

Quality Measurement Council
Meeting Minutes
March 20, 2019

Council Members – Present in Person

Ann McQueen – AM
Paula Carder – PC
Fred Steele – FS
Mauro Hernandez – MH
Carolyn Mendez - Luck – CM
Sydney Edlund – SE

Staff Present

Lynn Beaton – LB
Jan Karlen – JK
Ann Birch – AB

Staff on Phone

Becky Mapes – BM

Council Members – Not Attending

Sara Kofman – SK
Raeann Voorhies – RV

Guests Attending

Sara Woodcock – SW
Craig Dettles – CD
Linda Kirshbaum – LK (on phone)
Lindsey Schwartz – LS (on phone)

MOTIONS HISTORY:

RETENTION OF DIRECT CARE STAFF:

- **9/9/2018:**
 - **Motion:** AM made motion; RV seconded:
 - Delete “vacancy” as term and measurable.
 - (Staff originally included “Vacancy” as a stand-alone definition and gave a formula for defn.)
 - **Motion:** AM made motion; SE seconded:
 - Use 12-month (one year) retention period.
 - Agreement: Council liked formula used by AHCA/NCAL and adopted that format.
- **2/21/19:**
 - AM made motion; PC seconded
 - Finalize Metric 1;
 - Clearly define the time-period for tracking for one calendar year vs. stating a 12-month period.

COMPLIANCE WITH STAFF TRAINING REQUIREMENTS:

- **No motions made.**

NUMBER OF RESIDENT FALLS:

- **9/9/2018:**
 - **Motion:** PC made motion; AM seconded:
 - Decided on timeframe of June – November.
 - Track gross numbers.
- **10/17/2018:**
 - **Motion:** AM made motion; PC seconded:

- Facilities to record number of falls and designate as MINOR or MAJOR.
- Define “receiving treatment” vs “evaluation” if outside of facility.
 - (Concept was that Council believed resident could be sent to hospital without actually having injury. Wanted to distinguish treatment due to harm from just being evaluated with no harm.)
- **2/21/19**
 - FS made motion; RV seconded
 - A fillable version of the tracking tool will be provided for all staff employed October through December 2019. The Council will work with DHS to see if the tool can be embedded into the MOP in later years.

USE OF ANTIPSYCHOTIC MEDICATIONS FOR NON-STANDARD USE:

- **1/23/2019:**
 - **Motion:** SE made motion; AM seconded:
 - 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 antipsychotic for nonstandard uses.
 - (Council also wanted an explanation of non-standard uses and PRN non-standard use and the distinction between the two as part of the background for this metric.)
- **3/20/19**
 - **Motion:** CM made motion, AM Seconded
 - To approve metric with understanding that wordsmithing is needed.

RESULTS OF ANNUAL SATISFACTION SURVEY:

- **9/9/2018:**
 - **Motion:** MH made motion; SE seconded:
 - Use original 4 questions.
- **11/28/2018:**
 - **Motion:** AM made motion; PC seconded:
 - Move forward as is.

GENERAL:

- **12/19/2018:**
 - **Motion:** AM made motion; SE seconded:
 - DHS to 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.

PARKING LOT ITEMS:

RETENTION OF DIRECT CARE STAFF:

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

COMPLIANCE WITH STAFF TRAINING REQUIREMENTS:

- **No parking lot items.**

NUMBER OF RESIDENT FALLS:

- **10/17/2018:**
 - **Parking Lot:** Next year revisit collecting falls per resident.
- **11/28/2018:**
 - **Parking Lot:** Possible future rule change recommendation as to who should report the injury.
 - **Parking Lot:** Concerning reporting in the future - how do we standardize measure?
 - Give numbers, not percentages? Give letter grades – does this give a different connotation?

USE OF ANTIPSYCHOTIC MEDICATIONS FOR NON-STANDARD USE:

- **10/17/2018:**
 - **Parking Lot:** Using nonstandard vs off-label – possible discussion points for later:
 - 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.

RESULTS OF ANNUAL SATISFACTION SURVEY:

- **9/9/2018:**
 - **Parking Lot:** Look at adding “activities” in 2020 and notifying facilities of this expected change.
- **10/17/2018:**
 - **Parking Lot:** Allowing narratives and open-ended questions.
- **11/28/2018:**
 - **Parking Lot:** Look at adding “activities” in later years.
 - **Parking Lot:** Third party interviews – possibly consider for memory care specifically.
 - **Parking Lot:** What is cost of surveys for different vendors?
 - **Parking Lot:** Work toward a process to ensure fairness for residents with cognitive impairment
(adding single question such as, “Why are we here today?”)

