

Frequently Asked Questions

Log-in Information

Q: How do I access the DDCT web-based portal?

A: The DDCT web-based portal is available at <https://ddct.anccmagnet.org/>. Enter your email address to log-in on the DDCT home page. If needed, click the “Forgot Password?” link to establish/reset your password. You will be prompted to enter your email address and the system will send you an automated password reset email with a link to click to reset your password. If you do not see the password reset email in your inbox, please check your spam/junk folder. If further technical assistance is needed, contact ddct@ana.org.

Organization User Types

Q: What is an Organization Administrator?

A: The Organization Administrator manages all DDCT user accounts for the organization, sets up the unit structure, and controls the data input and report submission processes.

Q: What is an Organization Contributor?

A: The Organization Contributor has the ability to enter data into the DDCT.

Q: What is an Organization Reviewer?

A: The Organization Reviewer has the ability to review and comment on data that has been entered into the DDCT.

Report Submission

Q: Does the demographic report need to be completed at the time of documentation submission?

A: The data entered into the DDCT must be submitted by the 15th or next business day of the month prior to documentation submission.

Q: For a redesignating Magnet that granted an extension, is the demographic report due by the final day of the organization’s designation anniversary month or must the demographic report be submitted by the 15th or next business day of the month prior to documentation submission?

A: In the event of an extension for a redesignating organization, the demographic report must be submitted by the 15th or next business day of the month prior to the new documentation submission date.

Q: When is the Interim Monitoring DDCT report due?

A: The demographic report is due by the final day of the organization's designation anniversary month in Interim Year 2 of the four-year designation. Please visit www.nursingworld.org/organizational-programs/magnet/interim-report for full details.

Create New Report or Load Prior Report Data

Q: How do I create a new report?

A: Organization administrators can create a new report by selecting "Add New Report" as a gray tab on the top right of the Dashboard. Instructions are available in the DDCT User Guide <https://www.magnetlearningcommunity.org/magnet/forms-and-templates/ddct?ssopc=1>.

Q: What is the value of loading DDCT data from prior reports?

A: The ability to load data from prior reports into the grid for one or all topics of the current year's report allows reuse of any unchanged information. Organizations must update information to the current 12-month reporting period for all applicable changes from the prior DDCT report. Instructions are available in the [DDCT User Guide](#).

CMS Provider Number

Q: What if our organization does not have a Centers for Medicare and Medicaid Services (CMS) Provider Number?

A: If your organization does not have a CMS Provider Number (e.g. international or pediatric-only organizations), you may leave the field blank.

AHA Number

Q: Where can I find our organization's American Hospital Association (AHA) number?

A: Call the AHA at 800-424-4301 and ask for your organization's AHA number. If your organization does not have an AHA Number (e.g. international organizations or others), you may leave the field blank.

Q: Which AHA number do we use if we have multiple campuses/facilities?

A: Use the AHA number for the main campus or the largest facility.

General Information

Q: Why did my entries on the General Information screen fail to save?

A: On this screen only, data must be entered in all fields which have bold labels or the data will not save. Throughout the system, numeric entries are limited to two decimal points. Data will not be saved if more than two digits are entered to the right of a decimal point.

Q: Why am I not able to enter the Number of Staffed Beds on the General Information screen?

A: The Number of Staffed Beds field is not editable on the General Information screen. The beds are entered in the Demographics Entry section under Utilization of Organization Services for each inpatient unit. The total Number of Staffed Beds is auto-calculated and populates as a sum on the General Information screen.

Q: What are the Reporting Period Start and End Dates?

A: These dates reflect a 12-month reporting period and are the most recent fiscal or calendar year (or other appropriate and most recent 12-month period) for which your organization has data available. Note: The DDCT reflects demographic data entered for the most recent 12-month reporting period. The DDCT reporting period start and end dates do not reflect the 48-month timeframe for your written document submission or the two-year timeframe for Interim Monitoring.

Unit Types

Q: What unit types are available to specialty organizations?

A: When a specialty Organization Type (e.g. Pediatric Acute Care, Acute Psychiatric, etc) is selected on the Organization Information screen, the full spectrum of unit types should be used. For example, if the Pediatric Acute Care Organization Type is selected, then the Medical unit type can be used for medical pediatric units, surgical pediatric units, and so forth.

Q: How should pediatric organizations categorize units?

A: Categorize critical care units in either the PICU or NICU unit types. Categorize non-critical care/non-stepdown units in other available unit types such as medical, surgical, orthopedic, oncology, etc.

