

**HEALTH CARE STAFFING SERVICES  
PERFORMANCE MEASURES**

<b>Set-Measure</b>	<b>Health Care Staffing Services Performance Measure Name</b>
HCSS-1	Do Not Return - Clinical
HCSS-2	Do Not Return - Professional
HCSS-3	Completeness of Personnel File

## Measure Information Form

**Measure Set:** Health Care Staffing

**Candidate Measure ID:** HCSS-1

**Performance Measure Name:** Do Not Return - Clinical

**Rationale:** Health care staffing services (HCSS) are contracted to fill vacancies that health care organizations are unable to fill with currently employed staff. Health care organizations requested coverage for 8,000 vacant positions each day in 2003.<sup>1</sup> A study of Medicare cost reports over a nine-year period found that short-term acute care hospitals have increased their use of contract labor from 1.3% of personnel expense in 1997 to more than 3% by the end of 2005.<sup>2</sup> The Bureau of Labor Statistics, U.S. Department of Labor projects that the temporary employment industry, comprised primarily of staffing services, will grow at an average annual rate of 3.8% from 2004 to 2014, adding nearly 1.6 million new jobs.<sup>3</sup> Coupled with the current health care staffing shortage of nurses, physicians, and technologists, the demand for healthcare staffing services is expected to continue to increase.

The Joint Commission's 2007 Comprehensive Hospital Accreditation Manual states in standard LD.3.50: "Services provided by consultation, contractual arrangements, or other agreements are provided safely and effectively."

Compliance of performance with this standard is demonstrated by:

- The hospital or HCSS client evaluates the contracted care, treatment and services to determine whether they are being provided according to the contract and the level of safety and quality that the hospital expects.
- The hospital or HCSS client retains overall responsibility and authority for services furnished under a contract.

In the health care environment, it is crucial that care givers maintain clinical competence and the necessary skill level to provide quality of care and patient safety. It is the responsibility of health care providers to address performance issues as they occur. The responsibility for dealing with performance issues of contracted staff reverts to the health care staffing service. In order to deal effectively with performance issues, the healthcare staffing services firm must have ongoing and open communication with the organizations that they contract with, especially when dealing with a report of "Do Not Return."

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<sup>1</sup> 2004 Market Analysis and Executive Summary: Temporary Healthcare Staffing, Nov. 2004. Available at: [http://www.healthleadersmedia.com/print.cfm?content\\_id+60699&parent=103](http://www.healthleadersmedia.com/print.cfm?content_id+60699&parent=103). Accessed on July 2, 2007.

<sup>2</sup> Shoemaker P, Schuhmann TM. Trends in hospitals' use of contract labor. *Healthcare Financial Management*. April 2007.

<sup>3</sup> American Staffing Association. Annual Economic Analysis. Alexandria, VA: Author. 2007.

In a study of agency nursing in acute care settings, health care staffing services indicated that they valued constructive and open communication with hospitals with the ultimate aim of insuring quality practice. The importance of hospitals acknowledging their responsibilities in the whole process was highlighted. Targeting problems so they are addressed and corrected when valid, could significantly enhance the working relationships between organizations and improve quality of care.

**Type of Measure:** Outcome

**Improvement Noted As:** Decrease in rate

**Numerator Statement:** Occurrences of Do Not Return attributed to clinical events

**Inclusions:** N/A

**Exclusions:**

Reasons for Do Not Return unrelated to clinical issues or clinical competency.

A reason for Do Not Return is not specified by the client or cannot be determined by the HCSS firm.

**Data Elements:**

- Do Not Return - Clinical
- Do Not Return Occurrence Identifier

**Denominator Statement:** Total hours worked

**Inclusions:**

Hours Worked

**Exclusions:** None

**Data Elements:**

- Hours Worked
- Active Clinical Staff
- Clinical Staff

**Denominator Basis:** per 1,000 hours\*

\*The denominator will be calculated by using the denominator basis of 1,000 hours:

Total number of hours worked / 1,000 = denominator

**Data Collection Approach:** Retrospective

For purposes of determining the denominator, the total number of hours worked by active clinical staff is to be recorded for the reporting month. The HCSS firm

must be able to identify the documents or database used to calculate this number. In addition the HCSS firm is advised:

- To keep track of the calculation method for monthly hours worked.
- That the same documents / database should be used for each reporting period.
- That the documents / database should be available for purposes of review.

