



# Standardized Performance Measures for Health Care Staffing Services

Conference Call


March 20, 2009


11:00 AM to 12:30 PM CDT

# Today's Topics

- ▶ Review HCSS standardized measures
- ▶ Review data collection and submission requirements
- ▶ Discuss data analysis and how to use data to improve performance

# HCSS Standardized Measure Set

- 
- ▶ Do Not Return - Clinical
  - ▶ Do Not Return - Professional
  - ▶ Completeness of Personnel File
  
  - ▶ January 1, 2008
    - Standardized measures uniformly adopted by all currently certified HCSS firms, as well as, firms seeking initial certification
    - Standardized measures replaced non-standardized measures previously used



# HCSS Performance Measurement Implementation Guide, 2<sup>nd</sup> Edition

▶ On The Joint Commission Web Site:


→ Certification Programs

→ Healthcare Staffing Services

→ HCSS Performance Measure

Implementation Guide

**[http://www.jointcommission.org/CertificationPrograms/  
HealthCareStaffingServices/HCSS...](http://www.jointcommission.org/CertificationPrograms/HealthCareStaffingServices/HCSS...)**



# HCSS Performance Measurement Implementation Guide, 2<sup>nd</sup> Edition

- ▶ Comprehensive documentation of measure information
- ▶ Supports uniform and accurate standardized measure implementation
- ▶ Provides consistent tools for data collection and analysis

# HCSS-1 Do Not Return - Clinical



**Denominator:** Total hours worked  
(# hours worked / 1,000)

**Numerator:** Occurrences of DNR  
attributed to clinical reasons

# HCSS-2 Do Not Return-Professional



**Denominator:** Total hours worked  
(# hours worked / 1,000)

**Numerator:** Occurrences of DNR  
attributed to professional reasons

# HCSS-1 & 2 Data Elements



## ■ Numerator

- Do Not Return – Clinical or Professional
- Do Not Return Occurrence Identifier

## ■ Denominator

- Hours Worked
- Active Clinical Staff (i.e., staff that has worked any time during the designated reporting month)
- Clinical Staff

# HCSS-3 Completeness of Personnel File

**Denominator:** Total active clinical staff

**Numerator:** # of personnel files meeting the minimum data set requirements for all required components

# HCSS-3 Data Elements



	Competency	Background Check	Health Status	Job Appropriate Credentials
<i>Minimum Data Set Requirements</i>	*H/O prior work *Assessment of clinical skills *OSHA & HIPAA compliance training *Current CPR <b>ALL</b>	*Criminal records check <b>AND</b> *Verification of previous employers <b>AND</b> *Reference checks at time of hire and rehire	*TB test (PPD) annually <b>OR</b> *Documentation that employee previously tested positive	*Current state license / registration; <b>OR</b> *Verification of certification program completion


# Sampling Methodology for **HCSS-3**

Standardized Measures		Measures of Success	
<u>Monthly</u> Volume (e.g. # of Active Clinical Staff)	<u>Monthly</u> Sample Size	Population Size (e.g. # of Cases)	Sample Size
1-9	100%	< 30	100%
10-49	10	30-100	30
50-99	20%	101-500	50
> 100	20	> 500	70

# Data Collection and Reporting

- ▶ Certified firms must annually demonstrate ongoing performance measurement activities in order to maintain certification
  - 4 months of data for each HCSS measure at time of initial review
- ▶ Data collected (monthly data points) and submitted quarterly for all three measures in the HCSS set
  - 12 months of data (numerators & denominators) entered in CMIP (The Joint Commission *Connect*<sup>TM</sup> secure-extranet) by time of intra-cycle review
  - 24 months of data by time of recertification
  - Data submission within 45 days following the end of the calendar quarter (CMIP send button)
- ▶ All certified firms must provide updates for all three measures annually
  - Performance Measure Data Report in CMIP

# Measurement Results Reporting



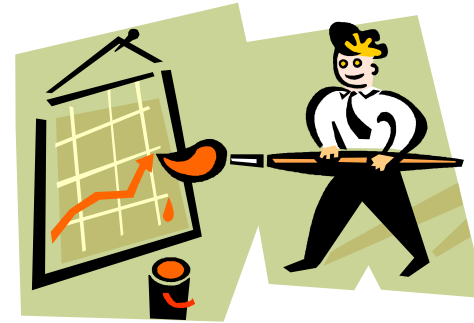
Statistical tools for data display & analysis should be used

