



# Standardized Performance Measures for Health Care Staffing Services

Conference Call


October 29, 2008


11:30 AM to 1:00 PM CDT

# Objectives

- ▶ Review HCSS standardized measures and measure specifications
- ▶ Review data collection and submission requirements

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

- ▶ Introduction and Background
- ▶ Measure Set Framework
- ▶ Measure Information Forms and Flowcharts
- ▶ Data Element Dictionary
- ▶ Data Collection Tools and Data Reporting
- ▶ Sampling
- ▶ Data Utilization
- ▶ Glossary
- ▶ References
- ▶ Appendix

# HCSS-1: Do Not Return - Clinical

- 
- ▶ Type of Measure: Outcome
  - ▶ Improvement Noted As: Decrease in rate
  - ▶ Numerator: Occurrences of DNR attributed to clinical events
  - ▶ Denominator: Total hours worked
  - ▶ Denominator Basis: # hours worked / 1,000
    - Denominator basis changed from # hours worked / 10
  - ▶ Data Collection Approach: Retrospective
  - ▶ Sampling: No
  - ▶ Data Reported As: Rate
  - ▶ Report Period: Monthly data points

# HCSS-1: Data Elements



## ■ Numerator

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

## ■ Denominator

- Hours Worked
- Active Clinical Staff
- Clinical Staff

# HCSS-2: Do Not Return Rate for Professional Reasons

- ▶ Type of Measure:
- ▶ Improvement Noted As:
- ▶ Numerator: Occurrences of DNR attributed to professional events
- ▶ Denominator: Total hours worked
- ▶ Denominator Basis: # hours worked / 1,000
- ▶ Data Collection Approach:
- ▶ Sampling:
- ▶ Data Reported As:
- ▶ Report Period:

# HCSS-2: Data Elements



## ■ Numerator

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

## ■ Denominator

- Hours Worked
- Active Clinical Staff
- Clinical Staff

# “Do Not Return”: What it is....

## ■ Type of client complaint

- Dissatisfaction with quality of care or service provided by HCSS employee
- Dissatisfaction leads to request for HCSS employee not to be assigned again or complete assignment

## ■ Other terms:

- “Do Not Use”
- “Do Not Rehire”

# “Do Not Return”: What it’s not....



## Termination

- Separate issue and not synonymous with “Do Not Return”
- May or may not occur after one or more occurrences of “Do Not Return”

## Remarketing employees to other clients following “Do Not Return” occurrence

- Subjective determination
- Decision to remarket does not outweigh the occurrence of “Do Not Return”

# HCSS-3: Completeness of Personnel File

- ▶ Type of Measure: Structure
- ▶ Improvement Noted As: Increase in rate
- ▶ Numerator: # of personnel files meeting the minimum data set requirements for all required components
- ▶ Denominator: Total active clinical staff
- ▶ Data Collection Approach: Retrospective
- ▶ Sampling: Yes
- ▶ Data Reported As: Rate
- ▶ Report Period: Monthly data points

# HCSS-3: Data Elements



## ■ Numerator

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

## ■ Data definitions revised to address minimum data set requirements for each element

# 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

# HCSS-3: Data Elements

## Denominator

- Clinical Staff
  - Staff directly involved in provision of patient care
- Active Clinical Staff
  - Clinical staff that has worked any time during the designated reporting month
- Personnel Record Identifier

# Sampling Methodology for HCSS-3

Candidate Measures (PILOT)		Standardized Measures (REVISED)	
<u>Monthly</u> Volume (e.g. # of Active Clinical Staff)	<u>Monthly</u> Sample Size	<u>Monthly</u> Volume (e.g. # of Active Clinical Staff)	<u>Monthly</u> Sample Size
1-19	100%	1-9	100%
20-99	20	10-49	10
100-199	20%	50-99	20%
➤200	40	➤100	20

# Data Collection and Reporting



## ■ Data Collection:

- All three measures in the set without substitution
- Monthly data points
- 4 months of data for each measure by the time of initial certification review

