April 19, 2010

Dear Chief Executive Officer,

      Due to continuing questions from hospitals regarding measurement, reporting and disclosure of nursing quality indicators I am providing an updated grid which clarifies these issues. Future updates to these materials will be posted to the Health Provider Network (HPN) @ https://commerce.health.state.ny.us/hpn/hospcap/hosphome.shtml

      Also included is the Department response to questions posed at the March 26 Healthcare Association of New York State (HANYS), New York Organization of Nursing Executives (NYONE) and the Greater New York Hospital Association (GNYHA) sponsored webinar regarding this same topic. Slides from the presentation have been updated and will be posted to the association websites.

      As a reminder, additional information re: 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 email us at hospinfo@health.state.ny.us.

        Sincerely,

        Mary Ellen Hennessy

        Mary Ellen Hennessy
        Director
        Division of Certification and Surveillance

Attachments

Nursing Quality Indicator Eligible Unit Table and Definitions for Hospitals

04/16/2010

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 Eligible Unit Table 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.

Nursing Quality Indicator Eligible Unit Table and Definitions for Hospitals

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.

Additional information can be found at:
http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm

General Information:

- Law became effective March 15, 2010.
- Requires disclosure of specific nursing quality indicators upon request—may do more, i.e. put on website if facility chooses to do so.
- Disclosure must be <u>no later than 60 days</u> after request is received.
- Facility should have policies/procedures about how to respond to requests and keep a log of requests received and filled.
- Indicators to be disclosed as appropriate to the unit (see eligible unit table with definitions and nursing quality indicator measurement matrix):
    - Hospital acquired pressure ulcers (HAPU) stage two or above
    - Falls with injury
    - Central line associated bloodstream infections
    - Number of RNs, LPNs and UAP providing direct care per unit, per month
    - Percent of RNs, LPNs and UAP providing direct care to total number of nursing staff per unit, per month
    - Hours per patient day, per unit, per month
        - RN hours per patient
        - Nursing hours (RN+LPN+UAP) per patient day per unit, per month (NHPPD)
    - Nurse-to-patient ratio
- Generally, data should be gathered on a monthly basis and aggregated quarterly; no less than 3 months (1 quarter), or more than 12 months (4 quarters) of data should be disclosed pursuant to a request. Data disclosed should be no older than 12 months.
- Resource information can be found at:
  http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm

Frequently Asked Questions:

I. GENERAL REPORTING REQUIREMENTS

1. Will comparative data from other hospitals and/or regions be available?
   Response: The DOH will not be providing comparative data. Facilities are permitted to do so.

2. Should hospitals follow the NDNQI numerator/denominator definitions for each indicator?
   Response: Yes, the DOH has attempted to utilize the numerators and denominators used by NDNQI and endorsed by the National Quality Forum (NQF) to measure the indicators included in the law. The NQF endorsed nursing-sensitive care performance measures can be accessed by visiting:
   http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm

3. Will data be collected and provided in an electronic or a central repository? How will the information be made available to the public?

Response: There will be no DOH managed central repository for data. Information will be made available to the public on a facility by facility basis upon request.

4. Is the NDNQI reporting system mandatory for NYS?
   Response: No.

5. Do organizations have to join the National Quality Forum and submit data?
   Response: There is no requirement that you join either NQF or NDNQI (National Database for Nursing Quality Indicators). For the purposes of compliance with the law and pending regulations , facilities do not need to submit data anywhere, but are required to have it available for disclosure to the public or other authorized requestors.

6. Do you foresee data regarding patient satisfaction related to nurse's care being part of required data collection in the future?
   Response: Unless the language of the Nursing Quality Care Protection Act is amended the Department does not forsee patient satisfaction data related to nursing care being included in the data elements required for disclosure in relation to this law. However, this does not preclude the facility from disclosing this type of data to the public voluntarily or some other statutory or regulatory requirement from requiring the disclosure of this type of data to the public.

7. Are there prescribed thresholds for all of the required indicators?
   Response: The Department has not set thresholds that hospitals must attain.

8. With respect to the NDNQI data, for most of the data presented it is desirable to be in the 10th percentile. For NHPPD's it appears that it is desirable to be in the 90th percentile. Is there a concern that there could be misinterpretation of this data?
   Response: It is a facility decision to disclose where they fall along the measurement spectrum regarding quality indicator data. If this is a concern to the organization, it would seem appropriate for the facility to provide some discussion regarding your data in your disclosure.

