MHDO Maine Health Data Organization
Information | Insight | Improvement

NSI

Microspecifications Manual for Reporting of the Nursing Sensitive Indicator Quality Data Set

February 2016
Effective for 2nd Quarter 2016 NSI Data

A reminder for hospitals that submit data to NDNQI:

The Maine Hospital Association and NDNQI have terminated their agreement whereby NDNQI had been submitting Nursing Sensitive Indicator data to MHDO on behalf of those Maine hospitals that participate in the NDNQI.

Therefore, beginning with the 2013 2nd quarter NSI data set due by December 1st, all Maine hospitals will need to submit their data directly to MHDO using the Excel-based Nursing Sensitive Indicators Data Transmittal Workbook, which can be downloaded from https://mhdo.maine.gov/quality_data.htm

STATUTORY AUTHORITY: 22 M.R.S.A., §8708-A, CHAPTER 270

Nursing-Sensitive Patient-Centered (NSPC) Health Care Quality Data Set
and
Nursing-Sensitive System-Centered (NSSC) Health Care Quality Data Set

Data Collection and Reporting Instructions

AMENDED: August 2013

In accordance with the above statutory authority, the instructions in this manual are applicable to all Maine acute care hospitals.

TABLE OF CONTENTS

Statutory Authority 2

Table of Contents 3

What's New in this edition of the manual? 5

Clarifying the titles for the Falls measures and Nurse Care Hours per Patient Day measures 5

Discontinued Patient Day counting method: "Midnight Census + Patient Days from Average Short Stay Hours" 5

List of Measures 6

Additional Regulatory Information 7

Submission Requirements 7

Standards for Data; Notification; Response 7

Public Access 8

Waivers to Data Submission Requirements 8

Compliance 8

Defnitions 8

"ANA-NDNQI" 9

Executive Director 9

"Hospital" 9

Licensed Vocational Nurse/Licensed Practical Nurse. 9

Measure Steward 9

MHDO…. 9

NQF……. 9

"RN" Registered Nurse 9

"UAP" Unlicensed Assistive Personnel 9

Instructions & Data Specifications 10

Nursing-Sensitive Patient-Centered (NSPC) Health Care Outcome Measures 10

NSPC-1: Percentage of inpatients who have a hospital- acquired pressure ulcer (Stage I or greater) 10

Frequently Asked Questions 10

NSPC-2: Number of patient falls per patient days 12

Frequently Asked Questions 12

NSPC-3: Number of patient falls with injuries per patient days 14

Frequently Asked Questions 14

NSPC-4: Percentage of inpatients who have a vest or limb restraint 15

Frequently Asked Questions 15

Nursing-Sensitive System-Centered (NSSC) Nursing Skill Mix Measures 17

NSSC-1: Percentage of RN care hours to total nursing care hours 17

NSSC-2: Percentage of LPN care hours to total nursing care hours 17

NSSC-3: Percentage of UAP care hours to total nursing care hours 17
NSSC-4: Percentage of contract care hours (RN, LPN, and UAP) to total nursing care hours 17
Frequently Asked Questions for nursing skill mix measures 17
Frequently Asked Questions for NSSC-3: Percentage of UAP care hours to total nursing care hours 19
Nursing-Sensitive System-Centered (NSSC) Nursing Care Hours Measures 20
NSSC-5: Number of RN care hours per patient day. 20
NSSC-6: Number of nursing care hours (RN, LPN, UAP) per patient day. 20
Frequently Asked Questions 20
NSSC-7a: Number of voluntary uncontrolled separations (RN/advanced practice nurse) during the quarter. 21
NSSC-7b: Number of voluntary uncontrolled separations (LPNs/nurse's assistants/aides during the quarter. 21
Frequently Asked Questions 21
Appendix A 23
Excel File Naming Convention for NSI Data Submission 23
Examples 23
Appendix B 24
Table of Maine hospital MHDO ID numbers 24
Index 25

WHAT'S NEW IN THIS EDITION OF THE MANUAL?

Clarifying the titles for the Falls measures and Nurse Care Hours per Patient Day measures

References to "inpatients" in the title of the NSPC-2 and NSPC-3 falls-related measures, and to "inpatient days" in the title of the NSSC-5 and NSSC-6 nurse care hours per patient day measures have been corrected to "patient days" to reflect that both inpatient days and outpatient short stays[*] are included in all four measures. This change brings the measure titles in line to be consistent with the detailed instructions referenced in previous editions of this Manual.

Discontinued Patient Day counting method: "Midnight Census + Patient Days from Average Short Stay Hours"

The American Nurses Association, the measure steward for the Falls measures (NSPC-2 and NSPC-3) and the Nurse Care Hours per Patient Days measures (NSSC-5 and NSSC-6), has discontinued one of the five options for counting patient days. Beginning with the 2016-Q2 reporting period, hospitals **may no longer use** Method 3 "Midnight Census plus Patient Days from Average Short Stay Hours". Hospitals should choose from among the four remaining methods:

Method 1: **Midnight Census** (**NOTE:** This method is **restricted** to hospital units that treat inpatients only. It **may not be used** for units treating short stay patients)

Method 2: **Midnight Census, plus Patient Days from Actual Hours for Short Stay Patients**

Method 4: **Patient Days from (Inpatient and Short Stay Patient) Actual Hours**

Method 5: **Patient Days from Multiple Census Reports**

[*] Short stays are converted to patient days by counting the number of short stay hours and dividing by 24.

