

 **STATE OF NEW YORK
DEPARTMENT OF HEALTH**

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

March 10, 2010

Dear Chief Executive Officer:

On September 17, 2009, Governor Paterson signed the Nursing Care Quality Protection Act (Chapter 422 of the Laws of 2009) which added Public Health Law section 2805-t. This new law requires health care facilities licensed by Article 28 of the Public Health Law to provide information about select nursing care indicators upon request by a member of the public or any state agency responsible for licensing or accrediting the facility. A “Dear CEO letter” was distributed and posted on March 1, 2010 outlining the Department’s expectations of hospitals with respect to the provision of nursing quality indicator information in response to requests made after March 15th and until regulations are adopted.

Since the letter was posted, a number of questions have been raised, specifically related to the nosocomial (health care associated) infection rates identified in the letter. After further discussion with the Department’s Healthcare Associated Infection (HAI) Program and others, the Division of Certification and Surveillance has decided to delay requiring hospitals to disclose ventilator associated pneumonia and catheter associated urinary tract infection rates until further work has been done to standardize the measurement of these indicators and their submission is required by the federal government—anticipated in 2012. The Department recommends that HAI information disclosed to requestor(s) is that which has been submitted to and validated by the Department of Health.

As noted in the March 1st letter, nursing quality indicator data can be aggregated for periods of up to 12 months. If your hospital has not previously collected the nursing quality indicator data noted on the enclosed table, information disclosed can be aggregated for a period of time as short as three months and the facility has an additional 30 days to provide the information to the requestor.

As a reminder, additional information regarding measurement of these nursing quality indicators can be found at: http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm.

If you have any questions about this issue, please contact hospinfo@health.state.ny.us.

Sincerely,



Mary Ellen Hennessy
Director
Division of Certification and Surveillance

Attachments

Nursing Quality Indicator Measurement Matrix and Definitions for Hospitals

	Indicator	Numerator	Denominator	Details
1.	Falls with injury rate	Number of Falls with an injury level of minor or greater severity	Patient days	Incidence rate multiplied by 1000 per inpatient unit, per day, per facility aggregated for a period of time of not greater than 12 months.
2.	Nosocomial pressure ulcer stage 2 or above rate	Number of patients with facility acquired pressure ulcer(s) stage 2 or above	Number of patients assessed	Prevalence rate multiplied by 1000 per inpatient unit, per day, per facility aggregated as above
3.	Central line associated blood stream infection in ICU patients (CLABSI) rate	Number of CLABSI (as defined by CDC)	Number of central line days	Incidence rate multiplied by 1000 per ICU type, per day, per facility aggregated as above
4.	Number of Nursing Staff	Number of RNs, number of LPNs and number of UAP providing direct nursing care	None	Number per inpatient unit, per day, per facility aggregated as above
5.	Percent of Nursing Staff	Number of RNs, LPNs and UAP providing direct nursing care	Total number of RNs, LPNs, UAP providing direct nursing care	Percent per inpatient unit, per day, per facility aggregated as above
6.	Nursing hours per patient day (NHPPD)	<p>1. Hours worked by RN staff with direct patient care responsibilities for > 50% of their shift</p> <p>2. Hours worked by nursing staff (RN, LPN, and UAP) with direct patient care responsibilities for > 50% of their shift</p>	Patient days multiplied by 1000	RN hours per patient day and combined RN/LPN/UAP hours per patient day per inpatient unit, per day, per facility aggregated as above
7.	Nurse : Patient Ratio	24	RN hours per patient day	Ratio per inpatient unit, per day, per facility aggregated as above

Eligible Unit Type Table

An “X” is noted in the column beneath the indicator when it applies to the unit listed.