## ■ Data Reporting:

- Numerators and denominator values for each measure submitted quarterly via CMIP by all certified HCSS firms
- Based on a calendar year, not fiscal year
- *Performance Measure Data Reports* and graphic data displays (recertification)

# Benefits of Standardized Measurement for HCSS

- ▶ Uniform measure implementation and data collection
- ▶ Data integrity maintained
- ▶ Enhanced opportunities for comparative data
- ▶ Potential for national use of measure set

# Questions





# Health Care Staffing Certification Measure Information Process (CMIP)

## October 29, 2008

# Introduction/Summary Screen

Introduction Summary  
 Intracycle Conference Call Info  
 Submission Check List  
 Performance Measure Implementation Guide  
 Exit

Introduction/Summary Page									
<input type="checkbox"/> Include Closed Measures									
Disease/Program Name	CPG Completed	PI Plan Completed	Measures Completed	Performance Measure Information					
Health Care Staffing Initial			✓	Measure Short Name	Measure Data Entry Due Date	Links/Actions	Measure Status	Measure Start Date	Measure End Date
				Do Not Return - Clinical	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	
	<a href="#">PI Plan</a>			Do Not Return - Professional	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	
				Completeness of Personnel File	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	


**Cycle Stage**

**Required Documents**

**HCSS Performance Measure Implementation Guide**

**List of Measures**

# Required Information

- 
- ▶ The following lists each of the required documents due for Stage II HCSS per cycle stage (initial, intracycle, & recertification).
  
  - ▶ Stage II means that the performance measures are **standardized** (information on measures available in CMIP on left navigation list, or on the Health Care Staffing page at [www.jointcommission.org](http://www.jointcommission.org) – see HCSS Performance Measurement Implementation Guide)
  
  - ▶ Initial HCSS Review:
    - Measure Information Form: 3 forms pre-populated by TJC; read mode only
    - Performance Improvement Plan: one Plan per program

# Initial



Introduction/Summary Page									
<input type="checkbox"/> Include Closed Measures									
Disease/ Program Name	CPG Completed	PI Plan Completed	Measures Completed	Performance Measure Information					
<b>Health Care Staffing Initial</b>  <span style="border: 1px solid red; border-radius: 50%; padding: 2px;"> <a href="#">PI Plan</a> </span>			✓	Measure Short Name	Measure Data Entry Due Date	Links/Actions	Measure Status	Measure Start Date	Meas En Da
				Do Not Return - Clinical	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	
				Do Not Return - Professional	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	
				Completeness of Personnel File	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	

# Required Information cont.

## ■ Intracycle (mid-point)

- Performance Improvement Plan: enter if not yet completed; review or edit and save
- Conference Call Information: phone number and name
- Letter of Attestation: name, title, “I Agree”
- NOTE: HCSS organizations due for an intracycle event in 2008 will not have a formal discussion with a Reviewer. The information is still required to be entered into the CMIP tool. Intracycle events will begin in 2009.

# Intracycle (mid-point)



Introduction/Summary Page									
<input type="checkbox"/> 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			✓						
<a href="#">PI Plan</a>				Do Not Return - Clinical	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	
<a href="#">Letter of Attestation</a>				Do Not Return - Professional	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	
<a href="#">Intracycle Conference Call Info</a>				Completeness of Personnel File	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/2008	

# Required Information cont.



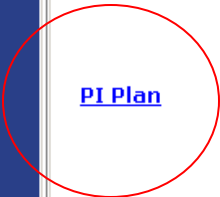
## ■ Recertification:

- Performance Improvement Plan: enter if not yet completed, or edit and save

# Recertification



Introduction/Summary Page									
<input type="checkbox"/> 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 Recertification			✓	Do Not Return - Clinical	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/200	
				Do Not Return - Professional	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/200	
				Completeness of Personnel File	See Note 1	<a href="#">Performance Measure</a> <a href="#">Data Submission</a>	Accept	1/1/200	



# Performance Improvement Data Entry Screen



## Performance Improvement Plan

Disease Name: Health Care Staffing

Update Date: 12/31/1967

*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. Briefly describe the scope of the Performance Improvement activities for your HCSS firm.**

