MHDO Maine Health Data Organization
Information | Insight | Improvement

NSI

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

March 2020
Effective for 4th Quarter 2019 NSI Data

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

UNIFORM REPORTING SYSTEM FOR QUALITY DATA SETS

Data Collection and Reporting Instructions

AMENDED: June 22, 2019

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

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WHAT'S NEW IN THIS EDITION OF THE MANUAL?

Information on uploading the NSI Data Transmittal Workbook via MHDO's secure, web-based Hospital Data Portal (see page 6).

Revisions to hospital names in the Appendix B Table (see page 16).

LIST OF NSI MEASURES

For the hospital-acquired pressure ulcer quality measure below (NSPC-1), a measure defined by The Joint Commission, each hospital or their agent shall report to MHDO the specific denominator and numerator category (minus exclusions) as specified in the, *Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set, 2009.*

For the falls and falls with injury measures listed below (NSPC-2 and NSPC-3), as defined by 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.*[†]

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*

[†] The American Nurses Association has confirmed that the 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. **Data Submission File.** All data sets shall be submitted using the Excel-based MHDO *Nursing Sensitive Indicators Data Transmittal Workbook*. 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

2. **File Submission Method.** Each hospital shall upload its quarterly Data Transmittal Workbook to the MHDO **Hospital Data Portal** at https://mhdo.maine.gov/hospital_portal. A full set of instructions for using the Data Portal may be found in the Hospital Data Portal under Help or on the MHDO website at: https://mhdo.maine.gov/_pdf/Chapter270UserManual180814.pdf

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	August 15th
2nd Quarter	April, May, June	November 15th
3rd Quarter	July, August, September	February 15th
4th Quarter	October, November, December	May 15th

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 9.
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 5c)
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 Press Ganey Associates.

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.

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.

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

Prevalence Study Frequency

Pressure ulcer prevalence studies must be conducted once per quarter on any Tuesday, Wednesday, or Thursday ***within the second month*** of the quarter (February, May, August, or November).

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]

[†] 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. ***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.

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]

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]

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:

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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.

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-2021QTR1.xls	January, February & March 2021	Aug. 15, 2021
NSI-xxxxxx-2021QTR2.xls	April, May & June 2021	Nov. 15, 2021
NSI-xxxxxx-2021QTR3.xls	July, August & September 2021	Feb. 15, 2022
NSI-xxxxxx-2021QTR4.xls	October, November & December 2021	May 15, 2022

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

EXAMPLES

Correct:	NSI-200089-2020QTR4.xls	
Wrong:	NSI-200089-2020-QTR4.xls	*extra hyphen*
	NSI-200089-QTR42020.xls	*QTR4 and 2020 in wrong order*
	NSI-20089-2020Q4.xls	*missing a digit from the MHDO ID number*

APPENDIX B

Table of Maine hospital MHDO ID numbers

MHDO ID Number	Hospital
200018	AR Gould Hospital
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
200027	Down East Community Hospital
200033	Eastern Maine Medical Center
200037	Franklin Memorial Hospital
200026	Houlton Regional Hospital
200041	Inland Hospital
201302	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	Mount Desert Island Hospital
200010	New England Rehabilitation Hospital
200052	Northern Maine Medical Center
200063	Penobscot Bay Medical Center
200062	Penobscot Valley Hospital
200012	Redington-Fairview General Hospital
200016	Rumford Hospital
200028	Sebasticook Valley Hospital
200019	Southern Maine Health Care
200001	St. Joseph Hospital
200034	St. Mary's Regional Medical Center
200032	Stephens Memorial Hospital
200013	Waldo County General Hospital
200020	York Hospital

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