MASSACHUSETTS HOSPITAL ASSOCIATION

Nursing-Sensitive Quality & Safety Measures: Qs & As

Q: What is *Patients First*?
A: *Patients First* is a bold, voluntary initiative by Massachusetts hospitals to advance their longstanding commitment to provide the safest levels of high-quality care. The Patients First platform commits hospitals to work collaboratively to create practices and innovations to enhance excellence in patient care. Hospitals embraced new strategies to reduce medical errors, increase safety and efficiency, open up communications, and increase transparency by publicly reporting nurse staffing plans, giving the public unprecedented access to information about the care they receive. Hospitals also pledged to develop new solutions to alleviate nursing and other caregiver staff shortages.

Q: What is the National Quality Forum?
A: The National Quality Forum (NQF) is a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. A public-private partnership, the NQF has broad participation from all parts of the health care system, including national, state, regional, and local groups representing consumers, public and private purchasers, employers, health care professionals, provider organizations, health plans, accrediting bodies, labor unions, supporting industries, and organizations involved in health care research or quality improvement.

Q: What is a pressure ulcer?
A: A pressure ulcer – or "bed sore" – is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure in combination with shear and/or friction.

Q: Why did hospitals decide to collect and report the measures about pressure ulcer prevalence (bedsores), falls, and falls with injuries?
A: Hospitals decided on these nationally-accepted measures from the NQF because these "nursing-sensitive measures" provide a framework for how to measure the quality of nursing care and assess the extent to which nurses in hospitals contribute to patient safety, health care quality, and a professional work environment. They also help hospitals identify where they may be able to improve their care to patients.

Q: What time frame does the most recently released measure – PUP – cover?
A: The pressure ulcer prevalence measurement was conducted on three separate days (one each in March and September of 2007 by all hospitals, and in December 2007 for 39 hospitals that participated in an optional study). This method is consistent with NQF measure specifications. The study measured the total number of patients observed to have hospital-acquired pressure ulcers, or bedsores, stage 2

or greater. The Patients First website reports the measure as the percentage of eligible patients observed to have such conditions at the time of the prevalence studies.

Q: Who collects this data?
A: In each hospital, their own staff collect the data according to rules the NQF published. In general, these staff are nurses and quality improvement experts.

Q: What can the public learn from this data?
A: By using the information provided on the *Patients First* website – www.patientsfirstma.org – the public can begin to get a clearer picture of the team caring for them when they're in the hospital and how that care relates to quality measures posted on the website. This quality information not only helps patients and their families make informed decisions about their health care, but also provides hospitals with information to improve the quality of health care they provide.

Q: What is the significance of hospitals posting data voluntarily?
A: There are a number of states that are reporting quality data because laws have been passed requiring hospitals to do so. Massachusetts hospitals, however, decided that it was so important to provide the public access to this information that they chose to report measures on falls and pressure ulcers, as well as previous data, voluntarily. This is just one indication of Massachusetts hospitals' commitment to be transparent about the care they provide.

Q: How has *Patients First* changed how hospitals care for patients?
A: Hospitals have been using the data collected and publicly posted on the *Patients First* website to learn from each other how care is provided across different units in a hospital, and from one hospital to another. Patients First has fostered conversations about how to improve the care provided and how to adjust staff to meet patient need, and it has resulted in changing procedures at some hospitals.

Q: Are all differences in measure rates between hospitals and their peer groups meaningful differences?
A. The *Patients First* website addresses this issue by posting a statistical analysis that examines if a hospital's measure rates are "statistically significant" – that is, does the difference between a hospital's measure rate and the overall rate of its hospital peer group reflect a "true" underlying difference in performance or, rather, simply a matter of chance. The information is displayed in the website statistical appendix.
We strongly encourage readers and users of our measure data to take into account the findings of this statistical analysis and to look at measure rates over multiple time periods in order to obtain a fair and valid picture of a hospital's performance.

