* 1. Which Active Member facility do you represent?
* 2. Name of person completing survey
The Original Annual Control of Co
* 3. Contact Email
* 4. Contact Phone
* 5. What was your census on the last day of this quarter?
* 6. From your census reported in question 5, how many represent children under 21?
* 7. PATIENT DAYS = Total number of days that all patients were present in the facility. For example, you had two patients this quarter. Patient A was present for 6 days and Patient B was present for 92, so Patient Days = 98. (This may also be referred to as Census Days.)
What was your total number of patient days in your facility during this quarter?
* 8. What were your total admissions this quarter? Admission definitions may be state specific. Use your facility definition on Admissions to complete this question.

	STAFFING	
	ANSWERS MUST BE IN NUMERICAL FORMAT OR N/A (not applicable)	
	Zero vs. N/A- If a question does not apply to your organization, please enter N/A versus a numerical response. However, if the question does apply, but perhaps you had zero this quarter, enter zero. This will help us report correct averages in certain rates.	
	N/A vs. Not currently tracking- If the question does apply to your organization, but you are currently not tracking this data, please enter NOT TRACKING instead of N/A.	
*	9. NHPPD-RN What was the total number of Registered Nurse hours (including supervisor on duty) for this quarter?	
*	10. NHPPD-LPN What was the total number of Licensed Practical Nurse hours for this quarter?	
*	11. NHPPD-Non-Licensed What was the total number of Non-Licensed nursing staff hours for this quarter?	
	12. If you answered N/A for any questions in the Staffing section, please explain further.	

INFECTION CONTROL

ANSWERS MUST BE IN NUMERICAL FORMAT OR N/A (not applicable)

Zero vs. N/A- If a question does not apply to your organization, please enter N/A versus a numerical response. However, if the question does apply, but perhaps you had zero this quarter, enter zero. This will help us report correct averages in certain rates.

N/A vs. Not currently tracking- If the question does apply to your organization, but you are currently

	not tracking this data, please enter NOT TRACKING instead of N/A.
*	13. How many patients this quarter had an indwelling catheter in place?
*	14. What was the total number of indwelling catheter days? This a sum of the number of days each patient had an indwelling catheter in place. For example, there were three patients who had indwelling catheters. Patient A had one in place 1 day, Patient B for 12 days and Patient C for the entire quarter (92 days). The number of indwelling catheter days is 105.
*	15. How many urinary tract infections (UTI) were diagnosed this quarter in patients who had an indwelling catheter in place at the time?
*	16. How many UTIs were diagnosed this quarter in patients who did not have an indwelling catheter in place at the time?
*	17. How many patients this quarter had a central line in place?
*	18. What was the total number of central line days? This a sum of the number of days each patient had a central line in place. For example, there were five patients who had a central line. Patient A had one in place 14 days, Patient B for 20 days and (3) Patients for the entire quarter (92 days). The number of central line days is 310.

*	19. What was the number of laboratory confirmed blood stream infections where a central line was in place	
	this quarter?	
*	20. What was the total number of laboratory confirmed blood stream infections this quarter?	
	21. If you answered N/A for any questions in the Infection Control section, please explain further.	

HOSPITAL TRANSFER

ANSWERS MUST BE IN NUMERICAL FORMAT

	es, but perhaps you had zero this quarter, enter zero certain rates.	. This will help us report
• .	er, how many patients were emergently transferred out ar s of admission to your facility?	nd admitted to an acute care
* 23. From the number admission in the follow	of patients reported in question 22, how many of those pwing:	patients resided prior to
Family Home		
Group Home		
Acute Hospital		
Long Term Care Facility		
Residential Facility		
Other		
* 24. From the number reasons: S/S RESPIRATORY DISTRESS	of patients reported in question 22, how many were tran	sferred for the following
NEURO CHANGE		
CARDIOVASCULAR CHANGE		
GI		
INJURY - R/O FRACTURE		
INJURY - OTHER		
OTHER		

* 25. During this quarter, how many patients were emergently transferred out and admitted to an acute care hospital more than 30 days after admission to your facility?

ACCIDENTAL DISLODGEMENT OF INVASIVE DEVICE

ANSWERS MUST BE IN NUMERICAL FORMAT	
If the question applies, but perhaps you had zero this quarter, enter zero. This will help us repor correct averages in certain rates.	t
* 26. How many patients this quarter had a trach in place?	
* 27. What was the total number of trach days? This is a sum of the number of days each patient had a trachs. For example, two patients had trachs. Patient A had it in place for the entire quarter (92 days) Patient B had it in place for 18 days. The number of trach days is 110.	
* 28. How many accidental/unplanned trach decannulations occurred this quarter in your patients with trachs?	
* 29. How many patients this quarter had a GT/GJ tube in place?	
* 30. What was the total number of GT/GJ Tube days? This is a sum of the number of days each patient a GT/GJ Tube in place. For example, two patients had GT/GJ Tubes for the entire quarter (92 days). The number of GT/GJ Tube days is 184.	
* 31. How many accidental/unplanned dislodgements of GT/GJ Tubes were reported where the balloon vinflated?	vas