(for example, our HCSS firm serves more than 300 clients in 45 states. Travel staffing assignments for registered nurses, occupational therapists, physical therapists, and radiology technicians comprise approximately 90% of our business. Service settings include hospitals, rehabilitation centers, and long term care and hospice facilities. Our Quality Improvement Committee, consisting of three vice presidents, the housing manager, and a clinical staff representative, tracks communications between travelers and clients on a daily basis and monitors assignment evaluation and traveler satisfaction data. Measurement results are reviewed by the team monthly with variances discussed in the greatest detail. Analysis is shared with the recruiters, human resource staff, and clinical staff. The CEO and other members of the executive team receive quarterly reports from the committee on significant variances. Our firm is currently focusing on the following priorities for performance improvement...)

**2. Identify the composition of your clinical staff by profession and staffing assignment.**

(for example: 60% RN, 30% LPN, 10% MD – Travel / Hospitals; 100% Surgical Assistants – Per Diem / Hospitals and Ambulatory Surgery Centers).

# PI Data Entry Screen cont.

(for example, track and monitor occurrences of Do Not Return –Clinical and Do Not Return – Professional by reason (e.g., medication-related issues, documentation-related issues, patient abuse, attendance, rule violation, etc.); decrease the number of professional occurrences related to attendance/tardiness/no show issues.....; increase feedback from clients regarding occurrences of Do Not Return by.....; achieve 85% average completeness of personnel files across all branch offices.....; describe other performance improvement goals and objectives that are not specifically related to the standardized measure set...).

**4. Describe the activities that are currently underway to achieve or meet the current year's Performance Improvement goals and objectives.**

(for example, HCSS firm offers education and training to help staff maintain clinical competency by .....; quality improvement staff track/monitor clinical staff CEUs obtained from professional organizations or attendance at seminars and conferences, in addition to the minimum data set requirements for competency..).

**5. Describe the process by which, and with whom, Performance Improvement data and information derived from its analysis are shared across your firm.**

(for example, monthly performance reports are provided to the CEO, Clinical Liaison for Quality Improvement, Director of Human Resources, Branch Managers, and.....; performance measurement data is reported to clinical staff, recruiters, and other stakeholders via quarterly dashboard reports.)

**6. Describe how your firm involves branch sites (if applicable) in the development of the Performance Improvement plan.**

(for example, designated staff at each of our 40 branch sites enter standardized measure data into a custom software program for data analysis at our corporate office; the corporate quality improvement director meets quarterly with branch coordinators to review performance measurement findings and identify opportunities for improvement.)

# PI Data Entry Screen cont.



- 7. Identify, by organization title, who has authority and responsibility for Performance Improvement activities and performance measure data collection.**

(for example, CEO, COO, Vice President of Nursing, Director of Quality Improvement, Director of Human Resources, HR Assistant, IT/Data Entry Keyer, etc.)

Save

# 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

Please provide a contact for this disease/program to participate in a conference call. You may receive a phone call regarding the information submitted.

Disease Program Name	Phone Number	Phone Extension	Contact Name	Comments
Health Care Staffing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

# 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="#">Review</a>
✓	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>

# Measure Information Form



## Performance Measure Information Form

Disease/Program Name: Health Care Staffing

Performance Measure

Short Name:

Measure Short Name:

Measure Full Name:

Status of Measure: **ACCEPT**  
Rationale:

Type Of Measure:  
 Process  
 Outcome  
 Process and Outcome

Measure Category:  
 Administrative/Financial  
 Clinical  
 Health Status  
 Perception of Care/Services

Data Collection Interval: **Monthly**

# Measure Information Form cont.



- Select options for entering data:
- Proportion
  - Continuous Variable
  - Ratio

Enter Description below:

Numerator:

Denominator:

Original Source of Measure:

- Direction of Improvement:
- Positive
  - Negative

Save

Add New Measure

# 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

Reporting Time Period	Collecting Time Period	Number Numerator Cases	Number Denominator Cases	Measurement Result
Q1 2008	Mar	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Q1 2008	Feb	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Q1 2008	Jan	<input type="text" value="0"/>	<input type="text" value="0"/>	0

Save

# 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, only 43% of certified organizations have entered data for the 3 standardized measures
  - ▶ Those organizations seeking certification for the first time must demonstrate four months of collected data prior to the initial on-site review.