Q: How should units be named within a unit type?

A: Use the unit name/acronym that is/will be used in the written documentation. Ten characters or less is recommended for your unit's name to ensure optimum display in the DDCT.

Q: How do I determine the unit type for a unit?

A: Choose the unit type for each unit that most closely aligns with the type of unit and/or patient population. Refer to the DDCT- Definitions and Data Collected <https://www.magnetlearningcommunity.org/magnet/forms-and-templates/ddct?ssopc=1>.

Q: Do we include a unit that closed during the 12-month reporting period?

No, the closed unit is not included in the DDCT if there are no current nurse FTEs budgeted or hired into the unit by the end of the 12-month reporting period. In essence, the DDCT is built around the nursing (FTEs) by unit in order to demonstrate the organization's demographic statistics. If there are no nurses, LPNs, and/or UAPs, there is no data to enter and report for a closed unit. Note: The closed unit may need to be added/included in other important Magnet submission documents that are reflective of the entire 48-month timeframe.

Q: Which unit type do I choose for an area that is both an inpatient and ambulatory care setting (e.g. observation unit, OR, dialysis, etc)?

A: Consider the patient population and data collection for the unit (e.g types of clinical nurse-sensitive indicators and patient satisfaction survey) in order to choose the most closely aligned unit type. Note: Once a unit is defined as either an inpatient unit or an ambulatory care setting, the unit will need to remain as only an inpatient unit or ambulatory care setting, and not both). *Refer to the (insert link to DDCT resource document)*

Navigation

Q: How do I begin to enter data into the Demographics Entry section?

A: First select the unit(s) from the "Show Units" column for which you would like to enter data. Then, from the "Show Questions Relating To" column, select Utilization of Organization Services to enter general information for each unit, and then select the nursing role categories for which you would like to enter data for each unit. Finally, select the Continue button. *Instructions are available in the DDCT User Guide found here (insert link).*

Nursing Roles

Q: How do I represent roles that cover multiple units or the entire organization?

A: Create a unit for the role in unit type Centralized Function. This is often the most efficient approach for wound care nurses, case managers, or nursing administration, etc. The other option for a role that supports more than one unit is to divide the nurse's full/whole FTE into partial FTEs among the applicable units.

Q: How do I determine if a role is considered an Unlicensed Assistive Personnel (UAP)?

A: The key to whether an identified role is an UAP is whether the role is delegated to by the Registered Nurse, is a part of the nursing team in care delivery, and/or reports (directly or indirectly) through the nursing structure (Nurse Manager, AVP/Nurse Director, and/or CNO).

Q: Which nursing role do I choose if the nurse's role in the organization is not available in the DDCT?

A: Choose the DDCT nursing role that most closely-aligns with the day-to day functions of the nurse's role in your organization. Otherwise, use the Clinical Nurses category as a default. Clinical Nurses is a broad category and includes roles that do not otherwise align by definition to any of the other available categories. For example, if a nurse supervisor role and/or its function does not align with the definition of a nurse leader, nurse manager, or other nursing role, enter the nurse's FTE in the Clinical Nurses category. Note: This does not mean that these nurse roles will automatically meet the current definition of 'clinical nurse' provided in the Magnet Manual glossary for the written document submission. Refer to the *(insert link to the DDCT resource document)*.

Education Degrees

Q: For international organizations, how do I count a registered nurse who is licensed without academic qualification?

A: If the nurse does not have an academic education degree (i.e. completed a training program or some other qualification as a licensed registered nurse), enter the FTEs as FTEs Diploma Nursing.

Certifications

Q: What is a professional certification?

A: Professional certification is a voluntary process by which a non-governmental body grants time-limited recognition and use of a credential to individuals who have demonstrated they have met predetermined and standardized criteria for required knowledge, skills, or competencies. To retain the credential, certificants must meet requirements for renewal. The credential awarded by the certifier denotes the participant possesses particular knowledge, skills, or competencies.

Q: What criteria are used to determine whether a credential is included in the DDCT list of national certifications?

A: Please see the criteria for inclusion located at:

<https://www.nursingworld.org/organizational-programs/magnet/program-tools/accepted-certifications/>

Q: How is eligibility determined for Professional Certifications?

A: Eligibility is determined by the certifying body for the specific professional certification. Eligibility in the DDCT is based on a denominator of FTEs having greater than two years' experience. If a nurse holds a current professional certification, the nurse is considered eligible in his/her current specialty (regardless of the nurse's current work unit). Specialty certifications are relevant across healthcare settings.