II. SITE(S) FOR WHICH DATA IS REPORTED Q&A

1. Upon request, is it the expectation that the nursing sensitive outcome indicators be reported by individual unit or aggregated for the hospital?
   Response: Data should be collected and reported out on a unit by unit basis.

2. Psychiatric hospitals are not included in NDNQI because they participate in a different national database. How will this impact compliance to the NCQPA?
   Response: The patient outcome indicators that DOH has identified do not apply to psychiatric hospitals/units; the staffing indicators (number of nursing staff; percent of nursing staff by denomination; nursing hours per patient day; and nurse-to-patient ratio) do apply and must be collected and maintained for all Article 28 psychiatric units.

3. Does the NCQPA apply to ambulatory episodic care areas (E.g. a catheterization lab)?
Response: Refer to the grid that was attached to the DAL to answer questions of this type. The grid identifies that several of the staffing indicators apply but that none of the patient outcome indicators apply.

4. Does the new law cover Diagnostic and Treatment Facilities with an operating certificate under Article 28?
Response: The new law does apply to D&TC's however the Department's March 1st letter applies only to hospitals. The implementation of the law for D&TC's has been delayed until such time as the Department can work with representatives of the D&TC community and identify nursing sensitive quality indicators appropriate to these settings.

5. Does this Act apply to skilled nursing facilities?
Response: Yes, this law applies to all Article 28 facilities. The Office of Long Term Care is managing the implementation of this law for LTC facilities. The OLTC is planning to distribute a Dear CEO letter providing LTC facilities with guidance regarding implementation of this law in the near future.

6. How do we present data for patient units that do not collect patient days (i.e., ER, Ambulatory Surgery)?
Response: Units that do not have patient days, i.e. the ED, ambulatory services, etc., cannot calculate NHPPD but should disclose the numbers and percentages of staff.

7. If a hospital is a Critical Access Hospital with swing beds, which population and unit type would that be considered?
Response: It would most likely be a critical access unit. The definition of a critical access unit is a mixed acuity unit (>10% of patients of a different type) in a CAH. On the grid it is listed under adult, but it is ok if you have some pediatric patients as well.

III. TIME FRAME/FREQUENCY FOR REPORTING Q&A

1. When data is requested, what period of time should be included in the disclosure data? (E.g. One quarter? One year?)
Response: All indicators, except CLABSI, are to be collected monthly and aggregated into a quarterly report of data for each individual unit within each facility. Central line infection data disclosed should be the most up-to-date annual information reported to the DOH Hospital Acquired Infection Reporting Program. The data disclosed can be a minimum of 3 months or maximum of 12 months but should be no older than 12 months.

2. Since NDNQI data is not available until six weeks after the quarter ends, how current must the data be for compliance?
Response: Since a significant number of NY hospitals participate in NDNQI, DOH has extended the period of time in which hospitals have to respond to a request for this information to no longer than 60 days—expecting that facilities will provide the information

to requestors as soon as it is available. Also, it is not necessary to provide the most recent quarter of information. As long as the data is not older than 12 months, it may be disclosed to the requestor labeled with the period of time that it represents.

3. Can all measures be aggregated by year, and is it sufficient to give the previous calendar year's numbers?
Response: No, it is not acceptable to aggregate all measures by year. Instead, data should be collected monthly, and aggregated into a quarterly report. One to four quarters of information per indicator should be disclosed to requestors.

4. If we received a request today, how far back will we need to provide data for?
Response: Data provided to requestors should not be older than one year.

5. How long will hospitals be required to keep data?
Response: There are no statutory or regulatory requirements regarding how long facilities need to keep quality data. However, to demonstrate compliance with the requirements of the law, a retention period of two years would be recommended.

6. Are we required to provide data for the prior 12 months if we had not been collecting all of the measures? In other words, is the intent that we must go back and re-create historical data during the 3 month window?
Response: We would expect that if you had been collecting this data, that you would disclose 3-12 months/1-4 quarters worth of data to a requestor. If your facility had not been collecting the indicator(s), facilities can take up to three months to establish their systems and processes to collect and analyze the data, and up to 60 additional days to provide the information to the requestor.

7. Is the timeframe for data disclosure a full calendar year e.g. 2009 or a rolling 12 months?
Response: Requestors should not be provided with data that is older than one year; therefore the 12 months would be a "rolling 12 months." However, a full year of data is not required to be disclosed – a minimum of 3 months would meet the requirements of the law.

