Acknowledgement

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Using The Specifications Manual for Joint Commission Health Care Staffing Services Measures

This portion of The Health Care Staffing Services (HCSS) Manual provides a brief overview of the information contained within each section of the manual. It is intended for use as a quick reference to assist in the implementation of the Joint Commission HCSS quality measures. The sections of this manual are interrelated and are most useful when considered together.

Measures listed in this manual are designed to be manually-abstracted measures. Manual abstraction is the review of documentation for the purposes of data collection and submission; however, electronic databases or record management systems/software may be used or adapted to assist with data collection.

Section 1: Measurement Information

The measure set sections contain specific measure information forms for each measure. This is followed by a data element list for the measures, including the general data elements, algorithm output data elements, and the measure-specific data elements. Next is a document that describes sample size requirements for the personnel file audit measures included in the HCSS measure set. Also included are subsections for each specific measure. These contain a Measure Information Form (MIF) and the Performance Measure Algorithm.

The algorithms and data elements needed to calculate each of the HCSS measures are identified in the MIF. Each algorithm provides the logical steps, data element evaluation, arithmetic calculations, and data manipulation steps that are required to calculate a given measure.

Section 2: Data Dictionary

The Data Dictionary describes the data elements required to capture and calculate individual measure rates. It specifies those general data elements that must be collected for all HCSS measures and the data elements needed for a specific measure.

Section 3: Overview of Measure Information Form and Flowchart Formats

The Overview of Measure Information Form and Flowchart Formats explains each of the terms used on the Measure Information Form and provides a brief introduction to flowcharting, including an explanation of flowchart symbols. Each measure has an associated Measure Information Form and Flowchart (calculation algorithm).
## Health Care Staffing Services (HCSS)

### Set Measures

<table>
<thead>
<tr>
<th>Set Measure ID</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSS-10</td>
<td>Reason for Voluntary Turnover - Per Diem</td>
</tr>
<tr>
<td>HCSS-11</td>
<td>Reason for Voluntary Turnover - Travel</td>
</tr>
<tr>
<td>HCSS-4</td>
<td>Do Not Return - Per Diem</td>
</tr>
<tr>
<td>HCSS-5</td>
<td>Do Not Return - Travel</td>
</tr>
<tr>
<td>HCSS-6</td>
<td>Completeness of Personnel File - Per Diem</td>
</tr>
<tr>
<td>HCSS-7</td>
<td>Completeness of Personnel File - Travel</td>
</tr>
<tr>
<td>HCSS-8</td>
<td>Voluntary Turnover-Per Diem</td>
</tr>
<tr>
<td>HCSS-9</td>
<td>Voluntary Turnover-Travel</td>
</tr>
</tbody>
</table>

### General Data Elements

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Collected For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment Type</td>
<td>All Records,</td>
</tr>
<tr>
<td>Firm Group</td>
<td>All Records,</td>
</tr>
<tr>
<td>Measure Category Assignment</td>
<td>All Records, Calculation, Used in calculation of the Joint Commission’s aggregate data.</td>
</tr>
<tr>
<td>Placement Type</td>
<td>All Records,</td>
</tr>
<tr>
<td>Service Setting</td>
<td>All Records,</td>
</tr>
</tbody>
</table>

### Measure Set Specific Data Elements

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Collected For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Check</td>
<td>HCSS-6, HCSS-7</td>
</tr>
<tr>
<td>Competency</td>
<td>HCSS-6, HCSS-7</td>
</tr>
<tr>
<td>Do Not Return</td>
<td>HCSS-4, HCSS-5</td>
</tr>
<tr>
<td>Element Name</td>
<td>Collected For</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Exit Interview</td>
<td>HCSS-10, HCSS-11</td>
</tr>
<tr>
<td>Hire Date</td>
<td>HCSS-8, HCSS-9</td>
</tr>
<tr>
<td>Job Appropriate Credentials</td>
<td>HCSS-6, HCSS-7</td>
</tr>
<tr>
<td>Reason for Separation</td>
<td>HCSS-10, HCSS-11</td>
</tr>
<tr>
<td>Separation Date</td>
<td>HCSS-8, HCSS-9</td>
</tr>
<tr>
<td>Voluntary Separation</td>
<td>HCSS-10, HCSS-11, HCSS-8, HCSS-9</td>
</tr>
</tbody>
</table>

**Related Materials**

<table>
<thead>
<tr>
<th>Document Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgement</td>
</tr>
<tr>
<td>Cover Page for Health Care Staffing Services</td>
</tr>
<tr>
<td>Data Dictionary</td>
</tr>
<tr>
<td>Introduction and Background for HCSS manual</td>
</tr>
<tr>
<td>Overview of Measure Information Form for HCSS manual</td>
</tr>
<tr>
<td>Sampling Chapter for HCSS manual</td>
</tr>
<tr>
<td>Table of Contents HCSS</td>
</tr>
<tr>
<td>Using the The Joint Commission's HCSS Measures</td>
</tr>
</tbody>
</table>
Measure Information Form

**Measure Set:** Health Care Staffing Services (HCSS)

**Set Measure ID:** HCSS-10

**Performance Measure Name:** Reason for Voluntary Turnover - Per Diem

**Description:** This measure captures the proportion of per diem clinical placements who voluntarily separate from the healthcare staffing firm and provide a reason for separation.

The HCSS-10 measure is reported as a percentage which includes per diem clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. NOTE: This measure is NOT reported by healthcare staffing firms with no per diem clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

GROUP 1 < 40 clinical placements  
GROUP 2 40 to 99 clinical placements  
GROUP 3 100 to 349 clinical placements  
GROUP 4 >= 350 clinical placements

**Rationale:** A 2017 C-Suite Challenge Survey from the American Staffing Association (ASA) reported that nearly 80% of the respondents are evaluating their workforce composition and moving towards increased use of temporary and contract staff. Approximately 10% of all temporary staffing sales are in the healthcare sector. Service-providing sectors are projected to add more than 10.5 million jobs by 2026 (U.S. Bureau of Labor Statistics). Approximately one third of these jobs are projected for the healthcare sector. Richard Wahlquist, President and CEO, ASA thinks that “the future looks bright” for staffing firms that can continue to raise the bar, fill positions with talented, qualified staff, and deliver high quality workforce services and solutions (American Staffing Association, 2018).

Despite the many employment opportunities available to temporary and contract employees, the turnover rate increased to 386% in 2017 for all sectors with an average tenure of 10.7 weeks. Tenure and turnover are inversely related metrics (American Staffing Association, 2018). High turnover rates represent shorter periods of tenure at individual staffing firms. Lower turnover rates mean lower recruiting costs, administrative expenses and training costs, and other costs associated with recruiting and hiring new employees.

Jalonen and colleagues conducted a study of 412 nurses with temporary job contracts who reported being committed to their organization at baseline. Two years later, results demonstrated that age over 35 years, high job control,
High participative safety, high perceived justice in decision-making, and low psychological stress were significant predictors of sustained organizational commitment. Of these factors, job control - the degree to which a job provides freedom and independence to the individual regarding the nature and timing of work - was the strongest predictor. Nurses who have higher job satisfaction are more likely to remain with the organization as compared to higher rates of turnover for dissatisfied employees (Jalonen, et al., 2006).

According to Lown and associates, (Lown, et al., 2020), research has clearly shown that employee engagement is linked to organizational performance and organizational outcomes, including employee retention, customer loyalty, productivity, and profit. Employees who feel valued and cared about at work identify with the organization and develop a sense of organizational commitment, thus reducing the cost of avoidable turnover.

Employee reasons behind a personal decision to no longer work with a particular staffing firm or agency is an important performance measure to monitor over time. Healthcare staffing leaders should pay careful attention to the employees' opportunities for job control and participative decision-making. Employee desire for permanent employment may also be a driver of turnover and should be assessed at the time of hire and periodic intervals thereafter. Other reasons, such as assignment preferences or compensation, may also influence an employee's decision to no longer work with the organization.

Type Of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: HCSS-10: Per diem clinical placements who voluntarily separate from the healthcare staffing firm and provide a reason for separation.

HCSS-10a Firms in Group 1: Per diem clinical placements with a reason(s).

HCSS-10b Firms in Group 2: Per diem clinical placements with a reason(s).

HCSS-10c Firms in Group 3: Per diem clinical placements with a reason(s).

HCSS-10d Firms in Group 4: Per diem clinical placements with a reason(s).

Included Populations: Not applicable

Excluded Populations: None

Data Elements:

- Exit Interview
- Reason for Separation
- Voluntary Separation

Denominator Statement: Total number of per diem clinical placements for the reporting month

Included Populations:

- Per Diem assignments, AND
- Clinical placements, AND
- Placements in a Service Setting

Excluded Populations:

- International placements
- Non-clinical placements
- Travel staff assignments

Data Elements:

- Assignment Type
- Firm Group
- Placement Type
- Service Setting

Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms for data collection; therefore, specific data fields used to track possible reasons for voluntary turnover may require evaluation to ensure consistency.

Measure Analysis Suggestions: Data should be used to evaluate reasons for voluntary turnover and take action to increase the availability of assignments or contracts of interest if indicated, as well as, other interventions to retain staff. In addition, data may identify management practices that should be reviewed and/or revised.

Sampling: No.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:

Measure Algorithm:

**HCSS-10: Reason for Voluntary Turnover - Per Diem**

**Numerator:** Per diem clinical placements who voluntarily separate from the healthcare staffing firm and provide a reason for separation

**Denominator:** Total number of per diem clinical placements for the reporting month

![Flowchart Diagram](image-url)
**Measure Information Form**

**Measure Set:** Health Care Staffing Services (HCSS)

**Set Measure ID:** HCSS-11

**Performance Measure Name:** Reason for Voluntary Turnover - Travel

**Description:** This measure captures the proportion of travel clinical placements who voluntarily separate from the healthcare staffing firm and provide a reason for separation.

The HCSS-11 measure is reported as a percentage which includes travel clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. NOTE: This measure is NOT reported by healthcare staffing firms with no travel clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

GROUP 1 < 40 clinical placements  
GROUP 2 40 to 99 clinical placements  
GROUP 3 100 to 349 clinical placements  
GROUP 4 >= 350 clinical placements

**Rationale:** A 2017 C-Suite Challenge Survey from the American Staffing Association (ASA) reported that nearly 80% of the respondents are evaluating their workforce composition and moving towards increased use of temporary and contract staff. Approximately 10% of all temporary staffing sales are in the healthcare sector. Service-providing sectors are projected to add more than 10.5 million jobs by 2026 (U.S. Bureau of Labor Statistics). Approximately one third of these jobs are projected for the healthcare sector. Richard Wahlquist, President and CEO, ASA thinks that "the future looks bright" for staffing firms that can continue to raise the bar, fill positions with talented, qualified staff, and deliver high quality workforce services and solutions (American Staffing Association, 2018).