## Types

- Control chart (Statistical Process Control or SPC)
- Cause & effect diagram
- Pareto chart
- Run chart/Line graph/Time series plot
- Bar graph
- Flow chart
- Many others



# How to use standardized measure data to improve performance: An HCSS Example

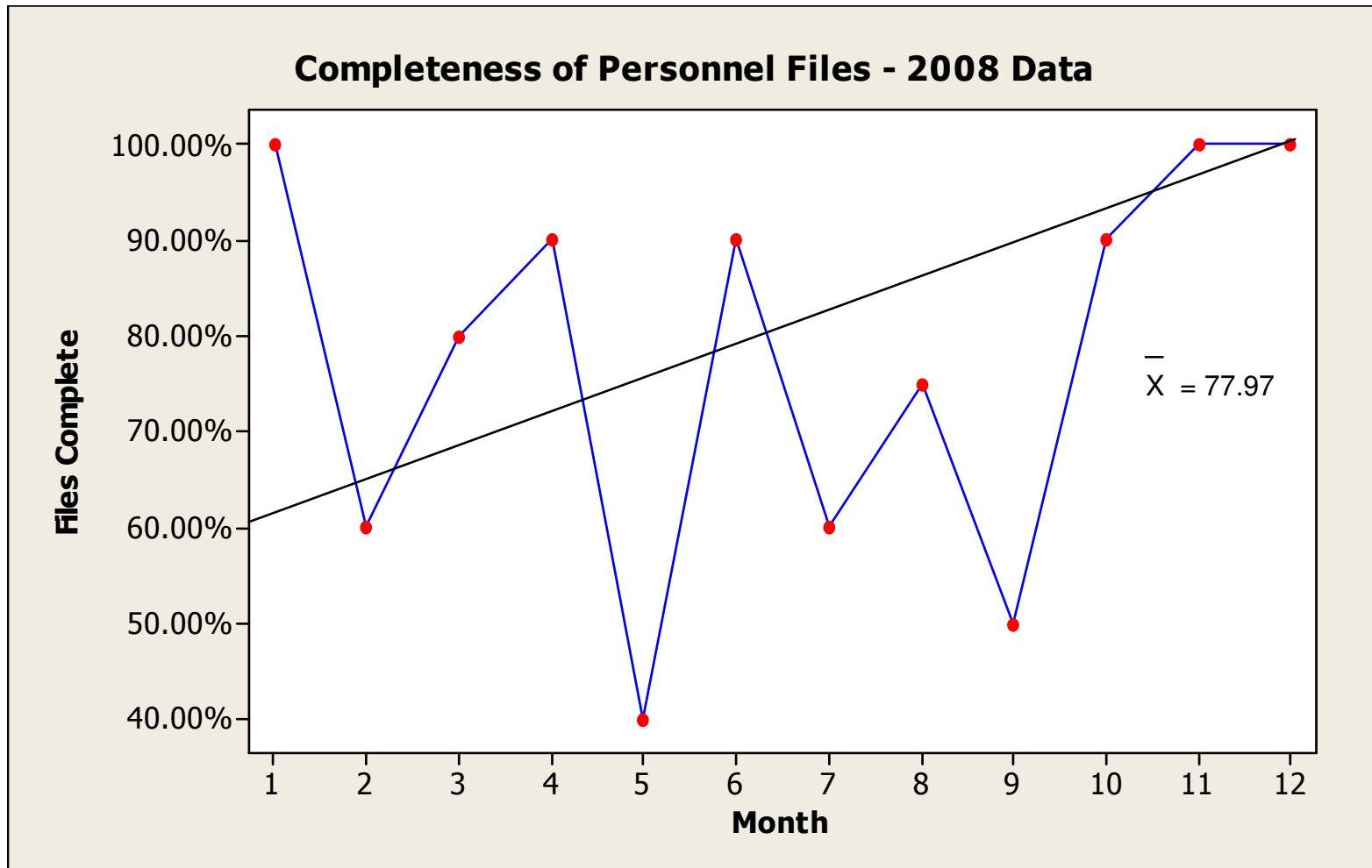


# Transmitted Data Report (CMIP)



HCO	MIF	Short Name	reporting date	numerator	denominator	result
xxxxxx	13	Completeness of Personnel File	01/01/08	20	20	100.0%
xxxxxx	13	Completeness of Personnel File	02/01/08	12	20	60.0%
xxxxxx	13	Completeness of Personnel File	03/01/08	16	20	80.0%
xxxxxx	13	Completeness of Personnel File	04/01/08	18	20	90.0%
xxxxxx	13	Completeness of Personnel File	05/01/08	8	20	40.0%
xxxxxx	13	Completeness of Personnel File	06/01/08	18	20	90.0%
xxxxxx	13	Completeness of Personnel File	07/01/08	12	20	60.0%
xxxxxx	13	Completeness of Personnel File	08/01/08	15	20	75.0%
xxxxxx	13	Completeness of Personnel File	09/01/08	10	20	50.0%
xxxxxx	13	Completeness of Personnel File	10/01/08	18	20	90.0%
xxxxxx	13	Completeness of Personnel File	11/01/08	20	20	100.0%
xxxxxx	13	Completeness of Personnel File	12/01/08	20	20	100.0%

# Plotted Monthly Data Points



graphic data displays completed by firm and shared with reviewer at time of recertification

# Performance Measure Data Report (4 Questions in CMIP)

Describe how data for this measure have been used to evaluate processes and/or outcomes

Identify potential opportunities for improvement

Describe any interventions and/or process modifications that may have been made based on measurement results and how the effectiveness of these changes were/will be measured

Explain any significant variations in the updated data submitted for this measure. This would include any interruption in continuous data collection or change in the normal pattern of the data, i.e., those variations that may be attributable to a special cause

