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: M M D D Y Y

Using the Instructions provided, complete Sections A - E.

Section A: General Information

Name of Facility	Medicare Provider number		
Street Address	City	State	Zip Code
Telephone number			

Section 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	
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 where the vaccine was received? (Note: 2a + 2b + 2c should equal Total Number of Staff employed in 1 above).	2a Number of staff immunized	
		2b Number of staff not eligible for immunization due to contraindications	
		2c Number of staff not immunized	
		2d If insufficient supply of vaccine available, check here	

Section E: Use of Resident Care Experience Surveys

1 Does your facility conduct any resident care experience survey? ☐ Yes ☐ No

If your answer to question 1 is yes, please answer questions 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 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
- ☐ Other (please specify)