

Quality Measurement Council

Meeting Minutes

August 8, 2018

Council members present:

- Ann McQueen
- Mauro Hernandez
- Sara Kofman
- Sydney Edlund
- Raeann Voorhies
- Carolyn Mendez-Luck
- Paula Carder

Council member not present:

- Fred Steele

Staff:

- Becky Mapes
- Lynn Beaton
- Jan Karlen
- Jodi Deherra

Guests:

- Linda Kirschbaum
- Gwen Dayton
- Ruth Gulyas

Joined by phone:

- Naomi Sacks

Introductions

Reminder that Raeann Voorhies is chair and Fred Steele is vice-chair

Metric topics discussed during meeting:

Falls with Physical Injury:

Falls constantly happen in long term care, the question is what is the goal of the measure?

The council discussed the following:

- Do you want a 90 or 30-day reporting period?
- Do you want to give facilities an option as to when they report?
 - Example: April/May/June – let them choose which reporting period?
- Do you want ALL falls tracked? Or – do you only want to track falls that result in injury?
 - Staff comment: statute requires tracking, “the number of resident falls in the RCF that result in physical injury.”
 - Staff comment: if you require facilities report ALL falls, this will be a huge number. There are many falls that do not result in injury
- How do you want to define “injury?”
 - For example, do you want injury to be any physical manifestation?
 - When tracking for injury, do you want to split “minor” from “serious”/”major” harm and only have two categories??
- When tracking falls, do you want to know if individual residents fell multiple times?
- Do you want this measurement to be consistent with the metrics used in nursing facilities?

Staff Training:

This can be very complex since the tracking involves, pre-service, continuing education as well as the length of time staff have been employed, also additional training is required for direct care staff vs. other staff. There was discussion as to:

- Discussion on how survey reviews for training.

- Whether or not the questions should be “yes” or “no”. Would this provide meaningful data to the public? This would be more of a tracking tool than an audit tool.
- Can certain topics be tracked?
- Does training for all staff need to be tracked, or only direct care staff.
- Suggestion to look at the tool that New Jersey uses.

Satisfaction Surveys:

Discussed during meeting:

- Surveys should be conducted during the same time each year.
- For facilities that will be surveyed, use the following scaleⁱ:
 - Poor (1), Average (2), Good (3), Very Good (4), and Excellent (5)
- During the survey, Core Q asks the following questions:
 1. In recommending this facility to friends and family, how would you rate it overall?
 2. Overall, how would you rate the staff?
 3. How would you rate the care you receive?
 4. Overall, how would you rate the food?

Questions and Comments still to decide concerning surveys:

- Should every facility have to complete a survey? Or – should we require only a sample of facilities?
- Likewise, should a survey only survey a sample of the residents or all residents within a facility?
- If the facility changes management, how do we adapt this process to address that issue?
- Should each facility have to do survey at the same time each year for comparability?
- CoreQ questions don’t ask: “How satisfied are you?” However - should we ask that?
- Should the Council require only specific surveyors OR allow any surveyor to conduct the survey, as long as the specific required questions are asked?
- How to “normalize” the questions from 19 different survey vendors??

- Do you want this satisfaction survey (Metric #5) to include “quality of the resident experience” (Metric #6)?
- Ann and Mauro: What did you learn when you called Lyndsay Schwartz and Nick Castle? (Cost of survey; how Core Q works?)

Psychotropic Meds:

Barely started discussion. Need to address during next meeting.