IV. REPORTING OF COMPLAINTS Q&A

1. Many complaints and resultant Statements of Deficiencies are unrelated to nursing care. Do the disclosure requirements under this law mean that non-nursing related complaint findings must be disclosed to members of the public upon request?
Response: Complaint-related information that must be disclosed as a result of this new law is not limited to nursing related complaints. Complaint information that should be disclosed upon request should be analogous to the complaint information posted on the DOH hospital profile at http://hospitals.nyhealth.gov/.

2. When are DOH findings "discoverable" to the public under this law? Is it when the Statement of Deficiencies is issued or when the Plan of Correction has been accepted?

Response: At this time, it is DOH policy that a Statement of Deficiencies can be released to the public once it has been issued to the regulated entity.

3. Does the nursing care indicator data need to be posted, or just provided to a patient at their request? If it does need to be publicized, where does it need to be posted?
Response: The Department is not requiring that the information be posted—only made available upon request. It is up to each facility whether it chooses to make the information available in other ways.

4. Could you please clarify what information is expected for final outcomes of complaints and survey citations? Is the Department looking for outcomes only?
Response: Yes, outcomes of complaints and surveys are equivalent to content posted on the DOH Hospital Profile page for your facility. Since DOH has not yet caught up with posting all of the outcomes of complaint or survey findings, the information you provide to requestors, may be more up to date than what is on our website at the time of the request.

V. INDICATOR-SPECIFIC Q&A

A. Falls with Injury Rate:

1. With regard to the "Falls with Injury" quality indicator, does that include bruises, abrasions, skin tears, and lacerations?
Response: DOH has determined that the numerator of "falls with injury" includes the NDNQI/NQF definition of falls with an injury level of moderate or greater severity.

2. Can you please clarify the numerator and denominator measures for the "Falls with Injury" quality indicator in terms of data collection?
Response: DOH is using the NDNQI/NQF definition which is consistent with the DAL, that is, number of falls with injury/number of patient days per unit per calendar month.

3. If a facility already submits Patient Falls Indicators to NDNQI, can it use the injury rate from the report to meet disclosure requirements?
Response: Yes.

4. Falls with injury levels and hospital acquired pressure ulcers are submitted to NDNQI by unit type (E.g. med/surg). When this data is requested under the NCQPA, are facilities expected to provide it in the same format, since aggregate hospital data is not provided back to us by NDNQI?
Response: Data should be collected and reported out on a unit by unit basis. It might be of assistance to the public if facilities grouped their unit data by type of unit, i.e. medical, surgical, etc.

5. Are pediatric encounters excluded from the fall measures for compliance with the NCQPA as in the NDNQI database?

Response: Yes, this information can be found on the unit grid attached to the DAL.

6. Do employee assisted falls count in the numerator for the falls rate?
Response: A fall is an unintended descent to the floor—with or without assistance. Both assisted and unassisted falls would be included in your denominator. It is the outcome of the fall that counts regarding whether or not it is included in the numerator. The NDNQI/NQF definition of falls with injury includes all documented patient falls with an injury level that ranges from minor through death. For the purposes of NCQPA reporting, the numerator should be number of falls with an injury level of moderate or greater.

B. Pressure Ulcer Rate:

1. For Hospital Acquired Pressure Ulcers (HAPU), is the rate to be determined for the whole facility or by each unit?
Response: Each unit.

2. What numerator is to be used to calculate pressure ulcer quality indicators?
Response: The number of patients with HAPU stage 2 or above.

3. Are unstageable ulcers included in the numerator?
Response: Yes, unstageable pressure ulcers are included in the numerator.

4. Is the measurement for HAPU an incidence or a prevalence rate?
Response: It is a measure of the number of patients that have a HAPU stage 2 or above on the day that you do the measurement over the number of patients that you examined for pressure ulcers that day. This is generally referred to as a prevalence measurement but NDNQI has recently started to refer to this measurement as a "point-incidence."

5. Currently NDNQI does not benchmark pediatric pressure ulcer prevalence and incidence. Do you recommend using their tool monthly and keeping that data as an internal benchmark anyway?
Response: The Department is not requiring that facilities provide requestors with benchmarking data for pediatric HAPU.

6. Is the pressure ulcer prevalence rate multiplier 100 or 1000?
Response: Pressure ulcer prevalence is measured by calculating (as a percentage) the number of patients with HAPU of stage 2 or greater by the number of patients that you evaluated for the presence of pressure ulcers. For example: Unit 3C found 2 patients with stage 2 HAPU and they looked at 20 patients; 2/20=0.1; 0.1 X 100= 10%.

C. Infections:

1. Are facilities required to collect data on ventilator-associated pneumonia and catheter associated urinary tract infections, and report on those data, under this law?

