

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

Member Attendance:

**Absent*

Colorado Hospital Association

**Kathy Harris*

Banner Health
Regional Vice President, Clinical Services
Banner Health

Carolyn Sanders - CoChair

University of Colorado Hospital
Associate CNO

Colorado Nurses Association

Fran Ricker - CoChair

Colorado Nurses Association
Executive Director

Eve Hoygaard

Colorado Nurses Association
President

Service Employees International Union

Bernie Patterson, SEIU

Judy Hutchinson, SEIU

Nurse Alliance of SEIU

Colorado Organization of Nurse Leaders

**Colleen Casper*

Clinical & Executive Partnerships

Kelly Johnson

Children's Hospital
Vice President and CNO

Colorado Council of Nurse Educators

Linda Stroup

MSCD
Assistant Professor, Department of Nursing

**Nancy Smith*

Dean and Professor
University of Colorado at Colorado Spring

Colorado Department of Public Health and Environment

Ned Calonge

Chief Medical Officer

Colorado Center for Nursing Excellence

Sharon Pappas

Porter Adventist Hospital
Chief Operating Officer/Chief Nursing Officer

Governor's Appointees

Lysa ErkenBrack

Grand Junction

Lydia Handberry

Swedish Medical Center

Interested Parties and Observers

Janet Houser PhD EdS MN - Researcher

Regis University
Associate Dean

**Linda Hattenbach, RN*

Sr. Nursing Policy Coordinator
Nursing Alliance of SEIU

Lola Fehr - Administrator

Colorado Center for Nursing Excellence

Jean Scholz – In coming CEO & President for the Colorado Center for Nursing Excellence

Janet Stephens

Donna Kusuda

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

November 13, 2008 Meeting Minutes - approved by consensus

Introduction of Jean Schulz, new Executive President & CEO, Colorado Center for Nursing Excellence

Note: Agenda has been changed slightly since Ned Calonge has to leave early and Donna Kusuda will be coming around noon.

Reporting Requirements: Follow-up from November 13 meeting

Ned Calonge's presentation:

Ned Calonge provided some background on what hospitals are required to report (see also handout, Memo dated 08-04-08 entitled, "Fiscal Year 2009 Quality Measure Reporting for 2010 Payment Update")

Prior to two bills, few hospitals reported any measures. Now, with the report card measures, 67 diseases or conditions are reported and the Colorado Department of Public Health can add others that impact public health issues, and they are considering such things as Medicare never events (operating on wrong limb, etc.). Substandard events must be reported.

The Colorado Health Data Commission operated from the late 1980s to the late 1990s and was formed because business thought that people would use the measures reported then but they didn't. Hospitals reported charges but not costs.

Exempla and the Colorado Hospital Association led the move for better reporting and identified a uniform set of measures. The Centers for Medicare & Medicaid Services (CMS) then send the data set to the Colorado Health Department for posting on their website which enables hospitals to track changes. The Health Department only approves the process and puts the information on its website. The Governor's Office still hasn't appointed all members to the advisory committee yet.

Discussion:

Even if the hospitals don't report the data, they may collect it but definitions are not standardized yet.

Dr. Houser reported that Joyce Verran said that it is still burdensome for hospitals to report some of this data past the organizational level so sites will have some burden if they participate. Hospitals selected for this study may need to include those hospitals which report NDNQI indicators already. Would this affect the goal of including hospitals other than the high performing hospitals? A question was raised as to whether or not the nursing sensitive indicators can be used without charge. One advantage of using NDNQI Indicators is that they have

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

definitions already written which would help when the findings from this study are shared with other states.

When asked if there were other reporting systems for infections, Dr. Calonge said that Consumer Reports wanted these reported in the hopes that the incidence of them would decrease but it hasn't been proven yet.

Data recording of infections is required of the Health Department so hospital acquired pneumonia, hospital acquired urinary tract infections, and central line blood infections are going to be reported. This data should be available for this study at hospital levels, but not unit level and is reported for calendar year.

Have MRSA and C.Diff been considered for inclusion as these are nurse sensitive as well? It would be difficult to determine C.Diff measures as there is more data to acquire for it. We can leave it on the list but may find it is too difficult to collect.

It was recommended that adequate discharge instructions also be added as a measure because this measure reflects good nursing care while so many other measures reflect bad nursing care. Dr. Houser mentioned that there is a conference coming up in California which is assessing the impact of patient health reporting on nursing care and she and Sharon Pappas are attending and can bring information back from that.

