

Summary of Changes to Chapter 270: The Maine Health Data Organization's Uniform Reporting System for Quality Data Sets

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Please address any questions or suggestions to:

Kimberly Wing
Maine Health Data Organization
Kimberly.Wing@maine.gov
Telephone: (207) 287-6722

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INTRODUCTION

This summer, the Maine Legislature passed, and Gov. Paul LePage approved, a number of important changes to [Chapter 270](#), the rules governing the Maine Health Data Organization's (MHDO) collection of quality indicator data from Maine hospitals. Here is brief list of the most important changes.

- A number of quality indicators that were formerly collected have been dropped;
- Some new indicators have been added;
- The technical specifications of some existing indicators have been changed;
- Psychiatric and acute rehabilitation hospitals are no longer required to submit data for the Care Transition Measures; and
- Maine hospitals are no longer required to collect and submit data from the Nurse Perceptions of the Culture of Patient Safety.

These changes and others are summarized in more detail in the following pages of this summary. However, when preparing quality data for submission to MHDO, we recommend that you refer to more precise and authoritative sources, such as [Chapter 270](#) itself, and the new edition of the MHDO series of quality measure reporting [Microspecifications Manuals](#), which will soon be made available for easy download from the MHDO website.

MHDO's Microspecifications Manuals for HAI and CTM have been updated to reflect the current national technical specifications for their measures. The new NSI manual has been designed around a new concept recommended by the Maine Hospital Association. Instead of paraphrasing and quoting sections of the national specifications, the NSI manual describes the Chapter 270 reporting requirements, and then presents a topic-by-topic finding guide and page numbers for looking up relevant portions in the nationally published specifications manuals. Instead of having to study one manual in order to report to a national authority, and an MHDO manual covering the same material you now only have to refer to one, and use the MHDO guide to quickly locate, for example, the 32 pages scattered throughout a 257-page national manual that relate to Chapter 270 measures.

“Measure Stewards” and MHDO notification of technical specification updates

The new rules also adopt the National Quality Forum (NQF)'s concept of a “measure steward”. Every quality measure endorsed by NQF, has a designated steward, a government agency or non-profit organization having responsibility to maintain and update the measure's technical specifications, as necessary.

One of the great improvements to Chapter 270 is the new provision that allows Maine hospitals and MHDO to keep in step with nationwide changes and modifications to existing measures. In the past, any changes or updates to Chapter 270's specifications for a quality measure required a lengthy process, multiple public hearings, and legislative action. Thus, hospitals would find themselves in a situation where they would have to collect data for two different versions of the same measure, until Chapter 270 finally caught up with the national definition.

Now, when a measure steward, updates or makes changes to the technical specifications governing a particular measure, Chapter 270 will be automatically recognize those changes set their effective date to the same date specified by the measure steward.

MHDO will track and follow any developments that might alter the specifications for a Chapter 270 measure, and use email to notify all hospitals and the MHA of any changes and their effective date.

New Excel data submission forms

MHDO will soon release a new set of improved Excel data submission forms, available for download from the MHDO website.

We've tried to make the forms easier and simpler to use. You will no longer have to remember or lookup the proper MHDO file name format (e.g., "HAI-200099-2013QTR2.xls"). Click a button and the file will automatically name and save a copy of itself to your desktop and ask you if you want to send it MHDO as an email attachment. If you answer "Yes", Excel will automatically attach the file to a new email, address it to MHDO, enter your hospital's name and the file name on the SUBJECT line, and send it off on its way.

The Excel file for Nursing Sensitive Indicators will be greatly simplified with fewer tabs and fewer rows to wade through.

IMPORTANT NOTICES



1) **NDNQI to Stop Reporting Nursing Sensitive Indicator (NSI) data to MHDO**

All Maine hospitals that report their Nursing Sensitive Indicator (NSI) data to the National Database of Nursing Quality Indicators (NDNQI) should be aware that NDNQI and the Maine Hospital Association have discontinued their contract to have NDNQI submit NSI data extracts to MHDO, following the September 2013 submission of NSI data for the 2013-QTR1 reporting period.

Therefore, beginning with NSI data for the 2013-QTR2 reporting period, (due December 1, 2013) all Maine hospitals will need to submit their NSI data using MHDO's Nursing Sensitive Indicators Excel transmittal workbook from the MHDO website at:

https://mhdo.maine.gov/quality_data.htm.



2) **Maine Psychiatric and Acute Rehabilitation hospitals are now exempt from reporting the Care Transition Measure survey**

Chapter 270 now exempts Maine psychiatric hospitals and acute rehabilitation hospitals from the requirement to collect and submit CTM survey data to MHDO. However, all other Maine hospitals are still required to report.



3) **Chapter 270 no longer requires Maine hospitals to collect and submit data from the Nurse Perceptions of the Culture of Patient Safety survey.**

Chapter 270 has dropped the requirement that Maine hospitals submit data from the Nurse Perceptions of the Culture of Patient Safety: Hospital Survey on Patient Safety.

