

DRAFT**90-590 MAINE HEALTH DATA ORGANIZATION****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.

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. Angiotensin Converting Enzyme Inhibitor. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “angiotensin converting enzyme inhibitor” as specified in the most current version of the *Centers for Medicare & Medicaid Services Specifications Manual for National Hospital Quality Measures* as found at the Maine Health Data Organization website at <www.maine.gov/mhdo>.
- C. Aspirin. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “aspirin” as specified in the most current version of the *Centers for Medicare & Medicaid Services Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- D. 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 most current version of the *Centers for Medicare & Medicaid Services Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.

- E. 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 most current version of the *Centers for Medicare & Medicaid Services Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- F. 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.
- G. 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 most current version of the CDC guidance as found at the MHDO website at <www.maine.gov/mhdo>.
- H. CMS. “CMS” means the Centers for Medicare & Medicaid Services.
- I. Discharge Instructions. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “discharge instructions” as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- J. Executive Director. “Executive Director” means the Executive Director of the MHDO or his/her successors.
- K. 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.
- L. Hospital. "Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.
- M. 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 most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.

- N. IHI. “IHI” means the Institute for Healthcare Improvement.
- O. Left Ventricular Function Assessment. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “left ventricular function assessment” as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- P. Left Ventricular Systolic Dysfunction. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “left ventricular systolic dysfunction (LVSD)” as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- Q. 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.
- R. ME CDC. “ME CDC” means the Department of Health and Human Services, Maine Center for Disease Control and Prevention.
- S. Methicillin-resistant Staphylococcus Aureus. “Methicillin-resistant Staphylococcus Aureus” are bacteria that can cause infections and are resistant to one or more classes of antibiotics.
- T. MHDO. “MHDO” means the Maine Health Data Organization or its designee.
- U. M.R.S.A. “M.R.S.A.” means Maine Revised Statutes Annotated.
- V. 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.
- W. Normothermia. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “normothermia” as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.

- X. 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.
- Y. NQF. “NQF” means the National Quality Forum.
- Z. Oxygenation Assessment. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “oxygenation assessment” as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- AA. Percutaneous Coronary Intervention. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “percutaneous coronary intervention” as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- BB. 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 most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- CC. 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.
- DD. 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 most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- EE. Thrombolytic/Fibrinolytic Agent. For reporting purposes, hospitals and ambulatory surgical facilities are bound by or subject to the definition of “thrombolytic/fibrinolytic agent” as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- FF. 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).

- GG. US CDC. “US CDC” means the United States Department of Health and Human Services, Centers for Disease Control and Prevention.
- HH. 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 most current version of the CDC guidance as found at the MHDO website at <www.maine.gov/mhdo>.
- II. 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 most current version of the *CMS State Operations Manual, Regulations and Interpretive Guidelines for Hospitals* and in the *Nursing Sensitive Indicators Microspecifications Manual* as found at the MHDO website at <www.maine.gov/mhdo>.
- JJ. 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 most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.
- KK. 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 most 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* as found at the MHDO website at <www.maine.gov/mhdo>.

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 most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>, each hospital and ambulatory surgical facility or their agent shall report data to the MHDO for the following quality metrics:

- ~~A. For each patient with principle diagnosis of Acute Myocardial Infarction (AMI), the AMI metrics are:~~

~~AMI-1 Aspirin at arrival;~~

~~AMI-2 — Aspirin 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-4 — Adult smoking cessation advice/counseling;~~

~~AMI-5 — Beta blocker prescribed at discharge;~~

~~AMI-7a — Timely thrombolytic/fibrinolytic agent at arrival, and;~~

~~AMI-8a — Timely percutaneous coronary intervention (PCI) at arrival.~~

~~B. — For each patient with principle diagnosis of Heart Failure (HF), the HF metrics are:~~

~~HF-1 — Discharge instructions;~~

~~HF-2 — Left ventricular function (LVF) assessment;~~

~~HF-3 — Angiotensin converting enzyme inhibitor (ACEI) or medication listed in most current CMS Specifications Manual for left ventricular systolic dysfunction (LVSD), and;~~

~~HF-4 — Adult smoking cessation advice/counseling.~~

~~C. — For each patient with principle diagnosis of Pneumonia (PN), the PN metrics are:~~

~~PN-2 — Pneumonia screen or vaccination;~~

~~PN-4 — Smoking cessation advice/counseling;~~

~~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;~~

~~PN-6b — Initial antibiotic selection for community-acquired pneumonia in immunocompetent patients — non intensive care unit patients, and;~~

