

**Quality Measurement Council  
December 17, 2020  
Meeting Minutes**

---

**Council Members Attending**

Sara Kofman – SK  
Sydney Edlund – SE  
Mauro Hernandez – MH  
Fred Steele – FS  
Maureen Nash – MN  
Paula Carder - PC  
Jack Honey – JH

**Staff Attending**

Lynn Beaton - LB  
Jan Karlen - JK  
Sudha Landman - SL

**Guests Attending**

Linda Kirshbaum - LK  
Ruth Gulyas - RG  
LeRoy Patton - LP

LB introduced all attendees including Council members, guests and staff.

**Review of July 29, 2020 Meeting Minutes:**

Council members reviewed the July meeting minutes. Approved with no changes needed.

**Meeting Frequency:**

LB explained that since the reporting format has changed to a much simpler format of Yes/No response, that we may not need to meet on a monthly basis. However, DHS is still responsible for writing the report and would appreciate review and input from the Council. Discussion:

- Council was asked if they would like to review the parts of the report that they had provided input on initially.
- MN mentioned that she would prefer to review a collective report. Wants to make sure report is framed so that the public understands the extreme duress that facilities have been under during the pandemic.
- SE would like to be included in reviewing all sections. Also mentioned that it needs to be clear that DHS is in control of the report and the Council is only providing stakeholder input.
- Initially it was discussed that meeting frequency would be quarterly, but that would only provide one meeting before the report is due. It was decided that the Council would meet every other month to review the report, as it is being drafted. A doodle poll will be sent out for February.

**Council Terms:**

- LB provided the Council with a chart that outlines the terms of the Council members.
- Most members officially started their terms at the same time, April of 2018; terms end on April 11 and begin on April 12<sup>th</sup> every three years. This means that most council members terms will be up in April, 2021. The one exception is MN, who began her term in 2019.
- Carolyn Mendez-Luck informed the Council in June 2020 that she would be moving to Washington DC to work on health policy with legislators for one year, and we would likely need to find a replacement council member. Also, Ann McQueen accepted another position as the manager of Community Services and Supports in APD and no longer serves as the DHS representative. Jack Honey currently serves as the DHS representative, but another DHS person will be designated soon.
- There are other statutorily required representatives from agencies or advocate organizations.
- LB has spoken with the Governor's Appointment Secretary, Kristina Rice-Whitlow. The Governor's office usually appoints who DHS recommends for the Council.
- Council members were informed that if they are still interested in staying on the Council, they should email JK. These requests will be forwarded to the Governor's office for them to follow through to ensure council members can continue to serve.

**QM Program Update:**

- JK reported that the quality metrics application (QMA) has been updated to reflect the change in format.
- JK and LB has conducted about six webinars; two more are coming up in January.
- The Provider Instruction Guide requires one more review and once that is finished, it will be posted on the CBC/Quality Measurement webpage.
- The contract with OSU has been revised to reflect the changes in format and it will be extended to 2022.

**Public Comment:**

No public comment provided.

**Report Update:**

- LB reviewed the Report Outline and Purpose that Ann McQueen had created before she left the Council.
- SE mentioned that it will be interesting to compare data from years one (2020) and two (2021) to year three (2022).
- LB mentioned that facilities that opened or closed in 2020 do not have to report.
- There was discussion as to whether facilities that had a change of ownership would need to report. The one challenge is if the previous owner considered the data proprietary and took the data with them. This could possibly be managed by inserting a sentence or two about the duty to report into the letter that goes to the new owner when the new license is sent to them. JK and LB will discuss this with DHS staff.

- Ensure the report reflects the distinction between quality improvement data and regulatory information.
- Suggestion to place quality data information first in the report.

**Motions History:**

**QM 1: RETENTION OF DIRECT CARE STAFF:**

- **9/9/2018:**
  - Use 12-month (one year) retention period.
  - Adopt formula used by AHCA/NCAL.
  - Delete “vacancy” as term being used and measured.
- **2/21/19:**
  - Finalize Metric 1
  - Clearly define the time-period for tracking as one calendar year vs. stating a 12-month period.

**QM 2: COMPLIANCE WITH STAFF TRAINING REQUIREMENTS:**

- **2/21/19:**
  - DHS to provide a fillable version of the tracking tool for facilities.
  - The Council will work with DHS to possibly embed into the MOP in later years.
- **5/16/19**
  - Track the percentage of staff completing training.

**QM 3: NUMBER OF RESIDENT FALLS:**

- **9/9/2018:**
  - Use timeframe of June – November.
  - Track gross numbers.
- **10/17/2018:**
  - Describe “receiving treatment” vs “evaluation” if outside of facility. (Concept: Council believed resident could be sent to hospital without having actual injury. Wanted to distinguish treatment due to harm from being evaluated with no harm.)
- **4/25/2019**
  - Add a column to the “falls” chart that indicates how many residents fell with injury.
- **6/26/2019**
  - FS made a motion to finalize the data points for QM3 as number of residents at the end of each month, total number of falls with injury at the end of each month and total number of residents who fell with injury at the end of the month. The motion was seconded by SK. LB asked if anyone opposed the motion, there was no opposition to the vote.

