



Nursing Sensitive Measures Data Collection Guide for the Colorado Hospital Report Card

Senate Bill 08-196

**Prepared by
Colorado Hospital Association
Updated April 2018**

Table of Contents

	Page
Background and List of Measures	2
Hospitals Required to Report Nursing Sensitive Measures	3
Data Collection and Reporting Schedule	4
Measures	
Skill Mix	5
Nursing Hours per Patient Days	7
Voluntary Turnover	9
Patient Falls	11
Patient Falls with Injury	13
RN Education	15
RN Certification	16
Practice Environment Scale	17
Hospitals with Less Than 100 Licensed Beds	20
Glossary	21

Background and List of Measures

In 2010, the Colorado state legislature passed [Senate Bill 08-196](#) requiring Colorado hospitals with 100 or more licensed beds to publicly report certain nursing sensitive measures. The nursing-sensitive measures required to be reported are:

- Skill mix
- Nursing care hours per patient days (HPPD)
- Voluntary turnover
- Patient falls (fall rate)
- Patient falls with injury
- RN education
- RN certification
- Practice Environment Scale (PES)

The bill authorized the Colorado Department of Public Health and Environment (CDPHE) Executive Director to designate the Colorado Hospital Association (CHA) with managing the data collection and public reporting of these nursing sensitive measures. Thus, the measures are reported as part of the Colorado Hospital Report Card located at this website:

<http://www.cha.com/Resources/Colorado-Hospital-Report-Card.aspx>.

Hospitals Required to Report Nursing Sensitive Data

CDPHE has identified 30 organizations that are licensed with 100 or more beds. These hospitals are:

Avista Adventist Hospital
Boulder Community Health
Children's Hospital Colorado
Denver Health Medical Center
Good Samaritan Medical Center
Littleton Adventist Hospital
Lutheran Medical Center
Longmont United Hospital
McKee Medical Center
Memorial Hospital
North Colorado Medical Center
North Suburban Medical Center
Parker Adventist Hospital
Parkview Medical Center
Penrose-St. Francis Health Services
Porter Adventist Hospital
Presbyterian/St. Luke's Medical Center
Rose Medical Center
Saint Joseph Hospital
Sky Ridge Medical Center
St. Anthony Hospital
St. Anthony North Health Campus
St. Francis Medical Center
St. Mary-Corwin Medical Center
St. Mary's Hospital and Medical Center
Swedish Medical Center
The Medical Center of Aurora
UCHealth Medical Center of the Rockies
UCHealth Poudre Valley Hospital
University of Colorado Hospital Anschutz Inpatient Pavilion

Data Collection and Reporting Schedule

Below is the schedule for collecting and reporting each of the nursing sensitive measures.

Measure	Data Collection Period	Reporting Due to CHA
Skill Mix	Every month	Quarterly, within six weeks of the last day of each quarter
Nursing Care Hours per Patient Days	Every month	Quarterly, within six weeks of the last day of each quarter
Voluntary Turnover	Every month	Quarterly, within six weeks of the last day of each quarter
Patient Falls	Every month	Quarterly, within six weeks of the last day of each quarter
Patient Falls with Injury	Every month	Quarterly, within six weeks of the last day of each quarter
Practice Environment Scale (PES)	Any month of first two quarters during odd years (i.e., 2019)	Mid-August of odd years (specific date TBD and sent Jan. of each year)
RN Education	Any month prior to due date of even years (i.e., 2018)	Mid-August of even years (specific date TBD and sent Jan. of each year)
RN Certification	Any month prior to due date of even years (i.e., 2018)	Mid-August of even years (specific date TBD and sent Jan. of each year)

For measures to be reported each month (i.e., skill mix, nursing care hours per patient days, voluntary turnover, patient falls and patient falls with injury), hospitals are to submit data to CHA quarterly within six weeks after the end of the quarter. Quarters are defined in the following manner:

- First quarter = January, February and March
- Second quarter = April, May and June
- Third quarter = July, August and September
- Fourth quarter = October, November and December

Hospitals should submit this data to the nursing data collection tool maintained by CHA using the following link: <http://www.chachart.com/rptcard/NursingSensitiveMeasures/default.asp>. Hospitals are provided with a unique hospital-specific identification number and a password to access the online data collection tool. Hospitals can obtain their hospital-specific identification number and password by sending an email to Jim.Carr@cha.com.

