



ALF/RCF Quality Metrics Provider Instructions Overview January 16, 2020

Overview

Beginning in January 2020, all assisted living and residential care providers will begin tracking the following quality metrics data to first report the data by January 31, 2021 using a web-based Quality Metrics App. The data to be tracked, the duration of time the data is to be tracked and the data to be entered into the App for each of the 5 quality metrics follows. See the Provider Instruction Guide at: <https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Documents/QMProviderInstructions.pdf> for more detailed information including examples. New facilities that open during 2020 are not required to submit any metrics data for 2020 but will need to track beginning January 1, 2021 and enter data in the App by January 31, 2022.

Access the LTC Facility Portal, Register, Set Up Account, Enter the Quality Metrics App and Enter Data

To enter the Quality Metrics App to familiarize yourself with the App and begin entering data, facilities will need to register and set up an account that has to be approved by Safety, Oversight and Quality. The approval process can take 1-3 business days. At least two people from each community should create an account in order to have access to and enter data into the App. Instructions follow:

STEP 1: Access the Long-term Care Facility Portal

- Open your browser and go to the Long-term Care Facility Portal website at: <https://ltcfacilityportal.oregon.gov/>
- Click “Register” at the top right corner of the screen.

STEP 2: Enter Information to Request an Account

- Enter your information in all of the required fields.
- Choose and confirm a secure password you will remember.
- Click the green “Add facility” button to search for your facility from the list of licensed facilities.

STEP 3: Search for Your Facility

- Type your facility’s name into the “Search” field or use the page selection feature to find the facility you are associated with.
- If you will be entering data for more than one facility, the application will let you add more facilities using the same process described above.

STEP 4: Submit Your Account Registration Request

- Once you have selected the facility or facilities you will be entering data for, click the blue “Register” button on the left side of the screen.
 - o This will send an auto-generated request for account approval to the Safety, Oversight and Quality Unit. The approval process may take one to three (1-3) business days.
 - o You will also receive an auto-generated email at the address you provided requesting that you verify your email address. Please do so as soon as possible.

STEP 5: Sign In to Your Account

- One to three (1-3) business days after submitting your request for an account (Step 4), visit the application website again at: <https://ltafacilityportal.oregon.gov/>
- Click “Log In” at the top right corner of the page.
- Enter the email address and password you used to register for your account in Step 2.
- Click the green “Sign in” in the middle of the page.

QM #1: RETENTION OF DIRECT CARE STAFF

Data to be Tracked	Definitions/Notes
<p>For both full and part-time direct care staff:</p> <ul style="list-style-type: none"> • Hire date for each direct care staff. • Total number of direct care staff on payroll at facility (regardless of hire date) on December 31, 2020. • Termination date for any direct care staff who leave employment in 2020. 	<ul style="list-style-type: none"> • Direct care staff are facility employees whose primary responsibility is to provide personal care/assistance with ADLs to residents on a regular basis.
Duration of Time to Track	Definitions/Notes
<ul style="list-style-type: none"> • January 1, 2020 through December 31, 2020. 	
Data to be Entered into App by January 31, 2021	Definitions/Notes
<p>For both full and part-time direct care staff:</p> <ul style="list-style-type: none"> • Total number of direct care staff continuously employed with no breaks in employment for the full year (January 1, 2020 – December 31, 2020) or longer. • Total number of direct care staff employed on December 31, 2020. 	<ul style="list-style-type: none"> • Staff on approved leave should be counted as continuously employed. • The App will calculate the facility’s retention score as a percentage.

