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Community Case Management (CCM) Long-Term Services and Supports Nursing Assessment (LTSSNA)

Continuous Skilled Nursing (CSN) Standards Tool

Prepared for:

**MassHealth Office of Long-Term
Services and Supports (LTSS)**



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Suggested Time Ranges for Performing SNIs on the MassHealth LTSSNA

The following time estimates are guidelines for determining the amount of Continuous Skilled Nursing (CSN) time required to perform the skilled nursing interventions (SNI) found on the Long-Term Services and Supports Needs Assessment (LTSSNA). These time periods are based on the AVERAGE time it may take a CSN provider to perform a specific SNI, depending on the needs of the Member. It is recognized that some Members may require additional time beyond the time estimates in these guidelines, while others may require less. The guidelines were developed to be used by Clinical Managers (CMs) who evaluate a Member's need for CSN services.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Respiratory	1	Tracheostomy (trach) care	SNI to maintain a patent airway, check for proper placement and function of the trach tube, assess the skin around the trach site for irritation, and to avoid infection. Trach care includes suctioning done as part of the trach care procedure, dressing and tie changes, and assessment. Trach changes are included here.	Due to age, ability to cooperate, and anatomical differences, standard time ranges for trach care and trach changes may differ between adults and children. *Additional Dressing and tie changes required for wet or soiled ties should be considered.	Routine Trach Care: <i>Adults 5 to 10 minutes</i> <i>Pediatrics 10 to 20 minutes</i> *PRN dressing and tie changes 1 to 5 minutes Trach Changes: <i>Adults 5 to 10 minutes</i> <i>Pediatrics 10 to 30 minutes</i> If additional time beyond time listed here is required, documentation to justify the additional time is required.
Respiratory	2	Suction type /frequency	The goal for this SNI is to maintain a patient airway, including oral, nasal and tracheal suctioning. (Individual passes with wand or catheter are not considered individually but as part of the airway clearance episode.)		1 to 5 minutes per airway clearance episode (oral, nasal or tracheal) If additional time beyond 5 minutes is required it is considered an outlier, and documentation to justify the additional time is required.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Respiratory	3	Mechanical ventilation care and management (CPAP, BiPap, Ventilator)	<p>This SNI is referred to as a safety check and includes assessment of the Member, equipment, and intervention required for proper function of the mechanical ventilation and Member wellbeing.</p> <p>*Time required to rectify disconnects, answering alarms, and emptying rainout is accounted for within this range.</p> <p>Vent initiation and discontinuation is considered each time a Member is taken off and put back on the ventilator.</p>	<p>Note: Regular maintenance of the equipment varies among Members and should follow orders in the plan of care, documented respiratory care specialist recommendations, the presence and number of ventilators available in the home, and whether reported as “in use” or not.</p>	<p>1 to 5 minutes per safety check</p> <p>5 to 10 minutes per initiation and/or discontinuation</p> <p>Ventilator maintenance time is included in the time for safety check. See note for additional considerations if performed by the CSN provider.</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>
Respiratory	4	Oxygen desaturation frequency	<p>This SNI includes Arterial oxygen desaturation monitoring (SaO2) via transcutaneous pulse oximetry (SpO2) and the application and rotation of the SpO2 probe.</p>	<p>Pulse oximetry checks, and continuous pulse oximetry as ordered on the plan of care.</p> <p>Time for responding to oximeter alarms should be considered.</p> <p>No time is given for reading the oximeter during a ventilator check. It is considered part of the ventilator safety check.</p>	<p>1 to 5 minutes per check</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Respiratory	5	Oxygen application	This SNI includes the application of oxygen and the assessment of the need for the application of oxygen.	<p>Considering the prompt for oxygen usage will help determine the medical need for the intervention, and where to document associated SNIs times in the LTSSNA.</p> <p>Respiratory events that require oxygen titration in response to a desaturation.</p>	<p>1 to 5 minutes per oxygen application</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>
Respiratory	6	Chest physiotherapy (CPT) / frequency	CPT is performed to assist a Member in mobilizing secretions. CPT may be performed manually, using a high frequency chest wall oscillation (HFCWO) or commonly referred to as the “vest,” or through Mechanical Insufflator-Exsufflator (MIE), commonly referred to as the “cough assist.” This SNI includes performing CPT, manually, with the vest, and use of the cough assist when indicated, and includes assessment of the Member during the procedure.	<p>CPT is typically ordered and performed at a frequency of 2 times per day (BID) to 4 times per day (QID) in the medically complex population out in the community. More often than QID is considered an outlier and requires clear documentation for medical necessity in the LTSSNA.</p> <p>For Members requiring (MIE) Cough Assist, review nursing notes for typical use and time documented, to inform time allotted. Consider how cycles are ordered, if there are pauses for suctioning, and how Member tolerates the therapy.</p> <p>Note: CPT done to treat a diagnosis of Cystic Fibrosis should be allotted time for the frequency and duration ordered by the clinician.</p>	<p>10 to 20 minutes for manual CPT</p> <p>20 to 30 minutes for CPT with vest</p> <p>10 to 15 minutes for Cough assist (MIE)</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Respiratory	7	Small volume nebulizer treatments (SVN)	This SNI includes administration of an SVN treatment and assessment of the Member before, during and after the treatment.	<p>The guideline recommends the time given for SVN should be determined by the number of fluid ml of solution and, in some instances, the viscosity of the solution. A 3ml of solution typically takes 15 minutes to nebulize. A viscous solution may require additional time to complete the treatment. More than one medication or solution being nebulized together at the same time, will affect the time required to deliver it. For example, 2 medications being nebulized together and collectively measure 6 ml takes 35 minutes to administer (15+15+5=35).</p> <p>Some nebulized respiratory medications (e.g., Dornase Alpha, antibiotics, mucolytics, etc.) require skilled inspection and cleaning of the nebulizer before and after the treatment for continued proper functioning. 5 additional minutes may be given to provide this care.</p>	<p>20 minutes per 3ml SVN treatment</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>
Respiratory	8	Inhalers	This SNI includes the administration of medication using a metered dose inhaler (MDI) or the use of nasal spray, assessment of the Member before, during and after the administration of the medication, and oral care, if indicated.	<p>When using an MDI, consider whether the route is orally, via tracheostomy, by face mask, using a spacer, or actuated inline through a ventilator circuit regardless of the medication and includes breath-activated dry-powder inhalers.</p> <p>The suggested standard for delivering sprayed medications intranasally, including saline if ordered, is 30 seconds per treatment.</p>	<p>Inhaler 1 to 5 minutes for adults and children</p> <p>Nasal spray 30 seconds per treatment</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Respiratory	9	Skilled assessment respiratory	This SNI includes assessment of the respiratory system, including auscultation, respiratory rate, respiratory effort, checking all vital signs, cyanosis, HR, SaO ₂ . Symptoms of respiratory distress are considered including dyspnea, cough/sputum, fever, chills, chest pain with breathing, previous history, treatment, and medications.	Time for assessment <i>may</i> be allotted if not included as part of other interventions. The Member's diagnoses and clinical needs should be considered if additional time is allotted for assessment beyond assessment performed as part of other SNIs. This situation is considered an outlier; documentation is required to justify time given for assessment.	5 to 10 minutes per assessment
Cardiac / autonomic instability	10	Skilled assessment cardiac	This SNI includes collecting objective data and checking all vital signs by palpating a pulse, assessing cardiac sounds via stethoscope, checking, and documenting the SaO ₂ by pulse oximeter, breath sounds by auscultation, BP by cuff, and body temperature and/or as ordered on the 485.	Note: Time is given for the hands-on intervention of performing the vital sign measurements and DOES NOT include time for interventions generated by the results.	5 to 10 minutes per assessment