Skill Mix

Skill mix is defined as the measure of hours of work by registered nurses (RNs), licensed practical or vocational nurses (LPNs/LVNs) and unit assistive personnel (UAPs) as a proportion of total productive nursing hours¹ for nursing staff completing direct patient care responsibilities².

Hospitals will collect the following elements each month.

Numerators

- Number of productive hours worked by **RN nursing staff (employee and contract)** in applicable units with direct patient care responsibilities (numerator for RN worked hours).
- Number of productive hours worked by **LVN/LPN (employee and contract)** in applicable units with direct patient care responsibilities (numerator for LPN/LVN worked hours).
- Number of productive hours worked by **unlicensed assistive personnel [UAP] (employee and contract)** in applicable units with direct patient care responsibilities (numerator for UAP worked hours).
- Number of productive hours worked by **contract or agency staff (RNs, LVN/LPN and UAP)** in applicable units with direct patient care responsibilities (numerator for contract worked hours).

Denominator

- Total number of productive hours worked by **nursing staff (RN, LVN/LPN and UAP; employee and contract)** in applicable units with direct patient care responsibilities.

Inclusions and Exclusions

- Specifics are included on the next page.

Measure Methodology

The inclusion and exclusion criteria for skill mix varies from that used in the CHA Hospital Discharge Database for identifying inpatients. The Colorado Hospital Report Card nursing sensitive measures include observation patients if they obtain their care on an included unit as specified for each measure according to the National Quality Forum (NQF) and National Database of Nursing Quality Indicators (NDNQI) determinations.

¹ Productive hours are actual direct patient-care hours, not budgeted or scheduled hours (e.g., a nurse scheduled for a direct patient-care shift is re-assigned to work as unit secretary).

² Direct patient care responsibilities are defined as patient-centered nursing activities carried out by unit-based staff in the presence of the patient and activities that occur away from the patient that are patient related (e.g., treatment planning or documentation).

Criteria for Skill Mix

Inclusions	Numerators	Denominator	Exclusions
<ul style="list-style-type: none"> • Assistant nurse managers and charge nurses that spend at least 50 percent of their time performing direct patient care. • Observation <u>beds</u> in an applicable unit. <p><u>Adult or Pediatric</u></p> <ul style="list-style-type: none"> • Medical (including general medical) <ul style="list-style-type: none"> ▪ BMT ▪ Cardiac Medical Unit ▪ GI Medical Unit ▪ Infectious Disease Unit ▪ Neurology Medical Unit ▪ Oncology Unit ▪ Renal Medical Unit ▪ Respiratory Medical Unit • Surgical (including general surgical) <ul style="list-style-type: none"> ▪ Bariatric Unit ▪ Cardio-thoracic Surgery Unit ▪ Gynecology Unit ▪ Neurosurgery Unit ▪ Orthopedic Unit ▪ Plastic Surgery Unit ▪ Transplant Unit ▪ Trauma Surgical Unit • Medical/Surgical Combined (including general medical/surgical combined) <ul style="list-style-type: none"> ▪ Cardiac Med-Surg Unit ▪ Neuro/Neurosurgery Unit ▪ Oncology Unit • Intermediate, stepdown, or progressive care units should be included in the grouping appropriate for the unit. (e.g., a cardiac step-down unit is included under medical.) 	<ul style="list-style-type: none"> • Number of productive hours worked by RN nursing staff (employee and contract) with direct patient care responsibilities. • Number of productive hours worked by LVN/LPN (employee and contract) with direct patient care responsibilities. • Number of productive hours worked by unlicensed assistive personnel [UAP] (employee and contract) with direct patient care responsibilities. • Number of productive hours worked by contract or agency staff (RN, LVN/LPN and UAP) with direct patient care responsibilities. 	<ul style="list-style-type: none"> • Total number of productive hours worked by nursing staff (RN, LVN/LPN and UAP; contract and employee) with direct patient care responsibilities. 	<ul style="list-style-type: none"> • Patients with an inpatient status that have not been placed in an inpatient room (e.g., inpatient status in ED) • Staff: <ul style="list-style-type: none"> ▪ On vacation ▪ On medical leave ▪ Committee attendance ▪ Educational activities ▪ On orientation • The following units: <ul style="list-style-type: none"> ▪ All ICUs/PICUs/NICUs ▪ All OB units: L&D, mom/baby, postpartum ▪ Ambulatory and outpatient ▪ Correctional ▪ Emergency Depts. ▪ <u>Observation</u> ▪ Perioperative ▪ Psychiatric/behavioral ▪ Rehab ▪ Urgent Care • The following staff positions: <ul style="list-style-type: none"> ▪ Unit secretaries, clerks or schedulers ▪ Monitor techs ▪ Therapy assistants ▪ Orderlies or transportation staff whose sole responsibilities are to assist with the transport of the stable patient. ▪ Sitters who either are not employed by the facility or who are employed by the facility, but are not providing typical UAP activities. ▪ Student nurses who are fulfilling educational requirements.

