NHIA Industry-Wide Data Initiative

2012 DATA DEFINITIONS SURVEY RESULTS: *Agreement with Standardized Definitions*

DATA ELEMENT	PROPOSED DEFINITION	PERCENT OF PROVIDERS WHO…		
		Agree with the definition	Are able to report the data	Are willing to report the data in the next survey
DEMOGRAPHICS DATA DEFINITIONS				
Counting Number of Therapies by Patient Age	1. Count every admission for the same patient as a new therapy, i.e. a course of antibiotics in January and a course in June for the same patient should count twice in the anti-infectives category. 2. Count multiple prescriptions within the same therapeutic category for the same patient; i.e. An order for ceftriaxone plus vancomycin for one patient should be counted as two therapies in the anti-infective category. 3. If a patient spans two age groups during the course of the year, count the patient in the lower age group only, do not count the therapy twice (in two age groups). **Example:** A patient receiving TPN therapy throughout the year, a course of antibiotics in January and August, and catheter maintenance for two weeks while TPN was on hold, would be counted once in the TPN category, twice in the anti-infective category, and once in the catheter maintenance category.	**92%**	**72%**	
Unique Patient	A unique patient is a single patient identified by a unique medical record number that is assigned on initial admission and which follows the patient through any future re-admissions.	**96%**	**93%**	
FINANCE DATA DEFINITIONS				
Bad Debt Expense as a % of Net Revenue	Bad debt expense as a percentage of net revenue is calculated by taking bad debt expense for a specified period of time, divided by net revenue from the same period of time (multiplied by 100 to convert to a percent).	**97%**	**90%**	**87%**
Charity Care as a % of Net Revenue	This calculation takes the total amount of AR written off in a specified time period, for provision of indigent care, divided by total net revenue earned in the same time period.	**89%**	**76%**	**85%**
Days Sales Outstanding (DSO)	DSO is calculated by taking the infusion service accounts receivable balance divided by average daily net revenue (as defined in the survey) over the most recent three month period.	**94%**	**82%**	**89%**
Net Infusion Revenue	Refers to the gross revenue* minus the contractual allowance** and discounts*** for infusion services only (includes all drugs, supplies, equipment and professional services required to deliver infusion therapy). ***Gross Revenue** - Gross revenue is defined as the sum of the list price for all items and services received by the patient. ****Contractual Allowance** - The difference between the contracted rate with an insurance company and the gross revenue billed is referred to as a contractual allowance, ***** **Discounts** - The difference between list price for all items and services and the amount billed to the payer/patient on claims, due to managed care or other agreements to discount price.	**94%**	**91%**	**80%**
HUMAN RESOURCES/OPERATIONS DATA DEFINTIONS				
Dispensed Prescriptions	A single prescription, regardless of how many items or units are included in that prescription, is counted one time when dispensed. For example, a prescription for 7 days of once-daily heparin flush solution would count as one prescription, not 7 different prescriptions.	84%	96%	
Compounded Prescriptions	This definition has two parts, clarifying the degree to which an ISO 5 environment impacts the definition of a compounded prescription. **PART A:** A compounded prescription refers to a single dispense of a prescription for any sterile preparation that required handling in an ISO 5 environment. **PART B:** A vial of medication that was labeled outside of an ISO 5 environment and required no manipulation on the part of the pharmacy is *NOT* a compounded item.	94%	58%	
Pharmacy Cost per Rx Dispensed	This calculation is based on the following: • Pharmacy salaries and benefits • # of prescriptions dispensed Divide total pharmacy costs by the number of prescriptions dispensed over the reporting period. These costs do not include overhead allocation.	76%	65%	79%
Unscheduled Deliveries	An unscheduled delivery is any delivery that had to be added to the daily delivery schedule after drivers/couriers or other modes of delivery had already been deployed for that day. In general, unscheduled deliveries add cost to the system and should be avoided when	92%	46%	

