

Chapter 270: UNIFORM REPORTING SYSTEM FOR QUALITY DATA SETS

SUMMARY: This Chapter defines health care quality data sets and the provisions for filing the data sets by health care providers to the Maine Health Data Organization.

The provisions include:

- Identification of the organizations required to report;
 - Establishment of requirements for the content, form, medium, and time for filing health care quality metrics data;
 - Establishment of standards for the data reported; and
 - Compliance provisions.
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1. Definitions

Unless the context indicates otherwise, the following words and phrases shall have the following meanings:

- A. **Ambulatory Surgical Facility.** “Ambulatory surgical facility” means a facility licensed under 22 M.R.S.A., section 1812-E with a primary purpose of providing elective surgical care to a patient who is admitted to and discharged from the facility within the same day.
- ~~B. **Antibiotic Timing.** For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “antibiotic timing” as specified in the current version of the *Centers for Medicare & Medicaid Services Specifications Manual for National Hospital Quality Measures*.~~
- ~~C. **Beta Blocker.** For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “beta blocker” as specified in the current version of the *Centers for Medicare & Medicaid Services Specifications Manual for National Hospital Quality Measures*.~~
- DB. **Clostridium difficile.** In addition to its other definitions established in medical literature, the term “Clostridium difficile” shall mean a spore-forming, gram-positive anaerobic bacillus that is one of the causes of infection of the large bowel. Clostridium difficile associated infection ranges from mild antibiotic associated diarrhea to severe life-threatening inflammation of the colon.
- EC. **Central line catheter-associated blood stream infection.** For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “central line catheter-associated blood stream infection” as specified in the current version of the CDC.

- FD. **CMS.** “CMS” means the Centers for Medicare & Medicaid Services.
- GE. **Executive Director.** “Executive Director” means the Executive Director of the MHDO or his/her successors.
- ~~H.~~ ~~**High Risk for Methicillin-resistant Staphylococcus Aureus.** A risk to a patient which is greater than the risk to the population at large that he or she will carry Methicillin-resistant Staphylococcus Aureus without incurring any resulting injury or disease from such a bacterial infection.~~
- FE. **Hospital.** "Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.
- ~~J.~~ ~~**Initial Antibiotic Selection.** For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “initial antibiotic selection” as specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*.~~
- KG. **IHI.** “IHI” means the Institute for Healthcare Improvement.
- LH. **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.
- MI. **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.
- NJ. **ME CDC.** “ME CDC” means the Department of Health and Human Services, Maine Center for Disease Control and Prevention.
- OK. **Methicillin-resistant Staphylococcus Aureus (MRSA).** “Methicillin-resistant Staphylococcus Aureus" are bacteria that can cause infections and are resistant to one or more classes of antibiotics.
- PL. **MHDO.** "MHDO" means the Maine Health Data Organization or its designee.
- QM. **M.R.S.A.** “M.R.S.A.” means Maine Revised Statutes Annotated.
- RN. **National Healthcare Safety Network.** “National Healthcare Safety Network” (NHSN) means the US CDC’s secure internet-based data collection system managed by the Division of Healthcare Quality Promotion.
- ~~SO.~~ ~~**Normothermia.** For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “normothermia” as specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*.~~
- FO. **Nosocomial.** Nosocomial infections such as “nosocomial MRSA” or “nosocomial Clostridium difficile” are those healthcare associated infections that are not present and without evidence of incubation at the time of admission to the hospital.

