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June 18, 2010

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1498-P  
P.O. Box 8011  
Baltimore, MD 21244-1850.

Electronically via:

<http://www.regulations.gov/search/Regs/home.html#submitComment?R=0900006480ae60ba>

Dear Colleagues;

Thank you for allowing the American Nurses Association (ANA), the full-service professional organization representing the interests of the nation's 3.1 million Registered Nurses through its constituent member associations and organizational affiliates, to provide comments on the *Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Long Term Care Hospital Prospective Payment System, etc.* (Document ID: CMS-2010-0176-0002). ANA applauds the Centers for Medicare and Medicaid Services (CMS) on the decision to include a nursing-sensitive care registry-based topic within the FY 2013 payment determination to the RHQDAPU measure set. ANA has previously provided the following comments in support of the relevance of selected proposed nursing-sensitive care measures:

- **Patient Falls** ~ Patient falls in hospitals have been estimated to add \$7,118 (2005 dollars) per event.<sup>1</sup> Research has shown that fall rates are related to structural measures, such as total nursing hours per patient day, skill mix, RN years of experience, and frequency of risk assessment.<sup>2</sup>
- **Falls with Injury** ~ Falls with injury are considered a serious adverse event. Falls may not only result in patient injury and additional expense, they lead to adverse psychological consequences and increase mobility impairments for elderly patients.<sup>3</sup>
- **Pressure Ulcer Prevalence** ~ Persons with pressure ulcers experience a fifty percent increase in mortality.<sup>4</sup> Overall costs for treatment are \$9.1 to \$11.6 billion per year.<sup>5</sup>
- **Skill Mix** ~ Among the hospital acquired conditions shown to be related to skill mix were infections, pneumonia, pressure ulcers, and falls. In-hospital mortality rate was also shown to be related to skill mix.<sup>6</sup> Research demonstrates consensus that skill mix is a standard and important measure of nurses staffing in hospital units.<sup>7, 8</sup>
- **Hours per patient day** ~ RN hours per patient day were negatively related to mortality, in that the higher the RN hours, the lower the mortality risk.<sup>9</sup> There is consensus for NCHPPD as a standard measure of nurses staffing in hospital units.<sup>10</sup>

ANA also offers these comments indicative of the salience of the remaining proposed nursing-sensitive care measures:

- **Restraint Prevalence** ~ ...restraint standards for psychiatric settings were in the media spotlight as a result of the *Hartford Courant's* 1998 Pulitzer-prize winning exposé on seclusion and restraint deaths. These articles initiated a U.S. General Accounting Office investigation and Congressional hearings, which ultimately confirmed the *Courant's* findings— that is, that restrained and secluded consumers were traumatized and harmed and that many died as a result of these often violent procedures.<sup>11</sup>
- **Practice Environment Scale-Nursing Work Index** ~ The Practice Environment Scale-Nursing Work Index (PES-NWI) seems to be one of the most promising instruments because of its appropriateness (content validity), its structure, which has a rather good fit (construct validity), its ability to discriminate Magnet hospitals like other NWI derivatives (discriminant validity), and it has also been associated in cross-sectional studies with health outcomes, especially nurses' self-assessed mental health but also with patients' health outcomes objectively assessed (concurrent validity).<sup>12</sup>
- **Voluntary Turnover** ~ Nurse turnover is a statistically significant contributing factor to the shortage of nurses and has been linked to decreased productivity, poor care quality, heavier workloads for remaining staff, decreased morale, increased potential for injuries, and further turnover.<sup>13</sup>

In addition, ANA offers these recommendations to assist CMS in further perfecting the Final Rule:

- The proposed measures included within the nursing-sensitive care registry-based topic should be fully detailed as to title and description precisely as endorsed by the National Quality Forum (NQF) as follows:
  - **Patient Fall Rate**: All documented falls, with or without injury, experienced by patients on an eligible unit in a calendar quarter. (NQF #0141).
  - **Falls with Injury**: All documented patient falls with an injury level of minor (2) or greater. (NQF #0202).
  - **Pressure Ulcer Prevalence**: The total number of patients that have hospital-acquired (nosocomial) stage II or greater pressure ulcers on the day of the prevalence study. (NQF #0201).
  - **Restraint Prevalence (vest and limb only)**: Total number of patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study. (NQF #0203).
  - **Skill Mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], Unlicensed Assistive Personnel [UAP], and Contract)**:
    - NSC-12.1 - Percentage of productive nursing hours worked by RN staff (employee and contract) with direct patient care responsibilities by type of unit
    - NSC-12.2 - Percentage of productive nursing hours worked by LPN/LVN staff (employee and contract) with direct patient care responsibilities by type of unit
    - NSC-12.3 - Percentage of productive nursing hours worked by UAP staff (employee and contract) with direct patient care responsibilities by type of unit
    - NSC-12.4 - Percentage of productive nursing hours worked by contract staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities by type of unit. (NQF #0204).

- **Nursing Care Hours Per Patient Day (RN, LPN, and UAP):**
  - NSC-13.1 The number of productive hours worked by RNs with direct patient care responsibilities per patient day.
  - NSC-13.2 The number of productive hours worked by nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities per patient day. (NQF #0205).
- **Practice Environment Scale - Nursing Work Index (composite and five subscales):** Practice Environment Scale-Nursing Work Index (PES-NWI) is a survey measure of the nursing practice environment; staff registered nurse mean scores on PES-NWI subscales and composite. (NQF #0206).
- **Voluntary Turnover:**
  - NSC-15.1 Total number of full-time and part-time RN and APN voluntary uncontrolled separations occurring during the calendar month
  - NSC-15.2 Total number of full-time and part-time LPN, LVN voluntary uncontrolled separations occurring during the calendar month
  - NSC-15.3 Total number of full-time and part-time UAP voluntary uncontrolled separations occurring during the calendar month (NQF #0207).
- Consideration should be given to revision of the reporting requirements of the Practice Environment Scale to reflect annual (rather than quarterly) reporting. This survey, as are most employee satisfaction surveys, is conducted annually and the requirement should be revised to reflect that reality.
- Preferred data submission formats (i.e., record layout) should be released as soon as possible in order for vendors to have adequate time to complete the programming needed for the August 15<sup>th</sup> 2011 deadline. Any information that can be provided in the near term (e.g. will the formats be in XML, Access<sup>®</sup>, flat files, etc.) will assist interested parties to adequately plan for data submission.
- Consideration should be give to revision of the registry qualification criteria to reflect collection of data elements needed to calculate the particular measures beginning January 1, 2008.

Finally, ANA wishes to provide clarification as to its registry's name as well as to update CMS on information regarding the number of hospitals currently participating in the National Database of Nursing Quality Indicators<sup>®</sup> (NDNQI<sup>®</sup>). NDNQI<sup>®</sup> is the only national database containing data collected at the nursing unit level in all 50 states and the District of Columbia. As of June 1, 2010, 1,613 hospitals were submitting data to NDNQI<sup>®</sup>.

ANA looks forward to continuing activities with CMS related to improving the quality of care provided to all in America. If you have questions, or if the American Nurses Association can be of additional assistance, please contact Mary Jean Schumann, MSN, MBA, RN, CPNP, Chief Programs Officer, by phone (301-628-5059), fax (301-628-5012) or e-mail ([MaryJean.Schumann@ANA.org](mailto:MaryJean.Schumann@ANA.org)).

Sincerely,



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