Dr. Houser questioned the source for three measures under Quality of Care on the Outcomes Variable page of the handouts: 'Assault of the patient', 'Pain assessment cycle', and 'Patient and family complaints'. It was decided to delete 'Assault of the patient' after it was determined that the inclusion of it most likely came from the nursing home industry. "Pain assessment cycle" is from the HCAPs and "Patient and family complaints" is captured by the Health Department when it is reported but the number is low. It is hard to standardize this but it will be kept as a measure for this study as nurse staffing can influence this factor.

Also are medication errors captured anywhere?

Should three bundles from the HCAPs be considered nurse measures since these are reported by most hospitals now? These include nurse communication, responsiveness of hospital staff, and pain management.

Discussion: This measure is not specific to nursing as nurses are not the only health professional are required to communicate with the patient about new medications. In addition, physicians and Pharm Ds are providing some of that information. These three measures from the HCAPs should be included but need to add to the descriptors if they have unit level clinical pharmacists available.

Consensus: Yes, include these three measures from the HCAPs.

This study is an associational study rather than one studying causes. If causations are discovered, additional data may need to be collected.

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

Are there any kinds of approvals necessary to collect this data? No, it is public data and can be used once it is available. In order to drill down to the unit level, hospitals will need to be contacted for that data.

Donna Kusuda's presentation (see Outcome Variables handout):

Items on this handout that are coded include Patient Falls, Patient Falls with Injury, and Pressure Ulcers, with Failure to Rescue a coded event which will soon be reportable. There are problems with the operational definition on Ventilator Associated Pneumonia. Before she found out that Assault of the Patient had been deleted from the list, she suggested that elopements may need to be considered.

Many of the high quality measures are covered by the bill and are endorsed by the National Quality Forum. These include Patient Falls with Injury, Pressure Ulcer Rate, Prevalence of Falls, Voluntary Turnover, and RN Education/RN certification requirements. The bill requires the first two measures to be measured as soon as possible for hospitals with more than 100 beds. The Report Card is to add value to the consumer and the Nursing Task Force helped with this a lot. The first measures to be implemented are the Practice Environment Scale, nursing education, and nursing certification.

Data on the above items should be available on the website by November 2009 for the 24 hospitals which have more than 100 beds. Some of these are NDNQI participants.

Phase I of the Practice Environment Scale reporting will have overall scores for all the composite scores. Hospitals should be building this into their data collection now. It has been sent to the hospitals for comment and should be do-able for them.

RN education/certification will also be published in November 2009; are waiting on the nurse advisory group now.

Pressure ulcer rate is based on coded data and this is the second year that all stages of the decubitus ulcer rate have been added. Coded data is endorsed by NQF (National Quality Forum) and AHCQ (Agency for Health Care Quality). See the website for Colorado Hospital Quality organization (www.hospitalcompare.org).

Other measures are just beginning to be reported.

Are hospitals doing this now or preparing to do this? This should prepare them to get ready. The reporting is free and they don't have to join NDNQI to use the Practice Environment Scale.

HCAPs only involve inpatient measures. Want to be sure not to miss any variables that aren't in the Practice Environment Scale.

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

PROCESS

Dr. Houser can't be at the next meeting on December 18 until 9:30 but meeting time will still be 8:30 a.m. and start with process items unless the co-chairs discover that won't be necessary and then they will contact committee members with the later start time.

Protocol Subgroup Volunteers

This group will meet at Regis campus either Monday, December 15, from 1-4 p.m. or Wednesday, December 17, from 1-4 p.m. Anyone interested in serving on this subgroup, please contact Dr. Houser by email (jhouser@regis.edu) as to which date (or both) will work best for a meeting time. This is a technical meeting rather than philosophical. Those willing to serve on this subgroup will help formulate operational definitions, how to recruit and contact sites, select instrumentation, and write protocol for data collection. Phyllis Graham-Dickerson and a medical librarian will also meet with the group.

Press Release update – included in today's handouts

Please send any suggestions or corrections to Lola Fehr at the Colorado Center for Nursing Excellence (lola@coloradonursingcenter.org).

Funding

Rose Foundation – This was considered an acceptable source of funding in a previous meeting but they may not do research funding. Should they still be contacted in case there is interest?
Consensus: Yes

Colorado Trust – Fran is still waiting for formal response but it looks encouraging that they might fund an initial amount.