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Jalonen and colleagues conducted a study of 412 nurses with temporary job contracts who reported being committed to their organization at baseline. Two years later, results demonstrated that age over 35 years, high job control,
high participative safety, high perceived justice in decision-making, and low psychological stress were significant predictors of sustained organizational commitment. Of these factors, job control - the degree to which a job provides freedom and independence to the individual regarding the nature and timing of work - was the strongest predictor. Nurses who have higher job satisfaction are more likely to remain with the organization as compared to higher rates of turnover for dissatisfied employees (Jalonen, et al., 2006).

According to Lown and associates, (Lown, et al., 2020), research has clearly shown that employee engagement is linked to organizational performance and organizational outcomes, including employee retention, customer loyalty, productivity, and profit. Employees who feel valued and cared about at work identify with the organization and develop a sense of organizational commitment, thus reducing the cost of avoidable turnover.

Employee reasons behind a personal decision to no longer work with a particular staffing firm or agency is an important performance measure to monitor over time. Healthcare staffing leaders should pay careful attention to the employees' opportunities for job control and participative decision-making. Employee desire for permanent employment may also be a driver of turnover and should be assessed at the time of hire and periodic intervals thereafter. Other reasons, such as assignment preferences or compensation, may also influence an employee's decision to no longer work with the organization.

**Type Of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:** HCSS-11: Travel clinical placements who voluntarily separate from the healthcare staffing firm and provide a reason for separation.

HCSS-11a Firms in Group 1: Travel clinical placements with a reason(s).

HCSS-11b Firms in Group 2: Travel clinical placements with a reason(s).

HCSS-11c Firms in Group 3: Travel clinical placements with a reason(s).

HCSS-11d Firms in Group 4: Travel clinical placements with a reason(s).

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**
- Exit Interview
- Reason for Separation
- Voluntary Separation

**Denominator Statement:** Total number of travel clinical placements for the reporting month

**Included Populations:**
- Travel assignments, AND
- Clinical placements, AND
- Placements in a Service Setting

Excluded Populations:

- International placements
- Non-clinical placements
- Per diem staff assignments

Data Elements:

- Assignment Type
- Firm Group
- Placement Type
- Service Setting

Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms for data collection; therefore, specific data fields used to track possible reasons for voluntary turnover may require evaluation to ensure consistency.

Measure Analysis Suggestions: Data should be used to evaluate reasons for voluntary turnover and take action to increase the availability of assignments or contracts of interest if indicated, as well as, other interventions to retain staff. In addition, data may identify management practices that should be reviewed and/or revised.

Sampling: No.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:

Measure Algorithm:

**HCSS-11: Reason for Voluntary Turnover - Travel**

**Numerator:** Travel clinical placements who voluntarily separate from the healthcare staffing firm and provide a reason for separation

**Denominator:** Total number of travel clinical placements for the reporting month

**Stratification Table:**

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Firm Group</th>
<th>Number of Clinical Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSS-11a</td>
<td>Group 1</td>
<td>&lt; 40</td>
</tr>
<tr>
<td>HCSS-11b</td>
<td>Group 2</td>
<td>40 to 99</td>
</tr>
<tr>
<td>HCSS-11c</td>
<td>Group 3</td>
<td>100 to 349</td>
</tr>
<tr>
<td>HCSS-11d</td>
<td>Group 4</td>
<td>&gt;= 350</td>
</tr>
</tbody>
</table>

1. Start
2. Review each assignment completed by last calendar day of reporting month
3. Assignment Type:
   - 1 or 2: Per Diem or UTD
   - 2: Travel
   - 3 or 4: Placement Type
     - 2, 3, or 4: International, Non-clinical or UTD
     - 1: Clinical
4. Service Setting:
   - Yes
5. Voluntary Separation:
   - Yes
   - Exit Interview:
     - Yes
     - Reason for Separation:
       - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14
       - UTD
     - Case will be rejected
   - No
6. Numerator Population
7. In Measure Population
8. Not in Measure Population

Health Care Staffing Specifications Manual v2023A
Effective 01-01-2023 (1Q23)
HCSS-11

Initialize the Measure Category Assignment for each strata measure (a-d) = "B".
Assign the Overall Rate Category Assignment to the appropriate strata.

For Stratified Measure HCSS-11a

- For Group 1: Set HCSS-11a = HCSS-11

For Stratified Measure HCSS-11b

- For Group 2: Set HCSS-11b = HCSS-11

For Stratified Measure HCSS-11c

- For Group 3: Set HCSS-11c = HCSS-11

For Stratified Measure HCSS-11d

- For Group 4: Set HCSS-11d = HCSS-11

Stop
Measure Information Form

Measure Set: Health Care Staffing Services (HCSS)

Set Measure ID: HCSS-4

Performance Measure Name: Do Not Return - Per Diem

Description: This measure captures the proportion of per diem clinical placements that are not linked with a Do Not Return (DNR) from a customer. A DNR is defined as any customer request for an individual not to come back to complete the current assignment or be assigned in the future to a specific unit/ward of the facility, any unit/ward of the facility, or the entire health system.

The HCSS-4 measure is reported as a percentage which includes per diem clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. NOTE: This measure is NOT reported by healthcare staffing firms with no per diem clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

GROUP 1 < 40 clinical placements
GROUP 2 40 to 99 clinical placements
GROUP 3 100 to 349 clinical placements
GROUP 4 >= 350 clinical placements

Rationale: Health care staffing services (HCSS) are contracted to fill vacancies that health care organizations are unable to fill with currently employed staff. Client needs may be temporary due to staff turnover or retirement, backfill for sick days or vacation, seasonal or routine. According to a 2017 report from the Kaiser Family Foundation, 10% of the more than 3.3 million professionally active registered nurses in the United States are travelers (Kaiser, 2017). A 2017 Survey of Temporary Physician Staffing Trends revealed that 94% of healthcare managers had used a locum tenens physician during the last 12 months and 26% had used a nurse practitioner (NP) or physician assistant (PA), compared to 80% and 12.4% respectively in 2011-2012 (Staff Care, Inc., 2017). The demand for healthcare staffing services is expected to increase an average 7% per annum, including allied health professionals, per diem nursing, traveler nursing, and locum tenens (Harris Williams, Co., 2015). Temporary help employment growth averaged 3.9% over the first five months of 2017, with the highest level recorded for May at 4.9% (Thiyagarajan, 2017). Healthcare staffing services demand continues to grow as a result of an aging Baby Boomer population, an increased number of insured under the Affordable Care Act, healthcare professional shortages, and a push for lower nurse-to-patient ratios.
The use of temporary registered nurses and other temporary clinical staff is a common practice among U.S. hospitals and other healthcare facilities. Findings from several studies have found no evidence linking the use of temporary staff with positive or adverse patient outcomes, such as, in-hospital mortality, medication errors, falls, or patient satisfaction (Xue, et al., 2012; Aiken, et al., 2007). Qualitative studies of a mixed work environment comprised of permanent and temporary staff have described differences in perceptions, attitudes and behaviors between the two groups. For example, temporary staff may feel that they have fewer opportunities for continuing education and professional development while permanent staff may perceive heavier workloads related to administrative tasks (e.g., staff supervision, scheduling, developing policies and procedures, equipment maintenance, and planning activities with medical staff). Permanent staff may also see their compensation as less than the value they bring to the organization (Jansson and Engström, 2017). Furthermore, permanent staff may perceive temporary staff as a threat to their organizational status and self-esteem (Lapalme and Guerrero, 2019). Fair and equal management procedures and practices for both staffing groups (e.g., similar evaluation processes), may help promote teamwork and limit counterproductive behaviors.

Joint Commission certified health care staffing firms should send quality temporary staff who are skilled and reliable to healthcare facilities; however, sometimes temporary staff performance may be less than satisfactory or does not meet customer expectations. When such instances occur, the customer may request that the individual not return for future assignments, e.g., “Do Not Return” (DNR). Reasons for DNR vary and may be due to clinical skills and competence, unprofessional behaviors, or perceptions that may be subjective, biased, or unjustified. Regardless of the reason underlying the request, DNR requests may negatively impact the business relationships and reputation of the firm. Firms should develop processes to prevent and manage DNR occurrences.

Ade-Oshifougun and Dufelmeier (2012) used Rampersad’s six-step continuous quality improvement process to identify recurring problems and causes of DNR incidents. The team identified two objective reasons for DNR: poor quality of care; and, lack of orientation to and knowledge of specialty units. In addition, they developed educational tools that firms can use to proactively manage and prevent or decrease the number of DNR notices. “Prevention is key to reducing DNRs…and should be started before the hiring process and continued throughout”.

**Type Of Measure:** Outcome

**Improvement Noted As:** Increase in the rate

**Numerator Statement:** HCSS-4: Per diem clinical placements without a DNR from the customer that the individual should not return to duty or be assigned again in the future.

**HCSS-4a** Firms in Group 1: Per diem clinical placements without a DNR.

**HCSS-4b** Firms in Group 2: Per diem clinical placements without a DNR.

**HCSS-4c** Firms in Group 3: Per diem clinical placements without a DNR.

**HCSS-4d** Firms in Group 4: Per diem clinical placements without a DNR.

**Included Populations:** Not applicable

**Excluded Populations:**
- Clinical employees who are ineligible for hire, rehire, or placement of any kind, e.g., Do Not Use (DNU)
• Cancellations due to customer need for temporary staff

Data Elements:

• Do Not Return

Denominator Statement: Total number of per diem clinical placements for the reporting month.

Included Populations: None

• Per Diem assignments, AND
• Clinical placements, AND
• Placements in a Service Setting

Excluded Populations: None

• International placements
• Non-clinical placements
• Travel staff assignments

Data Elements:

• Assignment Type
• Firm Group
• Placement Type
• Service Setting

Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and, if applicable, medical record documents. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms; therefore, specific data fields used to abstract DNR alerts may require evaluation to ensure consistency.

Measure Analysis Suggestions: Data should be used to evaluate reasons for DNR and develop a plan to improve employee performance.

