection of the data defined in Section 5(A)(B) until further notice. This would give the Agency time to discuss the utility of this data and the feasibility of publically reporting these measures on CompareMaine.

Proposed Action: Reinstate Section 5(A) and (B). The MHDO board consider suspending the collection of the data defined in Section 5(A)(B) until further notice. This would give the Agency time to discuss with stakeholders the utility of this data and the feasibility of publically reporting these measures on CompareMaine going forward.

4. Sandra Parker submitted the following comments:

Comment 4: Our member hospitals support the proposal to delete the nursing-sensitive data set. These measures are very time and resource intensive for hospitals to collect and submit to the MHDO, and apparently of little value as these data are rarely requested, and the MHDO has never publicly reported them. The same is true for NSPC-1, NSPC-2 and NSPC-4, therefore we request that these three measures also be deleted. Deleting measures that are not comparatively reported in useable formats to consumers, purchasers, providers, insurers and policy makers is consistent with the statutory charge to the Maine Quality Forum regarding the collection of comparative quality data.

MHDO Response: The rationale behind the proposal to delete Section 5 of the rule was based on the goal of focusing limited resources on the collection and submission of data to the MHDO that is being used and or publically reported to drive improvement in health care quality and safety. To date there have been limited requests for this data, Calais Hospital and Maine Coast Memorial Hospital recently requested the data in Section 5(A)-NSSC 1-4 and 5(B) NSSC 5-6. I am also not aware of this data being publically reported. Up until now there has not been a vehicle for the MHDO/MQF to publically report these measures; now that may be a possibility via CompareMaine. Comment 3 suggests that the MHDO consider reporting these quality measures on CompareMaine. Given the balance we are trying to strike, one option would be to reinstate Section 5(A) and (B), 5(C) remains deleted. The MHDO board could consider suspending the

collection of the data defined in Section 5(A)(B) until further notice. This would give the Agency time to discuss the utility of this data and the feasibility of publically reporting these measures on CompareMaine in the future. We are in agreement that deleting NSPC-4 in the Nursing-Sensitive Patient-Centered Health Care Quality Data Set is a reasonable request given the fact that no entity has requested this data and it is not publically reported. We disagree with the request to delete NSPC-1 and NSPC-2. The Maine Health Management Coalition has requested NSPC-2 data and the Maine Quality Forum has done work in the past with Maine hospitals regarding raising awareness on how to prevent pressure ulcers; the data collected under NSPC-1 was used for this effort. There are discussions occurring internally about what additional quality data should be added to CompareMaine. NSPC-1 and NSOC-2 are measures we will be exploring the feasibility of adding to CompareMaine.

Proposed Action: Delete NSPC-4 from Section 3, Nursing-Sensitive Patient-Centered Health Care Quality Data Set.

Comment 5: There are five defined words remaining in Section 1 that are not used anywhere in the draft rule and so could be deleted: licensed vocational nurse/ licensed practical nurse. nosocomial, registered nurse, unlicensed assistive personnel, voluntary uncontrolled separation. If the MHDO deletes NSPC-4, the definition of vest or limb restraint may also be deleted.

MHDO Response: We agree that the definition for nosocomial and voluntary uncontrolled led separation can be removed as it is not used in the proposed rule. If Section 5(A) and (B) of the rule is reinstated we will need to maintain the definitions for registered nurse and unlicensed assistive personnel. If the decision is made to delete NSPC-4, we agree that we can delete the definition of vest or limb restraint.

Proposed Action: Delete the following definitions: 1(O); 1(V) and 1(U) –assuming NSPC-4 is deleted.

Comment 6: Section 4(C) of the rule relating to the data submission timeline refers to "the provisions of Sections 2, 4, 5 and 6." Under the proposed changes, there is no longer a section 5 or 6 of data submission categories.

MHDO Response: Agree we need to update Section 4(C) of the rule relating to the data submission timelines once the final decisions are made regarding what was the previous Section 5 of the rule.

Proposed Action: Revise Section 4(C) of the rule relating to the data submission timelines as appropriate.

5. Karynlee Harrington submitted the following comments:

Comment 7: The following technical correction needs to be made to Section 3. Nursing-Sensitive Patient-Centered Health Care Quality Data Set, in order to align with the measure steward for each of the metrics, MHDO specifically finds that these changes are necessary to correct the errors in the current rule.

NSPC – 2 Number of inpatient falls per patient days (not inpatient days)

NSPC – 3 Number of inpatient falls with injuries per patient days (not inpatient days).

Proposed Agency Action: Revise NSPC-2 and NSPC-3 as stated above.

DRAFT