# Questions??



# **The Joint Commission Standards Improvement Initiative**

## **2009 Scoring and Certification Decision Model**


# 2009 Scoring/Certification Decision Model - Summary

- ▶ Elements of Performance (EP) will be categorized by common scoring characteristics (e.g., Category A - yes/no, Category C - multiple observations of non-compliance). The use of Category B EPs (qualitative and quantitative components) - will be discontinued.
- ▶ The frequency of “Bulleated” (multi-concept) EPs will be reduced.
- ▶ Elements of Performance and other certification requirements will be tagged based on their “criticality” – immediacy of the impact on quality of care and patient safety as the result of non-compliance.
  - Direct Impact requirements.
  - Indirect Impact requirements.
- ▶ EPs will be evaluated on a 3-point scale - satisfactory compliance, partial compliance, or insufficient compliance.

# 2009 Scoring/Certification Decision Model - Summary

- ▶ All partially compliant and insufficiently compliant EPs must be addressed via the Evidence of Standards Compliance (ESC) submission process - No “Supplemental” findings.
  
- ▶ Potentially multiple submission deadlines based on the “immediacy” of risk.
  - Direct Impact Requirements: ESC due within 45 days.
  - Indirect Impact Requirements: ESC due within 60 days.
  
- ▶ If partial compliance or insufficient compliance is not resolved, a progressively more adverse certification decision may result: Provisional, Conditional, Preliminary Denial of Certification.

# 2009 Scoring/Certification Decision Model - Summary

- 
- ▶ The report which is presented to the organization at the conclusion of the certification review will be modified, as follows:
    1. The title will change to – “Summary of Review Findings”;
    2. The report will be sorted by chapters in the applicable Certification Manuals (additional sorting functionality will be developed).
    3. The content will include the standards, elements of performance, and other certification requirements which have been found to be less than fully compliant at the time of the review, as well as the associated observations.
    4. The report will not include a potential certification decision. The “official” version of the report which is posted to the organizations extranet site post-review will contain the potential certification decision.
    5. The report will no longer include “Supplemental Findings”.