- UP. **NQF**. “NQF” means the National Quality Forum.
- ~~V~~. **Prophylactic Antibiotic**. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “prophylactic antibiotic” as specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*.
- WQ. **Registered Nurse**. “Registered nurse (RN)” means an individual who is currently licensed as a “registered professional nurse” pursuant to 32 M.R.S.A., chapter 31.
- ~~X~~. **Serum Glucose**. “For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “serum glucose” as specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*.”
- YR. **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).
- ZS. **US CDC**. “US CDC” means the United States Department of Health and Human Services, Centers for Disease Control and Prevention.
- AAT. **Ventilator-Associated Pneumonia**. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “ventilator-associated pneumonia” as specified in the current version of the CDC guidance.
- BBU. **Vest or Limb Restraint**. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “vest or limb restraint” as specified in the current version of the *CMS State Operations Manual, Regulations and Interpretive Guidelines for Hospitals* and in the *Nursing Sensitive Indicators Microspecifications Manual*.
- ~~CC~~. **Venous Thromboembolism Prophylaxis**. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “venous thromboembolism (VTE) prophylaxis” as specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*.
- DDV. **Voluntary Uncontrolled Separation**. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “voluntary uncontrolled separation” as specified in the current version of the *NQF National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set, A Consensus Report* and in the *Nursing Sensitive Indicators Microspecifications Manual*.

~~2~~. ~~Hospital Health Care Quality Data Set Filing Description~~

For all patients identified as eligible cases in the specific denominator and numerator categories (minus exclusions) listed in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*, each hospital and ambulatory surgical facility or their agent shall report data to the MHDO for the following quality metrics:

~~A. For each surgical patient receiving one of the selected surgeries specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*, the Surgical Care Improvement Project (SCIP) metrics are is:~~

~~SCIP-Card 2—Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period (Measure steward—CMS);~~

~~SCIP-Inf 1a-h—Prophylactic antibiotic received within one hour prior to surgical incision—overall rate and seven subcategory surgery rates (coronary artery bypass graft, cardiac surgery, hip arthroplasty, knee arthroplasty, colon surgery, hysterectomy, and vascular surgery) (Measure steward—CMS);~~

~~SCIP-Inf 2a-h—Prophylactic antibiotic selection for surgical patients—overall rate and seven subcategory surgery rates (coronary artery bypass graft, cardiac surgery, hip arthroplasty, knee arthroplasty, colon surgery, hysterectomy, and vascular surgery) (Measure steward—CMS);~~

~~SCIP-Inf 3a-h—Prophylactic antibiotics discontinued within 24 hours after surgery end time—overall rate and seven subcategory surgery rates (coronary artery bypass graft, cardiac surgery, hip arthroplasty, knee arthroplasty, colon surgery, hysterectomy, and vascular surgery) (Measure steward—CMS);~~

~~SCIP-Inf 4 Cardiac surgery patients with controlled 6 A.M. postoperative serum glucose (Measure steward—CMS);~~

~~SCIP-Inf 09 Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) (Measure steward—CMS);~~

~~SCIP-Inf 10 Surgery patients with perioperative temperature management (Measure steward—CMS); and~~

~~SCIP-VTE 2 Surgery patients who received appropriate venous thromboembolism (VTE) prophylaxis within 24 hours prior to surgery to 24 hours after surgery (Measure steward—CMS).~~

~~B. **Sampling Methods and Requirements.** For the SCIP-Inf 4 metrics identified in Sections A-D, the hospital or ambulatory surgical facility shall be subject to the current sampling strategy for the SCIP measures as specified in the current version of the *CMS Specifications Manual for National Hospital Quality Measures*.~~

3-2. Healthcare Associated Infection Quality Data Set Filing Description

- A. For all patients identified as eligible cases in the specific denominator and numerator categories (minus exclusions) specified by NHSN, each hospital or their agent shall report data to the MHDO for the following healthcare associated infection (HAI) quality metrics:

HAI-1 Central line catheter-associated blood stream infection rate for patients in intensive care units, medical units, surgical units and medical/surgical units patients-(Measure steward – NHSN).

HAI-2 Central line catheter-associated blood stream infection rate for high-risk nursery patients (Measure steward – NHSN).

Hospitals submitting ~~central line catheter-associated blood stream~~ HAI-1 and HAI-2 infection rates for ~~intensive care unit and high risk nursery patients~~ to the National Healthcare Safety Network database are exempt from this section.

