Quality Metrics Program:
Long-term Care Facility Portal and Quality Measurement Application
Registration Instructions and Reporting for 2020

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Safety, Oversight and Quality
Aging and People with Disabilities
Oregon Department of Human Services
Request a Copy of Presentation

- Email
  Lynn Beaton at [Lynn.D.Beaton@dhsoha.state.or.us](mailto:Lynn.D.Beaton@dhsoha.state.or.us) or
  Jan Karlen at [Jan.Karlen@dhsoha.state.or.us](mailto:Jan.Karlen@dhsoha.state.or.us).
Helpful Links for Providers

QM Program Provider Resources:
https://www.oregon.gov/DHS/Providers-Partners/Licensing/CBC/Pages/QM-Program-Provider-Resources.aspx

LTC Facility Portal (to access QM Application)
https://ltcfacilityportal.oregon.gov/

Send questions to:
QualityMetrics.Acuity@dhsoha.state.or.us
Objectives

• Review requirements for ALFs/RCFs to report
• Discuss the online Quality Metrics Portal and Application and how they function
• Walk through registration and log in process
• Discuss reporting requirements of metrics in 2020 and 2021
• Discuss important dates and deadlines
• Address your questions along the way
Quality Metrics - Recap

• HB 3359 requires metrics be tracked and reported by ALFs and RCFs
• Purpose: to improve quality of service and give consumers and facilities a means of comparison
• Dept. cannot take regulatory action
• Quality Measurement Council:
  o Members appointed by the Governor
  o Council oversees the program
  o Eight council members, representing different interests
Quality Metrics to Report

1. Retention rate for direct care staff;
2. Compliance with staff training requirements;
3. Resident falls that result in physical injury;
4. Prescribed antipsychotic medication(s) for nonstandard purposes;
5. Annual resident satisfaction survey results conducted by an independent entity; and
6. A quality metric recommended by Quality Measurement Council that measures the resident experience.

Combined into one metric for 2020
LiveWell Method

• Help for tracking quality improvement tools to track these measures and others
• Free to all Oregon RCFs & ALFs – through DHS Quality Care Fund
• Website – www.livewell-Oregon.com
• Statutory requirement to report on the five (5) metrics - even in the Pandemic
• Reporting will be in the yes and no format
• Facilities that opened prior to January 1, 2020 required to report
• Reporting must be completed by January 31, 2021, 11:59 pm
• This reporting format will be the same for 2021.
DHS Must Write a Report

Report to include:

- Explanation how the pandemic affected reporting of data – yes/no format
- The “Yes” and “No” answers for each facility
- Regional and statewide averages
- Suggestions as to how consumers and facilities can use information
- Licensing and compliance data in the context of C-19
- Identification of facilities that did not report
Step 1: Access the LTC Facility Portal

- Open your browser and go to the Long-term Care Facility Portal website at: [https://ltcfacilityportal.oregon.gov/](https://ltcfacilityportal.oregon.gov/)
- Click “Register” at the top right corner of the screen.
Step 2: Enter Information to Request 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.

  ✓ This will send an auto-generated request for account approval to the Safety, Oversight and Quality Unit. This process may take one to three (1-3) business days.

  ✓ 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 into 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://ltcfacilityportal.oregon.gov/

• Click “Log In” at the top right corner of the page.
Step 5 (cont’d): Sign into Your Account

- 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.
Step 6: Select the Quality Metrics Application

- Once you have successfully logged in to the Long-term Care Facility Portal with your email and password, you will see a box titled “Quality Metrics” toward the bottom of the page.
- Click the box to enter the Quality Metrics Application. (The Quality metrics Application, or “the App,” is where you will enter your data for the five required Metrics.)
Step 7: Select Your Facility to Enter the App

- Upon entering the Quality Metrics Application, click on the facility for which you wish to enter data.
### Facility Details

#### Facility Metric Sets

<table>
<thead>
<tr>
<th>Year</th>
<th>Status</th>
<th>Metric 1</th>
<th>Metric 2</th>
<th>Metric 3</th>
<th>Metric 4</th>
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<tbody>
<tr>
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#### Facility Information

- **Facility Name**: QMA Test Facility
- **Facility Type**: Assisted Living Facility
- **Facility ID**: 50RDHSTEST
- **Administrator Name**: Safety, Oversight and Quality Unit
- **Phone**: 503-945-5600
- **Email**: QualityMetrics.Acuity@dhsoha.state.or.u
- **Address**: PO Box 14530
- **City**: Salem
- **State**: OR
- **Zip**: 97309

*If any of the above information is incorrect, please contact the Safety, Oversight and Quality Unit to have the information updated. Please visit the Support page for the best way to contact the Safety, Oversight and Quality Unit.*
Quality Metric 1: Retention of Direct Care Staff

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

1a Did your facility track retention of direct care staff in some way in 2020?

Background and Reason
Quality Metric 1: Retention of Direct Care Staff

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

1a Did your facility track retention of direct care staff in some way in 2020?

--- Select One ---

Background and Reason

Experienced staff are more effective at providing quality care, given their familiarity with the residents. As staff become more knowledgable about resident preferences, health status and behaviors, they are better able to anticipate resident needs. Experienced staff also know and understand the practices and routines of the facility. Retention of staff results in better care to residents, while high rates of staff turnover are associated with poorer quality of care.

