General Operational Considerations

In addition to the acuity tool certification and ratio reporting process, there are additional operational requirements outlined in *958 CMR 8.00, "Patient Assignment Limits for Registered Nurses in Intensive Care Units in Acute Hospitals".* Please note that hospitals are NOT required to report to DPH on these requirements or provide this to any outside groups. However, the information must be available to the Department of Public Health (DPH) and/or the Health Policy Commission (HPC) upon request and be maintained for a period of time as outlined below.

Formation of an advisory committee – All hospitals must form an advisory committee that will make recommendations on the development or selection and use of the acuity tool. The committee must be comprised of at least 50% ICU staff nurses in addition to other members that could include nursing management, and appropriate ancillary and medical staff. The Committee should also ensure that there is a process to receive input from staff nurses and other committee members regarding the following:

- The defined set of indicators to be assessed by the Acuity Tool, including Clinical Indicators of Patient Stability and other Indicators of Staff Nurse Workload;
- Critical Environmental Factors;
- A method for scoring the defined set of indicators; and
- How scores are tabulated and used in the determination of a patient assignment.

Please note that while there is no specified requirement on how frequently the committee should be meeting, the hospital should be managing the committee.

Appropriate documentation – Pursuant to the regulations, each hospital must document and retain for a minimum of ten (10) years the following records, which must be made available to DPH or HPC upon request.

- Assessment results of ICU patient stability for each ICU patient and patient assignment;
- Membership of the advisory committee including the name and title of members;
- Minutes from advisory committee meetings; and
- Your facility's rationale for selection or development of the acuity tool to include:
  - How the hospital addressed recommendations of the advisory committee; and
  - The decision to include or exclude certain Clinical Indicators of Patient Stability and other related Indicators of Staff Nurse Workload, and how Critical Environmental Factors were taken into account in the selection and method for scoring the indicators.

Hospitals should also be aware that they are required to develop policies and procedures that outline the following two criteria. MHA and ONL are developing a template policy for hospitals to consider in meeting this requirement.

- Assessment of patient stability and how the resulting Acuity Tool score will be used to support the determination of an appropriate Patient Assignment in the ICU, consistent with the requirements of 958 CMR 8.00; and
- Periodic review and evaluation of the implementation of the Acuity Tool.

Educating ICU staff – We recommend an open and transparent education process in which all staff in the ICU (nurses, physicians, and other ancillary staff) are briefed on what you have submitted and how the process works.