Nursing Care Hours per Patient Days (HPPD)

Nursing care hours per patient day measures the supply of nursing staff relative to the patient workload.

Hospitals will collect the following elements each month.

Numerator

- Number of productive hours³ worked by **RN nursing staff (employee and contract)** in applicable units with direct patient care responsibilities⁴. This is the same number that is collected for RN skill mix.

Denominator

- Number of productive hours worked by **all nursing staff (RN, LVN/LPN and UAP)** in applicable units with direct patient care responsibilities.

Inclusions and Exclusions

- Specifics are included on the next page.

Measure Methodology

The inclusion and exclusion criteria for skill mix varies from that used in the CHA Hospital Discharge Database for identifying inpatients. The Colorado Hospital Report Card nursing sensitive measures include observation patients if they obtain their care on an included unit as specified for each measure according to NQF and NDNQI determinations.

³ Productive Hours are actual direct patient-care hours, not budgeted or scheduled hours (e.g., a nurse scheduled for a direct patient-care shift is re-assigned to work as unit secretary).

⁴ Direct patient care responsibilities are defined as patient-centered nursing activities carried out by unit-based staff in the presence of the patient and activities that occur away from the patient that are patient related (e.g., treatment planning or documentation).

Criteria for Nursing Care Hours per Patient Days (HPPD)

Inclusions	Numerators	Denominator	Exclusions
<ul style="list-style-type: none"> • Assistant nurse managers and charge nurses that spend at least 50 percent of their time performing direct patient care. • Observation <u>beds</u> in an applicable unit. <p><u>Adult or Pediatric</u></p> <ul style="list-style-type: none"> • Medical (including general medical) <ul style="list-style-type: none"> ▪ BMT ▪ Cardiac Medical Unit ▪ GI Medical Unit ▪ Infectious Disease Unit ▪ Neurology Medical Unit ▪ Oncology Unit ▪ Renal Medical Unit ▪ Respiratory Medical Unit • Surgical (including general surgical) <ul style="list-style-type: none"> ▪ Bariatric Unit ▪ Cardio-thoracic Surgery Unit ▪ Gynecology Unit ▪ Neurosurgery Unit ▪ Orthopedic Unit ▪ Plastic Surgery Unit ▪ Transplant Unit ▪ Trauma Surgical Unit • Medical/Surgical Combined (including general medical/surgical combined) <ul style="list-style-type: none"> ▪ Cardiac Med-Surg Unit ▪ Neuro/Neurosurgery Unit ▪ Oncology Unit • Intermediate, stepdown, or progressive care units should be included in the grouping appropriate for the unit. (e.g., a cardiac step-down unit is included under medical.) 	<ul style="list-style-type: none"> • Number of productive hours worked by RN nursing staff (employee and contract) with direct patient care responsibilities. 	<ul style="list-style-type: none"> • Total number of productive hours worked by nursing staff (RN, LVN/LPN and UAP; contract and employee) with direct patient care responsibilities. 	<ul style="list-style-type: none"> • Patients with an inpatient status that have not been placed in an inpatient room (e.g., inpatient status in ED) • Staff: <ul style="list-style-type: none"> ▪ On vacation ▪ On medical leave ▪ Committee attendance ▪ Educational activities ▪ On orientation • The following units: <ul style="list-style-type: none"> ▪ All ICUs/PICUs/NICUs ▪ All OB units: L&D, mom/baby, postpartum ▪ Ambulatory and outpatient ▪ Correctional ▪ Emergency Depts. ▪ <u>Observation</u> ▪ Perioperative ▪ Psychiatric/behavioral ▪ Rehab ▪ Urgent Care • The following staff positions: <ul style="list-style-type: none"> ▪ Unit secretaries, clerks or schedulers ▪ Monitor techs ▪ Therapy assistants ▪ Orderlies or transportation staff whose sole responsibilities are to assist with the transport of the stable patient. ▪ Sitters who either are not employed by the facility or who are employed by the facility, but are not providing typical UAP activities. ▪ Student nurses who are fulfilling educational requirements.