Sigma Theta Tau (STTI)-Alpha Kappa – Deadline for applying to them is Feb. 2, 2009, and amount being considered is around \$3,000 which could be used for the qualitative phase. Phyllis Graham-Dickerson will make application in the February cycle; some committee members already have requests for funding from them for other projects so would be exempt from asking for the funds necessary for this study.

The research budget and design need to be finalized before funds can be requested and the budget is almost done.

Joyce Verran also recommended the American Nurses Foundation as it is philanthropic and has no vested interested as a funding source.

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

The West Slope chapter of STTI should also be contacted if hospitals in their region are to be included in the study. Rocky Mountain Health Plans may also be able to help provide taping equipment for interviews.

Lola is checking with Susan Miller from DORA to see if leftover administrative funds could be used for parts of the study.

Should hospital foundations be contacted? If they influence hospital operations, that would disqualify them but most of them are separate from hospital operations and could be contacted. St. Mary's Foundation in Grand Junction will also be contacted.

Consensus: Hospital foundations are okay to contact for funding but discussion on whether committee members can contact their own hospital foundations was tabled until another time.

Can the Colorado Center for Nursing Excellence be considered for funding as the purpose of the study aligns with their purpose? There is alignment but there could be a conflict of interest since they are involved with this committee.

Consensus: Consider them as a source of funding. Other funding can be considered first, then CNE can be a source if needed.

Can a note be included in the publication of the study that funding sources were approached after the research design had been completed? Dr. Houser said that it could be included in the proposal but is not commonly included in the publication of the study.

Compensating Participating Sites

Bring ideas to the next meeting on what could be used as compensation/incentives for participating sites, units and nurses.

Dr. Houser noted that compensation/incentives is very critical to the budget and could be one of the largest line items of the budget. A response rate of at least 50% is needed and her latest research showed that giving \$25 gift cards resulted in a 90% response rate. Some studies have had response rates of less than 20% without compensation or incentives. She recommends that serious consideration be given to this.

Are hospitals only going to participate because they receive compensation/incentives? No, the high performing and magnet hospitals will participate regardless but this study wants to hear from other hospitals as well and this will lead to a better sample. It was mentioned that those participating don't need much but it helps to show appreciation and respect for their time involved. Without some compensation or appreciation, the nurses that this study needs to hear from may not participate. In Ohio, there was a comprehensive survey of nurses and a bumper sticker was used to thank the participants for their involvement and there was a high response rate to that survey.

Announcement: The deadline for the March issue of Colorado Nurse is coming up soon. Please

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

contact Fran Ricker by Dec. 29 for the first deadline with information for an article about involvement on this committee. Fran will send out an email reminder with some prompt questions for those who are interested.

QUALITATIVE RESEARCH

Finalize Design and Joyce Verran feedback - see PowerPoint handout

Joyce Verran recommends a theoretical sampling of 10 hospitals.

Discussion:

Stratification: Should there be additional categories for profit/nonprofit or suburban? What about magnet/nonmagnet/magnet aspiring? Dr. Houser recommended that there be minimal stratification as the study becomes more difficult with a lot of additional categories. Magnet hospitals required a shared governance system but having a structure doesn't mean it's functional. It is difficult to standardize magnet-aspiring categories; these were deleted. Geographic region and bed size may pick up the suburban hospitals naturally.

Should academic teaching hospitals be included? That would be hard to define but could check to see if it has university affiliation.

When would the site selection begin? Funding is needed first but should have that settled by March.

Magnet data would still be obtained from the study but doesn't need to be in the stratification. There is a very small possibility that no magnet hospital would be selected with theoretical sampling.

Should government hospitals be considered in stratification? Add to the quantitative study.

Are the qualitative hospitals going to be the same ones in the quantitative research? No, they could be two different groups.

If ten hospitals are selected for the study, what happens if two don't want to participate? Dr. Houser said that ten hospitals are double what we would need so the research team would check for saturation and then contact others if more were needed.

If a hospital declines to participate, is that fair to the nurses who work there since this is a nurse participation study? No, but hospitals can't be forced to participate. However, for the qualitative phase, ads could be placed in newspapers and/or nursing publications for nurses to be involved in a focus group at an open forum. Nurses do not have to be employed at the selected site but they do have to meet the population that is being studied ("direct-care nurse – a registered nurse who

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

is engaged in direct patient care in an inpatient hospital unit setting for at least fifty percent of his or her working hours”).

