Quality Measurement Council
Meeting Minutes
May 14, 2020
Via Video Conference

Council Members Attending	**DHS Staff Attending**
Sydney Edlund - ED	Lynn Beaton - LB
Carolyn Mendez Luck – CM	Jan Karlen - JK
Sara Kofman – SK	
Ann McQueen – AM	**Guests Attending**
Paula Carder – PC	Ruth Gulyas - RG
Fred Steele - FS	Linda Kirshbaum-LK

LB explained that the motions have been moved to the end of the document. LB also recapped the discussion from the April 30th meeting and explained the reporting of metrics is required in statute and currently there is no means to amend the statute in 2020. To amend the statute would require the Governor convening an emergency session; as of today, the Governor has not called for a special session.

Therefore, there still needs to be a mechanism for facilities to report. At the last meeting, Council members suggested that facilities can report in the Yes/No format with no additional questions; this would meet the statutory reporting requirement. DHS would write the report that would include the following:
- An explanation for the Council recommending the Yes/No format for 2020. This would include a discussion of Covid-19 and explain how the Council wanted to lessen the burden of reporting.
- Information from facilities that did report.
- DHS would not take action against facilities that don't report. However, the names of these facilities would be noted in the report.
- The report would include the additional required information on licensing and compliance.
- DHS would communicate with providers to explain the changes in reporting.

April 30, 2020 meeting minutes discussion:
- SE mentioned that she didn't recall us discussing reviewing the statute and rule to see if a change in rule is needed since the current rule allows the Council to choose how facilities can report the metrics.
- CM moved to have the minutes approved and SK seconded.
- Minutes will be reviewed and revised accordingly.

Revisions to Quality Metrics Application (QMA):
- AM mentioned that she spoke with Sara W. about revising the QMA. Sara said that changes can be made immediately to the "opening" page, but changes to the quality

metrics questions probably won't happen until later in the summer. JK also mentioned that as of yesterday there are 301 facilities that still do not have anyone registered with the QMA.

Review of draft rules that address the change in reporting format for 2020:
- LB reviewed draft rules where she inserted language that would require more simplified reporting for 2020. By putting this into rule it may provide more clarity to providers as what is expected for 2020.
- A Council member mentioned concern about how circumstances have changed so quickly, and that if things change again, then another rule change will again be needed. OAR 411-054-0320(4) states "The Council shall determine the form and manner for facilities to report metrics for the prior calendar year." The current rule allows the Council the flexibility to determine how the metrics are to be reported. The rules don't specify how each metric is to be measured; that is left up to the Council.
- It was determined the rule, as currently written, provides the authority for the Council to decide how facilities should report and that no rule update is needed. CM moved not to change the rule. However, DHS still needs to clearly communicate any changes in reporting to facilities.

Discussion on additional questions:
- The question was asked: Since the report should explain how the corona virus emergency affected facilities during 2020, and we are only asking yes/no questions, where will the information come from? Answer – information will come from various sources, such as OHA & DHS reports, policy analysts and surveyors that work directly with facilities.
- Another question: Are there facilities that are still not aware of having to report quality metrics? This is possible since, according to a 5/13/20 report, there are still 301 facilities that have not registered for the QMA. Reporting changes will need to be clearly communicated so providers understand what is expected of them. Communication would take place through Provider Alerts, direct email, snail mail and trade associations informing facilities.
- Can we ask what other items facilities are tracking? Answer – no, the statute and rule state which specific items the facilities are required to report, And the Council cannot require reporting of other topics during this first year.
- Can we ask when facilities started and stopped tracking? This might tell us the status of reporting before the pandemic. This could help for future planning.
    - A council member commented that if we ask a question like that, the individual answering the question would likely not answer it if it requires extra time to look for information. This would likely result in frustration and missing data.
    - Covid-19 has impacted facilities in so many ways right now, we don't want to add an additional burden on facilities
    - Metrics are reported at various times throughout the year, such as Metric 1 & 2 are reported for the year, where Metric 4 is reported only for October.

- o Lastly, we do not yet know if the team that developed the QMA would be able to make all the needed changes.
- o Could we ask when facilities started tracking and when they finished tracking? Suggestion, maybe a list of questions to which facilities could respond. Another suggestion – we could ask, "Did you track direct care staffing in some way?"

Additional discussion:
- SK made the motion to ask a Yes and No question for each metric. It passed unanimously. An example of how the question will read is, "Did your facility track retention of direct care staff in some way? ___Yes ___ No. This would be the same format for each question. The Council requested that the questions be drafted and sent to members for their comment. LB & JK will craft the questions and send out prior to the next meeting.
- It was mentioned that the *Provider Instruction Guide* should be taken off the DHS/QMC webpage, since it contains instructions for the previous reporting requirements. It was suggested that perhaps the webpage could be divided into: (1) pre-Covid-19 section that would be on lower part of the webpage; and (2) current reporting information on top. This format was agreed to.

Annual Report:
Since some members had to leave the meeting, it was decided that the background information on Metrics 1 and 2 would be sent out to members for their review and to provide comments back to AM. A deadline for submitting comments will be included on the email.

Motions History:
QM 1: RETENTION OF DIRECT CARE STAFF:
- **9/9/2018:**
  - o Use 12-month (one year) retention period.
  - o Adopt formula used by AHCA/NCAL.
  - o Delete "vacancy" as term being used and measured.
- **2/21/19:**
  - o Finalize Metric 1
  - o 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:**
  - o DHS to provide a fillable version of the tracking tool for facilities.
  - o The Council will work with DHS to possibly embed into the MOP in later years.
- **5/16/19**
  - o 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.

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.