DOH 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 1, 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 heath 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. In accordance with the law, the Department is in the process of promulgating regulations. This letter will outline the Department's expectations of hospitals with respect to the provision of nursing quality indicator information effective March 15, 2010 until adoption of regulations.

In an effort to assist consumers and others to interpret this information and facilitate meaningful comparisons of facility data, the regulations will require the use of established, standardized definitions and measurement criteria regarding the quality indicators included in the law. The information to provide to requestors until regulations are adopted is:
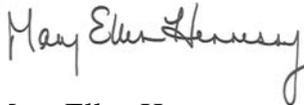
1. A description of the methods used by the facility in determining and adjusting staffing based on patient acuity and case mix;
2. Final outcomes of complaint investigation(s) and survey(s) resulting in citation(s);
3. Nursing quality indicators listed below and as further described by the National Quality Forum in the attached measurement matrix, eligible unit type table and definitions:

    o Falls with injury rate;
    o Nosocomial pressure ulcer stage 2 or above rate;
    o Nosocomial infection rates including:
        ▪ Urinary catheter associated urinary tract infection (UTI) in intensive care unit (ICU) patients;
        ▪ Central line associated blood stream infection in intensive care unit (ICU) patients;
        ▪ Ventilator associated pneumonia in intensive care unit (ICU) patients;
    o Number of RNs, LPNs and unlicensed personnel providing direct patient care per facility, per unit, per shift;
    o Percent of RNs, LPNs and unlicensed personnel providing direct nursing care per facility, unit and shift;
    o Nursing hours per patient day for RNs, LPNs and unlicensed personnel providing direct patient care per facility, per unit, per shift; and
    o RN providing direct patient care to patient ratio.

Additional information regarding measurement of these nursing quality indicators can be found at:
http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm.

Staffing related data provided to requestors should represent actual numbers and may not include staffing data that is planned or expected. In response to requests, retrospective data can be aggregated for periods of up to12 months. The Department expects that facilities will develop procedures to make information available to requestors within 30 days of receipt of the request and maintain a record of requests made and filled available for Department review.

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

Sincerely,

Mary Ellen Hennessey
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.	Catheter associate urinary tract infections (UTI) in ICU patients (CAUTI) rate	Number of CAUTI's (as defined by CDC)	Number of urinary catheter days for all patients multiplied by 1000	Incidence rate multiplied by 1000 per ICU type, per day, per facility aggregated as above
4.	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
5.	Ventilator associated pneumonia in ICU patients rate (VAP)	Number of VAP (as defined by CDC)	Number of ventilator days	Incidence rate multiplied by 1000 per ICU type, per day, per facility aggregated as above
6.	Number of Nursing Staff	Number of RNs, number of LPNs and number of UAP providing direct nursing care each	None	Number per inpatient unit, per day, per facility aggregated as above
7.	Percent of Nursing Staff	Number of RNs, LPNs and UAP providing direct nursing care each	Total number of RNs, LPNs, UAP providing direct nursing care	Percent per inpatient unit, per day, per facility aggregated as above
8.	Nursing hours per patient day (NHPPD)	1. Hours worked by RN staff with direct patient care responsibilities for > 50% of their shift 2. Hours worked by nursing staff (RN, LPN, and UAP) with direct patient care responsibilities for > 50% of their shift	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
9.	Nurse : Patient Ratio	24	RN hours per patient day	Ratio per inpatient unit, per day, per facility aggregated as above

Nursing Quality Indicator Measurement Matrix and Definitions for Hospitals

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	CAUTI	CLABSI/ULABSI	VAP	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	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	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	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
Geropsych						X	X	X		X

Nursing Quality Indicator Measurement Matrix and Definitions for Hospitals

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

NQF 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.

NQF 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)

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