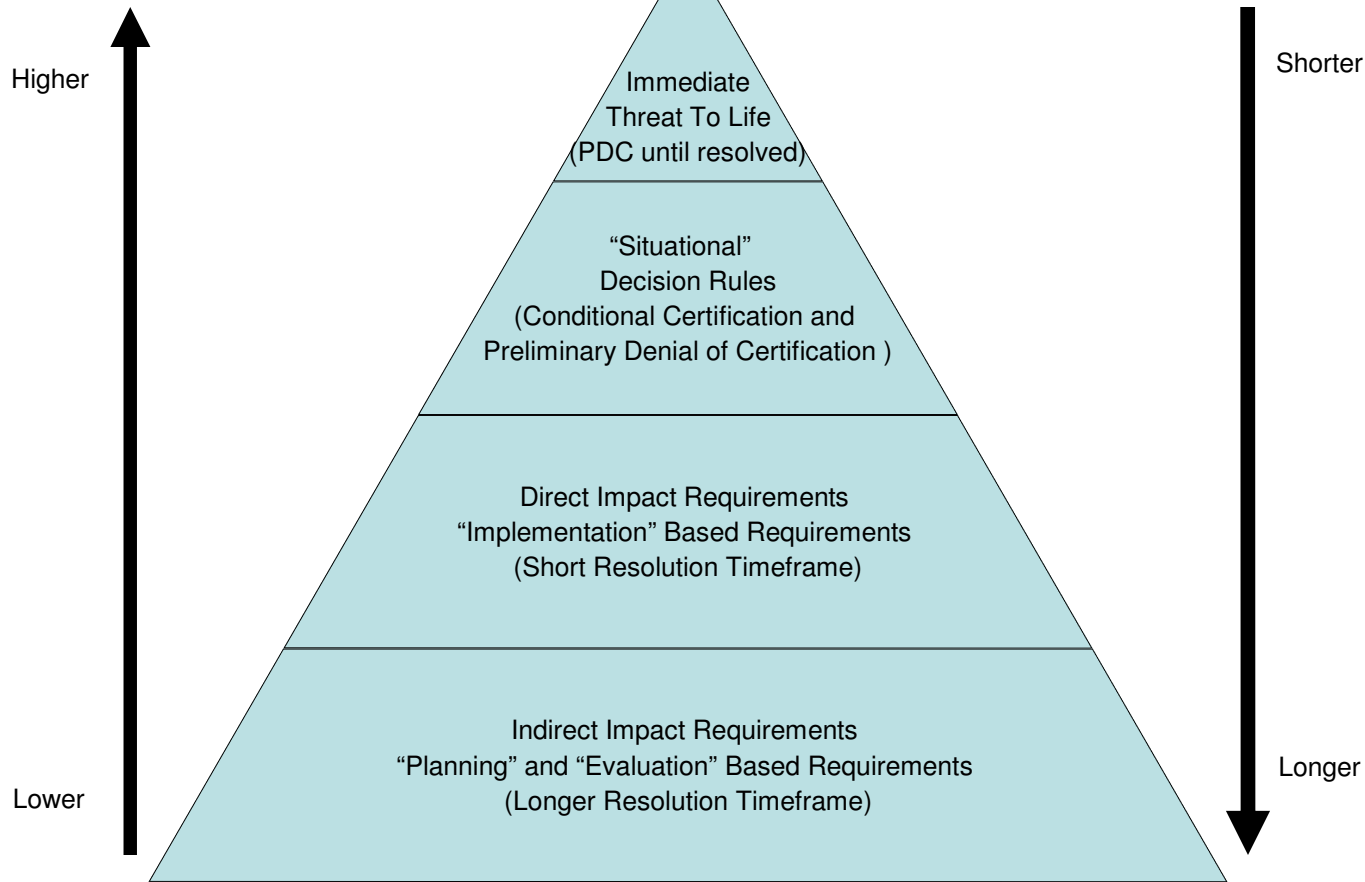
# 2009 Scoring/Certification Decision Model



Immediacy of risk to patient care and the organization's certification status

"Sharp End"