Voluntary Turnover

Voluntary turnover is measured for those employees whose positions include 50 percent or more time spent in direct patient care responsibilities⁵. Voluntary turnover is the proportion of permanent full-time and part-time direct care unit nursing staff employed by the facility who voluntarily resign from their jobs **and** leave the facility.

Hospitals will collect and report the following elements by month.

Numerators

- Number of **RNs and advanced practice registered nurses (APRNs)**⁶ voluntary separations during the month in all eligible units or departments.
- Number of **LPN, LVN, and unlicensed assistive personnel (UAP)** voluntary separations during the month in all eligible units or departments (numerator for LPN/LVN/UAP turnover)

Denominators

- Number of full time plus part time⁷ **RNs and advanced practice registered nurses (APRNs)** on last day of the month in all eligible units or departments.
- Number of full time and part time **LPN/LVN and unlicensed assistive personnel (UAP)** on last day of the month in all eligible units or departments (denominator)

Inclusions and Exclusions

- Specifics are included on the next page.

⁵ Direct patient care responsibilities are defined as patient-centered nursing activities carried out by unit-based staff in the presence of the patient and activities that occur away from the patient that are patient related (e.g., treatment planning or documentation).

⁶ Advanced Practice Registered Nurse – A nurse that has a valid license in the APRN category as defined by the Colorado Board of Nursing. For the purposes of collecting data for this measure in the applicable units, APRN includes clinical nurse specialist (CNS) and nurse practitioner (NP).

⁷ Part time status includes those clinical individuals that have been officially hired with part time status and have scheduled hours.

Criteria for Voluntary Turnover

Inclusions	Numerator	Denominator	Exclusions
<ul style="list-style-type: none"> • Full time and part time staff whose positions include 50 percent or more time spent in direct care responsibilities on applicable units <p><u>Applicable Units</u></p> <ul style="list-style-type: none"> • All inpatient medical, surgical or medical/surgical units • All inpatient critical care units • All inpatient obstetrical units • All inpatient pediatric units • All inpatient neonatal units • Inpatient rehab unit • All inpatient psychiatric units • Emergency Services/ Emergency Department owned and operated by the facility • Perioperative Services <ul style="list-style-type: none"> ▪ OR ▪ PACU ▪ Pre-op and/or preadmission testing ▪ Perioperative call services center 	<ul style="list-style-type: none"> • Number of voluntary separations of full-time and part-time RNs and APRNs during the month in all eligible units/departments • Number of voluntary separations of full-time and part-time LPNs, LVNs, and UAPs during the month in all eligible units/departments 	<ul style="list-style-type: none"> • Number of full-time and part-time RNs and APRNs employed on last day of the month in all eligible units/ departments • Number of full-time and part-time LPNs, LVNs and UAPs employed on last day of the month in all eligible units/ departments 	<ul style="list-style-type: none"> • PRN or per diem staff, contractors, consultants, temporary agency staff, travelers, students, or other non-permanent employees • Staff from any ambulatory departments • The following staff positions: <ul style="list-style-type: none"> ▪ Unit secretaries, clerks or schedulers ▪ Monitor techs ▪ Therapy assistants ▪ Orderlies or transportation staff whose sole responsibilities are to assist with transport of the stable patient to another phase of care (e.g., nursing unit, a vehicle to transport home) ▪ Sitters who either are not employed by the facility or who are employed by the facility, but are not providing typical UAP activities.

Patient Falls

A patient fall is a sudden, unintentional descent that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person or on an object (e.g., a trash can). A patient fall that occurs on the unit should be counted regardless of who is providing care for the patient at the time of the fall. If a patient who is attempting to stand or sit falls back onto a bed, chair, or commode, this is only counted as a fall if the patient is injured.