Q. Why are five different unit types shown? (Adult Critical Care, Step-down, Medical, Surgical, Medical/Surgical)
A. If you look at a hospital's report, you can see different measure rates across the five different types of units in the same hospital. The differences may be caused by differences in the types of patients that are being treated in the different units, differences that may affect their risks from the outcome being measured. It is also possible that the differences in rates are attributable to differences in the care provided across the different units.

Q. Does the number of hospital beds make a difference?

A: Grouping hospitals by bed-size categories helps to better assure that the mix of patients and patient risk characteristics are similar. Nonetheless, there may be differences in patient mix/risk across hospitals in the same peer group that cannot be accounted for by this approach.

Q. Does nurse staffing make a difference in patient falls or pressure ulcers?
A: The nursing quality literature suggests that there is a link, and that more staffing leads to better outcomes. However, research has not identified an ideal number of nurses.

Q. What can explain the difference in bedsores or falls in types of units or hospitals?
A: The patients on these units have different risks. For example, on some units such as ICUs, patients are less active and are not out of bed. They might have a higher risk of pressure ulcers, but a lower risk of falls. On a rehab unit, patients recovering from stroke, injury, or surgery of a lower limb are very active in learning to walk again while dealing with issues of balance, crutches, etc.

Q. How are hospitals in Massachusetts doing when it comes to PUP? How do we compare with national benchmarks?
A: Right now, we are not aware of any publicly reported information using this specific measure. Additionally, the data reported is done so by unit type and hospital size – so there is no 'one-size fits all' standard. This effort is about establishing benchmarks for the first time, hospitals sharing best practices, and moving all hospitals closer to the ultimate goal of zero.

Q. Is there a national benchmark or standard for falls?
A: To date, no. Some hospitals belong to groups where they share their results for purposes of learning and improvement, but the results are not public. Massachusetts hospitals are taking a leadership role by voluntarily measuring and reporting their falls rates, and sharing this with patients and the public.

Q: What are hospitals doing to prevent patient falls?
A: Consistent with The Joint Commission National Patient Safety Goal to reduce the risk of patient harm resulting from falls, hospitals are implementing and evaluating the effectiveness of fall reduction programs that assess the risk of falls in each hospital and that implement patient-specific plans to prevent them. The programs also include staff, patient, and family education. In addition, the Massachusetts Organization of Nurse Executives Practice Committee in partnership with MHA and nurse leaders throughout the state, has set as one of its 2007-2010 goals the continuous education and sharing of best practices in fall prevention.

Q: What are hospitals doing to prevent pressure ulcers?
A: Consistent with The Joint Commission National Patient Safety Goal, hospitals have developed programs/initiatives in pressure ulcer prevention that focus on initial risk assessment, and then reassessments of patients, followed by a multi-pronged approach to preventing pressure ulcers in high risk patients. The programs/initiatives include the involvement of wound and skin specialists to provide patient consultation and staff education. In addition, the M.O.N.E., in partnership with MHA and nurse leaders throughout the state, has set as one of its 2007-2010 goals the continuous education and sharing of best practices in pressure ulcer prevention.

Q: What is the definition of a "fall" used for this measure?

A: The measure specifications adopted by the National Quality Forum define a fall as "an unplanned descent to the floor (or extension of the floor e.g., trash can or other equipment) with or without injury to the patient."

Q: What is meant by an "injury?"
A: The measure specifications adopted by the National Quality Forum define an injury to have occurred even when the fall results only in application of a dressing, ice, cleaning of a wound, limb elevation or topical medication. Of course, medical or nursing care interventions that are more serious (e.g., suturing, casting, traction, consultation for internal injury) would also be classified and counted as injuries. The falls with injury data reported here reflect injuries of any type.

Q: Are the reports accurate? Was there an independent audit?
A: This voluntary program is not designed or funded with an audit staff. Each participating hospital signed a statement attesting to the accuracy of its data.

Q: What other information is available?
A: Many hospitals have provided more information about their reports. Go to the link on each report labeled: "Click here for more information."