LIST OF MEASURES

For those measures listed below, where the measure steward is identified as the American Nurses Association (ANA), each hospital or their agent shall report to the Maine Health Data Organization (MHDO) the specific denominator and numerator categories (minus exclusions) as specified in the, National Database for Nursing Quality Indicators (NDNQI) *Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures, May 2010*.[†]

For the two measures below, where the measure steward is identified as The Joint Commission, each hospital or their agent shall report to MHDO the specific denominator and numerator categories (minus exclusions) as specified in the, *Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set, 2009.*

Measure	Measure Steward
Nursing-Sensitive Patient-Centered (NSPC) Health Care Outcome Measures	
NSPC-1: Percentage of inpatients who have a hospital-acquired pressure ulcer, Stage I or greater.	*The Joint Commission*
NSPC-2: Number of patient falls per patient days.	*American Nurses Association*
NSPC-3: Number of patient falls with injuries per patient days.	*American Nurses Association*
NSPC-4: Percentage of inpatients who have a vest or limb restraint.	*The Joint Commission*
Nursing-Sensitive System-Centered (NSSC) Nursing Skill Mix Measures	*American Nurses Association*
NSSC-1: Percentage of RN care hours to total nursing care hours.	
NSSC-2: Percentage of LPN care hours to total nursing care hours.	
NSSC-3: Percentage of UAP care hours to total nursing care hours.	
NSSC-4: Percentage of contract care hours (RN, LPN, and UAP) to total nursing care hours.	
Nursing-Sensitive System-Centered (NSSC) Nursing Care Hours Measures	
NSSC-5: Number of RN care hours per patient day.	*American Nurses Association*
NSSC-6: Number of nursing care hours (RN, LPN, UAP) per patient day.	*American Nurses Association*
NSSC-7a: Number of voluntary uncontrolled separations (RN/advanced practice nurse) during the quarter.	*The Joint Commission*
NSSC-7b: Number of voluntary uncontrolled separations (LPNs/nurse's assistants/aides during the quarter.	*The Joint Commission*

[†] The American Nurses Association has confirmed that the new NDNQI March 2013 *Guidelines* on patient falls **do not** apply to the NQF-endorsed falls measures. The 2013 NDNQI *Guidelines* pertain solely to data that hospitals submit for their own internal reporting purposes.

ADDITIONAL REGULATORY INFORMATION

Submission Requirements

1. **Filing Media.** Each hospital or their agent shall file all applicable data sets on diskette, compact disc, or via electronic transmission provided that such diskette, compact disc, or electronic transmission is compatible with the data processing capabilities of the MHDO.
2. **File Submission.** All data sets shall be submitted using the MHDO *Nursing Sensitive Indicators Data Transmittal Workbook*, and saved in the Excel 97-2003 Workbook (.xls, *not .xlsx*) file format. Each NSI data submission shall include the following information: identification of the health care facility; data reporting period (quarter/year), date sent, and the name of a contact person with telephone number and E-mail address. The file naming convention for the submission copy of the *Workbook* is presented in Appendix A.

   The *NSI Data Transmittal Workbook* can be downloaded from the MHDO website at: https://mhdo.maine.gov/quality_data.htm
3. **Filing Periods.** Data generated in accordance with the provisions of this manual shall be submitted at the end of the 5th month following the end of each calendar quarter in which the service occurred. The filing periods are as follows:

Collection Quarter	Months	Submission Date (no later than)
1st Quarter	January, February, March	September 1st
2nd Quarter	April, May, June	December 1st
3rd Quarter	July, August, September	March 1st
4th Quarter	October, November, December	June 1st

Standards for Data; Notification; Response

Standards. The MHDO or its designee shall evaluate each file submission in accordance with the following standards:

1. For each NSI measure, hospitals shall report the numerator and denominator as defined in the current version of the appropriate national manual identified for each measure in the *Instructions and Data Specifications* section of this manual beginning at page 10.
2. Hospitals shall conform to the instructions in this manual, and shall not alter the design or layout of the *NSI Data Transmittal Workbook*.
3. Coding values indicating "data not available", "data unknown", or the equivalent will not be accepted.

4. Notification. Upon completion of this evaluation, the MHDO will notify each hospital whose data submissions do not satisfy the standards for any filing period within 90 days of the quarterly submission deadline. This notification will identify the specific file and the data elements within them that do not satisfy the standards.
5. Resubmission. Each hospital notified under the *Notification* section (above) will resubmit the data within 30 days of the notification by making the necessary changes to satisfy the standards. (Chapter 270, Subsection 8c)
6. Replacement of Data Files. No hospital may amend its data submission more than one year after the end of the quarter in which the discharge or service occurred unless it can be established by the hospital that exceptional circumstances occurred. Any resubmission of data after the elapse of the one year period must be approved by the MHDO Board.