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”, maybe come up with a list of questions to ask.
 - 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.
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Meeting called to order and introductions were made.

BM announced April meeting will be on Thursday, April 25, 2019 and Doodle Poll results indicated May 16, 2019 is likely the favored date for May meeting.

Minutes from the February 21 & February 28, 2019 meeting minutes were reviewed and approved.

LB introduced SW who presented on the plans for QMC CBC portal development. Ken Meeks who had been working on this project accepted another position with OIS. SW provided an overview of current DHS web-based applications built and maintained by her team:

- SW showed the Council a couple of different projects that her team has developed, the Long Term Care Compliance website <https://ltclicensing.oregon.gov/>, and Employment Outcomes System (EOS) <https://eos.oregon.gov/>. (for the Developmental Disabilities and Vocational Rehab). The QMC portal will look similar to these.
- The front page has been built for the QMC CBC metrics portal.
- SW said once QMC Council has finalized metrics requirements, her team can develop the web portal to collect the data determined as necessary and once the data is collected it can be reported according to the Councils definition (e.g., regionally, by county, etc.). Need to specify rural vs. urban – and determine or define which counties meet those.
- Print option will be designed and printable in a format that will make sense.
- All websites are standardized to add links to the ADRC and ensure the footer information is consistent.
- A Quality Metrics tab will be added for each facility in the LTC licensing website with an explanation of what are quality metrics, what it means, and providing a state average, plus add a cross reference back to the QMC website for a comparison.
- Need to develop a cite name or URL for the website, need to consider there would be a Oregon.gov at the end.
- CM asked about presentation of data, such as having a national or statewide average, is this something we would want? Response – we have not thought that far, we are responsible for building a metrics portal that can show comparisons between facilities.

- Concern that facilities may be penalized when there are higher data points that they cannot help, such as high acuity.
- Maybe have a comment field to let facilities explain why their data may be different, this has been mentioned before.
- Maybe there could be a comparison based on similar characteristics. **Response:** There isn't a way capture a lot of the details based on the data that is available and unsure how to measure this. May have to rely on self-reporting, which may not be reliable if provider can explain it away. What is available is facility type, number of beds and services provided. This can be put into the parking lot. Once the definitions are made, then we can come back to this. May also want to have a year or two of data before we develop this. There are still many things we don't know.
- Question asked if there would be an opportunity to do spot checks and maybe come up with some questions to ask. This is listed on the Parking Lot.
- Question about what should be done when a facility inputs data incorrectly or not at all. Because there are limited DHS resources, DHS may consider having a contract with an entity that can help us contact facilities to ensure the data is entered correctly. There will be webinars, Provider Alerts and trainings to remind them of dates to enter and demonstration. This is listed on the Parking Lot.
- SW indicated it would be ideal to get CBC providers into a habit of logging into the portal routinely, such as if data is needed on a monthly basis, then having them enter it on a monthly basis.
- SW said it would be possible to have the QMC data portal send an auto-generated reminder to all CBC provider database addresses and run a report check later to see which providers had not entered the monthly data. Need to have current and valid email addresses. This will be a challenge.
- Ensure that if facilities went in to change information that there is a way to lock down the data so it could not be seen by others.
- If a facility does not enter data, there is a statement that the facility chose not to enter data. It should take only one time, then the facility will provide the metrics the following year.
- Need to be aware that facilities may choose not to enter data.

QMC Metrics Report:

Metric #2.

- LB provided information about the sample Training Tracking tool added to page 6 with a disclaimer as directed by management. Suggestion to use term tool or form consistently.
- DHS is contracting with a company to develop a fillable excel form to track training.
- It will be an excel form that can be downloaded, and if the provider has a problem with the form, then they would be responsible for it.

