## Nursing Home Value-Based Purchasing (NHVBP): Data Collection Form

**Reporting Period:** 

January 1 - March 31

April 1 - June 30

July 1 - September 30

October 1 - December 31

Date Submitted:

### Using the Instructions provided, complete Sections A - E.

Section A: General Information	on A: General Information		
Name of Facility	Medicare Provider number		
Street Address	City	State	Zip Code
Telephone number			

Sect	ion B: Resident Census	
	Primary Payor	Total resident days
Line 1	Medicare	
Line 2	Medicaid Dual Eligible	
Line 3	Medicaid Only (Not Medicare eligible)	
Line 4	Other	
Line 5	Total (Sum of Lines 1-4)	

## Section C: Nursing Temporary Agency Staff

# Record the number of hours worked in this reporting period Staff Type Hours worked Line 1 Director of Nursing Line 2 RN Line 3 LPN/LVN Line 4 Nurse aides (including Certified Nurse Aides, nurse aides in training, medication aides/technicians)

# Section D: Staff Influenza Immunizations

## Report the following information:

1	How many staff were employed at your facility as of February 1, 2007? (Include all full-time, part-time and per diem staff)	1 Number of Staff Employed	
		2a Number of staff immunized	
2	Of the staff employed in your facility on February 1, 2007, how many were immunized against influenza for the 2006-2007 influenza season, regardless of	2b Number of staff not eligible for immunization due to contraindications	
	where the vaccine was received? (Note: 2a + 2b + 2c should equal Total Number of Staff employed in 1 above).	2c Number of staff not immunized	
-		2d If insufficient supply of vaccine available, check here	

1	Does your facility conduct any resident care experience survey?	Yes No
lf yo	ur answer to question 1 is yes, please answer questic	ons 2-4.
2	Is the survey conducted in-house or by an external vendor?	In-house External vendor
3	What percentage of total residents were included in the survey sample?	
4	Who has access to the survey results? Check all that apply.	Residents         Facility management         All facility staff         Families         Facility owners/operators         Medical Director         Physicians/nurse practictioners/physician assistants         Pharmacy/pharmacy consultant         Consultants - please specify
		Other - please specify
5	5 How is the survey information used? (Check all that apply)	Informing quality improvement activities
		As a measure of quality of care
	Identifying strengths and weaknesses	
	Peer group comparison (I.e.,benchmarking)	
		To identify service-related issues
	Linked to financial incentives (e.g., bonuses)	
		Marketing purposes
		Accreditation purposes