Consensus: Adopt the theoretical sampling with stratification and limit the stratification to two criteria: geographic region and bed size as these criteria should pull up the other criteria discussed above.

It was suggested that a list of hospitals be obtained from the Colorado Hospital Association but state psychiatric and VA hospitals aren't included in their list. It was decided to request a list of hospitals from the General Hospital category from the Colorado Department of Health. What if this list includes ambulatory hospitals? Dr. Houser recommended leaving all hospitals in and let the protocol team pilot a selection process to determine if these would be issues in final selection.

Exclusion Criteria:

Discussion:

Could a nurse who was laid off or unemployed recently be part of the study? No, because the definition states currently employed.

Consensus: Exclusion criteria would include:

- 1) Nurse who works less than 50% of the time at the bedside
- 2) Advance practice nurse

Finalize Sampling Strategy - see PowerPoint handout

Background:

Recommended strategy is to have a purposive sampling by interviewing nurse leaders in one-on-one interviews, getting recommendations from them of actively involved nurses, and then doing a network sampling of nurses who are not involved or actively avoid involvement through open focus groups. [During the network sampling, talking points would need to be written for nurses who invite others to the open focus groups.]

Decisions to Be Made (how data will be collected & questions to be asked) – see also Qualitative Focus Group Guide handout

Triangulation is a method of assuring validity by comparing themes of 3 sources – interview, observation, and document review. For the leadership interviews, participants will be taped after signing a formal release and these will be transcribed. Dr. Phyllis Graham-Dickerson will handle the focus group discussions using the questions from the Qualitative Focus Group Guide handout and these interviews will be taped and transcribed. Dr. Houser will take the field notes for the

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

meetings which pick up on the nonverbal clues that aren't evident just from hearing a tape recording.

Dr. Houser mentioned that you want a brief list of questions since the interviewer follows where the respondent leads with their answers. Six to seven questions can generate a 90 minute interview.

It was decided to add two additional categories to the first two questions on both pages of this handout (for the staff nurses and leadership). These two subcategories would be 'About organizational and unit change' and 'About staffing'. It was recommended that explanations or definitions be provided to the respondents as to what the terms in the questions mean (i.e., Work methods includes...).

It was suggested that an additional question be added to the leadership questions, 'Who leads your group?' as this is an important piece of information to learn.

Decisions to Be Made (methods to assure trustworthiness) – last page of PowerPoint handout

Even though all the methods listed don't have to be used for qualitative research, Dr. Houser recommends using all of them.

Consensus: Agreed to use all.

Explanations of the methods:

- Audit trail – documentation of process
- Prolonged engagement – continue process until saturation is reached; continue with one focus group beyond that
- Triangulation – check themes of three sources; could use three focus groups
- Saturation – point at which researchers aren't hearing anything new
- Bracketing – primary researcher(s) have to identify biases
- Member checking – go back to group to see if information is correct
- Inter-coder reliability – two people check results

The analytic method will be constant comparison used with the results – subsequent focus groups can be used to study any questions or contradictions which are raised.

Checking reliability among coders – Dr. Houser recommends

Consensus – Yes

Geographic units – state is normally divided into four geographic regions, but should we consider a fifth region for Denver metropolitan area and, if so, how far from the center of the city should the boundary be drawn? There is no visual representation for the concentration of hospitals in Denver to help draw the boundary. It was recommended that the radius be 25 miles

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
December 4, 2008

but then it was decided to contact Ned Calonge first and check the Colorado Hospital Association website to see if locations of hospitals could be determined visually.

QUANTITATIVE RESEARCH

Joyce Verran feedback – see Variables for [Quantitative] data collection handout

Joyce's suggestions for changes are underlined on handout

Review Variables list – see pg. 3 of the above handout

A questions was raised as to whether these variables will be defined as there is a concern about hours per patient day. Yes they will be defined.

See Donna Kusuda's comments concerning these outcome variables at the beginning of the notes under Reporting Requirements.

Next meeting is Thursday, December 18, at 8:30 a.m. unless otherwise notified and it will be a full day meeting from 8:30 a.m. to 4:30 p.m.

Feedback on the meeting was that a lot had been accomplished today.

Minutes taken and written by: Lynette Christensen

Minutes reviewed by CoChairs: Fran Ricker & Carolyn Sanders

Administration for SB08-188: Colorado Center for Nursing Excellence

Administrative Coordinator: Wendy Krzeczowski