Find out more about this metric and what it means.
QM Background Information

Quality Metric #1:
Retention of Direct Care Staff

Background and Reason for Tracking:
Research indicates that retention of staff results in better care to residents, while high rates of staff turnover are associated with lower quality of care. Experienced staff are more effective at providing quality care, given their familiarity with residents. As staff become more knowledgeable about residents’ preferences, health status and behaviors, these staff are better able to anticipate and meet residents’ needs and build caring and trusting relationships with residents. Experienced staff also know and understand the practices, policies and routines of the facility.

Data Facilities Need to Track for this Measure:
- The hire date for each direct care staff member— to determine which direct care staff have been employed for at least one year as of 12/31/2020.
- The total number of direct care staff employed at your facility (regardless of hire date) on 12/31/2020.

Reporting Timeline for this Measure:
- Tracking: Facilities will need to begin tracking the date for this measure on 1/1/2020 and track through 12/31/2020.
- Reporting: Data collected 1/1/2020 – 12/31/2020 will need to be entered into the App by 1/31/2021. No extensions will be given to facilities who do not enter data by 11:59pm on 1/31/2021.

1“Direct care staff,” as defined in OAR 811-054-0005(23), are facility employees whose primary responsibility is to provide personal care services to residents. These personal care services may include:
(a) Medication administration;
(b) Resident focused activities;
(c) Assistance with activities of daily living;
(d) Supervision and support of residents;
(e) Serving meals but not meal preparation.
Quality Metric 1: Retention of Direct Care Staff

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

1a. Did your facility track retention of direct care staff in some way in 2020?

--- Select One ---
Yes
No

Background and Reason
Quality Metric 1: Retention of Direct Care Staff

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

1a Did your facility track retention of direct care staff in some way in 2020?  Yes

Background and Reason

Metric 1  Metric 2  Metric 3  Metric 4  Metric 5

Save & Close
### Facility Details

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<td>Safety, Oversight and Quality Unit</td>
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Quality Metric 2: Compliance with Staff Training Requirements

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

2a Did your facility track compliance with staff training requirements in some way in 2020?

Background and Reason
Quality Metric 2: Compliance with Staff Training Requirements

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

2a. Did your facility track compliance with staff training requirements in some way in 2020?

--- Select One ---
Yes
No

Background and Reason
Quality Metric 2: Compliance with Staff Training Requirements

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

Did your facility track compliance with staff training requirements in some way in 2020?

No

Background and Reason
Quality Metric 3: Resident Falls with Injury

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

3a Did your facility track resident falls with injury in some way in 2020?
Quality Metric 3: Resident Falls with Injury

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

3a Did your facility track resident falls with injury in some way in 2020?

--- Select One ---
Yes
No

Background and Reason

Metric 1  Metric 2  Metric 3  Metric 4  Metric 5

Save & Close
Quality Metric 3: Resident Falls with Injury

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

- Did your facility track resident falls with injury in some way in 2020?
  - Yes

Background and Reason

Metric 1  Metric 2  Metric 3  Metric 4  Metric 5

Save & Close
Quality Metric 4: Antipsychotic Medications Prescribed for Non-standard Use

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

4a Did your facility track antipsychotic medications prescribed for non-standard use in some way in 2020?

--- Select One ---

Background and Reason

Metric 1  Metric 2  Metric 3  Metric 4  Metric 5

Save & Close
Quality Metric 4: Antipsychotic Medications Prescribed for Non-standard Use

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

Did your facility track antipsychotic medications prescribed for non-standard use in some way in 2020?

Background and Reason
Quality Metric 4: Antipsychotic Medications Prescribed for Non-standard Use

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

4a Did your facility track antipsychotic medications prescribed for non-standard use in some way in 2020?

Yes

Background and Reason
Quality Metric 5: Results of Annual Satisfaction Survey

**What Facilities Need to Do**

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

Did your facility have a resident satisfaction survey conducted by an independent third party some time in 2020?

**Background and Reason**

--- Select One ---
Quality Metric 5: Results of Annual Satisfaction Survey

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

Did your facility have a resident satisfaction survey conducted by an independent third party some time in 2020?

- Select One -
  Yes
  No
Quality Metric 5: Results of Annual Satisfaction Survey

What Facilities Need to Do

For the 2020 data collection year (data submitted to this system by January 31, 2021), facilities are only required to respond to the following question for Metric 1:

5a Did your facility have a resident satisfaction survey conducted by an independent third party some time in 2020?

Yes

Background and Reason

Metric 1  Metric 2  Metric 3  Metric 4  Metric 5  Save & Close
Independent Third Party

- An entity independent of the facility.
- Not a management company which oversees the operation of the facility or a group of facilities within that corporate family.
- Example – Core Q [www.coreq.org](http://www.coreq.org).
Reporting Completed

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Summary

• Reporting simplified for 2020 & 2021 to Yes or No response
• Facilities must report on metrics by January 31, 2021
• DHS will issue a report by July 1, 2021
Questions?
Final Webinar
Tuesday
January 26, 2021
10:30 – 11:30 am
Closing

- Jan Karlen – Jan.Karlen@dhsoha@state.or.us
- Lynn Beaton – Lynn.D.Beaton@dhsoha.state.or.us
- QualityMetrics.Acuity@dhsoha.state.or.us