# Use Data to Evaluate Processes and Outcomes

- ▶ Completeness of personnel files inconsistent over past 12 months
- ▶ Overall upward trend with improvement noted in Q4 2008
- ▶ Most frequently missing requirements:
  - Documentation of annual competency assessment
  - Expired CPR certification

# Identify Potential Opportunities for Improvement

- ▶ Completeness of personnel file averages 78% over 12 month period
- ▶ Timely completion of competency assessments would significantly improve performance

# Describe Interventions or Process Modifications

- Modified HR software to flag files 3 months before renewal / expiration dates
  - Allow employee time to complete testing
  - Allow time to update documentation in file
- Computer generated notices attached to employee pay statements as reminder

# Explain Variances

## ■ May 2008

- 12 files with expired CPR certifications. BLS class scheduled for April 25<sup>th</sup> cancelled.


## ■ July 2008

- New HR software installed. Steep learning curve. Staff had difficulty keeping up with electronic documentation for a few months. July, Aug, Sep many files incomplete.

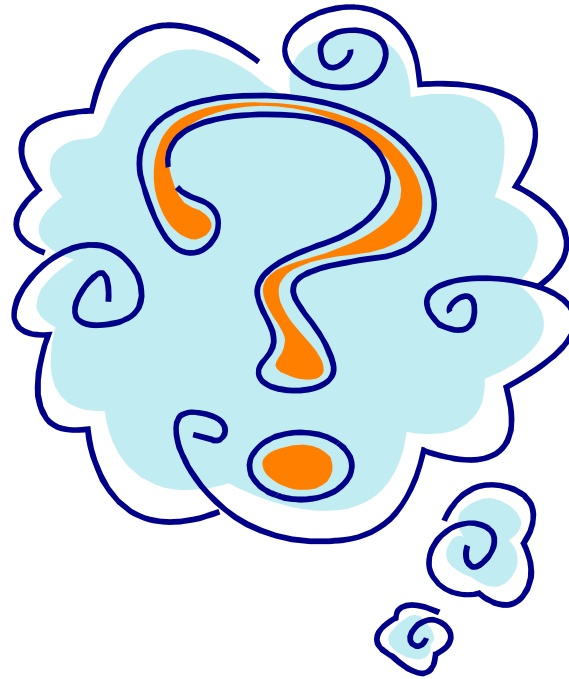
# Summary

- ▶ Data collection important, but not enough
- ▶ Data analysis tools should be used to make sense of the data BUT graphs & charts are not enough either
- ▶ HCSS firms should demonstrate understanding of their data & graphs
- ▶ HCSS firms should demonstrate they have taken action based on the performance measure results
  - Demonstrate that improvement has occurred
  - Demonstrate that improvement is sustained

# The Joint Commission's free collaborative forum

- 
- ▶ Introducing **WikiHealthCare™**
    - Inspired by Wikipedia – the Online encyclopedia
  - ▶ Wiki technology allows certain web content to be **CREATED** and **EDITED** by users.
  - ▶ Individuals from HCSS firms can share their experiences with a quality improvement initiative.
    - Quality Improvement Topic
    - Field Experiences