- LK has a concern about integrity of the metric if providers are not using the same tool. There was a comment about using LTC Quality Care Fund for on-going support of this tool and the Council.
- If there is a flaw or a problem with the tool then DHS should be responsible to fix it for example, if during the “Sandbox” period, if a problem identified then DHS would be responsible for fixing.
- LB mentioned that the issue is that DHS is wanting to provide the tool, however DHS cannot provide on-going assistance.
- FS suggested that it be acknowledged that DHS has chosen not to provide technical assistance on the form.
- There will be webinars and training on the tool. There was a suggestion, to consider sending an email with a picture and plain language instructions.

OHCA EXPO Recap:

Raeann, Mauro and Lynn presented at OHCA’s Spring Expo on March 14. It went well, there were about 30 providers who attended their session. There wasn’t very much pushback. Comments showed they are a little overwhelmed, however looking forward to more info. They were asked if they were tracking some of the metrics, but few in the audience raised their hands. Overall it was positive.

Quality Metric #3 – Number of Resident Falls

- Paula provided basis for the charts on page 8. They were modified.
- LB explained the charts on page 8, where for 2019, providers would need to report falls with injury for October, November, and December, but going forward in 2020 they would need to report on the six months identified in the chart.
- Suggestion that we add the number of residents who fell with injury.
- It was mentioned that including data which represented a percentage of falls per injury month could be misleading data.
- The council discussed the falls metric and agreed on PC’s original graph. Will need to provide an explanation for rate vs. number of incidences of falls with injury.
- To determine the rate of falls:
 - How many falls with injury
 - How many residents fell with injury
 - How many residents total
 - The rate would be number of people who fell with injury out of the total number of residents
- It will be more useful because there is a rate and provides a clearer comparison.

Month	No. of Residents at End of Each Month	No. of Residents Sustaining fall(s) With Injury (ies) at end of Prior Month	Total No. of Resident Falls, Prior Month	Average No. of Falls per Residents	No. of Falls per Residents Who Fell	Fall Rate for One Month
October	80	10	15	0.1875	0.66666667	0.00625
November	100	18	26	0.26	0.69230769	0.008666667
December	55	7	8	0.14545455	0.875	0.004848485

Instructions: Track each month for three months.

Quality Metric #4 – Use of Antipsychotic Medications for Nonstandard Uses

- LB stated that the first page is an explanation of the metric. Asked for everyone to review.
- Question about list of medications or do we want to reference it separately?
- Dr. Nash’s comments were included as much as possible in the metric.
- Suggested revisions:
 - Revise 1st sentence in 3rd paragraph where it talks about ALFs using four times more APs than NFs.
 - First paragraph, 2nd sentence, change “designed” to FDA approved to treat
 - Revise 2nd paragraph, 2nd sentence to say, ... “who have symptoms (vs. diagnosis) of dementia”. 3rd sentence, change to “Reducing nonstandard use may result in healthier residents because they will not be unnecessarily medicated.”
 - Shorten sentences in third paragraph, revise last sentence to say, the first step is to measure the number of residents receiving APs.
 - Put Schizophrenia and Schizoaffective Disorder next to each other.
- Council members may send suggested for revisions for this metric. Be aware of jargon that is used such as EMAR, MAR and PRN.
- LB mentioned that references for each metric are made at the end of metric section.
- Take out last bullet – Indicate if it is a Memory care community.
- Question asked if neuropsychiatric symptoms should be included as an exclusion – answer – is to leave neuropsychiatric symptoms and take hospice off the list. This follows the NCAL protocol.
- Discussion related to ensuring residents receiving AP’s have the appropriate diagnosis. However, for now the most important thing is to get the facilities to start measuring the use.
- Put a link for the Monthly Prescribing Reference (MPR), however a password is needed to access. Could also use list from the National Health Statistics added from the list Terri F sent. This is not an exclusive list, when putting the list out, state “for example, but not limited to”. Decision to use the shorter list.
- Parking lot issue, may use the longer list in the future.

Motion: CM made motion to approve metric with understanding that wordsmithing is needed. AM seconded.

Quality Metric #5 – Results of Annual Satisfaction Survey

- LB asked if it is the correct citation for COREQ. **Response:** Yes it is
- LK asked if Nick Castle is the only person who can do only the four questions. May need to call him.
- LS mentioned that some vendors are very flexible. The four questions is one measure.
- There are 5 questions for NFs and 4 questions for assisted living.
- CM suggests, rearranging the bullet points.

Public Comment:

LK Quality Metric #5, label it as “Annual Resident Satisfaction Survey”

Meeting adjourned at 11:45 am