QM #2: COMPLIANCE WITH STAFF TRAINING REQUIREMENTS

Data to be Tracked	Definitions/Notes
<p>For both full and part-time staff:</p> <ul style="list-style-type: none"> • Name of each staff person and whether the person provides direct care or non-direct care. • Hire date of each staff person. • Termination date of each staff person, if applicable. • Date each staff person (new and experienced direct care staff and non-direct care staff) completed each required training. • Total number of direct care staff (new and experienced) and non-direct care staff working in facility on December 31, 2020. 	<ul style="list-style-type: none"> • Direct care staff are facility employees whose primary responsibility is to provide personal care/assistance with ADLs to residents on a regular basis. • Direct care staff that are considered universal workers must complete all required training for all job duties included in their job description. • Hire date for direct care staff is the date each person began providing direct care. • Hire date for non-direct care staff is the date each person began performing specific job duties. • “New” direct care staff are those that have worked less the 1 year. • “Experienced” direct care staff are those that have worked 1 year or more. • Count agency staff, contracted staff and staff shared with another facility on campus. • The facility Administrator is required to complete pre-service training as a “non-direct” care staff.
Duration of Time to Track	Definitions/Notes
<ul style="list-style-type: none"> • January 1, 2020 through December 31, 2020. 	<ul style="list-style-type: none"> • An optional Training Tracker for this metric is available at: https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Documents/QMCTrackingTrainerWorkbook.xlsx
Data to be Entered into App by January 31, 2021	Definitions/Notes
<p>For full and part-time staff in both Non-Memory Care Endorsed and Memory Care Endorsed ALFs/RCFs:</p> <ul style="list-style-type: none"> • Total number of new direct care staff and number that completed required training on time. • Total number of experienced direct care staff and number that completed required training on time. • Total number of non-direct care staff and number that completed required training on time. 	<ul style="list-style-type: none"> • See required <u>training charts</u> for non-memory care endorsed and endorsed memory care ALFs/RCFs.

QM #3: NUMBER OF RESIDENT FALLS THAT RESULT IN INJURY

Data to be Tracked	Notes
<ul style="list-style-type: none"> • Total number of residents living in the facility on the last day of the month. <ul style="list-style-type: none"> ○ Of those, the total number of residents who fell with injury during the month. ○ Of those, the total number of residents who fell more than once with injury during the month. • Total number of falls with injury involving residents living in the facility during the month. <p>Definition:</p> <ul style="list-style-type: none"> • A fall is defined as an unintended descent to the floor or other object including those witnessed by staff or reported by a resident. An injury is defined as a: <ul style="list-style-type: none"> ○ Bruise, abrasion or wound requiring simple intervention. ○ Dislocation, fracture, intracranial injury, laceration requiring sutures/stitches, skin tear/avulsion or significant bruising. 	<ul style="list-style-type: none"> • If a resident is in the hospital or a nursing facility on the last day of the month, the resident should be counted in the total number of residents if they are still on the facility’s census. • If a resident has a fall with injury during a family outing outside the facility and no facility staff is present, the fall should <u>not</u> be counted. • If a resident falls with injury while on a facility activity outside the facility, the fall should be counted. • If a resident is at the facility on a respite basis and falls with injury, the fall should be counted. • The best professional judgment of staff should be used to determine whether a fall with injury occurred in the following example: <ul style="list-style-type: none"> ○ A bruise or skin tear are noticed, but a fall was not witnessed by facility staff and the resident is unable to explain. • All falls with injury should be counted if there is any visible indication of the fall.
Duration of Time to Track	Definitions/Notes
<ul style="list-style-type: none"> • Every month for the six months during July 1, 2020 through December 31, 2020. 	<ul style="list-style-type: none"> • Beginning January 1, 2021, the data will be required to be tracked the entire 12 months.
Data to be Entered into App by January 31, 2021	Definitions/Notes
<ul style="list-style-type: none"> • Total number of residents living in the facility on the last day of the month for each month during July 2020 - December 2020. <ul style="list-style-type: none"> ○ Of those, the number residents who fell with injury during the month. ○ Of those, the number of residents who fell more than once with injury during the month. • Total number of falls with injury involving residents living in the facility during the month. 	<ul style="list-style-type: none"> •