For purposes of determining the numerator, the HCSS firm will total the number of occurrences of Do Not Return for clinical reasons.

**Sampling:** No

**Data Reported As:** Ratio

**Setting:** Health Care Staffing Services

**Report Period:** Quarterly with monthly data points

**Selected References:**

The Joint Commission. *2007 Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Oakbrook Terrace, IL: Author. 2007.

American Staffing Association. *Annual Economic Analysis*. Alexandria, VA: Author. 2007.

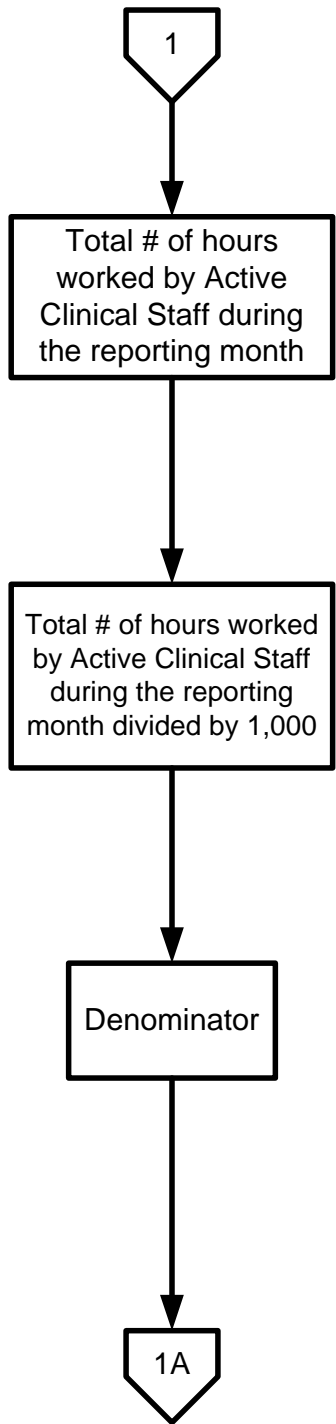
Shoemaker, P, Schuhmann TM. Trends in Hospitals' Use of Contract Labor. *Healthcare Financial Management*, April 2007.

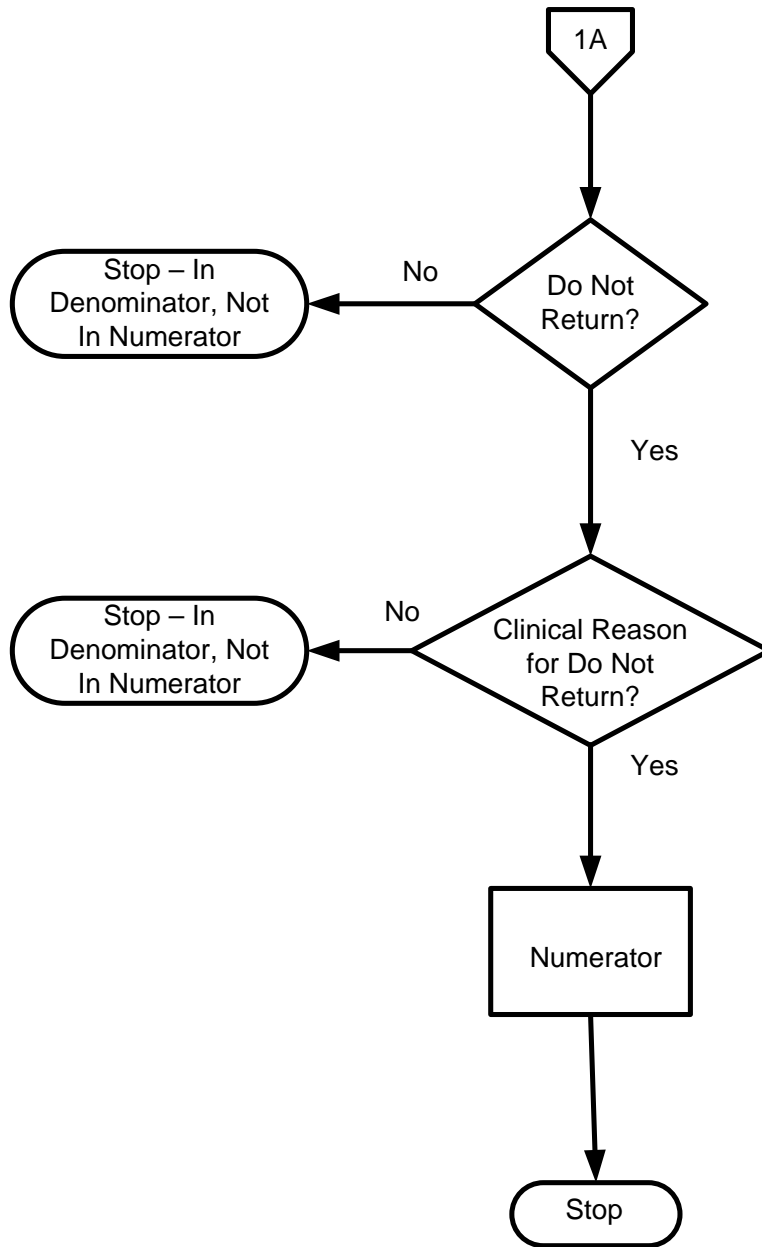
Manias, E, BPHARM, MPHARM, M NursStud, PhD, RN, FRCNA, Aitken, R, Bed, Med, RN, Peerson, A, BA, Phd, RN, Parker, J BA, AM, PhD, RN, Wong, K, BA ,MPH, RN. Agency nursing work in acute care settings: perceptions of hospital nursing managers and agency nurse providers. *Journal of Clinical Nursing*. 2003;12:457-466.