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Gastro-intestinal (GI) Nutrition	11	Oral feeds / frequency (only score if at risk for aspiration)	This SNI includes skilled assessment during oral feedings for Members at risk of aspiration. When the task of administering oral feedings requires the skills of a licensed nurse this SNI may also include time for the oral feeding.	<p>Focused questions during the initial assessment can help tease out the need for skilled aspiration assessment. Time can be given for assessment after feedings. For example, if the member is fed three meals and two snacks per day, 1 to 5 minutes per feeding per day can be allotted for assessment for aspiration and skilled intervention if required. (Example: 5 x 3 minutes = 15 minutes for this SNI can be allotted per day).</p> <p>Risk factors include:</p> <ul style="list-style-type: none"> • Swallowing dysfunction with cough during meals or dyspnea. • Members with a history of vomiting or aspiration pneumonia. • Members deconditioned by severe chronic illness who cannot chew properly. <p>When considering SNI for the length of the oral feeding, there must be physician orders on the plan of care, requiring a licensed nurse to perform the oral feeding and a clear description of the oral feeding plan.</p>	<p>1 to 5 minutes for aspiration assessment and skilled intervention if required.</p> <p>Oral feeding will be individualized to include the length of the feeding, when applicable.</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Gastro-intestinal (GI) Nutrition	12	Nasogastric tube feeding / frequency	This SNI includes checking tube placement, measuring for placement, pushing an air bolus into the tube while auscultating the stomach, securing the tube, and checking for skin breakdown.	Note: Naso-enteral tubes are not common in homecare due to complexity and are considered a higher risk procedure.	10 to 15 minutes per access If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.
Gastro-intestinal (GI) Nutrition	13	G/J tube care frequency	The SNI for feeding tube care includes cleaning the insertion site, drying site, applying medication if required, and applying a cover/barrier. This SNI may also include changing the Mic-key or JT button, preventing and clearing blocks, turning the tube to prevent adhesions, and checking the G-Tube balloon.	Note: Medications given through the feeding tubes should be documented in the G-tube feeding section of the LTSSNA or in the fluctuation section.	5 to 10 minutes per episode of G/J tube care If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.
Gastro-intestinal (GI) Nutrition	14	G/J tube feeding frequency	This SNI includes preparation (e.g., priming the pump), initiating the feed, assessing tolerance, assessing for aspiration, flushing the tube, and administering extra water boluses. This SNI also includes administration of medications.	<ul style="list-style-type: none"> Consider the distinctions and separate needs between G-tubes and J-tubes. Consider the form of medications given and the administration time. If medication is delivered with feeding, time may be added. 	10 to 15 minutes per feeding 3 to 5 minutes per medication administration If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Gastro-intestinal (GI) Nutrition	15	Adjustment and venting frequency	This SNI includes time to vent enteral tubes to allow excess gas to escape. This SNI also includes stopping and/or holding enteral feedings, to check nutrition residuals that remain in the stomach, or for replacing volume.	Note: <ul style="list-style-type: none"> Venting of the enteral tube occurs each time the tube is accessed, time for venting is included when the enteral tube is being accessed for each feeding, medication administration, or when using a Farrell valve bag. Time allotted here for venting should be above and beyond what is included during routine care noted above. 	1 to 5 minutes per episode of adjustment and venting If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.
Gastro-intestinal (GI) Nutrition	16	Intake and output (I&O) frequency	This SNI includes accurate 24-hr measurement and assessment of I&O.	When time is allotted in this section there should be a physician order on the plan of care and the Member's diagnoses and medical condition should warrant the need for I&O.	1 to 5 minutes per episode, typically performed 3 times in a 24-hour period. If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.
