

## Nursing Home Quality-Based Purchasing (NHQBP): 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 - H.

<b>Section A: General Information</b>			
Name of Facility		Medicare Provider number	
Street Address		City	State
Telephone number		Zip Code	

<b>Section B: Resident Census</b>		<b>Total resident days</b>
	<b>Primary Payor</b>	
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: 3a + 3b + 3c should equal Total Number of Staff employed as of 2/1/07 in # 1 above).	2a Number of staff immunized	
		2b Number of staff not immunized	
		2c Number of staff not eligible for immunization due to contraindications	
		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 practitioners/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)

\*The survey must be administered to residents (does not include family or resident representative surveys) and include feedback, for example, on domains such as dining, food, staffing, activities, cleanliness, or communication.