Timeline for resolution of non-compliant findings

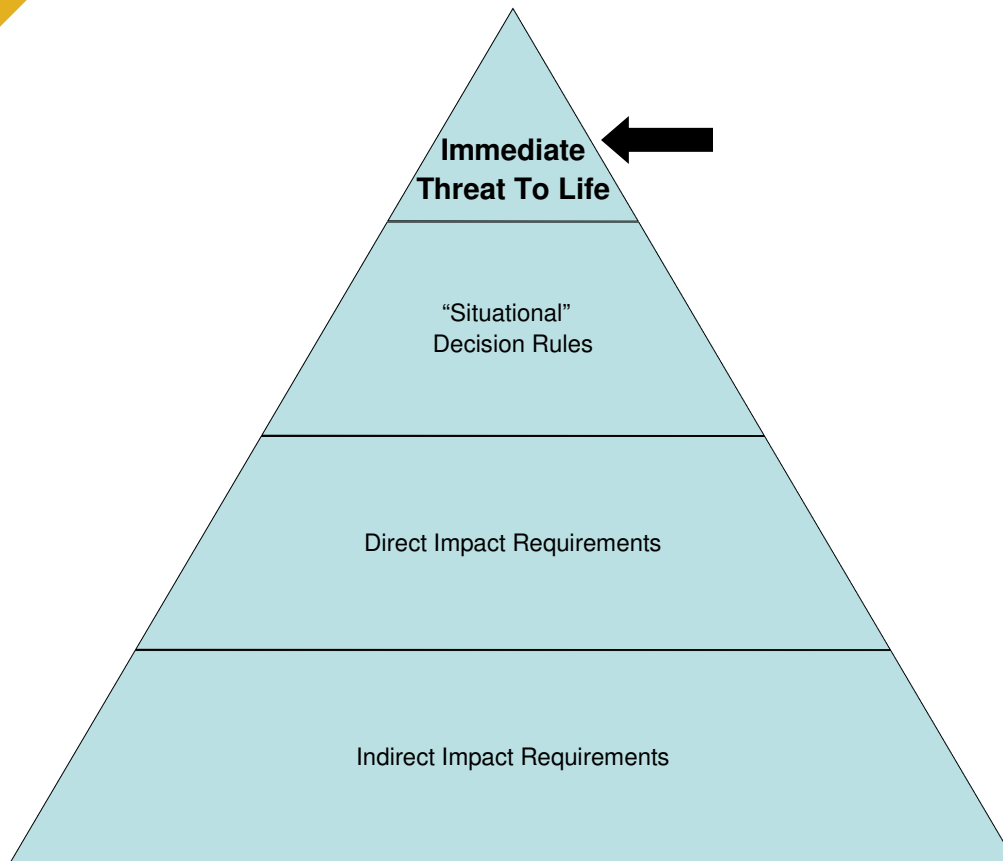


"Blunt End"

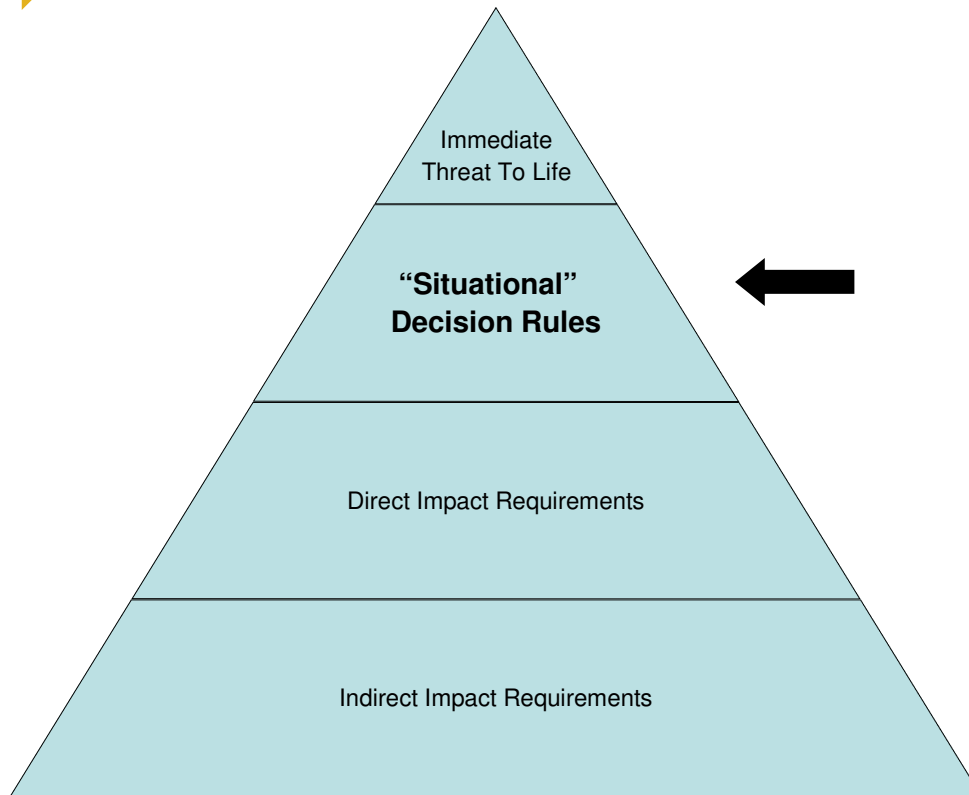
# 2009 Scoring/Certification Decision Model

## Immediate Threat to Life

- Situations, identified at the time of review, which have or may potentially have a serious adverse effect on patient health and safety.
- The Joint Commission President can issue an expedited Preliminary Denial of Certification (PDC) decision.
- PDC remains until corrective action is demonstrated, via an on-site validation review.
- PDC changes to Conditional Certification which includes a follow-up review to assess sustained implementation of corrective action.