<http://wikihealthcare.jointcommission.org>



**Direct questions to  
<http://manual.jointcommission.org>**



Health Care Staffing  
Audio Conference  
March 20, 2009

# Certification Data Requirements and the 2009 Scoring and Decision Process



# Objectives

- ▶ Intracycle Event – New for 2009
- ▶ Certification Measure Information Process (CMIP)
- ▶ Scoring for 2009

# Required Information

## ▀ Intracycle (mid-point)

- Performance Improvement Plan: enter if not yet completed; review or edit and save
- Performance Measure (PM) Data Report: answer 4 analysis statements for each of the 3 standardized performance measures
- Update monthly data entry screen for each measure
- Conference Call Information: phone number, name and email
- Letter of Attestation: name, title, “I Agree”
- Reviewer will contact you to schedule a date to hold discussion of your firm’s progress relative to performance measurement. The call should typically take place 13 months after your previous on-site event.
- This is your opportunity to have a collaborative discussion with the Reviewer – so take advantage!

# Intracycle (mid-point)

Instructions - HCSS

Glossary

Introduction Summary

Intracycle Conference Call Info

Submission Check List

Performance Measure Implementation Guide

Exit

Required Documents

Submission Report with Sorting

**Introduction/Summary Page**

Include Closed Measures

Disease/Program Name	CPG Completed	PI Plan Completed	Measures Completed	Performance Measure Information				
				Measure Short Name	Measure Data Entry Due Date	Links/Actions	Measure Status	Measure Start Date
Health Care Staffing Intracycle	N/A	✓	✓	Do Not Return - Clinical	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a> <a href="#">PM Data Report</a>	Accept	1/1/2008
				Do Not Return - Professional	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a> <a href="#">PM Data Report</a>	Accept	1/1/2008
				Completeness of Personnel File	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a> <a href="#">PM Data Report</a>	Accept	1/1/2008

**NOTE 1.** You are encouraged to enter your data on a monthly basis. For Stage II Certification Program Diseases (Primary Stroke, HCSS) you are required to submit your measure data within 45 days of the end of each calendar quarter. For Stage I Certification Program Diseases you are required to submit your measure data within 45 days in advance of the anniversary date.

# Letter of Attestation



## Letter Of Attestation

### Letter of Attestation

*Joint Commission policy requires your organization to provide us with a signed attestation to the accuracy and veracity of information provided to substantiate compliance with Joint Commission standards. Please note that failure to submit a properly signed form will be grounds to deny or withdraw certification.*

The undersigned hereby agree as follows:

1. We understand that the Joint Commission will rely on the information that has been and will be supplied by.

Name of the Organization:

Name of the Program:

Name of the City:

Name of the State:

2. We further understand that the Joint Commission will rely on this letter of attestation as a primary basis for accepting and using this information to allow the organization to maintain its certification.

3. All personnel, medical/professional staff members, and any other representative of the organization who have supplied or will supply information to the Joint Commission have been instructed to provide only accurate, complete, and truthful information.

4. To the best of our knowledge and belief, these instructions have been followed, and only accurate, complete, and truthful information has been and will be submitted by the organization.

5. If we learn anything to the contrary of what is stated in this Agreement we will immediately inform the Joint Commission and take steps to correct any inaccurate, incomplete, or untruthful, information supplied the Joint Commission.

6. To the best of our knowledge, we completed a self assessment and continue to be in compliance with the standards set forth in the certification manual. We have included for the Joint Commission review all changes and updates to the clinical practice guidelines and performance measurement submissions.

# Letter of Attestation cont.



Name of the  
Organization:

Name:

Title:

Date:

I Agree

# Conference Call Information

## Intracycle Conference Call Information

The contact information you supply will be used for purposes of discussing your program's performance measurement and improvement information at the time of your intracycle (mid-point of two year certification cycle) event. The Reviewer that is assigned to conduct this discussion will use this contact information to schedule time with the appropriate individuals identified. The information you provide here can be updated at any time. Please note that the contact information entered here is not used for providing official communication messages regarding certification. All official Joint Commission communication messages are sent to the attention of your organization's Chief Executive Officer and the Primary Certification Contact as displayed on the "Required and Additional Extranet Contacts" screen within your secure extranet setting.

Disease/ Program Name	Contact Name	Email	Phone Number	Phone Extension	Comments
Health Care Staffing					Call anytime

Save

# CMIP Submission Checklist

## Submission Checklist

Disease/Program Name:

Please check that all the items listed below are completed before submission. Send to The Joint Commission button will be enabled only when all of the required documents are completed.