~~PN-7 — Influenza screen or vaccination.~~

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

<u>SCIP-Card-2</u>	<u>Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period;</u>
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);
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);
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);
SCIP-Inf-4	Cardiac surgery patients with controlled 6 A.M. postoperative serum glucose;
SCIP-Inf-6	Surgery patients with appropriate hair removal;
<u>SCIP-Inf-09</u>	<u>Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2);</u>
SCIP-Inf-10	Surgery patients with perioperative temperature management; <u>and</u>
SCIP-VTE-1	Surgery patients with recommended venous thromboembolism (VTE) prophylaxis ordered, and;

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

- € B. Sampling Methods and Requirements. For metrics identified in Sections A-D, the hospital or ambulatory surgical facility shall be subject to the current sampling strategy for the each category of metric (AMI, HF, PN, SCIP) measures as specified in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at <www.maine.gov/mhdo>.

3. 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) listed in the most current version of the US CDC guidance as found at the MHDO website at <www.maine.gov/mhdo>, 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 intensive care unit patients, and;

HAI-2 Central line catheter-associated blood stream infection rate for high-risk nursery patients.

Hospitals submitting central line catheter-associated blood stream 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 most current versions of the *IHI 5 Million Lives Campaign Getting Started Kit: Prevent Central Line Infections and Prevent Ventilator Associated Pneumonia How-to Guides* unless such IHI publications are contradicted by the US CDC guidance as found at the MHDO website at <www.maine.gov/mhdo>, 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;

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; and,

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

- 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 protocol beginning no later than October 1, 2011. 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.
- D. Each hospital shall submit to the US CDC's NHSN ~~infection data for nosocomial~~ Clostridium difficile Lab ID Events (healthcare associated infections where Clostridium difficile is the pathogen) for all inpatients (facility-wide) by unit (location specific) on a monthly basis in accordance with NHSN protocol beginning ~~no later than~~ when rule becomes effective. January 1, 2012 . Each hospital shall authorize the ME CDC access to the NHSN for these facility-specific reports of nosocomial Clostridium difficile infection data for public health surveillance purposes ~~no later than~~ when rule becomes effective. July 1, 2012 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 nosocomial Clostridium difficile infection data for public reporting purposes.
- 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 hospital shall authorize the ME CDC to have this data for public health surveillance purposes. Each hospital shall also authorize the MHDO to have access to the NHSN for facility-specific reports of this data for public reporting purposes.

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

For all patients identified in the specific denominator and numerator categories (minus exclusions) listed in the *NQF National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set, A Consensus Report, 2004* and in the *Nursing Sensitive Indicators Microspecifications Manual*, as found at the MHDO website at <www.maine.gov/mhdo>, each hospital or their agent shall report data to the MHDO for the following patient-centered outcome quality metrics:

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

- NSPC – 1 Percentage of inpatients who have a hospital-acquired pressure ulcer (Stage 1 or greater);
- NSPC – 2 Number of inpatient falls per inpatient days;
- NSPC – 3 Number of inpatient falls with injuries per inpatient days; and
- NSPC – 4 Percentage of inpatients who have a vest or limb restraint.

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

For the total number of productive hours worked by nursing staff (RN, LVN/LPN, UAP) with direct patient care responsibilities as identified in the specific denominator and numerator categories (minus exclusions) listed the *NQF National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set, A Consensus Report, 2004* and in the *Nursing Sensitive Indicators Microspecifications Manual* as found at the MHDO website at <www.maine.gov/mhdo>, each hospital or their agent shall report data to the MHDO for the following nursing system-centered health care quality metrics:

- 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;
 - NSSC – 2 Percentage of LVN/LPN care hours to total nursing care hours;
 - NSSC – 3 Percentage of UAP care hours to total nursing care hours; and
 - NSSC – 4 Percentage of contract care hours (RN, LVN/LPN, and UAP) to total nursing care hours.

- 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; and
 - NSSC – 6 Number of total nursing care hours (RN, LVD/LPN, UAP) per patient day.
- 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; and
 - NSSC – 7b Number of voluntary uncontrolled separations during the quarter for LVN/LPNs and nurse assistants/aides.

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 ~~3-Item Care Transition Measure (CTM) survey instrument~~ Items survey questions as specified in the ~~NQF's Specifications for the Three-Item Care Transition Measure – CTM-3~~ the most current version of the CMS Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Quality Assurance Guidelines survey requirements as found at the MHDO website at <www.maine.gov/mhdo>. ~~Hospitals shall survey a simple random sample of monthly discharges to accomplish N=25 completed surveys per month (300 per year). For smaller 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 measure (CTM) item quality metrics:

~~CTM-3-Q1~~ CTM survey question 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;"

~~CTM-3-Q2~~ CTM survey question 2. "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health," and;

~~CTM-3-Q3~~ CTM survey question 3. "When I left the hospital, I clearly understood the purpose for taking each of my medications."