Public Access

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S.A. § 8707 and Code of Maine Rules 90-590, Chapter 120: *Release of Information to the Public,* unless prohibited by state or federal law.

Waivers to Data Submission Requirements

If a hospital or ambulatory surgical facility, due to circumstances beyond its control, is temporarily unable to meet the terms and conditions of this Chapter, a written request must be made to the Executive Director of the MHDO as soon as it is practicable after the hospital and ambulatory surgery facility has determined that an extension is required. The written request shall include: the specific requirement to be waived; an explanation of the cause; the methodology proposed to eliminate the necessity of the waiver; and the time frame required to come into compliance. The Executive Director shall present the request to the MHDO Board at its next regularly scheduled meeting where the request shall be approved or denied.

Compliance

The failure to file, report, or correct quality data in accordance with the provisions of this Chapter may be considered a violation under 22 MRSA Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: *Enforcement Procedures*.

In the event that a measure steward announces a modification to a measure required under Chapter 270, hospitals must continue to collect data based on specifications of the existing version of the measure up until the date that the measure steward requires reporting based on the modified version.

DEFNITIONS

Please note that additional definitions appear in the Joint Commission's *Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures,* [Version 2.0, December,2009] and the American Nursing Association's *Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures,* [May, 2010]

"ANA-NDNQI"

The National Database of Nursing Quality Indicators (NDNQI), a repository for nursing-sensitive indicators, is a program of the American Nurses Association (ANA). The project is administered on ANA's behalf by The University of Kansas Research Institute.

Executive Director

"Executive Director" means the Executive Director of the MHDO or his/her successors

"Hospital"

Any acute care institution required to be licensed pursuant to 22 MRSA, chapter 405.

Licensed Vocational Nurse/Licensed Practical Nurse.

"Licensed vocational nurse (LVN) / Licensed practical nurse (LPN)" means an individual who holds a current license to practice as a "licensed practical nurse" pursuant to 32 M.R.S.A., chapter 31.

Measure Steward

The identified responsible entity having a process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation.

MHDO

"MHDO" means the Maine Health Data Organization or its designee.

NQF

"NQF" means the National Quality Forum.

"RN" Registered Nurse

An individual who is currently licensed as a "Registered Professional Nurse" pursuant to 32 MRSA, chapter 31.

"UAP" Unlicensed Assistive Personnel

"Unlicensed assistive personnel (UAP)" means individuals employed to provide hands-on assistance with activities of living to individuals in homes, assisted living centers, residential care facilities, hospitals, and other health care settings including certified nursing assistants (CNAs).

INSTRUCTIONS & DATA SPECIFICATIONS

Nursing-Sensitive Patient-Centered (NSPC) Health Care Outcome Measures

NSPC-1: Percentage of inpatients who have a hospital-acquired pressure ulcer (Stage I or greater)

Measure Steward:	**The Joint Commission**
Measure Steward's Name for this Measure:	**NSC-2: Pressure ulcer prevalence (hospital-acquired).**
Technical specifications published in:	*The Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December, 2009][†]

Topics	**Page number(s)**	
	***Implementation Guide* section and page number**	**Adobe Acrobat page number**
Data Element descriptions	Alphabetical Data Dictionary 53-58	78-83
Measure specifications	NSC-2-1 to NSC-2-5	152-156
Prevalence Study Methodology	Appendix E-1 to E-4	241-244
Pressure Ulcer Guidelines	Appendix D-1 to D-2	231-232
Unit type definitions	Appendix D-5 to D-6	235-236

FREQUENTLY ASKED QUESTIONS

1. ***We have not done prevalence studies in the past. How should I prepare for and conduct one?***

   Please read Appendix E of the Joint Commission's *The Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December, 2009]

2. ***How should we include patients who cannot be assessed due to a cast or dressing that cannot be removed?***

   If the ulcer is known to be present and is hospital-acquired but cannot be staged and it is believed not to be one of the exceptions, the patient should be counted in both the numerator and denominator. The ulcer would be listed as "unstageable".

   If a determination regarding the presence of an ulcer cannot be made, the patient should not be counted in the numerator but will be counted in the denominator since other areas of the body should be assessed for presence of ulcers.

[†] The *Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December,2009] is the intellectual property of and copyrighted by the Joint Commission, Oakbrook Terrace, Illinois. It is used in this MHDO Microspecifications Manual with the permission of the Joint Commission.

3. ***Should we include patients admitted for "observation" as inpatients when collecting this data?***

   Yes. Anyone on the unit at the time of the prevalence study should be included.

4. ***Should we include patients in the Emergency Department or patients in "holding areas" awaiting admission when collecting this data?***

   No. They are not on the unit.

5. ***Are there any clinically-related exclusion criteria for patients who are paraplegia or quadriplegia and more frequently develop pressure ulcers?***

   The only clinical exceptions to the numerator data are:

   "Skin breakdown due to arterial occlusion, venous insufficiency, diabetes neuropathy, or incontinence dermatitis" and "too unstable or critical to turn for examination."