1. NURSE PERCEPTIONS OF THE CULTURE OF PATIENT SAFETY: HOSPITAL SURVEY ON PATIENT SAFETY

No longer required

Chapter 270 no longer requires Maine hospitals to collect and report this data to MHDO.

2. HEALTHCARE ASSOCIATED INFECTION (HAI) QUALITY DATA SET

While the list of HAI measures remains the same, the Chapter 270 and the U.S. CDC NHSN have introduced the following changes:

Affected Measures	Earlier Version	New
HAI-1 & HAI-2	All hospitals had to submit their HAI-1 and HAI-2 data directly to MHDO.	<p>Hospitals submitting central line catheter-associated blood stream infection rates for intensive care unit and high-risk nursery patients to the NHSN database are exempt from the requirement to report their HAI-1 and HAI-2 data directly to MHDO, so long as they authorize NHSN to release their data to MHDO.</p> <p><i>Please Note: All</i> Maine hospitals are still required to submit their bundle compliance data (HAI-3, HAI-4, and HAI-5) directly to MHDO using the Excel data file.</p>
	No minimum time between the date of central line insertion and the date of the CLABSI event.	An infection will only qualify as a CLABSI if the central line or umbilical catheter had been in place for at least 2-or-more calendar days after the day when the catheter was placed.
	Patients whose central lines were inserted in another facility prior to their transfer to the reporting facility are excluded from this measure	If a patient is admitted or transferred into a facility with a central line in place, (e.g., tunneled or implanted central line), the day of first access is considered Day 1.

For more detail, please refer to the November 2013 edition of MHDO's *Microspecifications Manual for Reporting of the Healthcare Associated Infection Quality Data Set*.

3. NURSING SENSITIVE INDICATORS

All Maine hospitals that report their Nursing Sensitive Indicator (NSI) data to the National Database of Nursing Quality Indicators (NDNQI) should be aware that NDNQI and the Maine Hospital Association have discontinued their contract to have NDNQI submit NSI data extracts to MHDO, following the September 2013 submission of NSI data for the 2013-QTR1 reporting period.

Therefore, beginning with NSI data for the 2013-QTR2 reporting period, (due December 1, 2013) all Maine hospitals will need to submit their NSI data using MHDO’s Nursing Sensitive Indicators Excel transmittal workbook from the MHDO website at:

https://mhdo.maine.gov/quality_data.htm.

The table below highlights other changes from Chapter 270:

Affected Measures	Earlier Version	New
NSPC-1 & 4 NSSC-7a&b	These measures were defined in the, <i>National Quality Forum (NQF) National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set, A Consensus Report, 2004</i>	They are now defined by the Joint Commission’s, <i>Implementation Guide for the NQF Endorsed Nursing Sensitive Care Measure Set, 2009</i> .
NSPC-2 & 3 NSSC-1 to 6	These measures were defined in the, <i>National Quality Forum (NQF) National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set, A Consensus Report, 2004</i>	They are now defined by the American Nurses Association’s National Database for Nursing Quality Indicators (NDNQI) <i>Guidelines for Data Collection on the American Nurses Association’s National Quality Forum Endorsed Measures, May 2010</i> [†]
All	Upon completion of [MHDO’s] evaluation [of the data submission’s compliance with standards], the MHDO will promptly notify each hospital whose data submissions do not satisfy the standards for any filing period.	Upon completion of this evaluation, the MHDO will promptly notify each hospital whose data submissions do not satisfy the standards for any filing period within 90 days of the quarterly submission deadline.

For more detail, please refer to the November 2013 edition of MHDO’s *Microspecifications Manual for Reporting of the Nursing Sensitive Indicator Quality Data Set*.

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

4. CARE TRANSITION MEASURES (CTM)

The 2013 amendments to Chapter 270 now exempt psychiatric hospitals and acute rehabilitation hospitals from their former requirement to collect and submit CTM survey data to MHDO. However, all other Maine hospitals are still required to report.

Since CSM incorporated the CTM measures into the Extended HCAHPS survey effective January 2013, CMS has become the new measure steward, or accepted authority, for defining and maintaining those measures. The table below highlights changes made by CMS and by Chapter 270:

Affected CTM Measures	Earlier Version	New
CTM-1	CTM-1: “ The hospital staff took my preference and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital. ”	HCAHPS Question 23: “ <u>During this hospital stay</u> , 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.”
CTM-2 & CTM-3	CTM-2 CTM-3	HCAHPS Question 24 HCAHPS Question 25
All	Responses of “Don't Know / Don't Remember / Not Applicable” should be scored as “99”. Any question left unanswered (blank) should be scored as “9”.	Missing answers, or responses of “Don't Know / Don't Remember / Not Applicable” should be coded as “M”.
All	English, Spanish and French versions of the CTM-3 survey are available	The HCAHPS survey is available in English, Spanish, Chinese, Russian and Vietnamese only. “Hospitals/Survey vendors <i>are not permitted</i> to make or use any other language translations.” (CMS)

