

Nursing and Pay for Performance

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Outline of the Presentation

- **Nursing matters**
- **There is a business and social case for enhancing hospital nursing**
- **Current Pay for Performance systems do a poor job of targeting improvements in the core work of nursing**

NURSING MATTERS

Outcomes Associated with Nursing

Research studies looking at specific outcomes

	RN percent of staff		RN hours/day	
	Assoc	No Assoc	Assoc	No Asssoc
Mortality	1	1	8	6
Failure to Rescue	1	1	2	1
Length of Stay	3		8	
Pneumonia	3		5	1
Urinary Tract Infection	4		4	
Post Op Infection	2		2	
Nosocomial Infection			3	
Sepsis		1	4	2

NURSING MATTERS

Outcomes Associated with Nursing

Research studies looking at specific outcomes

	RN percent of staff		RN hours/day	
	Assoc	No Assoc	Assoc	No Asssoc
Pressure Ulcers	4	1	3	2
Deep Vein Thrombosis		1	1	1
Upper GI Bleeding	1		1	
Shock/Cardiac Arrest	1		1	
Medication Errors	2		2	
Falls	3		2	
Pain Management	1		1	
Patient Satisfaction	2	1	1	
Patient Complaints	1		1	

NURSING MATTERS

Nurses Impacts on Patient Outcomes

- **Nurses' work is core function of hospital care**
 - ▶ Have outpatient surgery, imaging, labs, therapy
 - ▶ Only reason patient is hospitalized is they need nursing care
- **Range of outcomes influenced by nurse staffing reflect range of nurses' work**
 - ▶ Delivering ordered care
 - ▶ Assessment and monitoring
 - ▶ Timely and appropriate intervention
 - ▶ Patient education

BUSINESS AND SOCIAL CASE FOR NURSING

Avoided Days and Adverse Outcomes Associated with Raising Nurse Staffing to 75th Percentile

Estimates from Needleman/Buerhaus, Health Affairs, 2006

	Raise RN Proportion	Raise Licensed Hours	Do Both
Avoided Days	1,507,493	2,598,339	4,106,315
Avoided Adverse Outcomes <small>Cardiac arrest and shock, pneumonia, upper gastrointestinal bleeding, deep vein thrombosis, urinary tract infection</small>	59,938	10,813	70,416
Avoided Deaths	4,997	1,801	6,754