Sampling: No.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:
• Harris Williams & Co. Healthcare Staffing Market Overview, November 2015.
• Jansson AB, Engström A. Working Together: Critical Care Nurses Experiences of Temporary Staffing Within Swedish Health Care: A Qualitative Study. Intensive and Critical Care Nursing. 2017;41: 3-10.
• Kaiser Family Foundation, April 2017.
• Staff Care, Inc. 2017 Survey of Temporary Physician Staffing Trends.
Measure Algorithm:

**HCSS-4: Do Not Return (DNR) - Per Diem**

**Numerator:** Per diem clinical placements **without** a DNR from the customer that the individual should not return to duty or be assigned again in the future.

**Denominator:** Total number of per diem clinical placements for the reporting month.

```
<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Firm Group</th>
<th>Number of Clinical Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSS-4a</td>
<td>Group 1</td>
<td>&lt;40</td>
</tr>
<tr>
<td>HCSS-4b</td>
<td>Group 2</td>
<td>40 to 59</td>
</tr>
<tr>
<td>HCSS-4c</td>
<td>Group 3</td>
<td>100 to 149</td>
</tr>
<tr>
<td>HCSS-4d</td>
<td>Group 4</td>
<td>≥ 150</td>
</tr>
</tbody>
</table>
```

[Diagram of the Measure Algorithm]
HCSS-4

Initialize the Measure Category Assignment for each strata measure (a-d) = 'B'.
Assign the Overall Rate Category Assignment to the appropriate strata.

For Stratified Measure HCSS-4a
- Firm Group
- = 1
- Set HCSS-4a = HCSS-4

For Stratified Measure HCSS-4b
- Firm Group
- = 2
- Set HCSS-4b = HCSS-4

For Stratified Measure HCSS-4c
- Firm Group
- = 3
- Set HCSS-4c = HCSS-4

For Stratified Measure HCSS-4d
- Firm Group
- = 4
- Set HCSS-4d = HCSS-4

Stop
Measure Information Form

Measure Set: Health Care Staffing Services (HCSS)

Set Measure ID: HCSS-5

Performance Measure Name: Do Not Return - Travel

Description: This measure captures the proportion of travel clinical placements that are not linked with a Do Not Return (DNR) from a customer. A DNR is defined as any customer request for an individual not to come back to complete the current assignment or be assigned in the future to a specific unit/ward of the facility, any unit/ward of the facility, or the entire health system.

The HCSS-5 measure is reported as a percentage which includes travel clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. NOTE: This measure is NOT reported by healthcare staffing firms with no travel clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

GROUP 1 < 40 clinical placements
GROUP 2 40 to 99 clinical placements
GROUP 3 100 to 349 clinical placements
GROUP 4 >= 350 clinical placements

Rationale: Health care staffing services (HCSS) are contracted to fill vacancies that health care organizations are unable to fill with currently employed staff. Client needs may be temporary due to staff turnover or retirement, backfill for sick days or vacation, seasonal or routine. According to a 2017 report from the Kaiser Family Foundation, 10% of the more than 3.3 million professionally active registered nurses in the United States are travelers (Kaiser, 2017). A 2017 Survey of Temporary Physician Staffing Trends revealed that 94% of healthcare managers had used a locum tenens physician during the last 12 months and 26% had used a nurse practitioner (NP) or physician assistant (PA), compared to 80% and 12.4% respectively in 2011-2012 (Staff Care, Inc., 2017). The demand for healthcare staffing services is expected to increase an average 7% per annum, including allied health professionals, per diem nursing, traveler nursing, and locum tenens (Harris Williams, Co., 2015). Temporary help employment growth averaged 3.9% over the first five months of 2017, with the highest level recorded for May at 4.9% (Thiyagarajan, 2017). Healthcare staffing services demand continues to grow as a result of an aging Baby Boomer population, an increased number of insured under the Affordable Care Act, healthcare professional shortages, and a push for lower nurse-to-patient ratios.
The use of temporary registered nurses and other temporary clinical staff is a common practice among U.S. hospitals and other healthcare facilities. Findings from several studies have found no evidence linking the use of temporary staff with positive or adverse patient outcomes, such as, in-hospital mortality, medication errors, falls, or patient satisfaction (Xue, et al., 2012; Aiken, et al., 2007). Qualitative studies of a mixed work environment comprised of permanent and temporary staff have described differences in perceptions, attitudes and behaviors between the two groups. For example, temporary staff may feel that they have fewer opportunities for continuing education and professional development while permanent staff may perceive heavier workloads related to administrative tasks (e.g., staff supervision, scheduling, developing policies and procedures, equipment maintenance, and planning activities with medical staff). Permanent staff may also see their compensation as less than the value they bring to the organization (Jansson and Engström, 2017). Furthermore, permanent staff may perceive temporary staff as a threat to their organizational status and self-esteem (Lapalme and Guerrero, 2019). Fair and equal management procedures and practices for both staffing groups (e.g., similar evaluation processes), may help promote team-work and limit counter-productive behaviors.

Joint Commission certified health care staffing firms should send quality temporary staff who are skilled and reliable to healthcare facilities; however, sometimes temporary staff performance may be less than satisfactory or does not meet customer expectations. When such instances occur, the customer may request that the individual not return for future assignments, e.g., “Do Not Return” (DNR). Reasons for DNR vary and may be due to clinical skills and competence, unprofessional behaviors, or perceptions that may be subjective, biased, or unjustified. Regardless of the reason underlying the request, DNR requests may negatively impact the business relationships and reputation of the firm. Firms should develop processes to prevent and manage DNR occurrences.

Ade-Oshifougun and Dufelmeier (2012) used Rampersad’s six-step continuous quality improvement process to identify recurring problems and causes of DNR incidents. The team identified two objective reasons for DNR: poor quality of care; and, lack of orientation to and knowledge of specialty units. In addition, they developed educational tools that firms can use to proactively manage and prevent or decrease the number of DNR notices. “Prevention is key to reducing DNRs…and should be started before the hiring process and continued throughout”.

**Type Of Measure:** Outcome

**Improvement Noted As:** Increase in the rate

**Numerator Statement:** HCSS-5: Travel clinical placements without a DNR from the customer that the individual should not return to duty or be assigned again in the future.

**HCSS-5a** Firms in Group 1: Travel clinical placements without a DNR.

**HCSS-5b** Firms in Group 2: Travel clinical placements without a DNR.

**HCSS-5c** Firms in Group 3: Travel clinical placements without a DNR.

**HCSS-5d** Firms in Group 4: Travel clinical placements without a DNR.

**Included Populations:** Not applicable

**Excluded Populations:**

- Clinical employees who are ineligible for hire, rehire, or placement of any kind, e.g., Do Not Use (DNU)
Cancellations due to customer need for temporary staff

Data Elements:

- Do Not Return

Denominator Statement: Total number of travel clinical placements for the reporting month.

Included Populations:

- Travel assignments, AND
- Clinical placements, AND
- Placements in a Service Setting

Excluded Populations: None

- International placements
- Non-clinical placements
- Per diem staff assignments

Data Elements:

- Assignment Type
- Firm Group
- Placement Type
- Service Setting

Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and, if applicable, medical record documents. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms; therefore, specific data fields used to abstract DNR alerts may require evaluation to ensure consistency.

Measure Analysis Suggestions: Data should be used to evaluate reasons for DNR and develop a plan to improve employee performance.

Sampling: No.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:
• Harris Williams & Co. Healthcare Staffing Market Overview, November 2015.
• Jansson AB, Engström A. Working Together: Critical Care Nurses Experiences of Temporary Staffing Within Swedish Health Care: A Qualitative Study. Intensive and Critical Care Nursing. 2017;41: 3-10.
• Kaiser Family Foundation, April 2017.
• Staff Care, Inc. 2017 Survey of Temporary Physician Staffing Trends.
Measure Algorithm:

HCSS-5: Do Not Return (DNR) – Travel
Numerators: Travel clinical placements without a DNR from the customer that the individual should not return to duty or be assigned again in the future.
Denominator: Total number of travel clinical placements for the reporting month

Stratification Table:

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Firm Group</th>
<th>Number of Clinical Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSS-5a</td>
<td>Group 1</td>
<td>&gt; 40</td>
</tr>
<tr>
<td>HCSS-5b</td>
<td>Group 2</td>
<td>40 to 99</td>
</tr>
<tr>
<td>HCSS-5c</td>
<td>Group 3</td>
<td>100 to 349</td>
</tr>
<tr>
<td>HCSS-5d</td>
<td>Group 4</td>
<td>&gt;= 350</td>
</tr>
</tbody>
</table>
Initialize the Measure Category Assignment for each strata measure (e-d) = 'B'.
Assign the Overall Rate Category Assignment to the appropriate strata.

For Stratified Measure HCSS-5a

Firm Group

= 1

Set HCSS-5a = HCSS-5

For Stratified Measure HCSS-5b

Firm Group

= 2

Set HCSS-5b = HCSS-5

For Stratified Measure HCSS-5c

Firm Group

= 3

Set HCSS-5c = HCSS-5

For Stratified Measure HCSS-5d

Firm Group

= 4

Set HCSS-5d = HCSS-5

Stop
Measure Information Form

Measure Set: Health Care Staffing Services (HCSS)

Set Measure ID: HCSS-6

Performance Measure Name: Completeness of Personnel File - Per Diem

Description: This measure captures the proportion of per diem clinical placements with a personnel file meeting the requirements for job appropriate credentials, competency and background check.

The HCSS-6 measure is reported as a percentage which includes per diem clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. NOTE: This measure is NOT reported by healthcare staffing firms with no per diem clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

GROUP 1 < 40 clinical placements
GROUP 2 40 to 99 clinical placements
GROUP 3 100 to 349 clinical placements
GROUP 4 >= 350 clinical placements

Rationale: The current health care staffing shortage has created considerable competition for qualified nurses and other clinical professionals. 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 there-
fore 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 the rate

**Numerator Statement:** HCSS-6 Per diem clinical placements with a personnel file meeting all required components of a complete personnel file:

- Job Appropriate Credentials
- Evidence of Current Competency
- Background Check

**HCSS-6a** Firms in Group 1: Per diem clinical placements with a personnel file meeting all required components.

**HCSS-6b** Firms in Group 2: Per diem clinical placements with a personnel file meeting all required components.

**HCSS-6c** Firms in Group 3: Per diem clinical placements with a personnel file meeting all required components.

**HCSS-6d** Firms in Group 4: Per diem clinical placements with a personnel file meeting all required components.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- Background Check
- Competency
- Job Appropriate Credentials

**Denominator Statement:** Per diem clinical placements for the reporting month.

**Included Populations:**

- Per Diem assignments, AND
- Clinical placements, AND
- Placements in a Service Setting

**Excluded Populations:** None

**Data Elements:**
Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and, if applicable, medical record documents. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms; therefore, specific data fields used to abstract personnel files may require evaluation to ensure consistency.