6. ***If a patient has been in the hospital for several days or weeks, and a Stage I or greater pressure ulcer was identified in the admission assessment, should we count that patient in the numerator as part of this data collection process?***

   No, if the only ulcer(s) present is/are community-acquired. If a Stage I or greater pressure ulcer is noted in the admission assessment, it is considered to be "community acquired" and should not be counted in the numerator. If nosocomial ulcers are present in addition to those noted on admission then the patient should be included in the numerator.

NSPC-2: Number of patient falls per patient days

Measure Steward:	**The American Nurses Association**
Measure Steward's Name for this Measure:	**Total falls per 1,000 patient days**
Technical specifications published in:	*Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures*, [May, 2010]

Topics	Page number(s)
Definitions and specifications for falls numerator	13-15
Specifications for patient days denominator*	11-12
Definitions of hospital unit types	4-7
List of hospital units to include in the falls measures	Appendix B 16-17

NOTE: ***Time of Assessment*** and ***Fall Risk*** may be used for other reporting purposes, but they **are not included** in the Falls data that you report to MHDO.

* Important Notice:

The American Nurses Association **no longer allows** hospitals to use "**Method 3 - Midnight Census plus Patient Days from Average Short Stay Hours**" for counting patient days. Beginning with the 2016-Q2 reporting period, hospitals should choose from among the four remaining methods:

Method 1: Midnight Census (**NOTE**: This method is **restricted** to hospital units that treat inpatients only. It **may <u>not</u> be used** for units treating short stay patients)

Method 2: Midnight Census, plus Patient Days from Actual Hours for Short Stay Patients

Method 4: Patient Days from (Inpatient and Short Stay Patient) Actual Hours

Method 5: Patient Days from Multiple Census Reports

FREQUENTLY ASKED QUESTIONS

1. ***Which method of data collection is recommended for this measure?***

   Data for this measure should be derived from internal reports of falls, i.e., "incident reports", "event reports", quality and/or safety reports). Because those reports are dependent upon your organization's policy on event reporting (specifically, falls) policies and upon the staff compliance with those policies, it may be beneficial to review your policy(ies) and to compare them to the definition for "falls" and fall- associated injuries used by the American Nurses Association and NDNQI. In addition, it may be helpful to review these polices with your staff to make certain that they understand the definitions of reportable events and the importance of reporting them.

2. ***If a patient falls but has no injury as a result of the fall, should that event be included in the numerator?***

   NSPC-2 requires that you include all falls in the numerator. Any fall, whether or not the patient was injured, must be included here.

3. ***A nurse is assisting a post-operative patient with ambulation, the patient becomes weak, and the nurse assists the patient to the floor. Should that sort of event be documented as a fall?***

   Yes. Consistent with the definition of falls, all falls are recorded. This is considered an assisted fall by ANA definition.

4. ***If a family member or non-clinical hospital staff member reports that a patient has fallen, but the patient has no sign of injury and the fall cannot be validated, should that report be counted as a fall and included in the numerator?***

   In the case of a reported fall that was not witnessed by a clinician, it is assumed that the patient's nurse would appropriately document that report in the patient's record and include that information in future nursing assessments and care planning. Given the potential importance of such a report, it should be reported as a fall through the designated organizational reporting process and included in the numerator for the purpose of data collection for this measure.

5. ***We have a patient admitted to our unit who has a long history of falling frequently at home and she is now admitted for diagnostic testing to determine the possible etiology of her falls. Since frequent falling is the basis for her admission, should she be counted in the denominator?***

   Yes. There are no denominator exclusions for this measure.

NSPC-3: Number of patient falls with injuries per patient days

Measure Steward:	**The American Nurses Association**
Measure Steward's Name for this Measure:	**Injury falls per 1,000 patient days**
Technical specifications published in:	*Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures*, [May, 2010]

Topics	Page number(s)
Definitions and specifications for falls numerator	13-15
Specifications for patient days denominator*	11-12
Definitions of hospital unit types	4-7
List of hospital units to include in the falls measures	Appendix B 16-17

NOTE: ***Time of Assessment*** and ***Fall Risk*** may be used for other reporting purposes, but they **are not included** in the Falls data that you report to MHDO.

* Important Notice:

The American Nurses Association **no longer allows** hospitals to use "**Method 3 - Midnight Census plus Patient Days from Average Short Stay Hours**" for counting patient days. Beginning with the 2016-Q2 reporting period, hospitals should choose from among the four remaining methods:

Method 1: Midnight Census (**NOTE**: This method is **restricted** to hospital units that treat inpatients only. It **may <u>not</u> be used** for units treating short stay patients)

Method 2: Midnight Census, plus Patient Days from Actual Hours for Short Stay Patients

Method 4: Patient Days from (Inpatient and Short Stay Patient) Actual Hours

Method 5: Patient Days from Multiple Census Reports

FREQUENTLY ASKED QUESTIONS

1. ***Why are we required to include falls with very minor injuries in the numerator?***

   Because the frequency of patient falls has been demonstrated to be a nursing-sensitive measure, it is important to capture all falls, regardless of the severity of injury. Patient falls rates are related to a number of nursing practice issues. By collecting fall frequency data and relating it to patient injuries, your organization will be better able to assess risk and consider alternative solutions to impact both fall prevention and potential environmental factors that may be related to fall injuries.