Affected CTM Measures	Earlier Version	New
All	Not specified	<p>Otherwise eligible patients should be excluded from the sample, if:</p> <ul style="list-style-type: none"> • They have signed a “no-publicity” requests or if they request the hospital or survey vendor not to contact them; • Prisoners, except for persons residing in a halfway house; • Persons with a home address outside the United States or U.S. Territories; • Patients discharged to hospice, to a nursing home, or to a skilled nursing facility; and • Patients who must be excluded due to state regulations.
All	Depending on their number of annual discharges, hospitals were either required to complete 300 surveys per year, 200 surveys, 100 surveys, or as many as possible.	Hospitals shall complete 25 surveys per month (= 75 surveys per quarter = 300 per year). Hospitals not able to reach that number should survey as many discharges as possible with an allowable minimum of 100 completed surveys per year.
All	Upon completion of [it’s evaluation of submitted data files], the MHDO will promptly notify each hospital whose data submissions do not satisfy the standards for any filing period.	Upon completion of [it’s evaluation of submitted data files], the MHDO will promptly notify each hospital whose data submissions do not satisfy the standards for any filing period within 90 days of the quarterly submission deadline.
All	Not specified	Each hospital, or its survey vendor, must create a, “random, unique, deidentified Patient ID number” for each person in the survey sample.

For more detail, please refer to the November 2013 edition of MHDO’s *Microspecifications Manual for Reporting the Care Transition Measure (CTM-3) Quality Data Set*.

5. CMS HOSPITAL HEALTH CARE QUALITY DATA SET

The new version of Chapter 270 has eliminated the Maine State reporting requirements for three out of the four families of Hospital Health Care Quality Indicators. Chapter 270 no longer mandates the reporting of any CMS measures related to patients with:

- **Acute Myocardial Infarction (AMI)**

AMI 1—Aspirin at arrival;	AMI 4—Adult smoking cessation advice/counseling;
AMI 2—Aspirin prescribed at discharge;	AMI 5—Beta blocker prescribed at discharge;
AMI 3—Angiotensin converting enzyme inhibitor (ACEI) or medication listed in most current CMS Specifications Manual for left ventricular systolic dysfunction (LVSD);	AMI 7a—Timely thrombolytic/fibrinolytic agent at arrival, and;
	AMI 8a—Timely percutaneous coronary intervention (PCI) at arrival.

- **Heart Failure (HF)**

HF 1—Discharge instructions;	HF 3—Angiotensin converting enzyme inhibitor (ACEI) or medication listed in most current CMS Specifications Manual for left ventricular systolic dysfunction (LVSD), and;
HF 2—Left ventricular function (LVF) assessment;	HF 4—Adult smoking cessation advice/counseling.

- **Pneumonia (PN).**

PN 2—Pneumonia screen or vaccination;	PN 6b—Initial antibiotic selection for community acquired pneumonia in immunocompetent patients—non intensive care unit patients, and;
PN 4—Smoking cessation advice/counseling;	PN 7—Influenza screen or vaccination.
PN 5c—Antibiotics received within 6 hours of hospital arrival; —	
PN 6a—Initial antibiotic selection for community acquired pneumonia in immunocompetent patients—intensive care unit patients;	

- **Surgical Care Improvement Project (SCIP)**

Chapter 270 still requires the collection of Surgical Care Improvement Project (SCIP) measures via the Quality Improvement Organization (QIO) for Maine. However, as shown on the next page, some SCIP measures have been dropped while others have been added.

SCIP measures retained from the former Chapter 270 list:

SCIP-Inf-1a-h: Prophylactic antibiotic received within one hour prior to surgical incision – overall rate and seven subcategory surgery rates

SCIP-Inf-2a-h: Prophylactic antibiotic selection for surgical patients – overall rate and seven subcategory surgery rates

SCIP-Inf-3a-h: Prophylactic antibiotics discontinued within 24 hours after surgery end time – overall rate and seven subcategory surgery rates

SCIP-Inf-4: Cardiac surgery patients with controlled 6 A.M. postoperative serum glucose

SCIP-Inf-10: Surgery patients with perioperative temperature management

SCIP-VTE-2: Surgery patients who received appropriate venous thromboembolism (VTE) prophylaxis within 24 hours prior to surgery to 24 hours after surgery

SCIP measures removed from Chapter 270:

~~SCIP-Inf-6: Surgery patients with appropriate hair removal;~~

~~SCIP-VTE-1: Surgery patients with recommended venous thromboembolism (VTE) prophylaxis ordered~~

New SCIP measures added by Chapter 270:

SCIP-Card-2: Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period

SCIP-Inf-09: Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2)