Measure Analysis Suggestions: None

Sampling: Yes. For additional information please refer to the sampling methodology.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:

Measure Algorithm:

**HCSS-6: Completeness of Personnel File - Per Diem**

**Numerator:** Per diem clinical placements with a personnel file meeting all required components of a complete personnel file

**Denominator:** Per diem clinical placements for the reporting month

**Stratification Table:**

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Firm Group</th>
<th>Number of Clinical Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSS-6a</td>
<td>Group 1</td>
<td>&gt; 40</td>
</tr>
<tr>
<td>HCSS-6b</td>
<td>Group 2</td>
<td>40 to 99</td>
</tr>
<tr>
<td>HCSS-6c</td>
<td>Group 3</td>
<td>100 to 349</td>
</tr>
<tr>
<td>HCSS-6d</td>
<td>Group 4</td>
<td>&gt;= 350</td>
</tr>
</tbody>
</table>
Initialize the Measure Category Assignment for each strata measure \((e-d) = 'B'\).

Assign the Overall Rate Category Assignment to the appropriate strata.

For Stratified Measure HCSS-6a

Firm Group

\(= 1\)

Set HCSS-6a = HCSS-6

For Stratified Measure HCSS-6b

Firm Group

\(= 2\)

Set HCSS-6b = HCSS-6

For Stratified Measure HCSS-6c

Firm Group

\(= 3\)

Set HCSS-6c = HCSS-6

For Stratified Measure HCSS-6d

Firm Group

\(= 4\)

Set HCSS-6d = HCSS-6

Stop
Measure Information Form

**Measure Set:** Health Care Staffing Services (HCSS)

**Set Measure ID:** HCSS-7

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

**Description:** This measure captures the proportion of travel clinical placements with a personnel file meeting the requirements for job appropriate credentials, competency and background check.

The HCSS-7 measure is reported as a percentage which includes travel clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. **NOTE:** This measure is **NOT** reported by healthcare staffing firms with no travel clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

**GROUP 1** < 40 clinical placements  
**GROUP 2** 40 to 99 clinical placements  
**GROUP 3** 100 to 349 clinical placements  
**GROUP 4** >= 350 clinical placements

**Rationale:** The current health care staffing shortage has created considerable competition for qualified nurses and other clinical professionals. 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 there-
before 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 the rate

**Numerator Statement:** HCSS-7 Travel clinical placements with a personnel file meeting all required components of a complete personnel file:

- Job Appropriate Credentials
- Evidence of Current Competency
- Background Check

**HCSS-7a** Firms in Group 1: Travel clinical placements with a personnel file meeting all required components.

**HCSS-7b** Firms in Group 2: Travel clinical placements with a personnel file meeting all required components.

**HCSS-7c** Firms in Group 3: Travel clinical placements with a personnel file meeting all required components.

**HCSS-7d** Firms in Group 4: Travel clinical placements with a personnel file meeting all required components.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Background Check*
- *Competency*
- *Job Appropriate Credentials*

**Denominator Statement:** Travel clinical placements for the reporting month.

**Included Populations:**

- Travel assignments, AND
- Clinical placements, AND
- Placements in a Service Setting

**Excluded Populations:**

- International placements
- Non-clinical placements
- Per diem staff assignments

**Data Elements:**
Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and, if applicable, medical record documents. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms; therefore, specific data fields used to abstract personnel files may require evaluation to ensure consistency.

Measure Analysis Suggestions: None

Sampling: Yes. For additional information please refer to the sampling methodology.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:

Measure Algorithm:

**HCSS-7: Completeness of Personnel File - Travel**

**Numerator**: Travel clinical placements with a personnel file meeting all required components of a complete personnel file

**Denominator**: Travel clinical placements for the reporting month
HCSS-7

Initialize the Measure Category Assignment for each strata measure (a-d) = 'B'.
Assign the Overall Rate Category Assignment to the appropriate strata.

Firm Group

= 2, 3, 4

Firm Group

= 3, 4

Firm Group

= 4

For Stratified Measure HCSS-7a
Set HCSS-7a = HCSS-7

For Stratified Measure HCSS-7b
Set HCSS-7b = HCSS-7

For Stratified Measure HCSS-7c
Set HCSS-7c = HCSS-7

For Stratified Measure HCSS-7d
Set HCSS-7d = HCSS-7

Stop
Measure Information Form

Measure Set: Health Care Staffing Services (HCSS)

Set Measure ID: HCSS-8

Performance Measure Name: Voluntary Turnover-Per Diem

Description: This measure captures the proportion of per diem clinical staff who voluntarily separate from the healthcare staffing firm within 6 months (i.e., 26 weeks or 182 days).

The HCSS-8 measure is reported as a percentage which includes per diem clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. NOTE: This measure is NOT reported by healthcare staffing firms with no per diem clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

GROUP 1 < 40 clinical placements
GROUP 2 40 to 99 clinical placements
GROUP 3 100 to 349 clinical placements
GROUP 4 >= 350 clinical placements

Rationale: A 2017 C-Suite Challenge Survey from the American Staffing Association (ASA) reported that nearly 80% of the respondents are evaluating their workforce composition and moving towards increased use of temporary and contract staff. Approximately 10% of all temporary staffing sales are in the healthcare sector. Service-providing sectors are projected to add more than 10.5 million jobs by 2026 (U.S. Bureau of Labor Statistics). Approximately one third of these jobs are projected for the healthcare sector. Richard Wahlquist, President and CEO, ASA thinks that “the future looks bright” for staffing firms that can continue to raise the bar, fill positions with talented, qualified staff, and deliver high quality workforce services and solutions (American Staffing Association, 2018).

Despite the many employment opportunities available to temporary and contract employees, the turnover rate increased to 386% in 2017 for all sectors with an average tenure of 10.7 weeks. Tenure and turnover are inversely related metrics (American Staffing Association, 2018). High turnover rates represent shorter periods of tenure at individual staffing firms. Lower turnover rates mean lower recruiting costs, administrative expenses and training costs, and other costs associated with recruiting and hiring new employees.

Jalonen and colleagues conducted a study of 412 nurses with temporary job contracts who reported being committed to their organization at baseline. Two years later, results demonstrated that age over 35 years, high job control,
high participative safety, high perceived justice in decision-making, and low psychological stress were significant predictors of sustained organizational commitment. Of these factors, job control - the degree to which a job provides freedom and independence to the individual regarding the nature and timing of work - was the strongest predictor. Nurses who have higher job satisfaction are more likely to remain with the organization as compared to higher rates of turnover for dissatisfied employees (Jalonen, et al., 2006).

According to Lown and associates, (Lown, et al., 2020), research has clearly shown that employee engagement is linked to organizational performance and organizational outcomes, including employee retention, customer loyalty, productivity, and profit. Employees who feel valued and cared about at work identify with the organization and develop a sense of organizational commitment, thus reducing the cost of avoidable turnover.

Turnover is an important performance measure for healthcare staffing firms to monitor over time. Healthcare staffing leaders should pay careful attention to the employees’ opportunities for job control and participative decision-making. Employee desire for permanent employment may also be a driver of turnover and should be assessed at the time of hire and periodic intervals thereafter.

Type Of Measure: Process

Improvement Noted As: Decrease in the rate

Numerator Statement: HCSS-8: Per diem clinical placements who voluntarily separate from the healthcare staffing firm within 26 weeks of the date of hire.

HCSS-8a Firms in Group 1: Per diem clinical placements who voluntarily separate

HCSS-8b Firms in Group 2: Per diem clinical placements who voluntarily separate

HCSS-8c Firms in Group 3: Per diem clinical placements who voluntarily separate

HCSS-8d Firms in Group 4: Per diem clinical placements who voluntarily separate

Included Populations: Not applicable

Excluded Populations: None

Data Elements:

- Hire Date
- Separation Date
- Voluntary Separation

Denominator Statement: Total number of per diem clinical placements for the reporting month

Included Populations:

- Per Diem assignments, AND
- Clinical placements, AND
- Placements in a Service Setting
Excluded Populations:

- International placements
- Non-clinical placements
- Travel staff assignments

Data Elements:

- Assignment Type
- Firm Group
- Placement Type
- Service Setting

Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms; therefore, specific data fields used to abstract dates of hire and separation may require evaluation to ensure consistency.

Measure Analysis Suggestions: Measure data on voluntary separations are collected based on the size of the firm to allow for comparative data analysis. Measure data are inversely related to staff tenure. As the rate of turnover decreases, tenure is expected to increase.

Sampling: No.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:

Measure Algorithm:

**HCSS-8: Voluntary Turnover-Per Diem**

**Numerator:** Per diem clinical placements who voluntarily separate from the healthcare staffing firm within 28 weeks of the date of hire.

**Denominator:** Total number of per diem clinical placements for the reporting month.

---

**Stratification Table:**

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Firm Group</th>
<th>Number of Clinical Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSS-8a</td>
<td>Group 1</td>
<td>&lt; 40</td>
</tr>
<tr>
<td>HCSS-8b</td>
<td>Group 2</td>
<td>40 to 99</td>
</tr>
<tr>
<td>HCSS-8c</td>
<td>Group 3</td>
<td>100 to 349</td>
</tr>
<tr>
<td>HCSS-8d</td>
<td>Group 4</td>
<td>&gt; 350</td>
</tr>
</tbody>
</table>

**Variable Key: Separation Timing**

- Separation Timing (in weeks) = Separation Date - Hire Date
- < 0 weeks
- 0 to 26 weeks
- > 26 weeks

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Health Care Staffing Specifications Manual v2023A
Effective 01-01-2023 (1Q23)
Measure Information Form

**Measure Set:** Health Care Staffing Services (HCSS)

**Set Measure ID:** HCSS-9

**Performance Measure Name:** Voluntary Turnover-Travel

**Description:** This measure captures the proportion of travel clinical staff who voluntarily separate from the healthcare staffing firm within 6 months (i.e., 26 weeks or 182 days).

The HCSS-9 measure is reported as a percentage which includes travel clinical placements only. Firms may provide per diem staffing assignments only, travel staffing assignments only, or both per diem and travel staffing assignments. Data are reported monthly. NOTE: This measure is NOT reported by healthcare staffing firms with no travel clinical staff.