2. ***If a patient falls and sustains an injury but refused treatment, should we include that fall in the numerator?***

   Yes. The inclusion criterion states that an injury that "requires clinical intervention" must be included in the numerator. When a clinician assesses a fall-related injury and determines that

clinical intervention is required, the injury is assumed to have occurred whether or not the patient consents to the recommended intervention.

3. ***If a patient fall with injury is reported but the clinical intervention is not included in the report, how do we determine the severity of injury?***

   Although it may important to your organization's internal patient safety analysis, for the purpose of reporting data under this authority, you are not required to indicate the level of severity of the fall. If a patient incurs any injury in which clinical intervention is required, the fall should be included in the numerator data for this measure. If there is no documentation of clinical intervention, the data analyst should make a reasonable assumption based upon the documentation of the fall and the reported resulting injury.

NSPC-4: Percentage of inpatients who have a vest or limb restraint

Measure Steward:	**The Joint Commission**
Measure Steward's Name for this Measure:	**NSC-3 Restraint prevalence (vest or limb)**
Technical specifications published in:	*The Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December, 2009][†]

Topics	**Page number(s)**	
	Implementation Guide page #	**Adobe Acrobat**
Data Element descriptions	Alphabetical Data Dictionary 91, 113, 115	116, 138, 140
Measure specifications	NSC-3-1 to NSC-3-4	157-160
Prevalence Study Methodology	Appendix E-1 to E-4	241-244
Unit type definitions	Appendix D-5 to D-6	235-236

FREQUENTLY ASKED QUESTIONS

1. ***Do we have to identify every patient with a vest or limb restraint during the reporting period?***

   You are not required to identify every patient with a vest or limb restraint during any given reporting period. You should conduct a prevalence study once during each reporting period to determine the prevalence of the use of vest and/or limb restraints in your inpatient population. Observations are not to be referred by staff for those patients thought to be restrained but rather all patients who are on the unit at the time of the prevalence study on the audit day. The study should include review of the restrained patients of the patient's medical record for indication of clinical justification and use of alternatives to restraint.

[†] The *Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December,2009] is the intellectual property of and copyrighted by the Joint Commission, Oakbrook Terrace, Illinois. It is used in this MHDO Microspecifications Manual with the permission of the Joint Commission. Copyright© 2010 by the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

2. ***We have not done prevalence studies in the past. How should I prepare for and conduct one?***

   Please read Appendix E of the Joint Commission's *The Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December, 2009][†]

3. ***Is an IV arm board affixed to a patient for the purpose of maintaining position and patency of a vascular access catheter considered a restraint? Is a freedom splint considered a restraint?***

   Please refer to the Joint Commission's *Implementation Guide* (see pages Alphabetical Data Dictionary 91-92 or if you are viewing the Guide within Adobe Acrobat, please jump to pages 116-117) for a definition of restraints and a list of numerator inclusions and exclusions. For more detail, you can refer to the interpretive guidelines on restraints found in the current version of the *CMS Hospital Conditions for Participation* at www.cms.gov.

4. ***A patient has a "halo" brace applied to permit greater freedom of movement following a cervical spine injury. Is the halo considered to be a restraint?***

   No. "Halo" braces and traction are examples of "treatment restraints" and are excluded from reporting.

5. ***An inpatient is under police custody and is in handcuffs. Should we count the handcuffs as restraints for the purposes of data collection for this measure?***

   No.

6. ***Are mental health patients on the med/surg unit included in the restraint prevalence study?***

   If the patient is on the unit and the restraint in use meets the definition of restraint, the patient is included.

7. ***Do we include restraints to prevent extubation of mechanical ventilation devices or to prevent removal of intravenous lines as "limb" restraints? Are hand mitts fastened to the bed a "limb" restraint?***

   Restraints to prevent extubation of ventilators or removal of intravenous lines and hand mitts fastened to the bed are included as "limb" restraints even though they may be clinically justifiable to protect the patient or prevent them from removing necessary medical equipment. Hand mitts that are not fastened to the bed are not considered restraints and are excluded.