Hospitals will collect the following elements each month.

Numerator

- Number of inpatient falls with or without injury in applicable units.

Denominator

- Number of inpatient days⁸ for applicable units.

For all patient-day reporting methods, it is recommended that facilities consistently use the same method. Each unit should report patient days using the method most accurate for the nursing work load prior to organizational aggregation.

Inclusions and Exclusions

- Specifics are included on the next page.

⁸ Patient Day is defined as 24 hours beginning the hour of admission. Any of the following methods can be used to determine patient days:

Method 1 - Midnight Census

Method 2 - Midnight Census + Patient Days from Actual Hours for Short Stay Patients

Method 3 - Patient Days from Actual Hours

Method 4 - Patient Days from Multiple Census Reports

Patient Falls (Fall Rate)			
Inclusions	Numerator	Denominator	Exclusions
<ul style="list-style-type: none"> Unassisted and assisted⁹ falls on applicable units including falls attributable to physiological¹⁰ factors (e.g., syncope or fainting) Observation <u>beds</u> in applicable units. Falls can be witnessed or reported by the patient or family <p><u>Adult Units</u></p> <ul style="list-style-type: none"> Medical (including general medical) <ul style="list-style-type: none"> BMT Cardiac Medical GI Medical Infectious Disease Neurology Medical Oncology Renal Medical Respiratory Medical Surgical (including general surgical) <ul style="list-style-type: none"> Bariatric Cardio-thoracic Surgery Gynecology Neurosurgery Orthopedic Plastic Surgery Transplant Trauma Surgical Medical/Surgical Combined (including general medical/surgical combined) <ul style="list-style-type: none"> Cardiac Med-Surg Neuro/Neurosurgery Oncology 	<ul style="list-style-type: none"> Number of inpatient falls 	<ul style="list-style-type: none"> Number of inpatient days for applicable units 	<ul style="list-style-type: none"> Observation <u>units</u> Pediatric facilities Pediatric units Suspected intentional patient falls¹¹ Falls by patients who were not on the unit at time of the fall (e.g., inpatient that falls in radiology) Falls on other units not eligible for reporting Falls by patients who are suspected of having an intentional fall Falls by family members or visitors Falls by staff members or students Falls on other units not eligible for reporting

⁹ An assisted fall is a fall in which any staff member was with the patient **and** attempted to minimize the impact of the fall by slowing the patient's descent

¹⁰ Physiological falls are defined as a fall attributable to one or more intrinsic, physiological factors including:

- Falls caused by a sudden physiologic event such as hypotension, dysrhythmia, seizure, transient ischemic attack (TIA), or stroke
- Falls occurring due to side effects of medications (e.g., CNS-active drugs and certain cardiovascular drugs)
- Falls attributable to some aspect of the patient's physical condition such as delirium, intoxication, dementia, gait instability, or visual impairment

¹¹ Intentional falls include false claims and a patient falling purposely.

Patient Falls with Injury

A patient fall with injury is a sudden, unintentional descent that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person or on an object (e.g., a trash can) that results in physical harm. Injuries can be minor, moderate, major or death.

- None – resulted in no signs or symptoms of injury as determined by post-fall evaluation (which may include x-ray or CT scan)
- Minor – resulted in application of ice or dressing, cleaning of a wound, limb elevation, topical medication, pain, bruise or abrasion
- Moderate – resulted in suturing, application of steri-strips or skin glue, splinting, or muscle/joint strain
- Major – resulted in surgery, casting, traction, required consultation for neurological (e.g., basilar skull fracture, small subdural hematoma) or internal injury (e.g., rib fracture, small liver laceration), or patients with any type of fracture regardless of treatment or who have coagulopathy who receive blood products as a result of a fall
- Death – the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)

Hospitals should collect the following elements by month.

Numerator

- Number of inpatient falls with injury.

Denominator

- Number of inpatient days for applicable units.

Inclusions and Exclusions

- Specifics are included on the next page.