Data are reported based on the size of the firm as determined by the total number of clinical placements identified for each site requesting certification in the certification application. The size of the firm is defined as the total number of clinical placements (i.e., employees) placed in a 12 month period by each site listed in the application, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs); excludes independent contractors, if the firm requested in its application that these individuals should not be included in the scope of the certification review.

The Joint Commission Connect® e-app should be used as a reference to select the appropriate size category for reporting. Only one category may be selected for each review cycle.

**GROUP 1** < 40 clinical placements
**GROUP 2** 40 to 99 clinical placements
**GROUP 3** 100 to 349 clinical placements
**GROUP 4** >= 350 clinical placements

**Rationale:** A 2017 C-Suite Challenge Survey from the American Staffing Association (ASA) reported that nearly 80% of the respondents are evaluating their workforce composition and moving towards increased use of temporary and contract staff. Approximately 10% of all temporary staffing sales are in the healthcare sector. Service-providing sectors are projected to add more than 10.5 million jobs by 2026 (U.S. Bureau of Labor Statistics). Approximately one third of these jobs are projected for the healthcare sector. Richard Wahlquist, President and CEO, ASA thinks that “the future looks bright” for staffing firms that can continue to raise the bar, fill positions with talented, qualified staff, and deliver high quality workforce services and solutions (American Staffing Association, 2018).

Despite the many employment opportunities available to temporary and contract employees, the turnover rate increased to 386% in 2017 for all sectors with an average tenure of 10.7 weeks. Tenure and turnover are inversely related metrics (American Staffing Association, 2018). High turnover rates represent shorter periods of tenure at individual staffing firms. Lower turnover rates mean lower recruiting costs, administrative expenses and training costs, and other costs associated with recruiting and hiring new employees.

Jalonen and colleagues conducted a study of 412 nurses with temporary job contracts who reported being committed to their organization at baseline. Two years later, results demonstrated that age over 35 years, high job control,
high participative safety, high perceived justice in decision-making, and low psychological stress were significant predictors of sustained organizational commitment. Of these factors, job control - the degree to which a job provides freedom and independence to the individual regarding the nature and timing of work - was the strongest predictor. Nurses who have higher job satisfaction are more likely to remain with the organization as compared to higher rates of turnover for dissatisfied employees (Jalonen, et al., 2006).

According to Lown and associates, (Lown, et al., 2020), research has clearly shown that employee engagement is linked to organizational performance and organizational outcomes, including employee retention, customer loyalty, productivity, and profit. Employees who feel valued and cared about at work identify with the organization and develop a sense of organizational commitment, thus reducing the cost of avoidable turnover.

Turnover is an important performance measure for healthcare staffing firms to monitor over time. Healthcare staffing leaders should pay careful attention to the employees’ opportunities for job control and participative decision-making. Employee desire for permanent employment may also be a driver of turnover and should be assessed at the time of hire and periodic intervals thereafter.

**Type Of Measure:** Process

**Improvement Noted As:** Decrease in the rate

**Numerator Statement:** HCSS-9: Travel clinical placements who voluntarily separate from the healthcare staffing firm within 26 weeks of the date of hire.

**HCSS-9a** Firms in Group 1: Travel clinical placements who voluntarily separate

**HCSS-9b** Firms in Group 2: Travel clinical placements who voluntarily separate

**HCSS-9c** Firms in Group 3: Travel clinical placements who voluntarily separate

**HCSS-9d** Firms in Group 4: Travel clinical placements who voluntarily separate

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**
- Hire Date
- Separation Date
- Voluntary Separation

**Denominator Statement:** Total number of travel clinical placements for the reporting month

**Included Populations:**
- Travel assignments, AND
- Clinical placements, AND
- Placements in a Service Setting
Excluded Populations:

- International placements
- Non-clinical placements
- Per Diem staff assignments

Data Elements:

- Assignment Type
- Firm Group
- Placement Type
- Service Setting

Risk Adjustment: N/A.

Data Collection Approach: Retrospective data sources for required data elements include administrative/billing data and medical records. Concurrent and retrospective data sources for required data elements include administrative (electronic) databases or hard copy (paper) records and files.

Data Accuracy: Variation may exist in electronic software tools used by healthcare staffing firms; therefore, specific data fields used to abstract dates of hire and separation may require evaluation to ensure consistency.

Measure Analysis Suggestions: Measure data on voluntary separations are collected based on the size of the firm to allow for comparative data analysis. Measure data are inversely related to staff tenure. As the rate of turnover decreases, tenure is expected to increase.

Sampling: No.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Setting: Health Care Staffing Services

Report Period: Quarterly with monthly data points

Selected References:

Measure Algorithm:

**HCSS-9: Voluntary Turnover - Travel**

**Numerator:** Travel clinical placements who voluntarily separate from the healthcare staffing firm within 26 weeks of the date of hire

**Denominator:** Total number of travel clinical placements for the reporting month

**Stratification Table:**

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>First Group</th>
<th>Number of Clinical Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSS-9a</td>
<td>Group 1</td>
<td>&lt; 40</td>
</tr>
<tr>
<td>HCSS-9b</td>
<td>Group 2</td>
<td>40 to 99</td>
</tr>
<tr>
<td>HCSS-9c</td>
<td>Group 3</td>
<td>100 to 349</td>
</tr>
<tr>
<td>HCSS-9d</td>
<td>Group 4</td>
<td>≥ 350</td>
</tr>
</tbody>
</table>

**Variable Key:**

- Separation Timing

---

(Continued on diagram)
Initialize the Measure Category Assignment for each strata measure (a-d) = 'B'.
Assign the Overall Rate Category Assignment to the appropriate strata.

For Stratified Measure HCSS-9a

For Stratified Measure HCSS-9b

For Stratified Measure HCSS-9c

For Stratified Measure HCSS-9d

Stop
**Name:** Assignment Type  
**Collected For:** All Records  
**Definition:** The type of staffing assignment placed by the site to meet the customer's request for temporary staff. Staffing assignments may be per diem or travel. Per diem assignments are paid per day (in financial contexts) (Oxford Dictionary definition). Travel assignments describe the practice of sending staff to and from different customers, such as hospitals, clinics, or other healthcare facilities to fill short-term staffing gaps on a temporary basis both within the United States or internationally, depending on the customer need and the job (WGU Edu Blog definition, Jan 3, 2020).

**Question:** What was the type of staffing assignment?  

**Format:**  
- **Length:** 1  
- **Type:** Alphanumeric  
- **Occurs:** 1  

**Allowable Values:**  
1. Per Diem  
2. Travel  
3. Not documented, OR Unable to determine (UTD)

**Notes for Abstraction:**  
- If the staffing assignment placed was per diem, select ‘1’.  
- Full-time and part-time employees who are paid an hourly or daily wage for completing shift assignments, select ‘1’.  
- "PRN" assignments, select ‘1’.  
- Day-to-day assignment of a temporary worker employed by the staffing firm, select ‘1’.  
  **NOTE:** Please refer to Tab 5 of the EAPP Help Menu.  
- If the staffing assignment placed was a travel assignment, select ‘2’.  
- Assignments made through a contractual arrangement with a customer to provide a temporary employee for a specified period of time, e.g., 13 week contract, select ‘2’.  
- Multi-week assignments without travel, select ‘2’.  
  **NOTE:** Please refer to Tab 5 of the EAPP Help Menu.  
- Multi-week assignments with travel, select ‘2’.  
  **NOTE:** Please refer to Tab 5 of the EAPP Help Menu.  
- A contract may detail the terms of assignment but is not required.  
- If the type of staffing assignment cannot be determined, select ‘3’.

**Suggested Data Sources:**  
- Payroll system  
- Timesheets  
- Work schedule

**Additional Notes:**

**Guidelines for Abstraction:**
<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Name:  

Background Check

Collected For:  

HCSS-6, HCSS-7

Definition:  

Documentation in the personnel file that a pre-employment background check was done prior to hire/rehire and did not disqualify the individual for employment due to criminal conviction or other reasons.

The employee’s background should be checked at the time of hire / rehire.

Question:  

Is there a background check documented in the personnel file?

Format:  

Length:  1

Type:  Alphanumeric

Occurs:  1

Allowable Values:  

Y (Yes)  There is a background check documented in the employee personnel file.

N (No)  There is no background check documented in the personnel file, or unable to determine (UTD).

Notes for Abstraction:

• If there is a background check in the personnel file and the background check is without negative findings, select “Yes.”
• If a background check is missing from the personnel file or expired, select “No.”
  EXAMPLE:
  ○ Therapist A was hired on 01-28-20xx. A background check was done on 01-26-20xx and added to the personnel file. Therapist A does not work for the firm for 3 years and the firm removes him/her from the roster. Therapist A returns at a later date seeking employment and rehired. The only background check in the personnel file if 01-26-20xx. The background check was not repeated for the rehire, select “No.”
• If there is a background check in the personnel file with findings that disqualify the individual for employment, select “No.”
• If unable to determine from the personnel file that a background check was done (UTD), select “No.”
• Findings that would disqualify an individual for employment may include but are not limited to:
  ○ Health care related civil judgments in federal or state court
  ○ Health care related criminal convictions in federal or state court
  ○ Injunctions
  ○ Actions taken by federal or state licensing and certification agencies, including revocations, reprimands, censures, probations, suspensions, any other loss of license, or the right to apply for or renew a license
  ○ Exclusions from participation in federal or state health care programs

Suggested Data Sources:  

• Personnel file

Additional Notes:  

Posted August 22, 2022

Health Care Staffing Specifications Manual v2023A
Effective 01-01-2023 (1Q23)
Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Name: Competency

Collected For: HCSS-6, HCSS-7

Definition: Documentation in the personnel file that the employee's clinical knowledge, experience, and skills are current and appropriate based on the discipline/specialty/profession and assigned duties.

A competency assessment should be done at the time of hire / rehire, and annually thereafter.

Question: Is there documentation of the employee's competency in the personnel file?

Format: Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:
Y (Yes)   There is documentation of employee competency in the personnel file.
N (No)    There is no documentation of employee competency in the personnel file, or unable to determine (UTD).