**QM 4: USE OF ANTIPSYCHOTIC MEDICATIONS FOR NON-STANDARD USE:**

- **1/23/2019:**
  - For a pre-selected period of time, track:
    - Total number of residents who used a nonstandard, scheduled anti-psychotic, and
    - Total number of residents who used a PRN anti-psychotic.

- (Council also wanted an explanation of non-standard uses and PRNs and the distinction between the two as part of the background for this metric.)
- **3/20/19**
  - Approve metric with understanding that wordsmithing is needed. (Now completed)
- **4/25/19**
  - The report will present the statewide average (not pooled) and will list whether or not a facility is tracking the rate for non-standard use. The report will not provide the percentage rate for any individual facility.
- **5/16/19**
  - Send FDA list of antipsychotic medications, the generic and trade names only, to facilities each September.

**QM 5: RESULTS OF ANNUAL RESIDENT SATISFACTION SURVEY:**

- **9/9/2018:**
  - Use original 4 questions.
- **11/28/2018:**
  - Move forward as is.
- **2/26/2020**
  - Add two additional questions to the QMA “How many surveys sent” and “How many surveys received”.
  - First year look at completion rate along with exclusion criteria.

**GENERAL:**

- **12/19/2018:**
  - DHS will send Provider Alerts monthly to remind providers to collect and enter data each month.
  - 1st year – providers to collect and enter data monthly starting in July, report last 3 months.
  - After 2019, providers to track and enter in all months prior to January 31<sup>st</sup> of the following year.
- **7/17/2019:**
  - MN nominated FS for vice-chair, vote passed unanimously.
  - AM moved that [LTCfacilityportal@oregon.gov](mailto:LTCfacilityportal@oregon.gov) be established as the URL address for provider data entry. Motion passed unanimously.
- **10-17-19**
  - DHS to enter into an agreement with an existing academic partner to perform consultation, data cleaning and data preparation for report and website.
- **5-14-2020**
  - SK moved to use the Yes/No format for facility reporting in the QMA for 2020. Motion passed unanimously.
- **6-24-2020**

- AM moved to revise the question (for example) “Did your facility track retention of direct care staff in some way during the calendar year in 2020?” CL seconded; motion passed unanimously.

- **7-29-2020**

- MN moved to keep the simplified yes/no reporting format for 2021. Motion passed unanimously.

**PARKING LOT ITEMS:**

**QM 1: RETENTION OF DIRECT CARE STAFF:**

- **9/9/2018:**
  - Consider “turnover” at later date.

**QM 2: COMPLIANCE WITH STAFF TRAINING REQUIREMENTS:**

- **No parking lot items.**

**QM 3: NUMBER OF RESIDENT FALLS:**

- **11/28/2018:**
  - Next year revisit collecting falls per resident.
  - Possible future rule change recommendation as to who should report the injury.
  - Concerning reporting in the future - how do we standardize measure?
    - Give numbers, not percentages? Give letter grades – does this give a different connotation?

**QM 4: USE OF ANTIPSYCHOTIC MEDICATIONS FOR NON-STANDARD USE:**

- **10/17/2018:**
  - Discuss again whether to use nonstandard or off-label.
    - Bill uses term “nonstandard” – this gives Council flexibility. National standard is “off label.”
    - Should “nonstandard” be considered the same as “off-label?”
- **3/20/19:**
  - Consider using longer list of APs in the future.

**QM 5: RESULTS OF ANNUAL SATISFACTION SURVEY:**

- **9/9/2018:**
  - Look at adding “activities” in 2020 and notifying facilities of this expected change.
- **10/17/2018:**
  - Allowing narratives and open-ended questions.
- **11/28/2018:**
  - Look at adding “activities” in later years.

- Third party interviews – possibly consider for memory care specifically.
- What is cost of surveys for different vendors?
- Work toward a process to ensure fairness for residents with cognitive impairment (adding single question such as, “Why are we here today?”)
- **10/17/2019**
  - In March or April 2020, discuss how data is collected by vendors.
- **2/26/2020**
  - Look at what we are unable to evaluate by looking at surveys that are incomplete during the first year.

### **General Parking Lot Questions**

- **3-20-19**
  - What can be done to ensure that data is entered and entered correctly – Should DHS contract with an entity to provide this service?
  - Will there be an opportunity to do “spot checks,” come up with a list of questions?
  - Think how providers may be able to respond when their data may look somewhat skewed compared to other facilities. Could there be a comment field? May give it a year or two to see if there is an issue and then determine a strategy on how to deal with it.
- **10-17-19**
  - SE suggested that during 2020, would like for DHS to report on what is problematic for providers to report on. Possibly use information from the monthly provider calls during implementation period.
- **07-29-2020**
  - PC suggested that in the future, the Council looks at psychotropic medications more generally. This is based on literature that indicates when antipsychotic medication is discontinued, usage of other psychotropic medications goes up.