2004 Market Analysis and Executive Summary: Temporary Healthcare Staffing. Retrieved July 2, 2007 from the World Wide Web:  
[http://www.healthleadersmedia.com/print.cfm?content\\_id=60699&parent=103](http://www.healthleadersmedia.com/print.cfm?content_id=60699&parent=103).

Stiehl, RR. Quality Assurance Requirements for Contract/Agency Nurses. *JONA's Healthcare Law, Ethics, and Regulation*, 2004;6(3): 69-74.

Warren, IB, MSN, RN, Rozell, BR, DSN, RN. Supplemental Staffing Nurse Manager Views of Costs, Benefits, and Quality of Care. *JONA*.1995;25 (6):51-57.





## Measure Information Form

**Measure Set:** Health Care Staffing

**Candidate Measure ID:** HCSS-2

**Performance Measure Name:** Do Not Return - Professional

**Rationale:** Health care staffing services (HCSS) are contracted to fill vacancies that health care organizations are unable to fill with currently employed staff. Health care organizations requested coverage for 8,000 vacant positions each day in 2003.<sup>4</sup> A study of Medicare cost reports over a nine-year period found that short-term acute care hospitals have increased their use of contract labor from 1.3% of personnel expense in 1997 to more than 3% by the end of 2005.<sup>5</sup> The Bureau of Labor Statistics, U.S. Department of Labor projects that the temporary employment industry, comprised primarily of staffing services, will grow at an average annual rate of 3.8% from 2004 to 2014, adding nearly 1.6 million new jobs.<sup>6</sup> Coupled with the current health care staffing shortage of nurses, physicians, and technologists, the demand for healthcare staffing services is expected to continue to increase.

The Joint Commission's 2007 Comprehensive Hospital Accreditation Manual states in standard LD.3.50: "Services provided by consultation, contractual arrangements, or other agreements are provided safely and effectively."

Compliance of performance with this standard is demonstrated by:

- The hospital or HCSS client evaluates the contracted care, treatment and services to determine whether they are being provided according to the contract and the level of safety and quality that the hospital expects.
- The hospital or HCSS client retains overall responsibility and authority for services furnished under a contract.

According to the National Student Nurses' Association *Code of Professional Conduct*, student nurses should maintain the highest standard of personal and professional conduct. Nurses, as do other health care professionals, have strong responsibilities to demonstrate behavior that is ethically and legally appropriate at all times. It is the responsibility of HCSS firms to address employee events of professional misconduct as they occur. In order to deal effectively with professional conduct issues, the HCSS firm must have ongoing and open communication with the organizations that they contract with, especially when dealing with a report of "Do Not Return."

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<sup>4</sup> 2004 Market Analysis and Executive Summary: Temporary Healthcare Staffing, Nov. 2004. Available at: [http://www.healthleadersmedia.com/print.cfm?content\\_id+60699&parent=103](http://www.healthleadersmedia.com/print.cfm?content_id+60699&parent=103). Accessed on July 2, 2007.

<sup>5</sup> Shoemaker P, Schuhmann TM. Trends in hospitals' use of contract labor. *Healthcare Financial Management*. April 2007.

