

**Data Collection Tool
Health Care Staffing Services**

HCSS-1 & HCSS-2 Do Not Return Worksheet			
Monthly Report Period:			
<input type="checkbox"/> Jan. 200 _ <input type="checkbox"/> Feb. 200 _ <input type="checkbox"/> Mar. 200 _	<input type="checkbox"/> Apr. 200 _ <input type="checkbox"/> May 200 _ <input type="checkbox"/> Jun. 200 _	<input type="checkbox"/> Jul. 200 _ <input type="checkbox"/> Aug. 200 _ <input type="checkbox"/> Sep. 200 _	<input type="checkbox"/> Oct. 200 _ <input type="checkbox"/> Nov. 200 _ <input type="checkbox"/> Dec. 200 _
Do Not Return Occurrence Identifier		_____	
Did the client request that an employee Do Not Return?		Yes <input type="checkbox"/>	No <input type="checkbox"/> (stop)
1). Was a clinical reason for the Do Not Return identified?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
2). Was a professional reason for the Do Not Return identified?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			

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HCSS-1 & HCSS-2 Do Not Return Tally Sheet			
Monthly Report Period:			
<input type="checkbox"/> Jan. 200 _ <input type="checkbox"/> Feb. 200 _ <input type="checkbox"/> Mar. 200 _	<input type="checkbox"/> Apr. 200 _ <input type="checkbox"/> May 200 _ <input type="checkbox"/> Jun. 200 _	<input type="checkbox"/> Jul. 200 _ <input type="checkbox"/> Aug. 200 _ <input type="checkbox"/> Sep. 200 _	<input type="checkbox"/> Oct. 200 _ <input type="checkbox"/> Nov. 200 _ <input type="checkbox"/> Dec. 200 _
Do Not Return Occurrence Identifiers		# _____ thru _____	
What is the total number of hours worked by active clinical staff for this reporting month?		_____	
What is the total number of hours worked by active clinical staff for this reporting month divided by 1,000?*		_____ *This is the denominator for measures HCSS-1 and HCSS-2.	
Aggregate all worksheets with question #1 marked "yes".		_____ This is the numerator for measure HCSS-1.	
Aggregate all worksheets with question #2 marked "yes".		_____ This is the numerator for measure HCSS-2.	
Comments:			

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HCSS-3 Personnel File Worksheet			
Monthly Report Period:			
<input type="checkbox"/> Jan. 200 __ <input type="checkbox"/> Feb. 200 __ <input type="checkbox"/> Mar. 200 __	<input type="checkbox"/> Apr. 200 __ <input type="checkbox"/> May 200 __ <input type="checkbox"/> Jun. 200 __	<input type="checkbox"/> Jul. 200 __ <input type="checkbox"/> Aug. 200 __ <input type="checkbox"/> Sep. 200 __	<input type="checkbox"/> Oct. 200 __ <input type="checkbox"/> Nov. 200 __ <input type="checkbox"/> Dec. 200 __
Personnel File Record Identifier			
Is the staff member directly involved in the provision of patient care as part of his or her assigned duties?		Yes <input type="checkbox"/>	No <input type="checkbox"/> (stop)
Did the staff member work at any time during the applicable reporting period?		Yes <input type="checkbox"/>	No <input type="checkbox"/> (stop)
Is there documentation in the personnel file that demonstrates that employee has met the minimum data requirements for job appropriate credentials?		Yes <input type="checkbox"/> (file meets all requirements for this element)	No <input type="checkbox"/> (stop)
<ul style="list-style-type: none"> • Current state license OR • Verification of certification (if license not required by state law)	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/>	
Is there documentation in the personnel file that demonstrates that employee has met the minimum data requirements for competency appropriate for		Yes <input type="checkbox"/> (file meets all requirements for this element)	No <input type="checkbox"/> (stop)

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

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HCSS-3 Personnel File Tally Sheet			
Monthly Report Period:			
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Personnel File Record Identifiers		# _____ thru _____	
What is the total number of active clinical staff for this reporting month?		_____	
How many personnel files were sampled? *		_____ *This is the denominator.	
What is the total number of personnel files for which the answer is "yes" for all components of the four data elements?		_____ This is the numerator.	
Comments:			