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Nursing-Sensitive System-Centered (NSSC) Nursing Skill Mix Measures

NSSC-1: Percentage of RN care hours to total nursing care hours
NSSC-2: Percentage of LPN care hours to total nursing care hours
NSSC-3: Percentage of UAP care hours to total nursing care hours
NSSC-4: Percentage of contract care hours (RN, LPN, and UAP) to total nursing care hours

Measure Steward:	**The American Nurses Association**
Measure Steward's Name for this Measure:	**Skill Mix:** • **Percent of all nursing hours supplied by RNs** • **Percent of all nursing hours supplied by LPN/LVNs** • **Percent of all nursing hours supplied by unlicensed assistive personnel (aides)**
Technical specifications published in:	*Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures,* [May, 2010]

Topics	Page number(s)
Nursing care hours specifications	8-10
Definitions of hospital unit types	4-7
List of hospital units to include in the nursing care hours measures	Appendix B 16-17
Calculation of monthly nursing care hours	Appendix C 18

FREQUENTLY ASKED QUESTIONS FOR NURSING SKILL MIX MEASURES

1. ***In addition to her administrative responsibilities, our RN Nurse Manager assists nurses with patient care responsibilities as needed throughout the day. Should her hours be included in the numerator calculation?***

   The role of the Nurse Manager or Nursing Supervisor varies significantly from one hospital to another, particularly from smaller hospitals to larger ones. If the Nurse Manager's or Nursing Supervisor's job description clearly identifies an expectation that the individual will devote a minimum of 50% of his/her productive hours to patient care responsibilities and if they charge their time to the unit cost center (and not to an administrative cost center), the Nurse Manager's productive hours should be added to the numerator. If the Nursing Manager is simply "covering" the other nurses (e.g., "being available to LPNs) then those hours should not be considered "direct patient care" for purposes of reporting nursing care hours.

2. ***We have both a Clinical Nurse Specialist and Nurse Practitioner on staff in our nursing unit. Should their hours be included in the numerator calculation?***

   Typically, APNs provide an additional patient care resource that is available to the unit staff, but are not considered part of the daily nursing care staffing pattern. Their hours should not be included in either the numerator or the denominator.

3. ***We have three RNs who work as an "IV Team." How should we count their hours?***

   Nurses practicing on "IV Teams" or other similar expert resource teams typically provide an additional level of specialized clinical expertise in support of the staff nurse. As with APNs, the hours of nurses practicing on expert resource teams should not be included in either the numerator or the denominator.

4. ***There are RNs who work in our Radiology Department. How do we account for their hours?***

   Although nurses practicing in diagnostic services areas may provide nursing care to patients, they are not part of the unit nursing staff, and their role is typically not considered when nurse staffing plans are prepared. The hours of these nurses should not be included in either the numerator or the denominator.

5. ***Should we report this information on a unit-by-unit basis, or are we expected to submit data for the entire hospital as one number?***

   Data should be aggregated and reported by individual hospital units. See Appendix B, Eligible Unit Type Table.

6. ***Nursing staff frequently leave the unit for short periods of time to attend training or participate in other administrative functions. What is the smallest period of time which must be tracked (subtracted from direct patient care hours)?***

   Any absence from the unit of less than or equal to an hour need not be subtracted from direct patient care hours. Any absence of more than one hour should be subtracted from the unit's direct patient care hours unless replaced by another staff member (replacement staff hours are then counted towards the unit total). Paid breaks of less than one hour should be included as patient care hours. Time spent in shift change reporting should be included in patient care hours.

7. ***We have a mini med/surg, virtual unit that occupies open beds on our maternity unit when beds are available and our med surg unit exceeds capacity. Nursing staff from the med/surg unit follow the patients to the maternity unit to provide direct patient care. How should we treat this "virtual" unit?***

   When nursing staff from the med/surg unit follow patients to the mini med surg unit and maintain direct patient care, the mini med/surg unit should be considered an extension of the parent unit and their productive hours and patient days should be counted in the parent unit.

8. ***My OB/GYN unit is used for overflow from the med surg. Unit when the beds are needed and available. The OB/GYN nurses are cross trained and provide care for the overflow patients. How should I treat this unit?***

   OB units frequently provide care to a mixture of patient populations but the actual acuity level within the unit is typically similar. Therefore these units are not designated as mixed acuity units even if there are regularly more than two different patient populations on the unit. Also, overflow patients are excluded when choosing the unit patient population.

9. ***Our hospital is on a payroll period that overlaps quarters. How do I determine the number of nursing care hours for the quarter?***

   Please refer to the NDNQI *Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures,* [May, 2010] Appendix C beginning on page 18.

10. ***Our hospital does not permit LPN practice in the acute inpatient setting. We do, however, have a number of LPNs who are practicing at a level similar to that of a CNA on the acute inpatient unit. How do we account for their hours?***

    For the purpose of assessing hospital staffing ratios and skill mix, all individuals on the nursing staff who have patient care responsibilities and who are LPNs in accordance with the definition provided in this document should be counted in the numerator and denominator for this measure.

FREQUENTLY ASKED QUESTIONS FOR NSSC-3: PERCENTAGE OF UAP CARE HOURS TO TOTAL NURSING CARE HOURS

1. ***In our nursery, we have volunteers who frequently come in to assist with feeding the newborns. Are they considered UAPs for the purpose of this measure?***

   No. Volunteers are typically not considered part of the staffing plan for a hospital unit.