# 2009 Scoring/Certification Decision Model



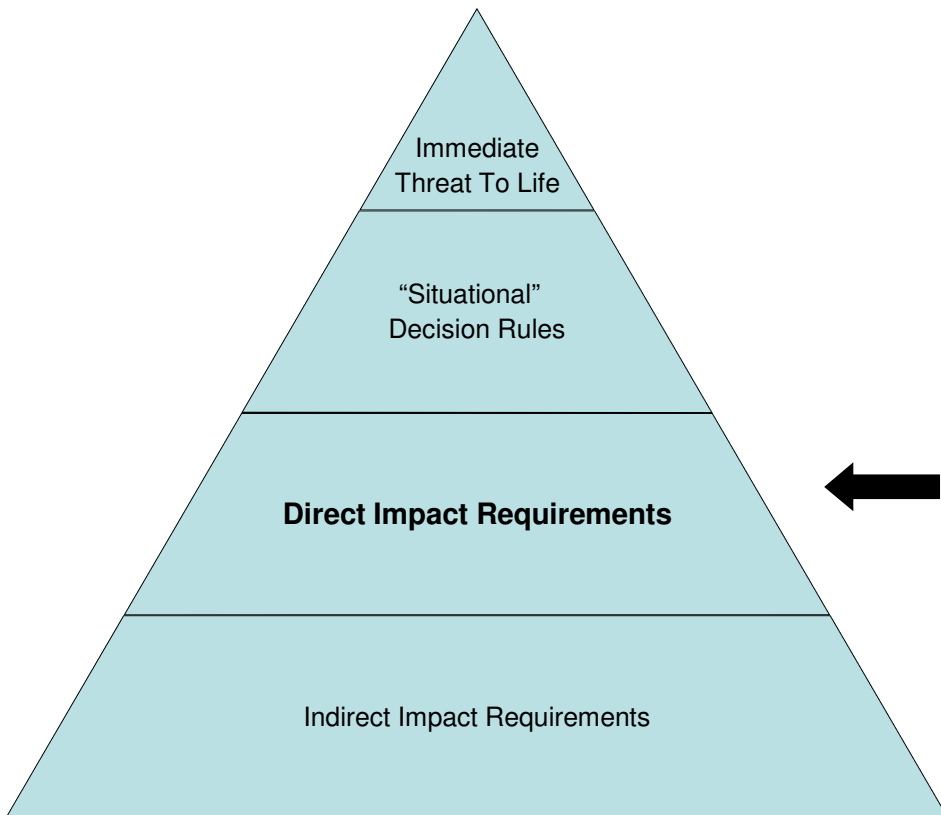
## ▀ Situational Decision Rules

- Situations in which a decision of Preliminary Denial of Certification or Conditional Certification is recommended to the Accreditation Committee (i.e., unlicensed facility, unlicensed individual who requires a license).
- Demonstration of resolution through submission of Evidence of Standards Compliance (ESC).
- Onsite review to validate implementation of corrective action.

# 2009 Scoring/Certification Decision Model

## Direct Impact Requirements

- Non-compliance = more direct impact on quality of care and patient safety.
- “Implementation” based requirements.
- All less than fully compliant requirements must be addressed, via the ESC submission process, in a short time-frame (45 days).
- Certification decision is pending submission of ESC within established timeframe.
- Failure to resolve = progressively more adverse certification decision (e.g., Provisional, Conditional, PDC).



# 2009 Scoring/Certification Decision Model

## Indirect Impact Requirements

- Initially less immediacy of risk, but failure to resolve non-compliance increases risk.
- “Planning” and “Evaluation” based requirements.
- All less than fully compliant requirements must be addressed, via the ESC submission process, in a longer time-frame (60 days).
- Certification decision is pending submission of ESC within established timeframe.
- Failure to resolve = progressively more adverse certification decision (e.g., Provisional, Conditional, PDC).