BUSINESS AND SOCIAL CASE FOR NURSING

Net Cost of Increasing Nurse Staffing

Estimates from Needleman/Buerhaus, Health Affairs, 2006

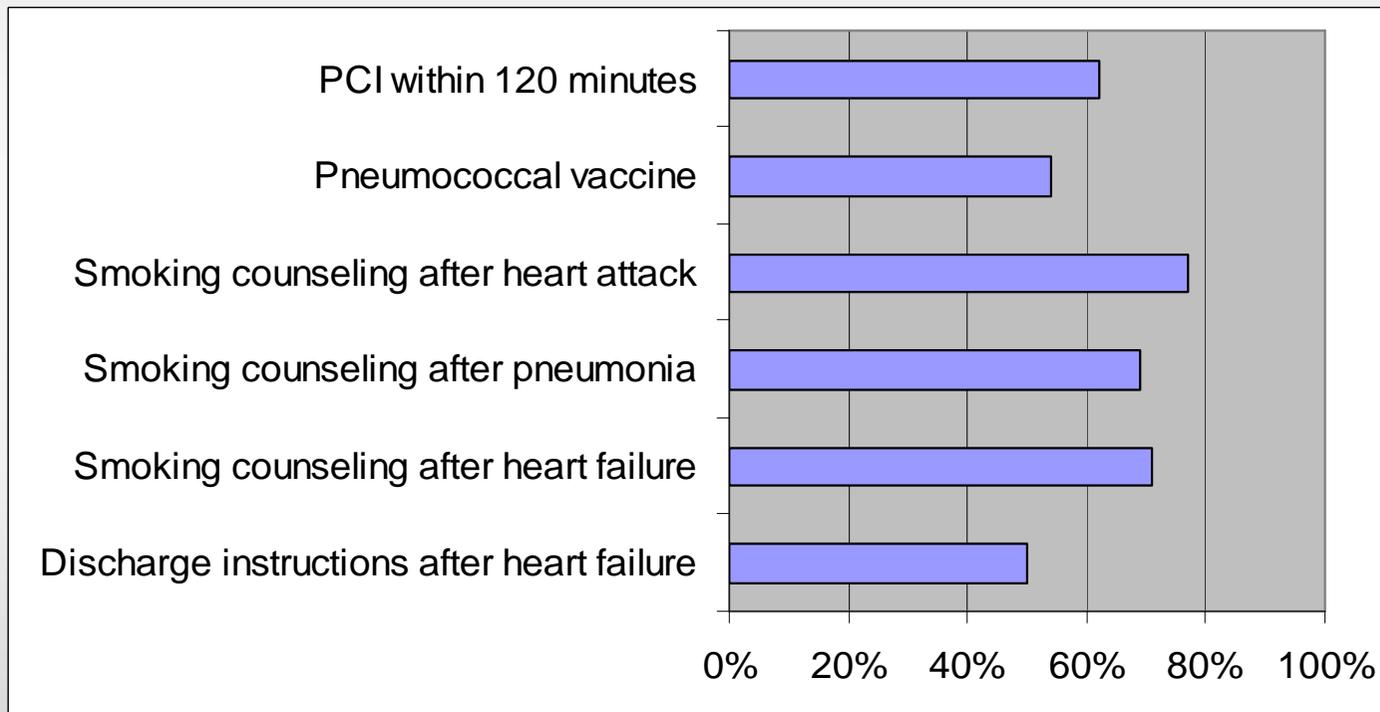
	Raise RN Proportion	Raise Licensed Hours	Both
Cost of higher nursing	\$ 811 Million	\$ 7.5 Billion	\$ 8.5 Billion
Avoided costs (full cost)	\$ 2.6 Billion	\$ 4.3 Billion	\$ 6.9 Billion
Long term cost increase	(\$ 1.8 Billion)	\$ 3.2 Billion	\$ 1.6 Billion
As % of hospital costs	-0.5%	0.8%	0.4%
Short term cost increase (save 40% of average)	(\$ 2.4 Billion)	\$ 5.8 Billion	\$ 5.7 Billion
As % of hospital costs	-0.1%	1.5%	1.4%

Current P4P systems do a poor job of targeting improvements in the core work of nursing

- P4P usually looks at process, with focus on whether specific processes completed
 - ▶ Heart attack: aspirin on arrival, beta blocker on discharge, PCI in 120 minutes
 - ▶ Diabetes: blood tests, eye tests, foot exams
- But nursing processes hard to measure
 - ▶ Nurses are everywhere, doing everything
 - ▶ Multitasking
 - ▶ Tailoring care to needs of specific patients
 - ▶ Documenting requires looking over whole stay

CMS Hospital Compare measures possibly related to nursing

Percent of US hospitals complying with measure



Source: CMS Hospital Compare

MEASURING NURSING'S IMPACT

NQF Consensus Standards for Nursing-Sensitive Care

- Nursing-Centered Intervention Measures
 - ▶ Smoking cessation counseling for acute myocardial infarction (AMI)
 - ▶ Smoking cessation counseling for heart failure
 - ▶ Smoking cessation counseling for pneumonia
- System-Centered Measures
 - ▶ Skill mix (RN, LPN, UAP, and contract)
 - ▶ Nursing care hours per patient day (RN, LPN, and UAP)
 - ▶ Practice Environment Scale—Nursing Work Index (composite and five subscales)
 - ▶ Voluntary turnover

MEASURING NURSING'S IMPACT

NQF Consensus Standards for Nursing-Sensitive Care

- Patient Centered Outcome Measures
 - ▶ Death among surgical inpatients with treatable serious complications (failure to rescue)
 - ▶ Pressure ulcer prevalence
 - ▶ Falls prevalence
 - ▶ Falls with injury
 - ▶ Restraint prevalence (vest and limb only)
 - ▶ Urinary catheter-associated UTI for intensive care unit (ICU) patient
 - ▶ Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients
 - ▶ Ventilator-associated pneumonia for ICU and HRN patients

Current Pay for Performance systems do a poor job of targeting improvements in the core work of nursing

- Problem not unique to nursing
 - ▶ Diabetes education, intervention not typically on lists of measures
- Problem needs to be solved, for nursing and other services