

**Quality Measurement Council
July 29, 2020
Meeting Minutes**

Council Members Attending

Fred Steele – FS
Sara Kofman – SK
Paula Carder – PC
Maureen Nash – MN
Ann McQueen - AM

Staff Attending

Lynn Beaton - LB
Jan Karlen - JK

Guests Attending

Linda Kirshbaum
Ruth Gulyas

Review of June 24, 2020 Meeting Minutes:

Meeting minutes were reviewed and accepted, with caveat to make small revision on page 3.

Announcement:

Next meeting, August 19, 2020

Council Terms:

Review of Council member terms was prompted by Carolyn Mendez-Luck’s announcement at the July meeting that she will be leaving in January for a fellowship in Washington DC.

LB reviewed the term limits in the Council’s Charter. According to the Charter, each member shall serve a term of three (3) years, with the ability to extend to or add an additional three (3) year-term. During the first six years of this council, three positions will serve a six (6) year term, with the ability to extend by an additional three (3) year term. To keep the entire council membership from “turning over” at the same time and therefore ensure there will always be council members with experience on the council, three (3) or four (4) of the original eight council members will be allowed an additional three (3) term, for a total of nine years. This will set up a “staggered” appointment process. Once this initial stage has passed, all subsequent council members will be appointed for a three (3) year term, with the right to request an additional three (3) year term.

LB contacted the Governor’s Appointment Secretary, Kristina Rice-Whitlow. Ms. Rice-Whitlow relayed that her office shows the current terms of Council members are 4-12-18 through 4-11-2022. This presents a conflict with the three (3) year term as mentioned in the Charter. LB also reviewed the statute, however the statute is silent on terms.

SOQ staff will review and come back with recommendations at the August meeting.

Website Update:

AM reported that there is now updated information on the Community Based Care webpage that tells providers the changes in the reporting format. Webinar information still needs to be updated. Changes to the LTC Facility Portal have been submitted; hopefully that will be updated in the next week or two. Once the update is completed, a letter will go out to let providers know about the changes and remind them to register.

Report:

AM mentioned that drafting the primary content of the report has not yet started. In previous meetings, it was discussed that for the first report we need to stick to what is required in the bill, except for explanations as to why the metrics were changed due to the pandemic. AM met with Jack Honey regarding what information will be needed. Because there is a time lag from date of an incident to dates related reports and corrective actions are completed, the data may be 6 to 12 months old. The goal will be to ensure the numbers reported are as accurate as possible.

Members were encouraged to review the outline for the report (sent out with materials for the June meeting). There will be an appendix listing facilities who do report, even minimally, versus those who do not report at all. We will also have to split the state into regional counts; OSU is working on a revised scope of work for this. DHS will start drafting and share what has been done on the report at each meeting.

Metrics for 2021:

AM suggested that the Council consider revising Metric 5 (resident satisfaction) for 2021, adding questions from the Resident View (RV) tool created by Portland State University Institute on Aging (PSU/IOA) to the CORE Q questions. The RV is a validated scale in which interviews are conducted in person, and several buildings have used it. Including these would give facilities a better idea of what needs to be done to provide person-centered care. One advantage of the RV is that even residents who have significant cognitive impairment have been known to complete the RV. Quality Care Funds could be used to pay for individuals to conduct the interviews. It was suggested we consider inviting PSU staff who work with this tool to attend the September meeting for a discussion.

PC is familiar with the RV, however unsure when interviewers could enter a facility. Questioned if this would become part of CORE Q or if it would be voluntary supplemental questions, AM suggested requiring the three CORE Q questions in addition to the seven RV questions. The PSU team believes it wouldn't take very long for hired teams to complete.

MN is not familiar with the RV but does like asking questions in person. Would like to see the validation of the data. Expressed concern that people with dementia may base answers on feelings they've had in the past or paranoia they might experience during the interview. Also, if the state is collecting the data, she asked how the data will be interpreted by the public. Lastly, the pandemic will last for at least another year and a half, and it wouldn't be prudent during this time to send people into facilities to conduct interviews.

LK mentioned that she too likes the tool, however, due to the pandemic, facilities will be lucky to report on the current metrics in the current format. Facilities are facing several challenges. Changing metrics would create a hardship on providers.

After discussion about the impact of the pandemic on facilities, it was agreed by the attending council members that the yes/no format for reporting metrics should continue through at least 2021. MN moved that the yes/no for reporting metrics will be used for both 2020 and 2021. Motion passed unanimously. This will also be discussed with DHS management to ensure they concur with this plan.

Review of Metrics 3, 4 and 5:

- Metric 3 (Falls) – The question was asked if there should be any more that should be added as to the importance of tracking falls. For example, state that multiple falls could be upsetting to the resident, lead to increased care needs, and perhaps result in being given a move-out notice.
- Metric 4 (Antipsychotic medications) – No change needed at this time.
- Metric 5 (Resident Satisfaction) – No changes for now, however in about eight (8) months should start the conversation of making a change to this metric for 2022.

Additional Comments:

PC suggested that we should add to the Parking Lot the issue of tracking a broader list of psychotropics. Research suggests that other psychotropic medications, such as anxiolytics, are being used in lieu of antipsychotic medications to treat people with dementia.

MN commented that antipsychotics are being replaced by other psychotropic medications. There is such a concern about “chemical restraints” and many do not understand appropriate use of antipsychotics, how to document or monitor. MN asked what the Council can do to improve quality. Overall, the Council’s main goal is just to develop the metrics.

AM mentioned that the Live Well program has tools that address different items and that they are working with Oregon Care Partners to develop a training.

LB mentioned that we need to look at the Parking Lot lists in regard to the format, future metrics, or changes to current metrics.

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.

DRAFT