

**Quality Measurement Council  
Meeting Minutes  
June 24, 2020**

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**Council Members Attending**

Sydney Edlund  
Carolyn Mendez-Luck  
Paula Carder  
Ann McQueen  
Mauro Hernandez

**Staff Attending**

Lynn Beaton  
Jan Karlen

**Guests Attending**

Ruth Gulyas  
Linda Kirshbaum

**Review minutes from May 14, 2020 meeting:**

Minutes from the May 14, 2020 meeting were reviewed and accepted.

**Announcements:**

CL announced that she will be going on sabbatical in January due to being offered a fellowship/grant with the Robert Wood Johnson Foundation. She will be going to Washington D.C. and will be paired with a legislator where she will advise them on health policy. This will leave a vacancy on the Council. This will be discussed at the next meeting.

**Recap of May Meeting:**

LB provided a recap of the May meeting where the Council made the decision that facilities report in the Yes/No format. Due to statutory requirements additional questions cannot be asked.

The draft questions were reviewed. A suggestion was made to specify the time period of 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 and passed unanimously.

Question as to whether there could be a comment section. The web developers have limited time in revising each metric to add the yes or no question. They informed us that the current questions will not away, but they will be adding the yes/no question to each metric section. It was decided that if facility staff wanted to make comments or ask questions, they could do that via email at the [Quality.Acuity@dhsosha.state.or](mailto:Quality.Acuity@dhsosha.state.or) email box.

**QMC Report:**

**Purpose Document:**

This document is a guide for writing the report. It lays out the intent of the report such as who the report is intended for, what it is intended to do, where the report will be made available

and when it will be available. For this first year it will also talk about how the pandemic is affecting data collection and the changes made to reporting.

#### Report Outline:

- There was a question about if facilities that are open for a partial year would they be eligible to report under the new yes or no format. Previously, it was decided that for facilities that opened after January 1, 2020 through December 31, 2020, are not required to report. Could they have the option of reporting?
- This may also affect the facilities that had undergone a change of ownership (CHOW) or change of management (CHAM). There are some CHOWs that are minor, meaning a change of ownership of a small percentage of a facility and no CHAM. Others are more substantial where there is a CHOW and a CHAM. Criteria may be if they get a new license number or not.
- The report would also reflect how many buildings closed during 2020.
- Suggestion for a summary statement at the beginning of the outline. This would explain the “so what” statement, meaning why this information is important and how it can be used.
- Licensing/compliance data should reflect survey timelines.
- Include information on what does the data mean under number, severity and scope of regulatory violations.
- Could report also provide some context in terms of compliance as well as non-compliance?

#### **Public Comment:**

LK suggested that when a final outline is completed, there should be a discussion with DHS management to ensure it is put into appropriate context.

#### **Website Changes/Provider Communications:**

- Changes have been made to the CBC website/QM webpage to show that there are no scheduled webinars.
- Letters to facilities and corporations were drafted prior to the pandemic reminding facilities to have at least one staff person register with the QMA. Also need to remind them that if a staff member (or former staff member) should no longer be inputting data into the QMA, they should notify SOQ of that as well. Letters will be shared with the trade associations to help distribute to providers.
- PC mentioned that she went to the CBC website and was instructed to put a username and password. There is possibly a new platform, many of the public documents cannot be accessed. This will be followed up on.

#### **Report Narrative Discussion for Metrics 1 & 2:**

- Narratives were derived from the Provider Instruction Guide.
- Goal was to have as much drafted as possible but may change after data collection.
- There will be a consistent format for each metric
- AM asked Council to provide questions for consumers or providers.

- Provide what information is available.???

**Next Meeting:**

Wednesday, July 29, 2020, via Skype

**Agenda Items:**

- Website update
  - Terms on Council
  - Narrative Discussion for Metrics 3, 4 & 5
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**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.

**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.