Patient Falls with Injury			
Inclusions	Numerator	Denominator	Exclusions
<ul style="list-style-type: none"> • All falls resulting in injuries that are classified as minor, moderate, major or death. • Observation <u>beds</u> in applicable units <p><u>Adult Units</u></p> <ul style="list-style-type: none"> • Medical (including general medical) <ul style="list-style-type: none"> ▪ BMT ▪ Cardiac Medical ▪ GI Medical ▪ Infectious Disease ▪ Neurology Medical ▪ Oncology ▪ Renal Medical ▪ Respiratory Medical • Surgical (including general surgical) <ul style="list-style-type: none"> ▪ Bariatric ▪ Cardio-thoracic Surgery ▪ Gynecology ▪ Neurosurgery ▪ Orthopedic ▪ Plastic Surgery ▪ Transplant ▪ Trauma Surgical • Medical/Surgical Combined (including general medical/surgical combined) <ul style="list-style-type: none"> ▪ Cardiac Med-Surg ▪ Neuro/Neurosurgery ▪ Oncology 	<ul style="list-style-type: none"> • Number of inpatient falls with injury 	<ul style="list-style-type: none"> • Number of inpatient days for applicable units 	<ul style="list-style-type: none"> • Observation <u>units</u> • Pediatric facilities • Pediatric units

RN Education

RN education is defined as the highest nursing degree for each nurse with 50 percent or greater of their time involved with direct patient care responsibilities. Determine the highest nursing degree (or US equivalent) for each eligible RN. If an RN has multiple degrees, count only the highest nursing degree. If the US equivalent of nursing education obtained in a foreign country is uncertain or you don't know the degree, report nursing degree "unknown." Exclude non-nursing degrees.

Only count the highest degree for each nurse; do not count multiple degrees. The total number of nurses in each category should be equal to the total number of nurses with 50 percent or greater time spent in direct patient care responsibilities.

RN Education			
Inclusions	Numerator	Denominator	Exclusions
<ul style="list-style-type: none"> Nurses (full time, part time, PRN) with 50 percent or greater of their time involved with direct patient care responsibilities in all areas of the hospital Nurses who are employed by the hospital and work in all areas of the hospital, whether inpatient or outpatient. Nurses who are employed by the hospital, but are not working due to vacation, illness or leave at the time the data are collected. 	<ul style="list-style-type: none"> Number of nurses with the highest level of nursing education according to the following categories. <ul style="list-style-type: none"> Number with Diploma (in US: 3 years of education, no degree) Number with Associate's Degree (in US: 2 years of education) Number with Bachelor's Degree (in US: 4 years of education) Number with Master's Degree (in US: 1-2 years of education post Bachelor's) Number with Doctorate Degree (in US: 3-5 years of education post Master's) Number with Nursing Degree Unknown 	<ul style="list-style-type: none"> Total number of nurses with 50 percent or greater of time spent in direct patient care responsibilities. 	<ul style="list-style-type: none"> Contract/agency staff Nurses who are not assigned to a single specific unit

RN Certification

RN certification is certification in a specialty area of nursing practice and has been granted by a national nursing organization. Count all nurses that have a nationally recognized certification, even if their area of certification is not the primary specialization of the unit where they currently work.

Refer to ANCC website for a listing of national nursing certifications:

<http://www.nursecredentialing.org/certification.aspx>. This list is not comprehensive.

RN Certification			
Inclusions	Numerator	Denominator	Exclusions
<ul style="list-style-type: none"> Nurses (full time, part time, PRN) with 50 percent or greater of their time involved with direct patient care responsibilities in all areas of the hospital Nurses who are employed by the hospital and work in all areas of the hospital, whether inpatient or outpatient. Nurses who are employed by the hospital, but are not working due to vacation, illness or leave at the time the data are collected. 	<ul style="list-style-type: none"> Number of nurses that have a national certification. Nurses with multiple national certifications <u>should only be counted once</u>. 	<ul style="list-style-type: none"> Total number of nurses with 50 percent or greater of time spent in direct patient care responsibilities. 	<ul style="list-style-type: none"> Contract/agency staff Nurses that do not have national certifications and whose only credentials are: <ul style="list-style-type: none"> Employer-based competency or certification ACLS, PALS, TNCC, etc. A certification granted by a multidisciplinary organization not limited to nursing

Practice Environment Scale

The Practice Environment Scale (PES) is a National Quality Forum (NQF) endorsed survey based measure of the nursing practice environment completed by staff registered nurses. Results of the survey are reported in five subscales and an overall composite score.