Notes for Abstraction:
- If there is any documentation of employee competency in the personnel file, select "Yes."
- Documentation of employee competency may include but is not limited to:
  - Clinical skills checklists (specific for the discipline)
  - Competency assessments (specific for the discipline)
  - Certificates of continuing education / CEUs
  - HIPAA compliance training (specific for the discipline)
  - OSHA compliance training (specific for the discipline), e.g., fire safety, emergency preparedness, hazardous materials
  - Proof of current cardiopulmonary resuscitation training (CPR) (specific for the discipline)
  - Training and education records
  - References from previous employers
  - Verification of prior work experience in the profession assigned
- If documentation of employee competency is missing from the personnel file or expired, select "No."
- If unable to determine (UTD) from the personnel file that the employee's competency is appropriate and current, select "No."

Suggested Data Sources:
- Personnel file

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Name: 
Do Not Return

Collected For: 
HCSS-4, HCSS-5

Definition: 
A customer request for an individual not to come back/return to complete the current assignment or be assigned in the future to a specific unit/ward of the facility, any unit/ward of the facility, or the entire health system.

Question: 
Did the site receive a customer request for an individual not to return?

Format: 
Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values: 
Y (Yes)  Do Not Return (DNR) was requested by the customer.

N (No)   Do Not Return was not requested by the customer, or unable to determine (UTD).

Notes for Abstraction:
- DNR requests are collected per clinical placement (i.e., employee).
  EXAMPLES:
  - Nurse A works 5 per diem shifts during the reporting month and receives 1 DNR, select “Yes.”
  - Nurse B works 5 per diem shifts during the reporting month and receives 5 DNRs, e.g., one DNR each time he/she works, select “Yes.”
  - Nurse C works 5 per diem shifts during the reporting month and receives 0 DNRs, select “No.”
- If the firm received a DNR request for ANY reason, select “Yes.”
- Verbal or written requests for DNR may be used, select “Yes.”
- For clinical placements met without a DNR request, select “No.”
- Clinical placements ineligible for hire, rehire, or placement, or designated Do Not Use (DNU), select “No.”
- Cancellations initiated by the customer due to customer circumstances unrelated to the individual selected for assignment or his/her clinical skills, professional attitude, or work-related behavior, select “No.”
  - Customers may cancel the assignment due to variations in permanent staffing patterns at the healthcare facility or other customer reasons that may result in cancellation of the customer request for temporary staff.
    EXAMPLE:
    - Nurse A is placed at Hospital XYZ for an 8 week assignment on the cardiology unit to cover a permanent nurse employee out on medical leave. The permanent nurse employee is medically cleared for return to work on week 6. Hospital XYZ cancels the remaining 2 weeks of Nurse A’s assignment because they no longer need her help.
- If there is both a DNR request AND also a customer initiated request for cancellation involving the same individual during the reporting month, select “Yes.”
- Documentation for DNR requests includes all forms of tracking reports/systems used by the firm.

Suggested Data
Sources:
- Client files
- Client satisfaction records/surveys
- Complaint forms
- E-mail or electronic communications
- Incident report forms
- Logs or electronic software applications
- Personnel files
- Records / notes of telephone conversations and verbal discussion with clients
- Staff evaluation forms

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do Not Return (DNR)</td>
<td>• Do Not Use (DNU)</td>
</tr>
<tr>
<td></td>
<td>• Employees who are ineligible for hire or rehire</td>
</tr>
<tr>
<td></td>
<td>• Cancellations due to customer need for temporary staff</td>
</tr>
</tbody>
</table>
**Name:** Exit Interview

**Collected For:** HCSS-10, HCSS-11

**Definition:** Documentation in the personnel file that an exit interview was conducted prior to separation.

**Question:** Is there an exit interview documented in the personnel file?

**Format:**
- **Length:** 1
- **Type:** Alphanumeric
- **Occurs:** 1

**Allowable Values:**
- **Y (Yes)** There is an exit interview documented in the employee personnel file.
- **N (No)** There is no exit interview documented in the personnel file, or unable to determine (UTD).

**Notes for Abstraction:**
- If there is an exit interview documented in the personnel file, select “Yes.”
- If a reason or information about the separation was obtained by means/methods other than an exit interview, select “Yes”.
  
  **EXAMPLE:**
  - Therapist A quietly leaves without notice. Attempts to contact her for work availability are unsuccessful. Therapist B, a friend of Therapist A, tells you that she is now working for another firm for higher pay, select “Yes”.
- If unable to determine (UTD) from the personnel file that an exit interview was conducted or no reason / information about the employee’s separation is documented, select “No.”

**Suggested Data Sources:**
- Personnel file

**Additional Notes:**

**Guidelines for Abstraction:**

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Name: Firm Group

Collected For: All Records

Definition: The total number of clinical staffing employees (i.e., clinical placements) placed in a 12 month period, including allied health professionals, nursing professionals, and licensed independent practitioners (LIPs).

Question: What is the total number of clinical placements for the past 12 months?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
1. Group 1: < 40 clinical placements for the past 12 months
2. Group 2: 40 to 99 clinical placements for the past 12 months
3. Group 3: 100 to 349 clinical placements for the past 12 months
4. Group 4: >= 350 clinical placements for the past 12 months

Notes for Abstraction:
- The firm group is based on the total number of clinical placements at the site for the past 12 month period. This number is the same number reported by the site in the certification application (e-app).
  EXAMPLE:
    “Total number of Clinical Placements at this site: 1394”
    - The total is the sum of the number of allied health professionals, nursing professionals, and licensed independent practitioners (LIPs) placed from the site in the past 12 months
    - Firms certified under the Corporate Review Model select the size category corresponding to the total number of clinical placements for ALL sites listed in the e-app.
- The Firm Group selected for performance measure data reporting will be the same for every month (i.e., 24 months) of the review cycle.
- If the firm group changes during the review cycle and the number of clinical placements either increases or decreases, the firm/site may move up or down a size category at the time of application for the next review cycle.
- The total number of clinical placements reported for the past 12 months is not the same as the denominator value (i.e., clinical placements) reported each month.

Suggested Data Sources:
- Certification application (e-app)

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Name: 

Collected For: 

HCSS-8, HCSS-9

Definition: 
The month, day, and year that the employee was hired by the firm.

Question: 
What date was the employee hired?

Format: 

- **Length:** 10 – MM-DD-YYYY (includes dashes) or UTD
- **Type:** Date
- **Occurs:** 1

Allowable Values:
Enter the earliest documented date

- **MM:** Month (01-12)
- **DD:** Day (01-31)
- **YYYY:** Year (20xx)
- **UTD:** Unable to Determine

Notes for Abstraction:
• If the date of hire is unable to be determined, select “UTD.”
• When the date documented is obviously in error (not a valid format/range) and no other documentation is found that provides this information, the abstractor should select “UTD.”

EXAMPLE:
○ Documentation indicates the Hire Date was 03-42-20xx. No other documentation provides a valid date. Since the Hire Date is outside of the range listed in the Allowable Values for “Day”, it is not a valid date and the abstractor should select “UTD.”

• Hire date is the date when an employee first completes his or her new hire paperwork. Employees must fill out the appropriate paperwork to start work. The hire date is not the same as the start date or the date the employee first works any hours for the firm.

EXAMPLE:
○ Jane interviews for a new job with Best Staffing. The firm offers her a job as a temporary ICU RN. They send her onboarding paperwork online via the firm’s human resources portal, and she completes it that day (3/1/XX). That is her hire date, i.e., 3/1/22. On 3/8/XX, Jane is sent to Hospital X. That is her start date.

Suggested Data Sources:
• Personnel files

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hire date</td>
<td>• Start date</td>
</tr>
<tr>
<td></td>
<td>• Placement date</td>
</tr>
<tr>
<td></td>
<td>• Date that benefits start</td>
</tr>
</tbody>
</table>
Name: Job Appropriate Credentials

Collected For: HCSS-6, HCSS-7

Definition: Documentation in the personnel file that the employee has current and appropriate job credentials based on the discipline/specialty/profession and assigned duties.

Job credentials should be verified at the time of hire/rehire.

Question: Is there documentation of job appropriate credentials in the personnel file?

Format: Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation of job appropriate credentials in the personnel file.

N (No) There is no documentation of job appropriate credentials in the personnel file, or unable to determine (UTD).

Notes for Abstraction:

- If there is any documentation of job appropriate credentials in the personnel file, select “Yes.”
- Documentation of employee job credentials may include but is not limited to:
  - Proof of current certification, licensure or registration (specific for the discipline) in accordance with federal and state regulations
  - Proof of education or training (specific for the discipline)
  - School diploma or transcripts

Note: The original, primary source document of a specific credential should be used to verify the accuracy of a qualification reported by an individual. It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
- Credentials must match those required in the HCSS position description.
- If documentation of job credentials is missing from the personnel file or expired, select “No.”
- If unable to determine (UTD) from the personnel file that the employee’s job credentials are appropriate and current, select “No.”

Suggested Data Sources:

- Personnel file

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
**Name:** Measure Category Assignment  

**Collected For:** All Records, Calculation, Used in calculation of the Joint Commission’s aggregate data.  

**Definition:** Calculated measures results for each episode of care (EOC) that is processed through a measure algorithm.  

Used to summarize the outcome for an EOC that is processed through a specific measure algorithm.  

**Question:** Not Applicable  

**Format:**  

- **Length:** 1  
- **Type:** Character  
- **Occurs:** One Measure Category Assignment per EOC is expected for every measure that a hospital is participating in.  

**Allowable Values:**  

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| B        | Category B - Not in Measure Population | For rate-based and continuous variable measures: EOC record is not a member of a measure's population.  
For rate-based-ratio measures: Does not apply. |
| D        | Category D - In Measure Population | For rate-based measures: EOC record is a member of the measure's population and there has not been an occurrence of the measure.  
For rate-based-ratio measures: Does not apply.  
For continuous variable measures: EOC record is a member of the measure's population and has sufficient accurate and valid data to compute the measurement. |

**Note:** For measures where Improvement Noted As: Decrease in the rate (a lower score or a fewer number of cases in the numerator) e.g., PC-01, CSTK-05, Measure Category Assignment of “D” means that the intent of the measure was met. For aggregate data, the EOC record will be included in the measure denominator only.  

**Note:** For continuous variable measures, EOC records that have a Measure Category Assignment of “D” will have an associated Measurement Value.  

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| E        | Category E - In Numerator Population | For rate-based measures: EOC record is a member of the measure's population and there has been an occurrence of the measure.  
For rate-based-ratio measures: |
Event record is a member of the measure's population and there has been an occurrence of the measure.

For continuous variable measures:
Does not apply.