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	possible. ➢ **Rule #1:** Unscheduled deliveries can be made during normal business hours or after hours. ➢ **Rule #2:** A new start of care is not considered an unscheduled delivery.			
Cost per RN Visit	This calculation accumulates all field RN costs in a specified time period, and divides by the number of RN visits made in the same time period. Depending on staffing compensation models and company policy for use of vehicles, the costs included in this calculation may vary. These costs do not include overhead allocation. At a minimum, the following costs should be included (if applicable): • RN wages, taxes, and benefits • Mileage associated with RN visits • Expenses associated with company vehicles such as auto repairs, maintenance, gasoline • Depreciation on vehicles • Payments made to agencies for nursing visits (only if contracted visits are included in denominator)	88%	53%	61%
OUTCOMES DATA DEFINITIONS				
Adverse Drug Reaction (ADR)	*"A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for modification of physiological function." (WHO Technical Report 498, 1972*) **WHO classification system to describe ADR severity:** • **Serious:** Any adverse event occurring that results in any of the following outcomes: Death, a life-threatening adverse event, requires inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect. • **Severe:** An experience that requires therapeutic intervention. If hospitalization is required for treatment it becomes a serious adverse event. • **Moderate:** An experience that is alleviated with simple therapeutic treatments. • **Mild:** An experience that is usually transient and requires no special treatment or intervention.	**99%**	**91%**	**90%**
Catheter-Related Blood Stream Infection (CR-BSI)	***Suspected* CR-BSI**: • Patient has an IV catheter in place for at least 48 hours, and is exhibiting one or more clinical signs of infection (fever, chills, hypotension), and has no apparent source for the BSI except the catheter. ***Confirmed* CR-BSI:** • At least one positive peripheral blood culture. • If available, simultaneous **quantitative blood culture** from the catheter and a peripheral site with a **>5:1 ratio of catheter to peripheral** (e.g. the catheter sample grows at least 5 times the number of organisms compared to the peripheral sample). • If available, **differential time to positivity** of > 2 hours catheter to peripheral blood culture (catheter culture appeared "positive" at least two hours before peripheral blood showed growth of the same organism).	**89%**	**54%**	**70%**
Unscheduled Hospitalization	Applies when an active patient requires an unplanned stay of more than 23 hours in an acute care facility for any reason	**98%**	**75%**	**75%**
RELATED Unscheduled Hospitalization	A hospitalization associated directly with the IV medication, IV catheter or the condition being treated with IV therapy. Examples of ***Related* Unscheduled Hospitalizations**: 1. A patient is admitted to the hospital unexpectedly due to onset of a fever of unknown origin and signs of an infected catheter site. 2. A physician admits a patient currently receiving IV antibiotics for observation due to worsening of cellulitis. 3. A patient experiences a sudden negative shift in renal function after receiving four days of IV Vancomycin.	**99%**	**63%**	**66%**

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UNRELATED Unscheduled Hospitalization	A hospitalization to treat a condition or event NOT associated with the IV medication, IV catheter or the condition being treated with IV therapy. Examples of *Unrelated* Unscheduled Hospitalization: 1. A patient is in a car accident and is admitted to the hospital for treatment of new injuries. 2. A patient currently receiving home IV antibiotics for a foot wound is admitted to the hospital for symptom management related to congestive heart failure	**99%**	**63%**	**66%**
Emergency Room Visit	Any visit to an acute care facility for immediate treatment resulting in a stay of less than 23 hours that occurred in an active patient for any reason.	**100%**	**47%**	**54%**
RELATED Emergency Room Visit	An emergency room visit associated directly with the IV medication, IV catheter or the condition being treated with IV therapy. Examples of *Related* Emergency Room Visits: 1. A patient visits the emergency room for evaluation of redness at the catheter site, and is sent home within 3 hours after receiving a catheter dressing change. 2. A physician instructs a patient receiving IV antibiotics to report to the emergency room for evaluation of worsening of cellulitis. The patient's wound is assessed and the patient is released within 4 hours.	**97%**	**42%**	**49%**
UNRELATED Emergency Room Visit	An emergency room visit to treat a condition or event NOT associated with the IV medication, IV catheter or the condition being treated with IV therapy. Examples of *Unrelated* Emergency Room Visits: 1. A patient is in a car accident and is sent to the emergency room for evaluation and treatment of new injuries, but is released within 6 hours. 2. A patient currently receiving home IV antibiotics for a foot wound reports voluntarily to the emergency room due to worsening shortness of breath. The patient is evaluated and instructed to change the dose of an oral medication and sent home within 12 hours.	**97%**	**42%**	**49%**
Therapy Complete at Discharge	Applies to any patient who administered all prescribed doses at the time of discharge. Proposed Rules: ➢ **Proposed Rule #1**: Patients count as having completed therapy even if there were interruptions for adverse events, hospitalizations or catheter events. ➢ **Proposed Rule #2:** The designation "Therapy Complete" does not factor in progress toward specific therapy goals or continuation of oral antibiotics after cessation of IV treatment.	**94%**	**80%**	**79%**