Hospitals report the overall survey composite score and the score for each of the subscales. The subscales are color coded with the relevant questions below. Responses flow into the Colorado Hospital Report Card accordingly.

The Practice Environment Scale of the Nursing Work Index	
Nursing Participation in Hospital Affairs PES Questions	
Q. 5	Career development/clinical ladder opportunity.
Q. 6	Opportunity for staff nurses to participate in policy decisions.
Q. 11	A chief nursing officer who is highly visible and accessible to staff.
Q. 15	A chief nursing officer equal in power and authority to other top-level hospital executives.
Q. 17	Opportunities for advancement.
Q. 21	Administration that listens and responds to employee concerns.
Q. 23	Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).
Q. 27	Staff nurses have the opportunity to serve on hospital and nursing committees.
Q. 28	Nursing administrators consult with staff on daily problems and procedures.
Nursing Foundations for Quality of Care PES Questions	
Q. 4	Active staff development or continuing education programs for nurses.
Q. 14	High standards of nursing care are expected by the administration.
Q. 18	A clear philosophy of nursing that pervades the patient care environment.
Q. 19	Working with nurses who are clinically competent.
Q. 22	An active quality assurance program.
Q. 25	A preceptor program for newly hired RNs.
Q. 26	Nursing care is based on a nursing, rather than a medical model.
Q. 29	Written, up-to-date nursing care plans for all patients.
Q. 30	Patient care assignments that foster continuity of care, (e.g., the same nurse cares for the patient from one day to the next).
Q. 31	Use of nursing diagnosis.
Nurse Manager Ability, Leadership and Support of Nurses PES Questions	
Q. 3	A supervisory staff that is supportive of the nurses.
Q. 7	Supervisors use mistakes as learning opportunities, not criticism.
Q. 10	A nurse manager who is a good manager and leader.
Q. 13	Praise and recognition for a job well done.

Q. 20	A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician.
Staffing and Resource Adequacy PES Questions	
Q. 1	Adequate support services allow me to spend time with my patients.
Q. 8	Enough time and opportunity to discuss patient care problems with other nurses.
Q. 9	Enough registered nurses to provide quality patient care.
Q. 12	Enough staff to get the work done.
Collegial Nurse-Physician Relations PES Questions	
Q. 2	Physician and nurses have good working relationships.
Q. 16	A lot of team work between nurses and physicians.
Q. 24	Collaboration (joint practice) between nurses and physicians.

PES Data Collection and Reporting

PES scores are to be submitted for the Colorado Hospital Report Card on a bi-annual basis during odd years only (e.g., 2019, 2021, etc.). Scores are to be submitted by Aug. 15 of the reporting year. PES scores should be collected and reported within the calendar year that the survey results are due (e.g., for the 2019 report, the PES survey should be conducted within the first two quarters of 2019).

Hospitals are to survey all clinical nurses employed by the hospital who spend 50 percent or more worked time in direct patient care in the inpatient setting. Do not survey a sample set of nurses. Hospitals should aim for at least 50 percent response rate from these direct care nurses.

Surveys can be conducted in one of two ways: (1) through the online survey tool provided by CHA or (2) through use of the NDNQI survey tool.

Use of CHA-Provided Online Survey Tool for PES

Hospitals that are not members of NDNQI do not need to become members of NDNQI to meet the requirements of the state mandate. CHA has created an online survey of the PES and hospitals can use this link to survey their direct care nurses.

CHA's online survey is available at: [PES Survey](#). Hospitals that choose to use this option need to obtain a hospital-specific identification number and password from CHA by contacting Toni Foos at toni.foos@cha.com. Hospitals need to ensure that nurses are provided with this link to complete the PES. The data are sent directly to CHA. A nurse's individual response remains anonymous and is linked to the nurse's place of employment only for determining an overall response rate from each hospital. Hospitals using CHA's survey link can contact CHA at any time to determine the current response rate. A response rate request can be sent to toni.foos@cha.com. The survey needs to be completed by Aug. 15 of the reporting year.

Use of NDNQI Survey Instrument for PES

All hospitals that hold NDNQI membership have the option of utilizing the PES through NDNQI. As of 2015, the PES is no longer a separate survey but has been incorporated into the “RN Survey with Practice Environment Scales (PES).”

