

PLEASE NOTE THAT DATA ENTRY IS ONLY ALLOWED IN THE GRAY AREAS.

[Click here to begin Worksheet 1 - Employment Status](#)

This material was prepared by the Atlantic Quality Innovation Network (AQIN), the Medicare Quality Innovation Network - Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-AQINDC-TskC.2-16-02



Facility Name-		Date Completed-	
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EMPLOYMENT STATUS	Take a snapshot of your current staffing situation. For each "Job Code/Title" or general "grouping" being measured, count the number of staff at each level in your facility.
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DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
RNs		%-		%-		%-		%-	
	Comments or Explanation---->								

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
LPNs		%-		%-		%-		%-	
	Comments or Explanation---->								

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
CNAs		%-		%-		%-		%-	
	Comments or Explanation---->								

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
y		%-		%-		%-		%-	

Facility Name-		Date Completed-	
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EMPLOYMENT STATUS	Take a snapshot of your current staffing situation. For each "Job Code/Title" or general "grouping" being measured, count the number of staff at each level in your facility.
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Dietar		Comments or Explanation---->	
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DEPT. TOTAL #

Maintenance		FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	
		Comments or Explanation---->							

DEPT. TOTAL #

Housekeeping		FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	
		Comments or Explanation---->							

DEPT. TOTAL #

Laundry		FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	
		Comments or Explanation---->							

Facility Name-		Date Completed-	
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EMPLOYMENT STATUS	Take a snapshot of your current staffing situation. For each "Job Code/Title" or general "grouping" being measured, count the number of staff at each level in your facility.
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DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-				
Rehab Department		%-		%-		%-		%-		
	Comments or Explanation---->									

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-				
Office		%-		%-		%-		%-		
	Comments or Explanation---->									

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	
Comments or Explanation---->									

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	

Facility Name-		Date Completed-	
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		Comments or Explanation---->	
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DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	
		Comments or Explanation---->							

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	
		Comments or Explanation---->							

DEPT.	TOTAL #	FT benefits-		Part-time-		Per Diem-			
		%-		%-		%-		%-	
		Comments or Explanation---->							

Facility Name-		Date Completed-	
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EMPLOYMENT STATUS	Take a snapshot of your current staffing situation. For each "Job Code/Title" or general "grouping" being measured, count the number of staff at each level in your facility.
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DEPT.	TOTAL #	FT benefits-	Part-time-	Per Diem-			
		%-	%-	%-	%-		
		Comments or Explanation---->					

SUMMARY OF BENEFIT LEVELS	The sheet is automatically populated with the data entered and calculated in the previous sections relating to "BENEFIT LEVELS".
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Department	TOTAL #	% Full Time	% Part Time	% Per Diem	% Other	Comments or Explanation
RNs						
LPNs						
CNAs						
Dietary						
Maintenance						
Housekeeping						
Laundry						
Rehab Department						
Office						

Facility Name-						Date Completed-	
EMPLOYMENT STATUS		Take a snapshot of your current staffing situation. For each "Job Code/Title" or general "grouping" being measured, count the number of staff at each level in your facility.					
TOTAL NUMBER OF EMPLOYEES-							