

Module 4: Table 3

SLIDE #1: Introduction

Welcome to the NHSC modular training. This module will discuss the cover sheet and table 3, staffing and utilization.

SLIDE #2: Sections

Table 3 is broken down into several sections and columns into which the data is entered.

SLIDE #3: Service categories

There are 6 functional service categories on table 3. The first 5 categories are service categories, and the last is administration and facility.

Looking at the table, there is a total line for each service category. You'll notice that administration and facility do not have total lines for users and encounters because those FTEs do not generate countable encounters.

SLIDE #4: Staffing, users, encounters

On table 3, column a reports on staff FTEs (or full time equivalents), column c reports on user by service category, column c is staff encounters, and column d is non-staff encounters.

SLIDE #5: Column a: FTEs

Column a is where FTEs are reported. FTEs are used to equate the level of effort for various staff, depending on if they were hired or left the site part way through the year, and how many hours they worked. FTEs are also used to equate full-time and part-time staff, and to account for changes in level of activity. It's important to note that your total FTE count can not be taken as a "head count" at the end of the year, because employees who left part way through the year, or only worked a portion of the year must be included in the count.

Staff included as FTEs can be paid by the hour, salary, or contracted externally. Donated time is also counted towards FTEs. Paid leave, such as holiday, sick, and vacation time, maternity leave, and continuing medical education is also counted.

To calculate FTEs, you must know what the organization's definition of full time is. If your site's work week is 40 hours, then to calculate full-time hours, you multiply 40 by 52, giving you a denominator of 2080. This number may vary for different staff. If your physicians are salaried to work 4 days a week, their full time total hours would be 32 hours times 52 weeks. A contracted provider doing the same work as the physicians, working only 16 hours a week would be considered a .5 FTE, because they're working half the time of the full time physician.

SLIDE #6: Column a: FTEs continued...

For a clinician employee FTE, it's important not to just use their scheduled patient hours, but to also include administrative time calling patients, updating charts, and writing prescriptions.

You may not assign a provider more than 1 FTE. Even if they work additional hours on call, or doing rounds in the hospital. Also, to the extent that your staff work for external sites, and you're compensated for that time, you would not include that time in that provider's FTE calculations.

Typically, functions are not allocated for individuals. However, if an individual steps out of their regular role for a set amount of time each week, you may wish to allocate that time to another category. For example, if you have a nurse who teaches smoking cessation courses once a week, you'll want to allocate her time to the nursing line in column a, and then also to the education line to represent her time teaching the smoking cessation course. Be careful when filling out costs on table 5; you'll want to make sure that you appropriately allocate costs according to how you allocated that nurse's time on table 3.

Central office or sponsoring agency staff who spent time working on behalf of your center should be counted. If they worked directly for your site, such as billing, then you would want to allocate their time. However, it's not expected that you allocate all indirect support from the organization in terms of FTEs.

SLIDE #7: What not to count

Here are some examples of what should or should not be counted.

Your NHSC provider is part of your staff, and should be counted.

Contracted providers working onsite should also be counted because they're under your direction and paid by time by you.

Paid referred providers, meaning you purchase their services on a fee for service basis, would not be counted, however because you're paying for them, the encounters would be counted.

Consultations would not be counted, as lawyers, accountants, and other consulting agents would not be counted, even though they are tracking their time, and you are paying them.

SLIDE #8: Column b: Users

Column b of table 3 reports on users by category of service. There are 4 categories of service: medical, dental, mental health and substance abuse, and other professional.

If you look at the table, you'll see that in column b, the user count is only available at the total level. Therefore, the total number of users who saw each type of provider would not be reported, only the total users. There are separate counts for each service. If you provide multiple types of services, the user counts are independent of each other, and we

would expect to see some overlap, or duplication of patients. If you provide multiple service categories, this means that your total user count on table 3 is likely to exceed your total user count on table 2, which is an unduplicated count.

SLIDE #9: Staff and non-staff encounters

Columns c and d count encounters as defined in the Basic Concepts and Definitions module. Most of your encounters are likely to be staff encounters – encounters provided by your clinicians or paid contract employees that are counted in your FTE column, working at your site.

Non-staff encounters are services purchased by you under a managed-care contract, and provided by providers not included in your FTE column. Also, if you have funds available to purchase necessary services on behalf of your users on a limited basis, such as a dental fund for users with extreme dental needs, although you may not have a dental provider on site, those dental encounters would be counted as non-staff. It is important that you only report the non-staff encounter, and that you do not try to estimate and include the staffing for these encounters in column a.

SLIDE #10: Example

This slide represents an example of the relationship between being a single user, and their multiple encounters. Patient X is a patient of an NHSC site. On January 15, the patient came in for a medical encounter. This makes them a medical user. On February 26, and March 10th, the patient came in for dental visits. This gives Patient X two encounters, but he will be listed as one dental user. Later in the year, Patient X came in for a mental health and other professional visits, which now makes him a mental health user, and an other professional user. Because Patient X had two visits in different service classes, he will have two encounters recorded for that day. If he had two visits at the same site within the same service class, he would still only have ONE encounter.

SLIDE #11: Users by service class

Your user count by service class should be an actual count. Typically an actual count is available through your billing system. You can query your billing system to list the number of visits that fall within a certain range of billing codes which would constitute a face to face visit with a provider, where the provider exercised independent judgment. From this list of countable encounters, you should be able to glean the unduplicated number of users who had encounters during the year, qualifying them as a user.

If that is not possible, another method is to sample your medical records. By looking through a sample of medical records, and determining the proportion of patients in each service category that had a visit during the reporting year, it's possible to estimate the number of users in each service category based on your total users.

SLIDE #12: Thank you

Thank you. If you are interested in learning more about the UDS reporting requirements and step-by-step instructions for completing the UDS tables, please visit the other

modules available online. In addition, the UDS helpline is available to answer questions at 1-888-459-1080, or via e-mail at udshelp@nhscdata.net.