<sup>6</sup> American Staffing Association. Annual Economic Analysis. Alexandria, VA: Author. 2007.

In a study of agency nursing in acute care settings, health care staffing services indicated that they valued constructive and open communication with hospitals with the ultimate aim of insuring quality practice. The importance of hospitals acknowledging their responsibilities in the whole process was highlighted. Targeting problems so they are addressed and corrected when valid, could significantly enhance the working relationships between organizations and improve quality of care.

**Type of Measure:** Outcome

**Improvement Noted As:** Decrease in rate

**Numerator Statement:** Occurrences of Do Not Return attributed to professional events

**Inclusions:** N/A

**Exclusions:**

Reasons for Do Not Return unrelated to professional conduct or behavior. A reason for Do Not Return is not specified by the client or cannot be determined by the HCSS firm.

**Data Elements:**

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

**Denominator Statement:** Total hours worked

**Inclusions:**

Hours Worked

**Exclusions:** None

**Data Elements:**

- Hours Worked
- Active Clinical Staff
- Clinical Staff

**Denominator Basis:** per 1,000 hours\*

\*The denominator will be calculated by using the denominator basis of 1,000 hours:

Number of hours worked / 1,000 = denominator

**Data Collection Approach:** Retrospective

For purposes of determining the denominator, the total number of hours worked by active clinical staff is to be recorded for the reporting month. The HCSS firm must be able to identify the documents or database used to calculate this number. In addition the HCSS firm is advised:

- To keep track of the calculation method for monthly hours worked.
- That the same documents / database should be used for each reporting period.
- That the documents / database should be available for purposes of review.

For purposes of determining the numerator, the HCSS firm will total the number of occurrences of Do Not Return for professional reasons.

**Sampling:** No

**Data Reported As:** Ratio

**Setting:** Health Care Staffing Services

**Report Period:** Quarterly with monthly data points

**Selected References:**

The Joint Commission. *2007 Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Oakbrook Terrace, IL: Author. 2007.

American Staffing Association. *Annual Economic Analysis*. Alexandria, VA: Author. 2007.

Shoemaker, P, Schuhmann TM. Trends in Hospitals' Use of Contract Labor. *Healthcare Financial Management*, April 2007.

NSNA Code of Professional Conduct, 1999. Retrieved June 29, 2007 from the World Wide Web: <http://www.jsu.edu/depart/nursing/JANS/page3.html>.

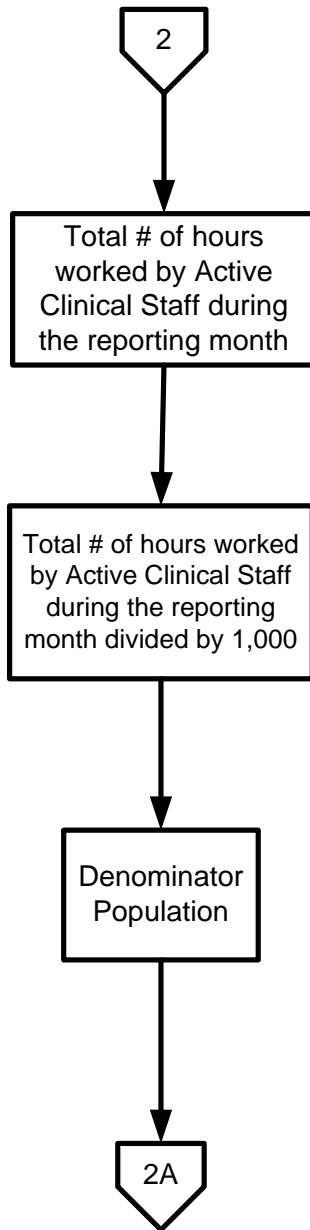
American Nurses Association. Code of Ethics for Nurses With Interpretive Statements, 2001. Retrieved June 29, 2007 from the World Wide Web: <http://www.nursingworld.org/mods/mod580/cecddefull.htm>.