- B. For all patients identified as eligible cases in the specific denominator and numerator categories listed in the current versions of the IHI 5 Million Lives Campaign Getting Started Kit: Prevent Central Line Infections and Prevent Ventilator Associated Pneumonia How-to Guides, each hospital or their agent shall report data to the MHDO for the following healthcare associated infection (HAI) quality metrics:

HAI-3 Percent compliance with all five evidence-based interventions for patients with intravascular central catheters (central line bundle compliance) in intensive care units (Measure steward – IHI);

HAI-4 Percent compliance with the four insertion-related evidence-based interventions for patients with intravascular central catheters (central line bundle compliance) placed preoperatively, in pre-operative areas, operating rooms, and recovery areas (Measure steward – IHI); and,

HAI-5 Percent compliance with all five evidence-based interventions for patients with mechanical ventilation (ventilator bundle compliance) in intensive care units (Measure steward – IHI).

- C. Each hospital shall submit to the US CDC's National Healthcare Safety Network (NHSN) ~~infection data for nosocomial MRSA (healthcare associated infections where MRSA is the pathogen) for all inpatients (facility wide) by unit (location specific) on a monthly basis in accordance with NHSN specifications beginning no later than October 1, 2011. As of January 1, 2014 each hospital shall report MRSA data by Lab ID Event, for all inpatients (facility-wide) by unit (location specific) on a monthly basis in accordance with NHSN specifications no later than January 1, 2014. Each hospital shall authorize the ME CDC to have access to the NHSN for these facility specific reports of nosocomial MRSA infection data for public health surveillance purposes no later than November 1, 2011. Upon completion of validation of this data by the ME CDC, each hospital shall also authorize the MHDO to have access to the NHSN for facility specific~~

~~reports of nosocomial MRSA infection data for public reporting purposes (Measure steward - NHSN).~~

- D. Each hospital shall submit to the US CDC's NHSN data for Clostridium difficile Lab ID Events for all inpatients (facility- wide) ~~by unit (location specific) on a monthly basis~~ in accordance with NHSN specifications beginning when rule becomes effective. ~~Each hospital shall authorize the ME CDC access to the NHSN for these facility specific reports of Clostridium difficile Lab ID Events for public health surveillance purposes when rule becomes effective. Upon completion of validation of this data by the ME CDC, each hospital shall authorize the MHDO to have access to the NHSN for facility specific reports of Clostridium difficile Lab ID Events for public reporting purposes (Measure steward - NHSN).~~
- E. For any ~~future~~ healthcare associated infection measures mandated by the CMS HAI Inpatient Prospective Payment System Hospital Inpatient Quality Reporting Program for reporting to the CDC's NHSN for full Medicare inpatient reimbursements, each participating hospital shall authorize the ME CDC to have this data for public health surveillance purposes. Each participating hospital shall also authorize the MHDO to have access to the NHSN for facility-specific reports of this data for public reporting purposes.
- F. Each participating hospital shall authorize Maine CDC to have access to the NHSN for facility-specific reports of this data to be used for data validation, public health surveillance and performance improvement purposes.
- G. Each participating hospital shall also authorize the MHDO to have access to the NHSN for facility-specific reports of this data for public reporting purposes.

4.3. Nursing-Sensitive Patient-Centered Health Care Quality Data Set Filing Description.

American Nurses Association (ANA) measures (NSPC-2 & NSPC-3): Each hospital or their agent shall report data to the MHDO for NSPC-2 and NSPC-3 as defined by NDNQI, National Database for Nursing Quality Indicators, Guidelines for Data Collection on the American Nurses Association's National Quality Forum Endorsed Measures, May 2010 or as updated by the ANA.

The Joint Commission measures (NSPC-1, NSPC-4): Each hospital or their agent shall report data to the MHDO for NSPC-1 and NSPC-4 as currently defined by the Joint Commission, *Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set*.