To meet the data submission deadline to CHA, hospitals must complete the survey in April, May or June. If a hospital is unable to survey in April, May or June through NDNQI, the hospital should use the online PES provided by CHA in lieu of the NDNQI survey instrument.

If NDNQI member hospitals do not want to use the PES through NDNQI, CHA will make the PES available online, and hospitals can direct nurses to the link to complete the PES. The survey can be accessed at [PES Survey](#). A nurse’s individual response remains anonymous and is linked to the nurse’s place of employment only for determining an overall response rate from each hospital. Hospitals that choose to use this option should contact CHA to obtain a hospital-specific identification number and password by sending an email to toni.foos@cha.com.

Hospitals with Less Than 100 Licensed Beds

Hospitals that currently have less than 100 licensed beds and have the potential to expand and license more beds should carefully monitor the implementation plan for the nursing sensitive measures. Hospitals may want to voluntarily submit the data to CHA to practice meeting the requirements of the bill. Public reporting of the data would not occur unless the reporting hospital would like this information to appear on the Colorado Hospital Report Card. This would be a voluntary initiative and is not required.

Hospitals that expand to 100 or more licensed beds will be required to be compliant with this implementation plan within 90 days of expansion. Therefore, once expansion occurs, hospitals should be collecting data for the above five elements within 90 days. All data collection and reporting timelines will be consistent with what has been described in this document.

If hospitals become licensed for more than 100 beds within 90 days of the start of the first quarter of the odd reporting year, they will need to collect nursing sensitive information for the above specific metrics and submit the information to CHA within six weeks of the end of the second quarter. If hospitals become licensed for more than 100 beds after 90 days of the start of the first quarter of the reporting year, they will need to start reporting data for the nursing sensitive measures in the next reporting cycle.

Glossary

Advanced Practice Registered Nurse is a nurse that has a valid license in the APRN category as defined by the Colorado Board of Nursing. For the purposes of collecting data for this measure in the applicable units, APRN includes clinical nurse specialist (CNS) and nurse practitioner (NP).

Assisted Fall is a fall in which any staff member was with the patient **and** attempted to minimize the impact of the fall by slowing the patient's descent.

Data Reporting Quarters are defined in the following manner:

- First quarter = January, February and March
- Second quarter = April, May and June
- Third quarter = July, August and September
- Fourth quarter = October, November and December

Direct Patient Care Responsibilities are defined as patient-centered nursing activities carried out by unit-based staff in the presence of the patient and activities that occur away from the patient that are patient related (e.g., treatment planning or documentation). To be included in skill mix, staff should work in the inpatient hospital setting and spend 50 percent or more of their working hours performing direct patient care responsibilities.

Intentional Fall occurs when the patient purpose or falsely claims to have fallen. Patients may fall intentionally or falsely claim to have fallen for various reasons, including seeking attention or obtaining pain medication. Suspected intentional fall events are not counted in computing the patient falls or patient falls with injury.

Month is defined as starting at the first day of the month and ending on the last day of that month.

Part Time Status includes those clinical individuals that have been officially hired with part time status and have scheduled hours.

Patient Day is defined as 24 hours beginning the hour of admission. Any of the following methods can be used to determine patient days:

Method 1 – Midnight census

Method 2 – Midnight census + Patient Days from Actual Hours for Short Stay Patients

Method 3 – Patient Days from Actual Hours

Method 4 – Patient Days from multiple census reports

Patient Fall is a sudden, unintentional descent that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person or on an object (e.g., a trash can).

Physiologic Fall is defined as a fall attributable to one or more intrinsic, physiological factors including:

- Falls caused by a sudden physiologic event such as hypotension, dysrhythmia, seizure, transient ischemic attack (TIA), or stroke
- Falls occurring due to side effects of medications (e.g., CNS-active drugs and certain cardiovascular drugs)
- Falls attributable to some aspect of the patient's physical condition such as delirium, intoxication, dementia, gait instability, or visual impairment

Productive Hours are actual direct patient-care hours, not budgeted or scheduled hours (e.g., a nurse scheduled for a direct patient-care shift is re-assigned to work as unit secretary).

Productive hours do not include the following: vacation, medical leave, education or committee time or orientation, including new hire orientation with a preceptor

Short Stay Days are total daily hours of short stay patients/24