Completed	Check List Items	Measure Name	Action
✓	PI Plan		<a href="#">View</a>
✓	PM Data Report 1	Do Not Return - Clinical	<a href="#">View</a>
✓	PM Data Report 2	Do Not Return - Professional	<a href="#">View</a>
✓	PM Data Report 3	Completeness of Personnel File	<a href="#">View</a>
✓	Conference Call Information		<a href="#">View</a>
✓	Letter of Attestation		
✓	Performance Measure 1	Do Not Return - Clinical	<a href="#">View</a>
✓	Performance Measure 2	Do Not Return - Professional	<a href="#">View</a>
✓	Performance Measure 3	Completeness of Personnel File	<a href="#">View</a>

Your documents have been submitted to The Joint Commission. The data submission tool and Intracycle Conference Call Information form is accessible at all times, all other documents are locked.

# Monthly Data Entry Screen

## Data Submission Tool

Disease/Program name: Health Care Staffing

Direction of Improvement: NEG

Performance measure Short Name: Do Not Return - Clinical

For Health Care Staffing organizations that are currently participating in Joint Commission Certification, please supply data as of January 1, 2008. Any data collected prior to 2008 should be shared with your assigned Joint Commission Reviewer during the intracycle (mid-point) conference call or the on-site recertification review. Performance measure data are to be entered ongoing due to the requirement for quarterly reporting to The Joint Commission. Quarterly reporting is accomplished by entering and saving data within this screen no later than 45 days after the close of a calendar quarter.

NOTE: Health Care Staffing organizations will not have an intracycle conference call in 2008. All data are still required to be entered.

Reporting Time Period	Collecting Time Period	Number Numerator Cases	Number Denominator Cases	Measurement Result
Q1 2009	Jan	<input type="text"/>	<input type="text"/>	
Q4 2008	Dec	4.00000	18.56300	0.21548
Q4 2008	Nov	1.00000	19.40600	0.05153
Q4 2008	Oct	1.00000	23.17900	0.04314
Q3 2008	Sep	0.00000	20.61600	0.00000
Q3 2008	Aug	2.00000	25.20300	0.07936

# PM Data Report (NEW)

## Performance Measurement Data Report

Disease/Program Name: Health Care Staffing

Measure Short Name:

*PLEASE NOTE: Incomplete or partial information may be saved with edits added anytime prior to submitting. However, **all fields** must be completed prior to submitting to The Joint Commission.*

1. Describe how data for this measure have been used to evaluate processes and/or outcomes of services provided to customers.

Data from this measure has been compared to the Incident Report data collection and customer service satisfaction surveys. At this time no disruptions in service to our customer(s) have been reported. At the time of reporting the Do Not Return, the Branch location

2. Identify Potential Opportunities for improvement.

Focus review of work history and professional references has occurred and is continuing at this time. Ongoing Internal employee education with focus on the continual search of finding the "right" employee for the job posted.

# PM Data Report (cont.)

3. Describe any interventions and/or process modifications that may have been made based on measurement results and how the effectiveness of these changes were/will be measured.

During the orientation phase of our hiring process, emphasis has been made to ensure and encourage our employees to accept work within their professional skill parameters. Also, floating to an area that is not within the employee's skill parameter is not recommended and the


4. Explain any significant variations occurring in the updated data submitted for this measure. This would include any interruption in continuous data collection or change in the normal pattern of the data, that is, those variations that may be attributable to a special cause.

None noted at this time.

Save

Printable Version

# Reminders – Performance Measurement is a Certification Participation Requirement

- 
- ▶ All Health Care Staffing organizations must enter monthly performance measure data and be able to demonstrate quarterly data collection within 45 days of the close of each calendar quarter.
    - To date, 74% (259) of certified organizations have entered data for the 3 standardized measures
    - 26% (91) have not entered any data at all – down from 57%
  - ▶ Those organizations seeking certification for the first time must demonstrate four months of collected data at the time of the initial on-site review.

