

**Quality Measurement Council
Meeting Minutes
April 30, 2020
Via Video Conference**

Council Members Attending

Maureen Nash – MN
Carolyn Mendez Luck – CM
Sara Kofman – SK
Ann McQueen – AM
Paula Carder – PC
Sydney Edlund – SE
Mauro Hernandez – MH
Fred Steele – FS

DHS Staff Attending

Lynn Beaton - LB
Jan Karlen - JK

Guests Attending

Ruth Gulyas - RG
Jan Karlen - JK

February 26, 2020 meeting minutes were approved without any amendments or revisions.

Next Meeting – Thursday, May 14, 2020 – 9:30 am till 12:00 pm

Changes to 2020 Reporting:

LB provided an overview of emails and conversations with DHS management related to the possibility of CBC providers having to not report on quality metrics in 2020 due to the Covid-19 pandemic. It is believed that reporting would put an additional burden on providers. This could include pushing back reporting until 2021. However, there is a statutory requirement for facilities to report on quality metrics for 2020 and the legislature would have to relax these requirements before we could change the direction in statute. Without the legislature being in session, there is no means to have the statute changed at this time.

Without being able to amend the law itself, these other possible options were discussed:

- If facilities decided not to report, the department does not have to take action against those facilities. However, the names of those facilities would still be mentioned in the report.
- The report could include an explanation that, due to the Covid-19 pandemic, not all facilities could report their quality metrics.
- An approach to reporting on each metric could be a Yes/ No format to the question “Were you able to track on this metric?”
- Whatever decisions the Council makes about how reporting should be handled it is possible those changes can be put into rule to explain the need for emergency considerations during the time of the pandemic.

Discussion:

- Some members like the idea of minimal reporting to see how well the process is going, they also like the reporting of Yes/No answers. Would also like to ask what other

metrics the providers are tracking such as UTIs, staff call outs, social outings etc. PSU collects data on falls and antipsychotic med use, so that data is available.

- It was mentioned this is nice middle ground because we can still collect data and it meets statutory requirements. There was a question if there would be an official rule LB mentioned that the rule may be amended to reflect the Yes/No approach due to the pandemic. LB will get back to the Council regarding how the rule language could read.
- There was agreement with about the Yes/No format, however it was mentioned that asking an open-ended question about what other metrics they are tracking is important to know where facilities were at before Covid-19.
- It was mentioned that whatever data is collected cannot be part of the analysis for this first report, because it would be much more burdensome.
- Another option mentioned to consider is to have facilities submit data for part of the year with the caveat to evaluate quarter by quarter.
- It was noted that facilities need to focus on tele-visits with physicians and families, preventing infection and screening all visitors. In addition, many facilities are short of staff. Suggested the Council consider asking, "Prior to Covid-19, did staff complete training?" Answer "Yes/No." This would point to the pandemic as the reason for the problem. Also, providers should not be asked to enter data at this time.
- It was mentioned that it might be good for facilities to enter data to test the system and to see where the kinks are, could be used as a pilot year.
- It was asked if facilities consider the reporting of metrics to be an additional burden and if LK or RG had heard anything from providers. LK mentioned regardless of whether it is a Covid or non-Covid building it is the intensity of the work. Thinks there may be something under the Governor's authority that could address this issue. RG mentioned that even the non-Covid buildings are working very hard and that providers would appreciate any relief that can be provided. Also, if the Council decides on the Yes/No approach, that it needs to be very clear what the facility is to be reporting on.
- LB asked if everyone agrees with the Yes/No approach?
- It was mentioned that less than half of the facilities have registered for the QMA. It is not easy to shift gears to ask open-ended questions, whatever data is collected must be analyzed. Answering the question could be burdensome to providers and the information could be confusing to the public.
- It was mentioned again that this could be framed as a pilot year, not sure about the Yes/No approach, but agrees there is so much info that needs to be tracked in terms of infection control vs. other metrics.
- It was mentioned again that asking facilities what they are tracking can be very confusing for facilities, and that the questions need to be simple and very clear.
- The question was offered – "are you currently tracking [METRIC]? If not, were you tracking [METRIC] prior to March 2020?" Some members liked this, as it is clear and concise.
- Two other items that need to be considered are if changes can be made to the QMA and the OSU contract.

- LB will review the statute and work on developing a rule that will be consistent with what we will be asking providers to report on. This rule would be in place by November or December.
- Another possible question could be, “Did Covid-19 take up so much of your time that you weren’t able to track?”
- LB mentioned that she is also working on HB 2600 which requires survey staff to look at infection control related to kitchen cleanliness. This is another statutory requirement that DHS cannot suspend.
- LB offered for the Council to meet again on May 14, 2020. All agreed. The plan going forward includes:
 - AM to contact Sara Woodcock regarding the QMA, continue working on the report, and contact Jeff Luck regarding the contract with OSU.
 - LB to review statute and draft the rule.
 - Jan will send appointment, draft minutes etc.

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.

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.