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. 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.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

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

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

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

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 I was not given any medication when I left the hospital

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.

7. ~~Nurse Perceptions of the Culture of Patient Safety: Hospital Survey on Patient Safety~~

~~Hospitals shall assess nurse perceptions of the culture of patient safety in their health care organizations using the Agency for Healthcare Research and Quality's (AHRQ), *Hospital Survey on Patient Safety Culture* as found at the MHDO website at <www.maine.gov/mhdo>.~~

~~Hospitals shall survey annually by unit all nursing staff that are direct employees of the hospital (excluding agency and contract nursing staff), including all licensed practical nurses and registered nurses. Each hospital or their agent shall report unit scores to the MHDO annually for the following:~~

~~A. Seven unit-level aspects of safety culture:~~

- ~~1. Supervisor/Manager Expectations & Actions Promoting Safety (4 items);~~
 - ~~2. Organizational Learning—Continuous Improvement (3 items);~~
 - ~~3. Teamwork Within Units (4 items);~~
 - ~~4. Communication Openness (3 items);~~
 - ~~5. Feedback and Communication About Error (3 items);~~
 - ~~6. Nonpunitive Response to Error (3 items); and~~
 - ~~7. Staffing (4 items).~~
- ~~B. Three hospital-level aspects of safety culture:~~
- ~~1. Hospital Management Support for Patient Safety (3 items);~~
 - ~~2. Teamwork Across Hospital Units (4 items); and~~
 - ~~3. Hospital Handoffs and Transitions (4 items).~~
- ~~C. Four outcome variables:~~
- ~~1. Overall Perceptions of Safety (4 items);~~
 - ~~2. Frequency of Event Reporting (3 items);~~
 - ~~3. Patient Safety Grade (of the Hospital Unit) (1 item); and~~
 - ~~4. Number of Events Reported (1 item).~~

8-7. 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 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 1 st
2 nd Quarter	April, May, June	December 1 st
3 rd Quarter	July, August, September	March 1 st
4 th Quarter	October, November, December	June 1 st

~~Data generated for Section 7 shall be submitted annually to the Quality Improvement Organization specified by CMS to which the quality data are to be reported according to their established schedule for submission to the MHDO by December 31.~~

~~Data generated for Section 3.C and 3.D. 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 (link provided at the MHDO website at <www.maine.gov/mhdo>).~~

9. 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-D metrics (AMI, HF, PN, 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 most current version of the CMS Specifications Manual for National Hospital Quality Measures. ~~For Section 3 metrics (HAI), hospitals shall report numerators (metrics) and denominators (population size) as defined in the most current version of the US CDC guidance and the IHI 5 Million Lives Campaign's Getting Started Kit: Prevent Central Line Infections and Prevent Ventilator Associated Pneumonia How to Guides as found at the MHDO website at <www.maine.gov/mhdo>.~~ For Sections 4 and 5 metrics (NSPC, NSSC), hospitals shall report each

numerator (metric) and denominator (population size) as defined in the most current version of the NQF National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set, A Consensus Report, 2004 and in the Nursing Sensitive Indicators Microspecifications Manual as found at the MHDO website at <www.maine.gov/mhdo>. For Section 6 metrics (CTM), hospitals shall report to the MHDO the individual survey question raw scores by respondent as specified in the ~~NQF's Specifications for the Three-Item Care Transition Measure—CTM-3~~ most currently version of the CMS HCAHPS Quality Assurance Guidelines survey requirements as found at the MHDO website at <www.maine.gov/mhdo>. For Section 7 metrics (~~Hospital Survey on Patient Safety Culture~~), hospitals shall report to the MHDO ~~annually scores for the seven unit level aspects of safety culture, the three hospital level aspects of safety culture, and the four outcome variables as specified in the AHRQ Hospital Survey on Patient Safety Culture~~ as found at the MHDO website at <www.maine.gov/mhdo>.

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.

40 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 and Code of Maine Rules 90-590, Chapter 120: *Release of Information to the Public*, unless prohibited by state or federal law.

44 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.

42 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. Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: *Enforcement Procedures*.

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

EFFECTIVE DATE: August 6, 2005 Sections 1, 2, 5-10
October 1, 2005 Sections 3, 4

AMENDED: May 24, 2006 Sections 1, 2, 4-10
January 1, 2007 Section 3

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January 1, 2008 Section 6

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January 1, 2009 Section 7

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