# 2009 Scoring

**Table 1. Surveyor Days Associated with Program-Specific “Bands”**

Surveyor Days	AHC	BHC	CAH	HAP	LAB	LT2	LTC	OBS	OME	DSC	HCSS
Surveyor Days–Band 1	1–2	1–4	1–2	1–4	≥ 1	≥ 1	≥ 1	≥ 1	1–4	≥ 1	≥ 1
Surveyor Days–Band 2	3	≥ 5	≥ 3	5–6					≥ 5		
Surveyor Days–Band 3	4			7–9							
Surveyor Days–Band 4	≥ 5			10–13							
Surveyor Days–Band 5				≥ 14							


**Table 2. 2009 Program-Specific “Screens” for Central Office Review (Number of Not-Compliant Direct Impact Standards)**

RFIs	AHC	BHC	CAH	HAP	LAB	LT2	LTC	OBS	OME	DSC	HCSS
RFIs–Band 1	5	5	6	7	5	5	5	5	5	5	2
RFIs–Band 2	6	7	8	8					7		
RFIs–Band 3	7			9							
RFIs–Band 4	9			11							
RFIs–Band 5				13							

# Certification Participation Requirements for 2009

## REMINDER: 2009 Certification Participation Requirements for Health Care Staffing Services Certification

This article serves as a reminder to health care staffing firms to please refer to the November 2008 issue of *The Joint Commission Perspectives*<sup>®</sup> (pages 4–7) for the complete 2009 Certification Participation Requirements (CPRs) for health care staffing services certification, effective January 1, 2009.

The CPRs published in the *2009 Health Care Staffing Services (HCSS) Certification Manual* and *October 2008 Update* (pages CPR-1–CPR-8) are incorrect. The CPRs in the *2009 Manual* and *Update* were printed prior to approval of the revised 2009 CPRs by The Joint Commission's Accreditation Committee. 

10 *The Joint Commission Perspectives*

December 2008

<http://www.jointcommission.org>

# February 2009 Perspectives



## **CORRECTION: Health Care Staffing Services Certification Criticality Designations**

This article corrects erroneous criticality\* (“Tier”) designations for several elements of performance (EPs) in the *2009 Health Care Staffing Services Certification Manual*, effective immediately.

\* **Criticality** *The immediacy of risk to patient safety or quality of care as a result of noncompliance with a Joint Commission requirement.*

† “Tier 4” indicates **Indirect Impact Requirements**. These requirements are typically applied to planning and evaluation of care processes; the risk to patient safety increases if these requirements are not resolved over time.

‡ “Tier 2” (▲) indicates that **Situational Decision Rules** apply. Based on specific situations at the time of an on-site review, some issues will generate a recommendation to the Board of Commissioners for Conditional or Preliminary Denial of Certification.

§ “Tier 3” (▲) indicates **Direct Impact Requirements**. These requirements are based on the implementation of care processes that are likely to create an immediate risk to patient safety or quality of care if they are not adhered to.

The following requirements were incorrectly labeled as “Tier 4”† (Indirect Impact Requirements); the correct designation is “Tier 2”‡ (Situational Decision Rules) or “Tier 3”§ (Direct Impact Requirements), as indicated:

- From the “Certification Participation Requirements”

(CPR) Chapter:

- CPR 3, EP 1—“Tier 2” ▲<sub>2</sub>
- CPR 7, EP 1—“Tier 2” ▲<sub>2</sub>
- CPR 9, EP 1—“Tier 2” ▲<sub>2</sub>
- CPR 12, EP 1—“Tier 2” ▲<sub>2</sub>

- From the “Human Resources Management” (HR)

Chapter:

- HR.1, EP 1—“Tier 2” ▲<sub>3</sub>
- HR.2, EP 2—“Tier 3” ▲<sub>3</sub>
- HR.2, EP 3—“Tier 3” ▲<sub>3</sub>

# Top Compliance Issues for First Half of 2008

Top Standards Compliance Issues for First Half of 2008

## Health Care Staffing Services

**LD.5 (18%)** The services contracted for by the HCSS firm are provided to customers.

**CPR 11 (13%)** The staffing firm educates its staff that any employee who has concerns about the safety or quality of care provided in the staffing firm may report these concerns to The Joint Commission.

**HR.6 (10%)** The HCSS firm evaluates the performance of clinical staff.

**HR.3 (6%)** The HCSS firm provides orientation to clinical staff regarding initial job training and information.

**LD.9 (6%)** The HCSS firm addresses emergency management.

**HR.1 (4%)** The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).

**CPR 6 (3%)** The staffing firm provides notices to its public that when an individual has any concerns about patient care and safety in the staffing firm that the organization has not addressed, he or she is encouraged to contact the staffing firm's management.

**HR.4 (1%)** The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.



# Questions??