

Quality Measurement Council

February 25, 2021

Meeting Minutes

Council Members Attending

Sara Kofman – SK
Sydney Edlund – SE
Mauro Hernandez – MH
Fred Steele – FS
Maureen Nash – MN
Paula Carder – PC
Sudha Landman – SL

Staff Attending

Lynn Beaton - LB
Jan Karlen - JK

Guests Attending

Linda Kirshbaum - LK
Ruth Gulyas - RG
Barbara Kohnen-Adriance - BKA

Introductions were made between Council members, guests, and staff.

Review of December 17, 2020 meeting minutes:

Meeting minutes were reviewed. FS moved to accept the meeting minutes as written. MH seconded, approved by all Council members.

There were no announcements.

Council Terms:

LB provided an update on Council terms which end on April 11, 2021. LB referred to a memo that was sent out before the meeting informing members that if they'd like to remain on the Council, they will need to re-apply. MN would not have to reapply this year, since she replaced another member mid-term. The memo included a link to the application, for ease of use by Council members. The position that CML left still needs to be filled; that position per rule is for an individual associated with an academic institution who has expertise in research data and analytics and community-based care and quality reporting. The application, along with a resume or curriculum vitae, will need to be submitted to the Governor's office by April 1, 2021.

Senate Bill 703

Senate Bill (SB) 703 has been introduced; however at this time no hearing has been scheduled. If passed, this bill would require caregiver registries, in-home and home health care agencies (which ODHS does not regulate) to report to ODHS revenue, expenses, sources of income, average wage of employees etc. This same financial information would also be required for residential care facilities. This bill would also expand the work of the Council, in that it would require quality metrics be developed for in-home and home health agencies and caregiver registries and be reported to QMC. To follow the progress of this bill click on [SB 703](#).

Update on QMA:

JK provided an update on the QMA as follows:

- Eight (8) webinars were conducted from September 2020 through January 2021.
- Provider Instructions and the webinar training was posted in January.

- There were quite a few requests in January for registration and for updating administrators in the QMA as well as questions about registering. JK monitored the portal over the weekend of January 30 & 31, 2021, in the event there were any questions or requests for updates. About five facilities requested administrator updates or requests for registration over that weekend.
- A report of raw data was provided during the meeting concerning how many facilities were eligible to report, how many didn't respond, and the number of yes and no responses for each question. That report is attached to these minutes.
- The report showed about 101 facilities did not respond. Council members questioned as to why this large number of facilities did not respond. Was there an "audit log" that would provide some insight as to why these facilities did not respond? Can we look at the characteristics of those which did not report? JK will follow-up with the web application team and learn if they have any information or an audit log to identify any barriers to reporting.
NOTE: The web application team were contacted following the meeting, and there was no audit log kept. The application team did report that there was no response from 100 facilities, and that three (3) facilities only partially responded.
- JK is in the process of getting the data to OSU so they can start cleaning and analyzing the data.

Public Comment:

- BKA mentioned the LiveWell Method and described that the method looks at the barriers to reporting. This method encourages teamwork and employs the QAPI (Quality Assurance/Performance Improvement) method. LiveWell is currently developing a certification process that will provide consumers information about the quality of the facility.
- LiveWell is coaching eighty (80) facilities – coaching eight (8) facilities at a time, on implementing the fundamentals of quality improvement. BKA mentioned that staff turnover in facilities is high especially now due to the pandemic and wildfires. It is hoped that those who leave will take the lessons with them to new communities.
- RG and LK expressed their appreciation to the Council for simplifying the process. This has been a good test run.
- There was discussion on licensing of CBC administrators and the fact that by January 1, 2022, a new licensing program will be in place. The same board that licenses NF administrators now licenses CBC administrators. There is an online test that new CBC administrators have to take, along with submitting their biographical information. Experienced administrators have already been grandfathered into licensing.

Report Writing:

- JK reported that she has started drafting, getting as far as the background.
- Need to make clear QMC is a quality improvement program that is related to providing high quality. The report will emphasize that facilities need to have systems in place to track and then follow-through on correcting the problems that are identified.

- Will the report track regulation as a method for tracking quality? No, we can only define measures, not regulations.
- Need to build a business case for quality improvement. However, also need to be aware of unintended consequences of this focus.
- MH mentioned fusion of innovations and needing to obtain qualitative input from facilities concerning the barriers to tracking these measures.
- PC mentioned that there is a need to hear the resident’s voice in the future. Need support to talk with residents to ensure that we do hear their voices.

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 31st of the following year.
- **7/17/2019:**
 - MN nominated FS for vice-chair, vote passed unanimously.
 - AM moved that 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.