2. ***Our facility does not have nurse assistants or nurses aides but we do have psychiatric technicians. Should we include or exclude our psychiatric technicians in this measure?***

   Mental health/psychiatric workers or technicians (who may or may not be licensed should be counted) in your UAP care hours if they are engaged in direct care activities more than 50% of their time, they are replaced when they call in sick, and their hours are included in the nursing staff budget.

Nursing-Sensitive System-Centered (NSSC) Nursing Care Hours Measures

NSSC-5: Number of RN care hours per patient day.
NSSC-6: Number of nursing care hours (RN, LPN, UAP) per patient day.

Measure Steward:	**The American Nurses Association**
Measure Steward's Name for this Measure:	**Nursing hours per patient day**
Technical specifications published in:	*Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures,* [May, 2010]

Topics	Page number(s)
Nursing care hours specifications	8-10
Calculation of monthly nursing care hours	Appendix C 18
Specifications for patient days denominator*	11-12
Definitions of hospital unit types	4-7
List of hospital units to include in the falls measures	Appendix B 16-17

*** Important Notice:**

The American Nurses Association **no longer allows** hospitals to use "**Method 3 - Midnight Census plus Patient Days from Average Short Stay Hours**" for counting patient days. Beginning with the 2016-Q2 reporting period, hospitals should choose from among the four remaining methods:

Method 1: Midnight Census (**NOTE**: This method is **restricted** to hospital units that treat inpatients only. It **may <u>not</u> be used** for units treating short stay patients)

Method 2: Midnight Census, plus Patient Days from Actual Hours for Short Stay Patients

Method 4: Patient Days from (Inpatient and Short Stay Patient) Actual Hours

Method 5: Patient Days from Multiple Census Reports

FREQUENTLY ASKED QUESTIONS

1. ***We are a Critical Access Hospital and previously reported our mixed acuity unit data under the category, "Critical Access Hospitals - Mixed Acuity" unit on the NSI Data Transmittal Workbook. Now that the NSI data specifications have been revised to align with the NDNQI, how do we report data for our mixed acuity units?***

   NSI data for mixed acuity units in Critical Access Hospitals should now be reported as "Critical Access Units" on the same line that was previously used for "Critical Access Hospitals - Mixed Acuity" unit near the top of the Excel Workbook.

NSSC-7a: Number of voluntary uncontrolled separations (RN/advanced practice nurse) during the quarter.

NSSC-7b: Number of voluntary uncontrolled separations (LPNs/nurse's assistants/aides during the quarter.

Measure Steward:	**The Joint Commission**
Measure Steward's Names for these Measures:	**NSC-11.1: Voluntary turnover for Registered Nurse and Advanced Practice Nurse (APN)** **NSC-11.2: Voluntary turnover for Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)**
Technical specifications published in:	*The Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December, 2009][†]

Topics	**Page number(s)**	
	Implementation Guide page #	**Adobe Acrobat**
Data Element descriptions	Alphabetical Data Dictionary 24-28, 99-100, 103-106, 115-116	49-53, 124-125, 128-131, 140-141
Measure specifications	NSC-11-1 to NSC-11-5	194-198
Unit type definitions	Appendix D-5 to D-6	235-236

FREQUENTLY ASKED QUESTIONS

1. ***Should we include full time or part time nursing staff that are on leave of absence in the denominator?***

   Yes. As long a member of the nursing staff who is on leave of absence, for any reason, is still considered by the organization to be a full time or part time permanent employee AND they are eligible for benefits the position should be included in the total number of nursing employees.

2. ***If we have a nursing staff member who has been suspended for disciplinary reasons, should we count that position in the denominator?***

   Yes. As long a nursing staff member who has been suspended is still considered by the organization to be a full time or part time permanent employee, the position should be included in the total number of employees.

3. ***If an employee gives notice on March 25th but the last day worked was April 15th, how do I count the separation (in the first quarter or in the second quarter)?***

   The month of separation is based on the last day worked. In your example, the last day worked was April 15th, so the separation would be counted in the month of April or the second quarter. If the employee worked March 25th, did not work after that, took a Leave of Absence, and

[†] The *Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*, [Version 2.0, December,2009] is the intellectual property of and copyrighted by the Joint Commission, Oakbrook Terrace, Illinois. It is used in this MHDO Microspecifications Manual with the permission of the Joint Commission. Copyright© 2010 by the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

resigned on April 15th, then the separation would be counted in the month of March since that was the last day worked.

4. ***It is difficult to track which reasons for separation are included in this measure. Is there a list?***

   The following table expands upon the explanation of "voluntary separation' offered by the Joint Commission's *Implementation Guide* (see page NSC-11-1 of the *Guide [if viewing in Adobe Acrobat, then jump to page 194]*).

Reasons for voluntary uncontrolled separations	**Types of separation that don't count**

• Compensation/pay
• Inability to advance
• Staffing or workload
• Dissatisfaction or conflict with:
  ○ team members
  ○ management
• Dissatisfaction with work environment
• Perceived lack of respect
	• Relocation
	• Death
	• Retirement
	• Termination
	• Military service obligations
	• Spouse/partner moves from area
	• Cutbacks or workforce reduction
	• Job related injury/disability/illness
	• Non-job related injury/disability/illness
	• Family obligations
	• Pursuing education
	• Finding a job with a shorter commute
	• Other or unknown reasons

APPENDIX A

Excel File Naming Convention for NSI Data Submission

When naming your NSI Excel Data Submission File, it is important that you use MHDO's standard naming format. Otherwise, the automated statistical software program that processes the NSI data will not be able to recognize, read or accept your data.