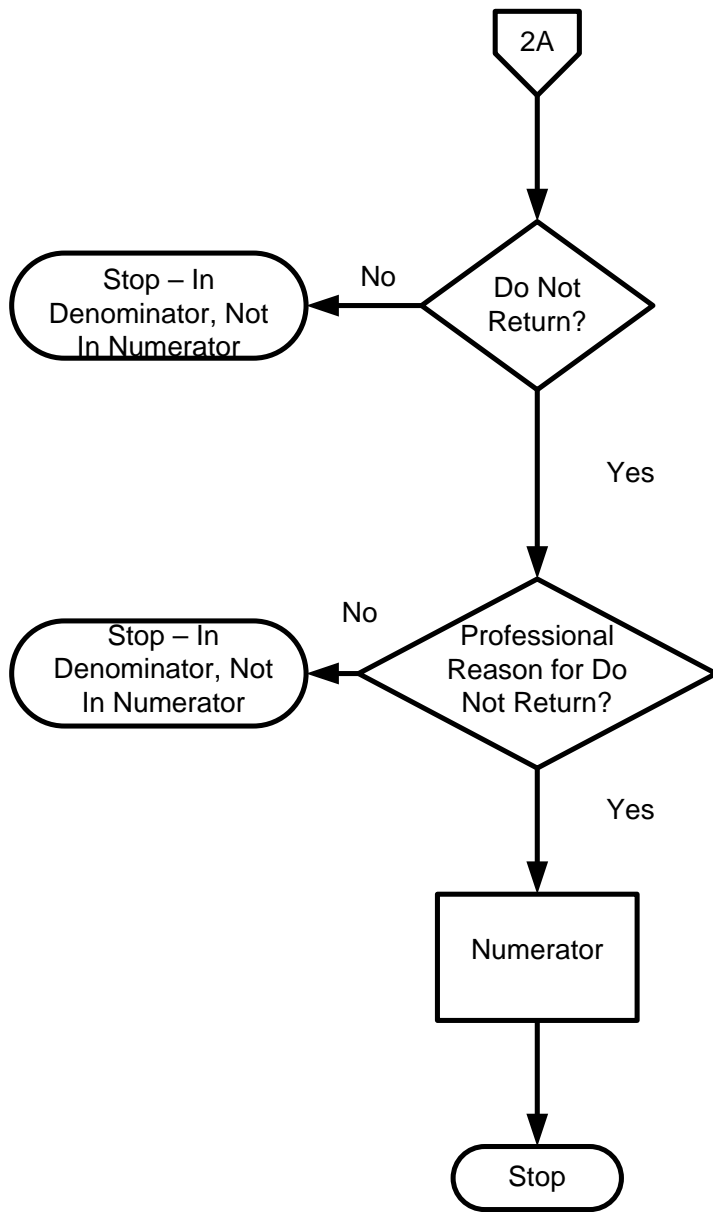
Manias, E, BPHARM, MPHARM, M NursStud, PhD, RN, FRCNA, Aitken, R, Bed, Med, RN, Peerson, A, BA, Phd, RN, Parker, J BA, AM, PhD, RN, Wong, K, BA ,MPH, RN. Agency nursing work in acute care settings: perceptions of hospital nursing managers and agency nurse providers. *Journal of Clinical Nursing*. 2003;12:457-466.

2004 Market Analysis and Executive Summary: Temporary Healthcare Staffing.  
Retrieved July 2, 2007 from the World Wide Web:  
[http://www.healthleadersmedia.com/print.cfm?content\\_id=60699&parent=103](http://www.healthleadersmedia.com/print.cfm?content_id=60699&parent=103).

Stiehl, RR. Quality Assurance Requirements for Contract/Agency Nurses.  
*JONA's Healthcare Law, Ethics, and Regulation*, 2004;6(3): 69-74.

Warren, IB, MSN, RN, Rozell, BR, DSN, RN. Supplemental Staffing Nurse  
Manager Views of Costs, Benefits, and Quality of Care. *JONA*.1995;25 (6):51-  
57.





## Measure Information Form

**Measure Set:** Health Care Staffing

**Candidate Measure ID:** HCSS-3

**Performance Measure Name:** Completeness of Personnel File

**Rationale:** The current health care staffing shortage has created considerable competition for qualified nurses and other clinical professionals.<sup>7</sup> Many hospital executives regard today's shortages of qualified personnel as one of their chief concerns. Due to the urgency in meeting staffing needs, HCSS firms may often streamline the application process by taking application information by phone and accepting verbal references.

One of the nine principles identified by the American Nurses Association (ANA) Board of Directors for nurse staffing indicates: "All institutions should have documented competencies for nursing staff, including agency or supplemental and traveling RN's, for those activities that they have been authorized to perform." The Joint Commission's 2007 Comprehensive Hospital Accreditation Manual states in standard HR.1.20: "Staff qualifications are consistent with his or her job responsibilities." Additionally, standard LD.3.50 states: "Services provided by consultation, contractual arrangements, or other agreements are provided safely and effectively."