**Note:** For measures where Improvement Noted As: Decrease in the rate (a lower score or a fewer number of cases in the numerator) e.g., PC-01, CSTK-05, Measure Category Assignment of “E” means that the intent of the measure was NOT met. For aggregate data, the EOC record will be included in both the measure denominator and numerator.

**U Category U — Not In Numerator Population**
For rate-based-proportion measures:
Does not apply
For rate-based-ratio measures:
Event record is a member of the measure's population; however, it contains a data element whose allowable value excludes it from the numerator.
For continuous variable measures:
Does not apply.

**X Category X — Data Are Missing**
For rate-based and continuous variable measures:
Data are missing that is required to calculate the measure. The record will be rejected by the QIO Clinical Warehouse and the Joint Commission's Data Warehouse.

**Y Category Y — UTD Allowable Value Does Not Allow Calculation of The Measure**
For rate-based measures:
Does not apply.
For rate-based-ratio measures: Event record contains a Date, Time, or Numeric data element with a value of UTD'.
For continuous variable measures:
EOC record contains a Date, Time, or Numeric data element with a value of UTD'.

**Note:**
For continuous variable measures, EOC records that have a Measure Category Assignment of "Y" will not have an associated Measurement Value.

**Notes for Abstraction:** None
**Suggested Data Sources:** Not Applicable
**Additional Notes:**
Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• None</td>
<td>• None</td>
</tr>
</tbody>
</table>
Name: Placement Type

Collected For: All Records

Definition: An employee placed by a firm to meet a customer need for temporary staff.

Clinical placements include placements filled by allied health professionals, nursing professionals, and licensed independent practitioners (LIPs).

Question: What type of staff placement was requested by the customer?

Format: Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:
1 Clinical
2 Non-clinical
3 International
4 Not documented, OR Unable to determine (UTD)

Notes for Abstraction:
- Count disciplines identified in the inclusion list for abstraction as a clinical placement. If the placement was for a discipline in the inclusion list, select ‘1’.
- Clinical placements who work one or more per diem hours during the reporting month, select ‘1’.
- If a clinical staff member was paid during the reporting month, select ‘1’.
- On-call clinical staff who are called-in to work in a clinical role, select ‘1’.
- Clinical placements who do not actually work any hours during the reporting period, select ‘4’.

EXAMPLE:
- Nurse A is on the roster for the reporting month, but did not actually work any hours on assignment during the reporting month, select ‘4’.
- On-call clinical staff who receive call pay but do not actually work any hours on assignment, select ‘4’.
- Office staff (FTE/part-time) employed at the site are considered non-clinical, select ‘2’.
- If the site is a Recruitment Only site and does not place clinical staff, select ‘2’.
- If the placement is located in a country outside the United States or a non-U.S. territory, select ‘3’.
- Placement in facilities operated by the U.S. government under a charter of the U.S. Congress (e.g., Department of Defense (DOD) hospitals) are not considered international, select ‘1’, ‘2’, or ‘4’.
- Placement in facilities located in a territory of the United States, (e.g., Puerto Rico) are not considered international, select ‘1’, ‘2’, or ‘4’.
- Independent Contractors not included in the scope of the certification review as indicated by the firm in the certification application (e-app), select ‘4’.
- If the type of placement was not documented or ‘UTD’, select ‘4’.

Suggested Data
Sources:  
- Payroll system  
- Timesheets  
- Work schedule  

Additional Notes:  

Guidelines for Abstraction:  

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Independent Practitioners:</td>
<td>None</td>
</tr>
<tr>
<td>- Dentist</td>
<td></td>
</tr>
<tr>
<td>- Licensed Clinical Social Worker</td>
<td></td>
</tr>
<tr>
<td>- Optometrist</td>
<td></td>
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<tr>
<td>- Physician Assistant</td>
<td></td>
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<tr>
<td>- Physician</td>
<td></td>
</tr>
<tr>
<td>- Podiatrist</td>
<td></td>
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<tr>
<td>- Surgeon</td>
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</tr>
<tr>
<td>Nursing:</td>
<td></td>
</tr>
<tr>
<td>- Certified Nursing Assistant (CNA)</td>
<td></td>
</tr>
<tr>
<td>- Certified Registered Nurse Anesthetist (CRNA)</td>
<td></td>
</tr>
<tr>
<td>- Licensed Practical Nurse (LPN)</td>
<td></td>
</tr>
<tr>
<td>- Licensed Vocational Nurse (LVN)</td>
<td></td>
</tr>
<tr>
<td>- Nurse Practitioner</td>
<td></td>
</tr>
<tr>
<td>- Registered Nurses (RN)</td>
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</tr>
<tr>
<td>Allied Health:</td>
<td></td>
</tr>
<tr>
<td>- Certified Medical Assistant</td>
<td></td>
</tr>
<tr>
<td>- Dental Assistant</td>
<td></td>
</tr>
<tr>
<td>- Dietician</td>
<td></td>
</tr>
<tr>
<td>- Medical Technologists/MLT</td>
<td></td>
</tr>
<tr>
<td>- Occupational Therapy (OT)</td>
<td></td>
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<tr>
<td>- Pharmacist or Pharmacy Technician</td>
<td></td>
</tr>
<tr>
<td>- Physical Therapists (PT)</td>
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<tr>
<td>- Radiation Therapist</td>
<td></td>
</tr>
<tr>
<td>- Radiology Technician</td>
<td></td>
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<tr>
<td>- Respiratory Therapist</td>
<td></td>
</tr>
<tr>
<td>- Social Worker/Counselor</td>
<td></td>
</tr>
<tr>
<td>- Speech Therapist</td>
<td></td>
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<tr>
<td>- Surgical Assistant or Technician</td>
<td></td>
</tr>
<tr>
<td>OTHER:</td>
<td></td>
</tr>
<tr>
<td>- Any discipline identified by the site as a clinical placement in the certification application (e-app)</td>
<td></td>
</tr>
</tbody>
</table>
Name: Reason for Separation

Collected For: HCSS-10, HCSS-11

Definition: Documentation why the employee decided to resign, quit, decline assignment or contract offers, or retire from the firm.

Question: Did the employee give a reason why they decided to leave the firm?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
1. Desire for permanent employment
2. Too few hours / assignments
3. No work available in desired area
4. Unable to extend contract
5. Medical/family leave
6. Seasonal worker
7. Higher pay / more money
8. Diversity and inclusion
9. Sexual harassment
10. Grievance with firm / management or interpersonal conflict
11. Works multiple agencies
12. Abandonment / abandoned position or assignment without notice
13. Retirement
14. Other reason
15. Not documented, no reason given, OR unable to determine (UTD)

Notes for Abstraction:
- Select allowable values “1” through “14” that best align with the reason given by the employee.
- If multiple reasons for leaving are provided, select all applicable allowable values.
  Example:
  ○ Therapist X states that they will no longer work for this firm because they feel that Manager X does not assign work equitably. Abstract “8” and “10”.
• No allowable value should be selected more than once. If a value of "15" is selected, no other selection should be recorded.

Suggested Data Sources:
• Personnel file

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
**Name:** Separation Date

**Collected For:** HCSS-8, HCSS-9

**Definition:** The month, day, and year specified by the employee in the resignation notice to the firm.

**Question:** What date did the employee separate from the firm?

**Format:**
- **Length:** 10 – MM-DD-YYYY (includes dashes) or UTD
- **Type:** Date
- **Occurs:** 1

**Allowable Values:**
- Enter the earliest documented date

- **MM** = Month (01-12)
- **DD** = Day (01-31)
- **YYYY** = Year (20xx)
- **UTD** = Unable to Determine

**Notes for Abstraction:**
- If the date of separation is unable to be determined, select "UTD."
- If the employee is still with the firm and has not separated, select "UTD."
- When the date documented is obviously in error (not a valid format/range) and no other documentation is found that provides this information, the abstractor should select "UTD."

**EXAMPLE:**
- Documentation indicates the Separation Date was 03-42-20xx. No other documentation provides a valid date. Since the Separation Date is outside of the range listed in the Allowable Values for "Day", it is not a valid date and the abstractor should select "UTD."

**Suggested Data Sources:**
- Personnel files

**Additional Notes:**

**Guidelines for Abstraction:**

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Name: Service Setting

Collected For: All Records

Definition: The service setting is the type of facility or organization to which the clinical placement is sent.

Service settings include healthcare facilities and other types of organizations that request temporary staff to meet clinical employee roles and responsibilities, e.g., school nurse.

Question: Did the service setting require a clinical placement?

Format:

- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:

- Y (Yes) The service setting requires a clinical placement.
- N (No) The service setting does not require a clinical placement, or unable to determine (UTD).

Notes for Abstraction:

- If the clinical placement was sent to a setting selected by the site in the e-app, select “Yes.”
- If the placement was sent to a setting not identified in the e-app or not included in the scope of the certification review, select “No.”

Suggested Data Sources:

- Certification application (e-app)

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adult Day Care</td>
<td>• None</td>
</tr>
<tr>
<td>• Ambulatory Surgery Centers</td>
<td></td>
</tr>
<tr>
<td>• Assisted Living Residences</td>
<td></td>
</tr>
<tr>
<td>• Behavioral Health Facilities</td>
<td></td>
</tr>
<tr>
<td>• Clinics/Physician Offices</td>
<td></td>
</tr>
<tr>
<td>• Correctional Facilities</td>
<td></td>
</tr>
<tr>
<td>• Dental Offices/Oral Surgery</td>
<td></td>
</tr>
<tr>
<td>• Diagnostic Imaging Centers</td>
<td></td>
</tr>
<tr>
<td>• Government Health Departments</td>
<td></td>
</tr>
<tr>
<td>• HMOs/PPOs</td>
<td></td>
</tr>
<tr>
<td>• Home Care</td>
<td></td>
</tr>
<tr>
<td>• Hospice Facilities</td>
<td></td>
</tr>
<tr>
<td>• Hospitals</td>
<td></td>
</tr>
<tr>
<td>• Laboratories</td>
<td></td>
</tr>
<tr>
<td>• Long Term Care Facilities</td>
<td></td>
</tr>
<tr>
<td>• Medical Treatment Facility</td>
<td></td>
</tr>
<tr>
<td>• Oncology Rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

Guides (Inclusion and Exclusion)

Starting 1Q23 (2023)

*Note:* This content is specific to the Health Care Staffing Specifications Manual v2023A, Effective 01-01-2023 (1Q23).
- Public/Community Health Centers
- Rehabilitation Centers
- Retail/Clinical Pharmacy Services
- Schools

**OTHER:**
- Any service setting identified by the site in the certification application (e-app) and included in the scope of the certification review.
Voluntary Separation

Collected For: HCSS-10, HCSS-11, HCSS-8, HCSS-9

Definition: Voluntary separation is an employee decision to resign, quit, decline assignment or contract offers, or retire from the firm. Voluntary separations are unrelated to actions taken by the firm to end the employer-employee relationship. Voluntary separations are the result of personal decisions made by the employee of their own free will.