Gastro-intestinal (GI) Nutrition	17	Elimination management / frequency	This SNI includes the pre and post assessment of administration of treatment(s) for elimination management, including administration of enemas and suppositories, digital stimulation, and positioning.	Consider <u>Non-Complex Bowel care</u> depending on age and diagnosis. Consider <u>Complex Bowel care</u> – SNI time allocation varies because the interventions and frequencies vary and are tailored to the individual Member. Time allotted for complex bowel care ordered on the 485 varies. The Member's diagnoses and clinical needs should be considered in determining time allotted.	1 to 10 minutes for non-complex bowel care as ordered on the 485. If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required. There is no suggested standard for complex bowel care.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Gastro-intestinal (GI) Nutrition	18	CVL / PICC / Broviac care	This SNI includes the assessment and hands on management of central lines including Central Venous Lines (CVL), Peripherally Inserted Central Catheter (PICC), and Port-a-Cath (PAC). The clinical guideline for the overall SNI Central Line (CVL/PICC/PAC) Care for adults and pediatrics varies according to the different small tasks required to perform the overall intervention and the frequency ordered.	Consideration should be given to who is accessing or caring for the CVL, PICC or PAC, the frequency of access, and the duration of access. Time <i>should</i> be given for CSN provider accessing a PAC, if applicable.	3 to 5 minutes for flushing lines for the purpose of line care only (not for flushing lines before and after TPN) 3 to 5 minutes for line cap changes 5 to 10 minutes for an Ethanol lock procedure, when applicable 30 to 45 minutes per dressing change PRN or as ordered on the plan of care (may alternately be documented in the wound care section on the LTSSNA) If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.
Gastro-intestinal (GI) Nutrition	19	Parenteral line assessment	This SNI includes assessment and troubleshooting of the parenteral line, including assessing for patency, leaking and/or cracks in the line.	Considerations includes the frequency and need to troubleshoot the parenteral line. 1 to 3 minutes per hour is sufficient to include assessment and troubleshooting during use of parenteral line.	1 to 3 minutes per hour for assessment and troubleshooting If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Gastro-intestinal (GI) Nutrition	20	TPN infusion management / frequency	This SNI includes preparing the TPN and/or lipids, initiating and discontinuing TPN and/or lipids, and flushing lines before and after administration.	TPN management has many variables based on the needs of the individual. Also, there is variance in running times and viscosity of the nutrition.	30 to 40 minutes for <i>active children</i> 10 to 20 minutes for <i>adults and inactive children</i> 5 to 15 minutes for administration of lipids and for IV fluids. If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.
Gastro-intestinal (GI) Nutrition	21	Skilled assessment GI	This SNI includes collecting objective data by inspecting the abdomen for shape, symmetry, distention, and appliances, stomas, or dressings. Palpating the abdomen for pain, guarding, tenderness, or distention and for auscultating the four quadrants for bowel motility, present and/or absent bowel sounds.	Time for assessment <i>may</i> be allotted if not included as part of other interventions. The Member's diagnoses and clinical needs should be considered if additional time is allotted for assessment beyond assessment performed as part of other SNIs. This situation is considered an outlier; documentation is required to justify time given for assessment.	5 to 10 minutes per assessment If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Genito-urinary (GU)	22	Catheter care / frequency	This SNI includes management of indwelling urinary catheter care, intermittent urinary catheterization, and suprapubic catheter.	<p>Foley catheter and suprapubic catheter care should include assessment for leaking, quality and color of urine, patency, physician ordered irrigation, changing the collection bag.</p> <p>Additional considerations for suprapubic catheter care include assessing the skin and need for changing the wafer.</p> <p>Intermittent catheterization should include consideration of frequency, ease of insertion, the need for clean vs. sterile procedure, and the assessment of urine for color, odor, and sediment.</p>	<p>5 to 10 minutes x average episodes per day for management of Foley or suprapubic catheter.</p> <p>10 to 15 minutes per intermittent catheterization.</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>
Genito-urinary (GU)	23	Ostomies care / frequency	This SNI includes assessing an ostomy site, changing the appliance, measuring output, and maintaining appliance integrity.	<p>There is a wide variety of individuals with ostomies in the medically complex population and there are a variety of ostomy placements dictated by the underlying medical need.</p> <p>The proximity of a central line to the ostomy may impact time allotted to assess for signs and symptoms of infection.</p>	<p>10 minutes x 1 per day per appliance change and</p> <p>1 to 2 minutes up to 8 times per day for management, assessment, output, and appliance integrity.</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.</p>