Reputable staffing services understand that a part of the service they provide is to supply documentation on their staff. Sound quality assurance guarantees that staff supplied by health care staffing services meets government and accrediting body standards. Specific regulations may differ from state to state; however, some basic requirements for health care staffing employees generally apply. Health care staffing firms that provide patient care staff must therefore be able to demonstrate due diligence in assuring their staff's competence and ability to practice safely and legally.

**Type of Measure:** Structure

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Personnel files meeting the minimum data set requirements for all required components of a complete personnel file:

1. Job Appropriate Credentials
  - a. Current license for employees licensed / registered by state boards of Professional Regulation and Education, OR

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<sup>7</sup> Shoemaker P, Schuhmann TM. Trends in hospitals' use of contract labor. *Healthcare Financial Management*. April 2007.

- b. Verification of certification program completion for employees not licensed by state boards of Professional Regulation and Education (i.e. Clinical Nursing Assistants)
2. Evidence of Current Competency
  - a. Verification of prior work experience in the profession assigned, AND
  - b. Clinical skills checklist(s) appropriate to the discipline and / or specialty at the time of hire / assignment and annually thereafter, AND
  - c. OSHA and HIPAA compliance training at the time of initial assignment then annually thereafter or as dictated per specific regulation, AND
  - d. Current CPR card for those categories of employees required under state law to be certified in basic life support (e.g., RN, LPN / LVN, etc.)
3. Health Status
  - a. TB test (PPD) annually OR documentation that employee previously tested positive (e.g., CXR report, physician note or physical exam)
4. Background Check
  - a. Verification of previous employers at the time of hire, AND
  - b. Reference checks at the time of hire, AND
  - c. Background check, including criminal records search, at the time of hire and rehire

**Inclusions:** Not Applicable

**Exclusions:** None

**Data Elements:**

- Job Appropriate Credentials
- Competency
- Health Status
- Background Check

**Denominator Statement:** Total active clinical staff

**Inclusions:**

Active Clinical Staff

**Exclusions:** None

**Data Elements:**

- Active Clinical Staff
- Clinical Staff
- Personnel File Record Identifier

**Data Collection Approach:** Retrospective

**Sampling:** Yes, for additional information see the Sampling Section

**Data Reported As:** Proportion

**Setting:** Health Care Staffing Services

**Report Period:** Quarterly with monthly data points

**Selected References:**

The Joint Commission. *2007 Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Oakbrook Terrace, IL: Author. 2007.

American Nurses Association. ANA Applauds Nurse Staffing Bill Introduced In U.S. House of Representatives. Retrieved June 29, 2007 from the World Wide Web: <http://www.nursingworld.org/pressrel/2003/pr1209.htm>.

American Nurses Association. Safe Staffing Bill Introduced in the Senate: Much more than a numeric ratio. *The American Journal of Nursing*, 2003;103(7). Retrieved June 29, 2007 from the World Wide Web: <http://www.nursingworld.org/ajn/2003/july/wawatch.htm>.

American Nurses Association. Principles for Nurse Staffing,1999. Retrieved January 14, 2005 from the World Wide Web: <http://www.nursingworld.org/readroom/stffprnc.htm>.

American Nurses Association. Safe Staffing Bill Introduced in the Senate: Much more than a numeric ratio. *The American Journal of Nursing*, 2003;103(7). Retrieved June 29, 2007 from the World Wide Web: <http://www.nursingworld.org/ajn/2003/july/wawatch.htm>.

Contract Staff and Patient Safety. Oakbrook Terrace, IL; Joint Commission Resources, 2005.

Shoemaker, P, Schuhmann TM. Trends in Hospitals' Use of Contract Labor. *Healthcare Financial Management*, April 2007.

Shoemaker, P, Howell, DH. Trends in the Use of Contract Labor among Hospitals, 2004, American Hospital Directory, Inc. Retrieved January 14, 2005 from World Wide Web:

<http://www.google.com/search?hl=en&q=Trends+in+the+Use+of+Contract+Labor+among+Hospitals&spell=1>.

Stiehl, RR. Quality Assurance Requirements for Contract/Agency Nurses. *JONA's Healthcare Law, Ethics, and Regulation*, 2004;6(3): 69-74.

Taylor, LE. Life as a Traveling Nurse. *AJN*, 1998;98(7): 62-63.