Question: Was the separation initiated by the employee?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
- Y (Yes) The separation was voluntary.
- N (No) The separation was not voluntary, or unable to determine (UTD).

Notes for Abstraction:
- If the separation was voluntary on the part of the employee, select “Yes.”
- EXAMPLES:
  - Nurse A has been with the firm for more than 6 months. Her work meets expectations and several customers frequently request that she/he return again to cover shift vacancies. Nurse A submits a letter to her manager on 01-29-20xx that she will be leaving the firm in 2 weeks, effective 02-12-20xx, to take a permanent staff position at Hospital XYZ.
  - Nurse B has been with the firm for more than 6 months. Her work meets expectations and several customers frequently request that she/he return again to cover shift vacancies. After some attempts to contact Nurse B for future assignments, she cannot be reached to accept new assignments.
- If the employee submits a written resignation, select “Yes.”
- If the firm conducts an exit interview, select “Yes.”
- If the employee leaves because the firm cannot extend the contract or offer another contract/assignment in an area they want to work, select “Yes.”
- If the employee remains employed by the firm and did not quit, select “No.”
- Employees with a preference for seasonal shifts, holiday hours, emergency/disaster relief contracts only, select “No.”
- Employees deployed for military duty or the National Guard and likely to return after tour completion, select “No.”
- Employees that take a leave of absence with intent to return in the future, select “No.”
- Employees with a break in assignments but return within 6 months, select “No.”
- If the employee was terminated by the firm, select “No.”
- If unable to determine whether or not the cancellation is voluntary on the part of the customer, select “No.”

Suggested Data Sources:
- Personnel files
- Written notification of resignation
### Additional Notes:

#### Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Data Dictionary Introduction

Introduction

This section of the manual describes the data elements required to calculate category assignments and measurements for The Joint Commission Health Care Staffing Services (HCSS) Measures. It includes information necessary for defining and formatting the data elements, as well as the allowable values for each data element. This information is intended to assist in processing data elements to calculate a measure rate.

It is of primary importance that all health care staffing firms using the HCSS measures gather and utilize the data elements as defined in this section.

Note: This will ensure that the data are standardized and comparable across organizations.

Data integrity

Editing Zero Values

Verification mechanisms are necessary to assure that zero is the intended data value rather than an initialization value for those data elements which have an allowable value of zero (i.e., 0.0, 0000, 0).

Missing and Invalid Data

Each data element that is applicable per the algorithm for each of the HCSS measures must be touched by the abstractor. While this is the expectation, it is recognized that in certain situations information may not be available (e.g., dates, times, etc.). After due diligence in reviewing all allowable data sources within the record, if the abstractor determines that a value is not documented, i.e., missing, or is unable to determine if a value is documented, the abstractor should select the UTD - Unable to Determine, value. The data elements Hire Date and Separation Date require an actual date to answer the data collection question. For Yes/No values the allowable value No incorporates the UTD into the definition. For data elements containing more than two categorical values and for numerical data elements (i.e., dates, times, etc.), a UTD option is included as an allowable value and is classified in the same category as not documented. For additional details on the proper handling of missing and/or invalid data, please refer to the Missing and Invalid Data section of this manual.

Interpreting Data Element Definitions and Allowable Values

Every attempt has been made to comprehensively define HCSS data elements and allowable values in a manner that obviates the need for interpretation. If, after reviewing the General Abstraction Guidelines, the data element definition, including the notes and guidelines for abstraction, an abstractor cannot clearly assign an allowable value, assistance may be requested via The Joint Commission Performance Measure Q&A Network at: https://manual.jointcommission.org.
Interpretation of Data Dictionary Terms

Data elements fall into three broad categories in order to support a specific measure set. They include:

- **General Data Elements** – data elements that must be collected for each HCSS measure
- **Measure-Specific Data Elements** – data elements used by one specific measure or several measures in one specific measure set, such as in the HCSS measures
- **Algorithm Output Data Elements** used to determine measure result

Data Element Dictionary Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Element Name:</td>
<td>A short phrase identifying the data element. For identification, the data element name is italicized.</td>
</tr>
<tr>
<td>Collected For:</td>
<td>Identifies the measure(s) that utilize this data element or specifies that the data element is used for data processing or verification.</td>
</tr>
<tr>
<td>Definition:</td>
<td>A detailed explanation of the data element. Data collection software may include this information.</td>
</tr>
<tr>
<td>Suggested Data Collection Question:</td>
<td>Suggested wording for a data element question in a data abstraction tool.</td>
</tr>
</tbody>
</table>
| Format:                           | Length = number of characters or digits allowed for the data element  
Type = type of information the data element contains (e.g., numeric, alphanumeric, date, character, or time)  
Occurs = the number of times the data element occurs in a single episode of care record |
| Allowable Values:                 | A list of acceptable responses for this data element                                                                                                                                                    |
| Notes for Abstraction:            | Provided to assist the abstractor in the selection of an appropriate value for a data element                                                                                                              |
| Suggested Data Sources:           | Source document from which data can be identified such as the personnel file. Some data elements also list excluded data sources that are unacceptable sources for collecting information. |
| Guidelines for Abstraction:       | Designed to assist abstractors in determining how a data element should be answered  
**Note:** Element specific notes and guidelines should take precedence over the General Abstraction Guidelines. |

General Abstraction Guidelines
The abstractor should refer to the specific notes and guidelines under each data element. All of the allowable values for a given data element are outlined in its definition, and notes and guidelines for abstraction are included which provide the necessary direction for abstracting the data element. It is important to utilize the information found in the notes and guidelines when entering or selecting the most appropriate answer to the data collection question.

### Record Documentation

The intent of abstraction is to use only documentation that was part of the record (e.g., personnel file) and present at the time of the original abstraction. It is not the intent to have documentation added at the time of abstraction to ensure the passing of a measure.

All documentation in the record must be legible, timed, dated and authenticated. However, documentation that is not timed, dated or authenticated may still be used for abstraction if not required by the specific data element. When abstracting a record, if a handwritten document is determined to be not legible, other documentation should be reviewed in an attempt to obtain the answer. If no other source document is able to verify the handwritten documentation, only then is the abstractor to answer unable to determine (UTD) from the record documentation, unless otherwise specified in the data element. Authentication may include written signatures, initials, computer key, or other codes.

### Suggested Data Sources

- Suggested Data Sources are listed in alphabetical order, NOT priority order, unless otherwise specified in the data element.
- Suggested Data Sources are designed to provide guidance to the abstractor as to the locations/sources where the information needed to abstract a data element will likely be found. However, the abstractor is not limited to these sources for abstracting the information and must review the entire record unless otherwise specified in the data element.
- In some instances, a data element may restrict the sources that may be used to gain the information, list a priority in which the sources should be used or may restrict documentation by type of employee. If so, these sources will be identified and labeled as “Excluded Data Sources”, “ONLY ACCEPTABLE SOURCES”, or “Priority Source”.
- If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select Unable to Determine (UTD) as the answer.
- Staffing firms may label forms and reports with unique names or titles. Suggested Data Sources are listed by commonly used titles; however, information may be abstracted from any source that is equivalent to those listed.
  - Example:
    - If the personnel file is listed as a suggested source, an acceptable alternative might be title human resource file or employee file or human resource system/data base.

### Inclusions/Exclusions

- Inclusions are acceptable terms as detailed in the data element definition that should be abstracted as positive findings (e.g., Yes).
- Inclusion lists are limited to those terms that are believed to be most commonly used in record documentation. The list of inclusions should not be considered all-inclusive, unless otherwise specified in the data ele-
ment.
- Exclusions are unacceptable terms that should be abstracted as negative findings (e.g., No).
- Exclusion lists are limited to those terms an abstractor may most frequently question whether or not to abstract as a positive finding for a particular element (e.g., Do Not Use is an unacceptable term for Do Not Return and should be abstracted as "No"). The list of exclusions should not be considered all-inclusive, unless otherwise specified in the data element.
- When both an inclusion and exclusion are documented in a medical record, the inclusion takes precedence over the exclusion and would be abstracted as a positive finding (e.g., answer Yes), unless otherwise specified in the data element.

Grids

Instructions for reading values recorded on grids: Measure from the midpoint of the symbol, number and letter. If the value falls between two lines on the grid, abstract the earliest value.

Alphabetical List of All Data Elements

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Collection Notes</th>
<th>Associated Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment Type</td>
<td>All Records</td>
<td>HCSS</td>
</tr>
<tr>
<td>Background Check</td>
<td></td>
<td>HCSS-6, HCSS-7</td>
</tr>
<tr>
<td>Competency</td>
<td></td>
<td>HCSS-6, HCSS-7</td>
</tr>
<tr>
<td>Do Not Return</td>
<td></td>
<td>HCSS-4, HCSS-5</td>
</tr>
<tr>
<td>Exit Interview</td>
<td></td>
<td>HCSS-10, HCSS-11</td>
</tr>
<tr>
<td>Firm Group</td>
<td>All Records</td>
<td>HCSS</td>
</tr>
<tr>
<td>Hire Date</td>
<td></td>
<td>HCSS-8, HCSS-9</td>
</tr>
<tr>
<td>Job Appropriate Credentials</td>
<td></td>
<td>HCSS-6, HCSS-7</td>
</tr>
<tr>
<td>Measure Category Assignment</td>
<td>All Records, Calculation</td>
<td>HCSS</td>
</tr>
<tr>
<td>Placement Type</td>
<td>All Records</td>
<td>HCSS</td>
</tr>
<tr>
<td>Reason for Separation</td>
<td></td>
<td>HCSS-10, HCSS-11</td>
</tr>
<tr>
<td>Separation Date</td>
<td></td>
<td>HCSS-8, HCSS-9</td>
</tr>
<tr>
<td>Service Setting</td>
<td>All Records</td>
<td>HCSS</td>
</tr>
<tr>
<td>Voluntary Separation</td>
<td></td>
<td>HCSS-10, HCSS-11, HCSS-8, HCSS-9</td>
</tr>
</tbody>
</table>