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Genito-urinary (GU)	24	Skilled assessment GU	<p>This SNI includes: inspecting the abdomen for presence of urethral catheter, ileal conduit, nephrostomy tube(s), suprapubic catheter, condom catheter and for the amount, odor, and color of urine, signs of irritation, assessment of skin integrity, and for urethral discharge.</p> <p>Palpating the suprapubic abdomen for pain or urinary retention</p> <p>Measuring urine output</p>	<p>Time for assessment <i>may</i> be allotted if not included as part of other interventions. The Member's diagnoses and clinical needs should be considered if additional time is allotted for assessment beyond assessment performed as part of other SNIs. This situation is considered an outlier; documentation is required to justify time given for assessment.</p> <p>Consideration should be given to those Members who receive peritoneal dialysis in the home. Peritoneal dialysis is considered an outlier. Typically, a non-clinical caregiver, usually a family member is trained and is responsible for this intervention in the community. Management of peritoneal dialysis is not completed by the visiting nurse or the home health nurse. Some assessment time may be given to the home health nurse to document the condition of the surrounding skin, or to check for leakage from the device. The documentation for this assessment may be placed in either the skin assessment section or the GU section on the LTSSNA but not both.</p>	5 to 10 minutes per episode of assessment

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
<i>Wound care / skin</i>	25	Wound care frequency	This SNI includes wound evaluation, measurement, cleaning, applying medication, performing dressing changes.	Consideration should include size of the wound and complexity of physician ordered wound care. As wounds heal, documentation may shift to either the skin assessment section, or as an alternative, can be documented under skilled assessment needs related to fluctuation in medical status section in the LTSSNA.	5 to 15 minutes per wound If additional time beyond the time listed here is required, it is considered an outlier, and documentation to justify the additional time is required.
<i>Wound care / skin</i>	26	Skilled assessment skin	This SNI includes assessment of the skin for redness or other signs of skin breakdown to prevent wounds.	Skin and soft-tissue infections are the third most common infections in long-term care. If appropriate, time given to perform skin assessment can be combined with time allotted for performing other SNIs for the musculoskeletal system and counted in one, or the other, section of the LTSSNA but not both.	15 to 16 minutes per day (broken out as 3 minutes 5x per day, or 1 to 2 minutes 8x per day)
<i>Neurological</i>	27	Seizure frequency	The SNI includes recognition of an episode, repositioning if necessary, to ensure safety, providing airway clearance, medication administration, and timing of the episode.	Consider ensuring Member safety, and airway protection, and the presence of a seizure management plan.	2 to 10 minutes per episode If additional time beyond the time listed here is required, it is considered an outlier, documentation to justify the additional time is required.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Neurological	28	Skilled assessment neurological	The SNI includes assessing mental status, measuring the level of consciousness, inspecting pupillary response, provoking reflexes, and measuring vital signs. It may also include checking cranial nerves, and motor and sensory function.	Time for assessment <i>may</i> be allotted if not included as part of other interventions. The Member's diagnoses and clinical needs should be considered if additional time is allotted for assessment beyond assessment performed as part of other SNIs. This situation is considered an outlier; documentation is required to justify time given for assessment.	3 to 5 minutes per assessment
Pain management	29	Pain management frequency	This SNI includes administration of medication, and nonpharmacologic therapies only if these therapies require the skills of CSN provider.	<p>Consider the need to manage multiple PRN pain medications.</p> <p>Consider nonpharmacologic therapies that require the skills of a nurse.</p> <p>The CSN provider should watch for duplication of administration.</p>	<p>1 to 5 minutes per administration <QH, Q2-4H, Q5-8H, or >Q8H, etc. as ordered by a doctor or other prescribing clinician</p> <p>If additional time beyond the time listed here is required, it is considered an outlier, documentation to justify the additional time is required.</p>
Pain management	30	Skilled assessment pain	The SNI includes evaluation of pain, response(s) to pain intervention(s), progress toward pain management goals including functional ability, side effects of treatment, and assessment of risk factors for adverse events caused by the treatment.	<p>Consider Member's ability to communicate pain. Non-verbal Members may require additional time for pain assessment.</p> <p>Consider time to assess efficacy of pain management interventions.</p>	1 to 5 minutes per assessment episode