Q: If a full/partial FTE has more than one certification, should all of their certifications be entered into the DDCT?

A: Only one certification should be counted per nurse and entered as the same FTE as the nurse's FTE Actual. For example, a full-time clinical nurse as a 1.0 FTE Actual who is certified as a Pediatric Nurse (ANCC) is entered as a 1.0 PED-BC™ FTE National Certification. If a nurse holds more than one certification, it is recommended to report the certification most relevant to the nurse's current role. The certification may or may not be the same specialty as the nurse's current work unit.

Q: How do we determine the point in time for professional certification of a nurse?

A: Certification FTEs are at a point in time and are reflective of what is most recent and current for that reporting period. The recommended point in time to use is the end date of the 12-month reporting period in order to provide the most up to date information. For example, if using the most recent calendar year January 1 to December 31, certification FTEs are determined as of

December 31. If using a fiscal year from July 1 to June 30, the point in time is as of June 30.

Data Entry Tips

Q: Why does the screen update slowly?

A: Calculations are being done as data is entered. Pick a subset of unit types and a subset of roles, enter data, Save, then select a different subset of units/unit types and roles.

Q: Why is data blank or not accurate in the Submission Summary Report compared to information entered in the Demographics Entry section?

A: The Submission Summary Report may delay in auto-calculating summary statistics once data is entered into the Demographics Entry section. This may appear on the Submission Summary Report as errors (e.g low RN FTE count, zero (0.00) vacancy and turnover rates, education degree percentages totaling > 1.00 (100%)). Contact ddct@ana.org to request a manual recalculation of the report to update the Summary Report statistics.

Q: Do I need to enter “0.0” in the fields where our data equals zero or the data field does not apply?

A: No, you do not need to enter zeros where the data field equals zero or when an item does not apply; you may leave the field blank.

Q: What questions/data fields are mandatory?

A: All fields, line items, and unit types that pertain to your organization must be completed. A few items in the category of Utilization of Services are identified as optional for inpatient organizations. This can be found in the *(insert link to the DDCT resource document)*.

Q: What is the purpose of the Attachments function?

A: The Attachments function allows the organizations to save up to five (5) support documents within the submitted report. These documents can be used for internal documentation purposes and referred to in subsequent years.

Notes Tool

Q: What is the purpose of the Notes Tool?

A: The Notes Tool supports internal communication and documentation notes among the organization's team. Private notes can serve as reminders to individual users. All notes are available in previously submitted reports.

Q: Who can edit or view notes entered on the "For Appraiser" and "For Organization" tabs?

A: Only users internal to the organization can view and edit entries made on this notes tab.

Export

Q: Can I export the data to an Excel spreadsheet?

A: Users are able to select units and question sets on the Organization Questions screen for export via the Export Selection button. The far right "totals" column values for RN Turnover, RN Vacancy, and % RNs/LPNs/UAP are not currently accurate on the export spreadsheet. These data points are accurate as displayed in the DDCT. *Instructions are available in the DDCT User Guide found here (insert link).*

XML Schema (Batch Loading DDCT Data)

Q: How can I convert an Excel file to XML?

A: Users who have been successful with this process have mentioned this website: <http://www.excel-easy.com/examples/xml.html>

Q: How do we use Notepad++, (step 1 through step 3)?

A: Download Notepad++ here (<http://notepad-plus-plus.org/download/v6.5.5.html>). Under the Plugins > Plugin Manager menu, you can install the XML Tools plugin. Then you can open an XML file and validate it using Plugins > XML Tools > Check XML Syntax Now.

Q: How do we use Notepad++, (step 4)?

A: Once the syntax is valid, you can validate it against the schema using Plugins > XML Tools > Validate.

Q: What are the file specifics required for uploading batch data?

A: The XML Schema can be downloaded from the Organization Administrator Report Dashboard. Download the most recent version before developing a report. The Report.xsd is the schema. The ReportEnumerations.xsd file is for information only.

Q: What does batch loading data mean?

A: The ability to load data stored in a predefined format into the DDCT so the organization does not need to manually enter the data. After data is batch loaded it must be verified to ensure that all fields line up properly.

Q: What is the XML Schema? How do we use this file?

A: Use of the XML Schema requires an Information Technology professional with a working knowledge of Extensible Markup Language (XML) and a thorough understanding of the organization's source data systems. Before an XML file is submitted for import, it is important that the end-user validates the XML against the latest version of the XML schema. There are free tools that can do this, such as Notepad++ with the XML Tools plugin.