QM #4: USE OF ANTIPSYCHOTIC MEDICATIONS FOR NONSTANDARD USE

Data to be Tracked	Definitions/Notes
<ul style="list-style-type: none"> • Total number of residents living in the facility on October 31, 2020. <ul style="list-style-type: none"> ○ Total number of residents prescribed an antipsychotic medication on the FDA List during the month of October 2020. ○ Total number of residents prescribed an antipsychotic medication on the FDA List during the month of October 2020 who have a diagnosis on the Exclusions List. <ul style="list-style-type: none"> ▪ Subtract this number from all those prescribed an antipsychotic on the FDA list to determine the following: • Total number of residents prescribed an antipsychotic on the FDA list during the month of October 2020 that do not have a diagnosis on the Exclusion List. <ul style="list-style-type: none"> ○ Of those, total number of residents prescribed a non-standard, scheduled antipsychotic. ○ Of those, total number of residents prescribed a non-standard, PRN antipsychotic. 	<ul style="list-style-type: none"> • If a resident has both a scheduled and a PRN antipsychotic prescription, then <u>both</u> prescriptions are counted, so the resident would be counted under both categories. • If a resident is in the hospital or a nursing facility on the last day of the month, the resident should be counted in the total number of residents if they are still on the facility's census. • See next page for FDA list and Exclusions List.
Duration of Time to Track	Definitions/Notes
<ul style="list-style-type: none"> • October 1-31, 2020. 	
Data to be Entered into App by January 31, 2021	Definitions/Notes
<ul style="list-style-type: none"> • Total number of residents living in the facility on October 31, 2020 • Total number of residents prescribed a non-standard, scheduled antipsychotic during the month of October 2020 that are not on the Exclusion List. • Total number of residents prescribed a non-standard, PRN antipsychotic during the month of October 2020 that are not on the Exclusion List. 	<p>The App will calculate:</p> <ul style="list-style-type: none"> • Percentage of residents with a scheduled non-standard prescription for an antipsychotic drug. • Percentage of residents with a PRN non-standard prescription for an antipsychotic drug.

Food and Drug Administration Antipsychotic Medication List

First-Generation Antipsychotics		Second-Generation Antipsychotics	
Generic Name	Brand or Trade Name	Generic Name	Brand or Trade Name
Chlorpromazine	Thorazine	Aripiprazole	Abilify
Droperidol	Inapsine	Asenapine	Saphris
Fluphenazine	Prolixin	Clozapine	Clozaril
Haloperidol	Haldol	Iloperidone	Fanapt
Loxapine	Loxitane	Olanzapine	Zyprexa
Perphenazine	Trilafon	Paliperidone	Invega
Pimozide	Orap	Quetiapine	Seroquel
Prochlorperazine	Compazine	Risperidone	Risperdal
Thiothixene	Navane	Ziprasidone	Geodon
Thioridazine	Mellarill	Lurasidone	Latuda
Trifluoperazine	Stelazine		

Exclusions List

<ul style="list-style-type: none"> • Schizophrenia • Schizoaffective Disorder • Huntington's Disease • Tourette's Syndrome • Bipolar Disorder 	<ul style="list-style-type: none"> • Nausea/Vomiting • Depression • Autistic Disorder • Hospice Care
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QM #5: ANNUAL RESIDENT SATISFACTION SURVEY

Facilities will not need to perform any measurement for this metric. Facilities will need to ensure that a third party that is a CoreQ vendor completes a survey sometime within 2020 in time for the facility to enter data into the App by or before January 31, 2021. A list of CoreQ vendors may be found at: www.CoreQ.org and clicking “Customer Satisfaction Vendors” at the top of the page.

Third-party vendors will use the following CoreQ questions, and the following scale will be used for each response:

Poor (1), Average (2), Good (3), Very Good (4), and Excellent (5)

1. In recommending this facility to friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. Overall, how would you rate the food?

- Surveys must represent views of residents and only views of residents.
 - Surveys may not be completed by family members on behalf of residents.
 - Family members, friends, or guardians may assist residents in completing the survey; however, residents must reflect the views of the resident and no one else.
 - Facility staff may not assist residents in completing the survey.
- Facilities will be asked to enter averages (to one decimal place) for each of the CoreQ questions above, as well as:
 - How many residents completed the survey
 - The name of the third-party vendor who completed the survey
 - How the survey was administered

The state asks providers to strictly adhere to these guidelines so they are able to determine whether this method of surveying is able to capture the views of residents and what may be done to maximize participation.