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
Musculo-skeletal	31	Skilled assessment musculoskeletal	This SNI includes assessment and palpation of the Member from head to toe, observation of range of motion of the joints, checking for possible fractures and monitoring vital signs for tolerance of position.	The need for this SNI is most often found associated with the following diagnosis or conditions: osteopenia or brittle bones with fracture in past year, osteopenia or brittle bones impacting daily care, contractures of one or more extremities affecting care/pain management, and subluxed or dislocated joints requiring reinsertion. Consider frequency as ordered by physician.	5 minutes per assessment for a <i>small child</i> 5 to 10 minutes per assessment for <i>larger children</i> and <i>adults</i> If additional time beyond the time listed here is required, it is considered an outlier, documentation to justify the additional time is required.
Fluctuation in Medical Status	32	Other considerations in skilled care related to fluctuation in medical status	The SNI's in this section include all systems requiring assessment or interventions that were not considered in the other body systems sections.	For each assessment or intervention not included above, consideration should be given to the tasks that require the skills of CSN provider, time to complete the tasks and the frequency with which they occur. Additional consideration should be given to: <ul style="list-style-type: none"> • Frequency and type of illness • Length of illness • Frequency of hospitalizations • Frequency of ER visits • The number of daily medications and the frequency of administration • The number of PRN medications and the frequency of administration • The route of administration of medications 	There is no suggested time here.

Body Systems	#	Skilled Nursing Interventions	Description	Common Considerations	Average Time Estimates (Per episode of SNI unless otherwise noted)
				<ul style="list-style-type: none"> • Predictability of changes in health status • Night routine • Additional interventions related to illness • Frequency of sick days per week/month/year 	