File Name Format	For data from	Deliver to MHDO by
NSI-xxxxxx-2016QTR1.xls	January, February & March 2016	9/1/2016
NSI-xxxxxx-2016QTR2.xls	April, May & June 2016	12/1/2016
NSI-xxxxxx-2016QTR3.xls	July, August & September 2016	3/1/2017
NSI-xxxxxx-2016QTR4.xls	October, November & December 2016	6/1/2017

Where "xxxxxx" is the hospital's six-digit MHDO ID number listed in Appendix B.

EXAMPLES

Correct:	NSI-200089-2016QTR4.xls	
Wrong:	NSI-200089-2016-QTR4.xls	*extra hyphen*
	NSI-200089-QTR42016.xls	*QTR4 and 2016 in wrong order*
	NSI-20089-2016Q4.xls	*missing digit*
	NSI-200089-2016QTR4.xlsx	*wrong file format, please use the Word 97-2003 file format*

The data file naming will continue in the same fashion for future quarters and years of data.

APPENDIX B

Table of Maine hospital MHDO ID numbers

MHDO ID Number	Hospital
200004	Acadia Hospital
200018	Aroostook Medical Center
200051	Blue Hill Memorial Hospital
200007	Bridgton Hospital
200023	C.A. Dean Memorial Hospital
200055	Calais Regional Hospital
200031	Cary Medical Center
200024	Central Maine Medical Center
200057	Dorothea Dix Psychiatric Center
200027	Down East Community Hospital
200033	Eastern Maine Medical Center
200037	Franklin Memorial Hospital
200026	Houlton Regional Hospital
200041	Inland Hospital
200006-D	Lincoln Health
200050	Maine Coast Memorial Hospital
200009	Maine Medical Center
200015	MaineGeneral Medical Center
200066	Mayo Regional Hospital
200008	Mercy Hospital
200044	Mid Coast Hospital
200003	Millinocket Regional Hospital
200038	Mt. Desert Island Hospital
200010	New England Rehabilitation Hospital
200052	Northern Maine Medical Center
200025	Parkview Adventist Medical Center
200063	Penobscot Bay Medical Center
200062	Penobscot Valley Hospital
200012	Redington-Fairview General Hospital
200056	Riverview Psychiatric Center
200016	Rumford Hospital
200028	Sebasticook Valley Health
200019-BH	Southern Maine Health Care - Biddeford
200019-SH	Southern Maine Health Care - Sanford
200067	Spring Harbor Hospital
200001	St. Joseph Hospital
200034	St. Mary's Regional Medical Center
200032	Stephens Memorial Hospital
200013	Waldo County General Hospital
200020	York Hospital

INDEX

American Nurses Association 6, 8, 9, 12, 14, 18, 20, 21
Chapter 270 ..... 2, 8
contract care hours 6, 18
Critical Access Hospitals 21, 22
definitions 8
due dates 7
due dates, data delivery 24
emergency department patients 11
Excel 7, 24
Excel file naming convention 24
falls 6, 12, 13, 14, 15, 21
falls with injuries 6, 14
file format 7, 24
filing media 7
filing periods 7
future modifications 8
handcuffs (police) 16
IV arm board 16
Joint Commission, The 6, 8, 10, 15, 16, 22, 23
legal compliance 8
LPN care hours 6, 18
Maine Health Data Organization 7, 8, 24, 25
MHDO website 7
naming files .....*See* Excel file naming convention
NDNQI 1, 6, 9, 12, 20, 22
NSPC-1 ..... 6, 10
NSPC-2 ..... 6, 12, 13
NSPC-3 ..... 6, 14
NSPC-4 ..... 6, 15
NSSC-1 ..... 6, 18
NSSC-2 ..... 6, 18
NSSC-3 ..... 6, 18, 20
NSSC-4 ..... 6, 18
NSSC-5 ..... 6, 21
NSSC-6 ..... 6, 21
NSSC-7a 6, 22
NSSC-7b 6, 22
Nursing Sensitive Indicators Data Transmittal Workbook 7
patient days 12, 14, 19, 21
pressure ulcer 6, 10, 11
prevalence study 10, 11, 15, 16
prevalence study methodology 10, 15
public access to data 8
reasons for separation 23
refused treatment for a fall 15
Rejection of data submissions 8
replacement of data files 8
restraint 6, 15, 16
resubmission of data files 8
RN care hours 6, 18, 21
submission requirements 8, 24
total nursing care hours 6, 18, 20
UAP care hours 6, 18, 20
unit type 10, 12, 14, 15, 18, 21, 22
vest or limb restraint .....*See* restraint
voluntary separations 6, 22
waivers 8