Response: The Department has deferred the requirement to collect and report on these indicators until the measurement of these indicators is standardized.

2. If the ICU staff report central line associated blood stream infections to the CDC through NHSN, how does this get posted to the DOH hospital profile?
Response: Hospitals report their ICU central line bloodstream infection data to NHSN where DOH HAI program staff access and review it. This new law does not require you to change the process that you have established to do this.

3. What NICU level is included in the central line associated blood stream infection requirement?
Response: Level III/IV Critical Care—see DAL attachments.

4. How often are we expected to report the rate for infections under the NCQPA?
Response: All indicators, except CLABSI, are either collected monthly and aggregated quarterly. Central line infection data should be reported/disclosed as it is reported by the DOH's HAI Program.

D. Nurse Staffing:

1. Does staffing information and other measures applicable to multiple units have to be broken down by facility, unit, or unit type?
Response: Data should be collected, aggregated and reported out on a unit by unit basis. It might be of assistance to the public, if facilities grouped their unit data by type of unit, i.e. medical, surgical, etc. when disclosing requested information.

2. Can you please provide a definition for "nursing units"?
Response: Nursing unit is defined in the information provided at The Joint Commission website at
http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm
and the grid attached to both the March 1st and March 10th DALs identifies which indicators are applicable to which units.

3. Does the staff mix nursing quality indicator refer to FTEs or is this a head-count?
Response: For this measure, it would be number of RN, LPN and UAP positions whose jobs are at least 50% direct patient care worked per day, aggregated into a monthly and quarterly report for each hospital unit. Unit numbers should include float and/or agency staff providing care.

4. How is acuity and case mix defined?
Response: Generally acuity is a determination of the patient's need for care—expressed along a continuum. Case mix is a term that is usually used to describe the "mix" of levels of care of the patients on a unit or in a facility.

5. There is not a formal acuity system in place that will generate/guide staffing. What does the Department suggest?
   Response: Whatever system(s) or process(es) your facility uses to determine patient care needs and how you will meet those needs with staffing is what should be included in your disclosure of nursing quality indicator data to requestors.

6. Is it sufficient to maintain the staffing data quarterly?
   Response: Staffing indicators should be aggregated monthly.

7. How is "Direct Care Provider" defined?
   Response: Direct care employees are those whose position includes 50% or more direct patient care responsibilities. Direct patient 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. Excluded employees include those that are not unit-based, i.e., not listed on the unit payroll, non-permanent employees, and those whose primary responsibility is administrative in nature.

8. In working with a staffing plan in a critical access hospital, the resources needed are sometimes not readily available. Please provide clarification.
   Response: The Department is requiring that nursing staffing information made available related to the NCQPA is "actual" staffing data, i.e. numbers of staff that actually provided care, not the numbers of staff that you had planned on providing care.

9. Is there a specific designated number of patients per nurse requirement?
   Response: This law does not mandate staffing ratios.

E. Nursing Hours:

1. Will we be reporting a rate for the nursing care hours per patient day using a multiplier of 1000?
   Response: NHPPD includes 2 measures:
   (1) RNHPPD calculated as the total number of productive hours worked by RNs with direct care responsibility during a calendar month/patient days per unit during same month.
   (2) NHPPD calculated as the total number of productive hours worked by RNs, LPNs and UAP with direct care responsibility during a calendar month/patient days per unit during same month.

   Each indicator is reported out as a ratio. For example RNHPPD: 20 RNs work 8 hrs each on March 15th/24hr period on unit 2B = 160 RN hours. Patient days would be the calculated pt days (most likely taken from census) for that day, i.e. 20 patient days. Your calculation

would be-->160 RN hrs/20 patient days =8 RN hours of care per patient day for this unit. The same process would be used for the NHPPD.

2. Do nursing care hours need to be calculated for one 24 hour period, or should it be aggregated over several months?
Response: Information regarding RN and NHPPD need to be collected from the daily numbers and aggregated monthly and quarterly for each individual unit.

