

# **DATA COLLECTION TOOLS HEALTH CARE STAFFING SERVICES**

## ***Introduction***

These data collection tools have been developed as one option for collecting HCSS performance measure data. Your firm may choose to design a manual data collection tool of its own or develop an electronic format for data collection.

These data collection tools have been created with the following objectives:

- Minimize unnecessary entries;
- Expedite and streamline the data collection process; and,
- Facilitate data aggregation for measure rate calculations.

## ***Guide to Use***

These data collection tools consist of worksheets and tally sheets for each measure. The worksheet should be utilized to collect data to identify the numerator population for that measure, and the tally sheet for data aggregation and measure rate calculations.

- Always complete the report period information. This is important to provide the monthly data points necessary for trend analysis, and to prevent gaps in data collection.
- Always create a unique identifier for each occurrence of Do Not Return. This is important since individual employees may be involved in more than one occurrence during the same reporting period or different reporting periods.
- Always create a unique identifier for each personnel file audited. This is also important since an individual personnel file might be included in the random sample for multiple reporting periods. Personnel files should not be re-audited until all files have been audited one time.

**Data Collection Tool  
Health Care Staffing Services**

<b>HCSS-1 &amp; HCSS-2 Do Not Return Worksheet</b>			
Monthly Report Period:			
<input type="checkbox"/> Jan. 201 _	<input type="checkbox"/> Apr. 201 _	<input type="checkbox"/> Jul. 201 _	<input type="checkbox"/> Oct. 201 _
<input type="checkbox"/> Feb. 201 _	<input type="checkbox"/> May 201 _	<input type="checkbox"/> Aug. 201 _	<input type="checkbox"/> Nov. 201 _
<input type="checkbox"/> Mar. 201 _	<input type="checkbox"/> Jun. 201 _	<input type="checkbox"/> Sep. 201 _	<input type="checkbox"/> Dec. 201 _
Do Not Return Occurrence Identifier		_____	
Did the client request that an employee Do Not Return?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (stop)	
1). Was a clinical reason for the Do Not Return identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments:			
2). Was a professional reason for the Do Not Return identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments:			

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<b>HCSS-1 &amp; HCSS-2 Do Not Return Tally Sheet</b>			
Monthly Report Period:			
<input type="checkbox"/> Jan. 201 _	<input type="checkbox"/> Apr. 201 _	<input type="checkbox"/> Jul. 201 _	<input type="checkbox"/> Oct. 201 _
<input type="checkbox"/> Feb. 201 _	<input type="checkbox"/> May 201 _	<input type="checkbox"/> Aug. 201 _	<input type="checkbox"/> Nov. 201 _
<input type="checkbox"/> Mar. 201 _	<input type="checkbox"/> Jun. 201 _	<input type="checkbox"/> Sep. 201 _	<input type="checkbox"/> Dec. 201 _
Do Not Return Occurrence Identifiers		# _____ thru _____	
What is the total number of hours worked by active clinical staff for this reporting month?		_____	
What is the total number of hours worked by active clinical staff for this reporting month divided by 1,000?*		_____ *This is the denominator for measures HCSS-1 and HCSS-2.	
Aggregate all worksheets with question #1 marked "yes".		_____ This is the numerator for measure HCSS-1.	
Aggregate all worksheets with question #2 marked "yes".		_____ This is the numerator for measure HCSS-2.	
Comments:			

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<b>HCSS-3 Personnel File Worksheet</b>			
Monthly Report Period:			
<input type="checkbox"/> Jan. 201 _ <input type="checkbox"/> Feb. 201 _ <input type="checkbox"/> Mar. 201 _	<input type="checkbox"/> Apr. 201 _ <input type="checkbox"/> May 201 _ <input type="checkbox"/> Jun. 201 _	<input type="checkbox"/> Jul. 201 _ <input type="checkbox"/> Aug. 201 _ <input type="checkbox"/> Sep. 201 _	<input type="checkbox"/> Oct. 201 _ <input type="checkbox"/> Nov. 201 _ <input type="checkbox"/> Dec. 201 _
Personnel File Record Identifier		_____	
Is the staff member involved in the provision or direction of patient care as part of his or her assigned duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (stop)	
Did the staff member work at any time during the applicable reporting period?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (stop)	
Is there documentation in the personnel file that demonstrates that employee has met the minimum data requirements for job appropriate credentials? <ul style="list-style-type: none"> <li>• Current state license</li> <li style="text-align: center;">OR</li> <li>• Verification of certification</li> </ul> (if license not required by state law)	Yes <input type="checkbox"/> (file meets all requirements for this element)	No <input type="checkbox"/> (stop)	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there documentation in the personnel file that demonstrates that employee has met the minimum data requirements for competency appropriate for	Yes <input type="checkbox"/> (file meets all requirements for this element)	No <input type="checkbox"/> (stop)	

assigned duties?		
<ul style="list-style-type: none"> <li>• Verification of prior work experience AND</li> <li>• Assessment of clinical skills (new hire &amp; annually) AND</li> <li>• OSHA &amp; HIPAA compliance training AND</li> <li>• Current CPR Card (if required by state law)</li> </ul>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/>    N/A <input type="checkbox"/></p>
<p>Is there documentation in the personnel file that demonstrates that employee has met the minimum data requirements for health screening?</p> <ul style="list-style-type: none"> <li>• TB test (PPD) (annually) OR</li> <li>• Documentation of previous +</li> </ul>	<p>Yes <input type="checkbox"/> (file meets all requirements for this element)</p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> (stop)</p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Is there documentation in the personnel file that demonstrates that employee has met the minimum data requirements for background check?</p> <ul style="list-style-type: none"> <li>• Verification of previous employers AND</li> <li>• Reference checks AND</li> <li>Criminal records search (new hire &amp; rehire)</li> </ul>	<p>Yes <input type="checkbox"/> (file meets all requirements for this element)</p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> (stop)</p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Comments:</p>		

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<b>HCSS-3 Personnel File Tally Sheet</b>			
Monthly Report Period:			
<input type="checkbox"/> Jan. 201 _	<input type="checkbox"/> Apr. 201 _	<input type="checkbox"/> Jul. 201 _	<input type="checkbox"/> Oct. 201 _
<input type="checkbox"/> Feb. 201 _	<input type="checkbox"/> May 201 _	<input type="checkbox"/> Aug. 201 _	<input type="checkbox"/> Nov. 201 _
<input type="checkbox"/> Mar. 201 _	<input type="checkbox"/> Jun. 201 _	<input type="checkbox"/> Sep. 201 _	<input type="checkbox"/> Dec. 201 _
Personnel File Record Identifiers		# _____ thru _____	
What is the total number of active clinical staff for this reporting month?		_____	
How many personnel files were sampled? *		_____ *This is the denominator.	
What is the total number of personnel files for which the answer is "yes" for all components of the four data elements?		_____ This is the numerator.	
Comments:			