For each nursing-sensitive patient-centered (NSPC) health care outcome measure, the NSPC metrics are:

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|----------|---|
| NSPC – 1 | Percentage of inpatients who have a hospital-acquired Stage 1 or greater pressure ulcer (Measure steward – The Joint Commission); |
| NSPC – 2 | Number of inpatient falls per inpatient days (Measure steward: ANA); |
| NSPC – 3 | Number of inpatient falls with injuries per inpatient days (Measure steward-ANA); and |

NSPC – 4 Percentage of inpatients who have a vest or limb restraint (Measure steward – The Joint Commission).

5. ~~Nursing Sensitive System-Centered Health Care Quality Data Set Filing Description~~

~~ANA measures (NSSC 1, 2, 3, 4, 5, 6): Each hospital or their agent shall report data to the MHDO for NSSC 1, 2, 3, 4, 5, and 6 as defined by NDNQI, National Database for Nursing Quality Indicators, Guidelines for Data Collection on the American Nurses Association’s National Quality Forum Endorsed Measures, May 2010 or as updated by the American Nurses Association.~~

~~The Joint Commission measures (NSSC 7a & NSSC 7b): Each hospital or their agent shall report data to the MHDO for NSSC 7a and 7b as currently defined by The Joint Commission, *Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set.*~~

A. ~~For each nursing sensitive system centered (NSSC) health care measure, the NSSC Skill Mix metrics are:~~

~~NSSC 1 Percentage of RN care hours to total nursing care hours (Measure steward – ANA);~~

~~NSSC 2 Percentage of LVN/LPN care hours to total nursing care hours (Measure steward – ANA);~~

~~NSSC 3 Percentage of UAP care hours to total nursing care hours (Measure steward – ANA); and~~

~~NSSC 4 Percentage of contract care hours (RN, LVN/LPN, and UAP) to total nursing care hours (Measure steward – ANA).~~

B. ~~For each nursing sensitive system centered (NSSC) health care measure, the NSSC nursing care hours per patient day metrics are:~~

~~NSSC 5 Number of RN care hours per patient day (Measure steward – ANA); and~~

~~NSSC 6 Number of total nursing care hours (RN, LVD/LPN, UAP) per patient day (Measure steward – ANA).~~

C. ~~For each nursing sensitive system centered (NSSC) health care measure, the NSSC voluntary turnover metric is:~~

~~NSSC 7a Number of voluntary uncontrolled separations during the quarter for RNs and advanced practice nurses (Measure steward – The Joint Commission); and~~

~~NSSC 7b Number of voluntary uncontrolled separations during the quarter for LVN/LPNs and nurse assistants/aides (Measure steward – The Joint Commission).~~

~~6. 3-Item Care Transition Measure (CTM) Health Care Quality Data Set Filing Description~~

~~Hospitals shall conduct measurement of patients' perspectives on coordination of hospital discharge care using the current version of the Care Transition survey questions included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey also known as "HCAHPS" and specified in the *HCAHPS Quality Assurance Guidelines* Version 8.0, March 2013 or as updated by CMS. Hospitals shall survey a simple random sample of monthly discharges to accomplish N=25 completed surveys per month (300 per year). For hospitals not able to reach 300 completed surveys per year, hospitals should sample as many discharges as possible with a minimum of 100 completed surveys per year. Each hospital or their agent shall report to the MHDO the individual survey question raw scores by respondent for the following three care transition item quality metrics (Measure steward—CMS):~~

~~UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL~~

~~During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.~~

~~When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.~~

~~When I left the hospital, I clearly understood the purpose for taking each of my medications.~~

~~Maine psychiatric hospitals and acute rehabilitation hospital subject to licensure by the Maine Department of Health and Human Services are excluded from the above mentioned surveying and reporting requirements.~~

4. 7. Submission Requirements.