PRESSURE ULCER
NOTE: A patient may have more than one ulcer. For all of these indicators, we are counting the number of ulcers, not the number of patients who had one.
ANSWERS MUST BE IN NUMERICAL FORMAT
If the question applies, but perhaps you had zero this quarter, enter zero. This will help us report correct averages in certain rates.
* 32. How many pressure ulcers (stage II or greater) were identified in patients present in your facility this quarter?
* 33. How many pressure ulcers (stage II or greater) were present in patients at the time of admission to your facility?
* 34. How many pressure ulcers (stage II or greater) were developed while the patient was present in your facility?
* 35. How many pressure ulcers (stage II or greater) were developed as a result of the use of medical/clinical devices while the patient was present in your facility?
Indicator definition: Localized injury to the skin or underlying tissue as a result of sustained pressure from a device (e.g., nasal cannula tubing, braces, splints, probes, oxygen face masks, prostheses, etc) after admission

MEDICATION SAFETY

A medication error is any error in the medication process: ordering, transcription, dispensing and administration. Errors include wrong as well as missing actions (for example, a missed dose). When an error reaches the patient, it results in the medication not being administered according to the standard five rights:

•Right Medication

	•Right Dose
	•Right Time
	•Right Route
	•Right Patient
	Examples of errors that are not included in this measure include errors that don't reach the patient and are discovered and corrected before they have a direct impact on the patient. For example, the physician orders the wrong dose but the nurse detects it. The order is corrected in time to deliver the correct dose according to schedule.
	ANSWER MUST BE IN NUMERICAL FORMAT
*	36. What is the total number of medication events that actually reached a patient this quarter?

RESPIRATORY PROGRAMS

GUIDELINES ON ELIGIBILITY

Follow guidelines on oxygen and trach weaning

ELIGIBLE FOR OXYGEN WEANING:

- -Have vital signs that are within normal parameters for that patient
- -Work of breathing is at baseline
- -Oxygen saturations are stable and above ordered level
- -Have prognosis and goals of care consistent with weaning
- -Have no contraindicated co-morbidities

ELIGIBLE FOR DECANULATION:

- -The initial indication for tracheostomy is resolved
- -Are able to cough, manage/clear secretions
- -Have minimal or no supplemental oxygen requirement
- -Have a prognosis consistent with tracheostomy weaning

ANSWERS MUST BE IN NUMERICAL FORMAT, N/A or NOT TRACKING

- -Zero vs. N/A- If a question does not apply to your organization, please enter N/A versus a numerical response. However, if the question does apply, but perhaps you had zero this quarter, enter zero. This will help us report correct averages in certain rates.
- -N/A vs. Not currently tracking- If the question does apply to your organization, but you are currently not tracking this data, please enter NOT TRACKING instead of N/A.

currently not tracking this data, please enter NOT TRACKING instead of N/A.
37. How many patients who were receiving oxygen were eligible for weaning this quarter?
38. Patients considered "weaned" from oxygen support are those that have not received oxygen therapy through any modality (not including those on a ventilator or requiring oxygen during an acute illness) for minimum of 7 days.
How many patients were weaned from oxygen during this quarter?
39. How many patients who had a trach in place were eligible for trach weaning this quarter?

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*	40. A successful planned tracheostomy decanulation is defined as the planned removal of the tracheostomy tube without the need to reinsert an artificial airway within 72 hours.
	How many patients were successfully decanulated during this quarter?
*	41. Does your facility have a ventilator program?
	○ Yes
	○ No

VENTILATOR WEANING

GUIDELINES ON ELIGIBILITY

Follow guidelines on ventilator weaning

ELIGIBLE TO WEAN FROM VENTILATOR SUPPORT:

- -Have vital signs that are within normal parameters for that patient
- -Work of breathing is at baseline
- -Oxygen saturations are stable and above ordered level
- -End Tidal CO2 <45 or acceptable level for child
- -Have prognosis and goals of care consistent with weaning
- -Have no contraindicated co-morbidities

ANSWERS MUST BE IN NUMERICAL FORMAT, N/A or NOT TRACKING

- -Zero vs. N/A- If a question does not apply to your organization, please enter N/A versus a numerical response. However, if the question does apply, but perhaps you had zero this quarter, enter zero. This will help us report correct averages in certain rates.
- -N/A vs. Not currently tracking- If the question does apply to your organization, but you are currently not tracking this data, please enter NOT TRACKING instead of N/A.

*	42. How many patients required ventilator support during the quarter? Ventilator support includes all modes of ventilation via tracheostomy, such as CPAP and SIMV, but does not include non-invasive forms delivered via mask or nasal prongs.
*	43. Of the number of patients who were on a ventilator (question 42), how many were eligible for weaning to 12 hours or less per day (partial wean) during this quarter? (e.g., using the ventilator only during sleep)
*	44. How many patients were successfully weaned to 12 hours per day or less (partial wean) during this quarter?
*	45. Of the number of patients who were on a ventilator (question 42), how many were eligible to be fully weaned from ventilator support? Fully weaned from ventilator support means that the patient has not utilized ventilator support (in any mode) for a minimum of 14 days.
*	46. How many patients were fully weaned from ventilator support during this quarter?