Nursing Quality Indicator Measurement Matrix and Definitions for Hospitals
04/16/2010

	Indicator	Numerator	Denominator	Details	Example Data	Example Calculations
1.	Falls with injury rate	Number of Falls with an injury level of moderate or greater severity	Patient days	Incidence rate per applicable unit per month aggregated quarterly multiplied by 1000.	8B had 10 falls w/injury in Jan, 8 in Feb and 12 in March; they had 600 pt days in Jan, 620 in Feb and 578 in Mar.	Jan: 10/600=0.016; multiplied by 1000 = 16.6 Quarterly report: (10+8+12/600+620+578)1000 = (30/1798)1000 = 16.68
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 per applicable unit per month aggregated quarterly multiplied by 100.	7A identified 3 pts with HAPU in Jan on a day that they evaluated the skin of the 27 pts on this unit ; in Feb 5 pts w/ HAPU were found among the 32 pts checked; in March 10 pts w/HAPU were identified among the 23 pts evaluated.	Jan: 3/27 = 0.111; Multiplied by 100 = 11.1 Quarterly report: (3+5+10/27+32+23)100 = (18/82)100 = 21.95
3.	Central line associated blood stream infection in ICU patients (CLABSI) rate	Number of CLABSI (as defined by CDC)	Number of central line days	Most recent year of available CLABSI data from HAI Reporting Program by type of ICU.	Data entered into NHSN.	Most recent year of available CLABSI data from HAI Reporting Program by type of ICU.
4.	Number of Nursing Staff	Number of RNs, number of LPNs and number of UAP providing direct nursing care	None	Mean number of nursing staff by denomination/licensure status providing direct nursing care per day per unit aggregated quarterly.	On 3/1/2010 2C had 6 RNs, 2 LPNs & 4 UAP on days; 6 RNs, 0 LPNs & 4 UAP on evenings and 4 RNs, 2 LPNs & 3 UAP on nights; totaling 31 nursing staff that day; each day has a countable number of positions involved in direct patient care—may include float(s), "sitters" and "travelers".	Monthly: Daily numbers for each group should be aggregated to monthly totals and divided by the number of days in the month. Eg: 17 days have16 RNs, 15d have 15 RNs, 1d had 18 RNs=(16x17)+(15x15)+(1x18)/ 31 = 16.61 or a mean of 17 RNs per day, also calculate for LPNs & UAP. Quarterly: Three months totals should be aggregated and divided by 3. Report quarterly unit numbers for each group.
5.	Percent of	Number of RNs;	Total number of	Mean percent per unit	Daily, monthly and quarterly	Monthly: Daily numbers for each

	Nursing Staff by denomination	number of LPNs; number of UAP providing direct nursing care	RNs, LPNs, UAP providing direct nursing care	per month aggregated quarterly.	numbers by denomination from above.	group should be aggregated to monthly totals and divided by the total number of all groups. Eg: 16.62 (for RNs) + 3 (for LPNs)+ 6.24 (for UAP) = 24.86 1. 16.62/24.86=0.66854 x 100= 66.85 or 67% for RNs 2. For LPNs 3. For UAP Quarterly report of aggregate of three months of data for each group.
6.	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	RN hours per patient day and combined RN/LPN/UAP (nursing) hours per patient day per applicable unit per month aggregated quarterly	1-RNHPPD: Hrs worked by RN staff w/patient care responsibilities for greater than 50% of their shift/patient days per unit per day aggregated monthly and quarterly. Example: 20 RNs work 8 hrs each on 17 days (24h) during March on unit 2B; 18 RNs worked the remaining 14days. 2. Combined number of hrs worked by RN, LPN, UAP w/pt care responsibilities >50% of their shift/patient days per unit, per day Example: 20 RNs + 3 LPNs + 5 UAP work 8 hrs each on 13 days in March on unit 2B; on 10 days there were 18 RNs, 4 LPNs and 6 UAP; the remaining 8 days there were 21 RNs, 3 LPNs and 8 UAP.	1-Unit Monthly RNHPPD: $((20 \times 8)17)+ ((18 \times 8)14)/930=$ $(160 \times 17) + (144 \times 14)/930=$ $2720 + 2016/930 = 4736/930 =$ 5.1 RN hrs of pt care/day * Aggregate monthly numbers for a quarterly report. 2-Unit Monthly NHPPD: $((20+3+5) \times 8)*13+((18+4+6) \times 8)$ $*10+ ((21+3+8)8)*8/930$ $=(28 \times 8)*13+(28 \times 8)*10+(32 \times 8)$ $*8/930$ $=(224 \times 13) + (224 \times 10) +$ $(256 \times 8)/930$ $=2912 + 2240 + 2048/930$ $= 7200/930$ $= 7.74$ NHPPD
7.	Nurse : Patient Ratio	24	RN hours per patient day	Ratio of RN to patient per applicable unit per month aggregated quarterly.	RNHPPD from above	Monthly and quarterly reports: $24/5.1 = 4.71$ or between 4-5 patients per RN.