

Summary of Public Comments and Agency Responses
Rule Chapter 270: Uniform Reporting System for Health Care Quality Data Sets

Major Substantive Rule

January 21, 2016

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

1. Maine State Nurses Association (MSNA) 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. Health Watch USA submitted the following comments:

Comment 2: **Health Watch** is opposed to deleting Section 5- the nurse sensitive measures from the Rule. The commenter cites Maine as the leader in healthcare transparency which is cited as the basis of consumer driven healthcare and a free-market healthcare delivery system. Health Watch

commented: “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.” Health Watch provided examples of other States that are publically reporting nursing structure measures.

3. Kathy Day submitted the following comments:

Comment 3: Commenter is opposed to removing the nurse sensitive measures defined in Section 5 from MHDO mandatory reporting purposes. The commenter stated: “The measures considered for removal are quality indicators. 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.” The commenter suggested that these quality measures 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. MHDO is 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 MHDO is 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.

Board Action: After much discussion amongst the members of the Board the decision was made not to change the original decision to eliminate Section 5 of the rule. The basis for this decision is that this data has been collected by the MHDO for over ten years with only a few entities requesting the data recently. None of the commenters in opposition of the elimination of these measures has ever requested this data. The majority of the board believes that there are better indicators of quality that measure nursing care. For example, the measures in Section 3 of the Rule *Nursing-Sensitive Patient-Centered Health Care Quality Data Set*. The Board believes the measures in Section 3 are the measures that we should consider publically reporting via the CompareMaine website.

4. Maine Hospital Association 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 MHDO Board is 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. The Board disagrees 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 at MHDO about what additional quality data should be added to CompareMaine. NSPC-1 and NSPC-2 are measures staff will be exploring the feasibility of adding to CompareMaine.

Board 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: Agree with comment 5 definitions need to be updated pending action of Board.

Board Action: The Board agrees with comment 5 and will delete the following definitions in Section 1:

- 1(I) Licensed Vocational Nurse/Licensed Practical Nurse
- 1(O) Nosocomial
- 1(Q) Registered Nurse
- 1(R) Unlicensed Assistive Personnel
- 1(U) Vest or Limb Restraint
- 1(V) Voluntary Uncontrolled Separation

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 Section 5 of the rule.

Board Action: Revise Section 4(C) of the rule relating to the data submission timelines by deleting Sections 5 and 6.

MHDO made the following technical correction changes to the rule:

Section 3 (Nursing-sensitive Patient-Centered Health Care Quality Data Set Filing Description): NSPC 2 and 3, changed “inpatient” to “patient” so that it provides that “number of patient falls ...per patient days...”). This technical correction was made so that the code complies with guidance of the American Nurses’ Association nursing quality measures, which uses “patient” rather than “inpatient.”