- A. **Filing Media.** Each hospital and ambulatory surgical facility 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.
- B. **File Submission.** All data file submissions shall be accompanied by an electronic or a hard copy transmittal sheet containing the following information: identification of the health care facility, file name, data period(s) (quarter/year), date sent, and a contact person with telephone number and E-mail address. The transmittal sheet layout is specified at the MHDO website at <www.maine.gov/mhdo>.
- C. **Filing Periods.** Data generated in accordance with the provisions of Sections 2, 4, 5, and 6 shall be submitted no later than the ~~end date of the 15th~~ of the 5th month following the end of each calendar quarter in which the service occurred. The filing periods are as follows:

1 st Quarter	January, February, March	September 1st <u>August 15th</u>
2 nd Quarter	April, May, June	December 1st <u>November 15th</u>
3 rd Quarter	July, August, September	March 1st <u>February 15th</u>
4 th Quarter	October, November, December	June 1st <u>May 15th</u>

Data generated for Section 3 shall be submitted monthly by each hospital as specified in this rule to the US CDC's NHSN per the surveillance system specifications posted on their website.

5. ~~8.~~ Standards for Data; Notification; Response

- A. **Standards.** The MHDO or its designee shall evaluate each file submission in accordance with the following standards:
 - 1. Hospitals and ambulatory surgery facilities shall conform to the transmittal sheet layouts as specified at the MHDO website at <www.maine.gov/mhdo>.
 - 2. For Section 2 A metrics (SCIP), hospitals and ambulatory surgical facilities shall report numerators (metrics), denominators (“n” or sample size) and the total population size (“N”) as defined in the current version of the CMS Specifications Manual for National Hospital Quality Measures. For Sections 4 and 5 metrics (NSPC, NSSC), hospitals shall report each numerator (metric) and denominator (population size) as defined in the current versions of the NDNQI, National Database for Nursing Quality Indicators, *Guidelines for Data Collection on the American Nurses Association’s National Quality Forum Endorsed Measures*, and The Joint Commission, *Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set*. For Section 6 metrics (CTM), hospitals shall report to the MHDO the individual survey question raw scores by respondent as specified in the current version of the CMS *HCAHPS Quality Assurance Guidelines*.
 - 3. Coding values indicating “data not available”, “data unknown”, or the equivalent will not be accepted. However, those hospitals that do not have relevant patient populations for any section of metrics may submit a letter to the MHDO stating there are no appropriate data available and therefore they will not be submitting data for that section of metrics. This will be an annual requirement for those hospitals not submitting data.
- B. **Notification.** Upon completion of this evaluation, the MHDO will notify each hospital and ambulatory surgery facility 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.
- C. **Resubmission.** Each hospital and ambulatory surgery facility notified under subsection 9.B. will resubmit the data within 30 days of the notification by making the necessary changes to satisfy the standards.
- D. **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.

6. ~~9.~~ —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 (or §8714 when effective) and Code of Maine Rules 90-590, Chapter 120: *Release of Information to the Public*, unless prohibited by state or federal law.

7. ~~10.~~ —Waivers to Data Submission Requirements

If a hospital or ambulatory surgery 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.

8. ~~11.~~ —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 M.R.S.A. §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.

STATUTORY AUTHORITY: 22 M.R.S.A. §8704, sub-§4 and §8708-A

EFFECTIVE DATE (filing 2005-279, major substantive):

August 6, 2005 – Sections 1, 2, 5-10

October 1, 2005 – Sections 3, 4

EFFECTIVE DATE (filing 2006-210, major substantive):

May 24, 2006 – Sections 1, 2, 4-10

January 1, 2007 – Section 3

EFFECTIVE DATE (filing 2007-325, major substantive):

September 8, 2007 - Sections 1-5, 7-11

January 1, 2008 - Section 6

EFFECTIVE DATE (filing 2008-228, major substantive):

June 22, 2008 – Sections 1-6, 8-12
January 1, 2009 – Section 7

AMENDED:

November 5, 2009 – filing 2009-581 (EMERGENCY)

EFFECTIVE DATE (filing 2010-217, major substantive):

July 2, 2010 – filing 2010-217

EFFECTIVE DATE (filing 2012-106, major substantive):

May 23, 2012 – filing 2012-106

EFFECTIVE DATE (filing 2013-176, major substantive):

August 17, 2013 – filing 2013-176