Population & Unit Type Categories	Patient Falls with Injury	Nosocomial Pressure Ulcer	CLABSI/ULABSI	Number of Nursing Staff	Percent of Nursing Staff	Nursing hours per patient day	Nurse : Patient Ratio	Complaints and Survey Findings
Neonatal In-Patient Level III/IV Critical Care			X	X	X	X	X	X
Level II Intermediate				X	X	X	X	X
Level I Continuing Care				X	X	X	X	X
Well Baby Nursery				X	X			X
Mixed Acuity				X	X			X
Pediatric In-Patient Critical Care-Pediatric		X	X	X	X	X	X	X
Step Down		X		X	X	X	X	X
Medical		X		X	X	X	X	X
Surgical		X		X	X	X	X	X
Med-Surg Combined		X		X	X	X	X	X
Mixed Acuity		X		X	X			X
Adult In-Patient Critical Care-Adult	X	X	X	X	X	X	X	X
Step Down	X	X		X	X	X	X	X
Medical	X	X		X	X	X	X	X
Surgical	X	X		X	X	X	X	X
Med-Surg Combined	X	X		X	X	X	X	X
Obstetrics				X	X			X
Skilled Nursing Unit				X	X			X
Mixed Acuity				X	X			X
Critical Access Unit	X	X		X	X	X	X	X
Psychiatric Adult				X	X	X	X	X
Adolescent				X	X	X		X
Child/Adolescent				X	X	X		X
Child				X	X	X		X

Population & Unit Type Categories	Patient Falls with Injury	Nosocomial Pressure Ulcer	CLABSI/ULABSI	Number of Nursing Staff	Percent of Nursing Staff	Nursing hours per patient day	Nurse : Patient Ratio	Complaints and Survey Findings
Geropsych				X	X	X		X
Behavioral Health				X	X	X	X	X
Specialty				X	X	X	X	X
Multiple Unit Types				X	X	X	X	X
Other Psychiatric Unit				X	X			X
Rehab In-Patient				X	X	X	X	X
Adult	X	X						
Pediatric				X	X			X
Mixed Acuity				X	X			X
Other				X	X			X
Ambulatory Care								
Emergency Dept				X	X			X
Interventional Unit				X	X			X
Peri-operative				X	X			X
Other Unit				X	X			X

Unit designations include the following type of inpatient units:

Critical Care:

Highest level of care; includes all types of intensive care units.

Optional specialty designations include: Burn, Cardiothoracic, Coronary Care, Medical, Neurology, Pulmonary, Surgical and Trauma ICU.

Step-Down:

Units that provide care for adult patients requiring a lower level of care than critical care units and higher level of care than provided on medical-surgical units. Examples include progressive care or intermediate care units. Telemetry is not an indicator of acuity level. Optional specialty designations include: Med-Surg, Medical or Surgical Step-Down units.

Medical

Units that care for adult patients admitted to medical services, such as internal medicine, family practice, or cardiology. Optional specialty designations include: BMT, Cardiac, GI, Infectious Disease, Neurology, Oncology, Renal or Respiratory Medical units.

Surgical

Units that care for adult patients admitted to surgical services, such as general surgery, neurosurgery, or orthopedics.

Med-Surg Combined

Units that care for adult patients admitted to either medical or surgical services.

Injury Levels:

Minor-resulted in application of a dressing, ice, cleaning of a wound, limb elevation, or topical medication

Moderate-resulted in suturing, application of steri-strips/skin glue, or splinting

Major-resulted in surgery, casting, traction, or required consultation for neurological or internal injury

Death-the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)

Direct Care: Employee whose position includes 50% or more direct care responsibilities. Direct care responsibilities are hands-on patient centered nursing activities, including but not limited to: medication administration, nursing treatments, nursing rounds, admission, transfer, discharge activities, patient teaching, patient communication, coordination of patient care, documentation, treatment planning.

Unlicensed Assistive Personnel (UAP) Individuals trained to function in an assistive role to nurses in the provision of patient care, as delegated by and under the supervision of the registered nurse.

Development, validation and endorsement of nursing quality indicators is a result of work done on the National Database of Nursing Quality Indicators (NDNQI) by the University of Kansas School of Nursing, The Joint Commission (TJC) and the National Quality Forum (NQF). Additional information regarding nursing quality indicators can be found at:

http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm