

# Quality Measurement Council

## Meeting Minutes

July 16, 2018 meeting

### Members Present:

- Paula Carder, PSU institute on Aging
- Sydney Edlund, Oregon Patient Safety
- Mauro Hernandez, Concepts in Community Living
- Ann McQueen, Dept of Human Services
- Carolyn Mendez-Luck, Oregon State University College of Public Health
- Fred Steele, Long Term Care Ombudsman
- Raeann Voorhies – Representing Voorhies company.

### Members Absent:

- Sarah Kofman, Alzheimer's Association

### Staff Present:

- Becky Mapes, Policy Analyst, Community Based Care (CBC), Safety, Oversight & Quality (SOQ), DHS
- Lynn Beaton, Policy Analyst, SOQ, DHS
- Jan Karlen, Policy Analyst, SOQ, DHS
- Jodi DeHerra, Support, CBC, SOQ, DHS

### Public Present:

- Heidi Rowell, Alzheimer's Association (joined by phone for Sarah Kofman)
- Gwen Dayton, OHCA
- Linda Kirschbaum, OHCA
- Walt Dawson, OHCA
- Phil Bentley, OHCA
- Ruth Medak, Providence Hospice

## MEETING

### Call to order

### Introduction of members, including initial comments by Council members

## Overview of the day's agenda

- Major issues to discuss today:
  - Staff will provide overview of HB 3359, to explain Council's overall role
  - Draft charter
    - You need to elect a chair and co-chair.
    - Need to determine voting – one option is 50% plus 1 quorum.
    - Also need to decide meeting frequencies, must meet quarterly by rule.
  - Public comments at 2:30 for anyone here or on the phone.
  - Timeline of Council's work – need to discuss today and decide so that we can schedule future meetings
  - Research that you would like to have completed for next meeting
  - We will talk about next agenda. Please always bring calendars to meetings.

## Overview of HB 3359 (PowerPoint slides supplied as handout)

- Discussion about purpose of "Conversion Facilities" – facilities that want to convert from nursing facilities to residential care facilities
- Explained that the Intensive Intervention Community (IIC) is designed to be the APD model of the Residential Treatment Homes for high-needs residents. Explained that IIC will be endorsement on top of underlying RCF license. Also let council know that staff will hold RAC in August to finish IIC rules.
- Dementia training – explained pre-service and annual inservice training requirements.
- Quality measurement program –
  - There are six metrics that must be reported during the first two years of this program.
  - Information will be on DHS website for easy search
  - Info won't be identifiable by individual resident, but will be searchable by facility
  - Council needs to determine exactly what needs to be measured, and DHS IT staff will determine how that can be done using online system
  - Ultimately, the scope and severity of harm will be folded into metrics. However, the law does not allow DHS to use info provided during annual reporting for corrective action purposes
  - Council can determine satisfaction metrics now. We expect that may involve several other metrics.
  - We want to offer a testing period for facilities to test the system before it goes up "live." Perhaps a 3-month period?
  - Possibly council could recommend providers collect and track info for less than a year during 2019, the first year? If we move quickly enough in establishing initial metrics, perhaps providers could gather entire year of data.
  - In January, 2022, Council can re-write measures.
- Question: Are there bonds or grants that can be provided for the customer satisfaction surveys, since the cost of 3<sup>rd</sup> party surveys is expansive.

- Ann’s answer: possibly. We might have enough \$ in Quality Care funds for this purpose. Perhaps we need some samples with specific variables to capture?
- Question: When do we gather info concerning resident experience?
  - Answer: during this initial phase.
- Question: Is satisfaction data self-reported or does state need to collect?
  - Ann’s answer: The facility should not do the survey themselves. May agree on questions and hire by someone not affiliated with facility.
- Comments made by Council members:
  - Some fac are using 3<sup>rd</sup> party provider. Should goal be to get everyone to use 3<sup>rd</sup> party?
  - Want to make it easy for providers to report.
  - Do we want data to be self-reported?
  - With many of the examples of other states, a 3<sup>rd</sup> party conducts the survey.

**BREAK**

**Discussion of Purpose of the Metrics**

Comments from Council members:

- Staff training requirements are very broad.
  - Response: Exactly what is required is up to you to decide. May want to look at rules. Must be very specific about how items get measured. To make a decision to make reporting tool, need specific numbers to get the program to do the math? Want to eliminate human error. May be harder to measure the first measures than the surveys.
- We need to make this user friendly – seems that all the charges, goals to be met, reporting, metrics, satisfaction survey, etc. leads us to developing a user-friendly system.
- Gathering data is a different step than developing a system.
  - Ann’s response: Advantage is – council decides how data is collected. Internal group to develop system can be flexible. It’s really up to council how things get measured, how facilities report data. We have some flexibility. Council decides what we want and DHS will develop system around that.

**Discussion of draft Charter**

- Would add “To collect and report” as goals - some cases do not have an easy way to do this.
- Looks like a very basic charter. Occasionally see “expectation” section in charters.
- Discussion of responsibilities of chair:
  - Different ways to do this. Usually chairs work with staff between meetings to develop agenda and plan meetings. During meetings, Chair runs agenda, can run meeting or not. Co-Chair can do this in Chair absence. Oversees voting process. Helps ensure everything is getting covered.

- If someone really wants to be Chair, can nominate self, nominate someone else or decide after lunch. However you want to go.
- Decision made to come back to selection of chair after lunch.

### **Discussion of meeting logistics**

- Expectation to be here in person.
- Like this location. Free parking, close for our Portland drivers.
- Need to likely meet monthly initially and then change to “normal” quarterly schedule.
- length of meeting
- If we end up doing work between meetings and meet small groups, may shorten meetings.
- We could send comments to everyone
- 3 hr meeting is plenty, in future
- Lot of things can be done remotely. Meeting for sake of meeting can bog down process. Make better use of our time in person.

### **Discussion of proxy**

- If member not here, send proxy and voting privileges.
- Could be interfering with Governor’s process if members don’t vote directly. But attending for purpose of sending info back is ok.
- Would not be appropriate for proxy to have input.
- Decision that member who is absent could vote by email, if issues are laid out ahead of time.
- Decision made that proxy cannot attend in place of the member, but can attend as member of public.
- Decision that members must vote themselves – either during meetings or by email.
- Discussion of quorum needed – would always need 5 members for any vote to be valid.
- Discussion regarding term. Industry standard of 3-year term and ability to re-up once, staggered.
  - Still need to decide who will initially do 3-yr and who will do 6-yr to ensure staggered membership. Governor’s office to reappoint if leave position.

### **Discussion of Timeline for Council’s next two years** (draft Timeline supplied as a handout)

Key: Blue – dates that are set in statute  
 Pink – an outreach item that needs to be supplied to providers  
 Yellow – everything else. Generally, the meeting dates for the council.

### **Comments and Questions: from Council members:**

- From a provider perspective - 3 reviews are great but not enough. Going to need at least 1-2 more sessions. After a full year, there easily can be a 100% turnover in staff. Monthly reminders or information would be helpful, to all facilities. Includes recorded webinars.

- Do we want to use pilot projects?
- This seems to be a very aggressive schedule for IT.
  - Ann's response: Once we have idea of what you want, can meet with IT in week and bring that response back to you. This has already been talked about with IT. We want to build into our process. Looking at small pilot grp to see what works and what doesn't.
- Can be successful with usability testing – letting them talk out loud about what's working and what isn't. Point of usability is critical. Finding that methodology whether interview or something. Something on here about testing.
- How do you give people enough support to enter data? Allowing people to use that tool to track over time will be helpful.
  - Monthly input is best. We can track facilities to see who is reporting and who it not. We can be a support for them.
  - Ann's response: Don't have a group of people to go out to do that. This is why we need to be very careful and specific. That is what the guide is for. Providers can call PA for support. Maybe consider aggressiveness of timeline – what if not able to be finished? Do we collect data on just some of these? Our IT can do it at no charge. May take longer for someone else to do it. Our IT knows the data.
- Lot of times not user friendly. giving people excel worksheet, yes/no boxes. Can be popular.
- Start circulating info data definition. File based, dropbox, huddle, as a way to support our collective work to share info. Support to exchange info.
  - Use google docs for our work? Would like more face to face time. Book time here together to make that happen. It is hard to stop to read during busy day. Purpose for circulation so that we can come to meeting prepared to make decisions.
  - Decision: Using Google docs. Raeann will send to each council member and staff.
- There will be difficulty during holiday season. Huge reporting burdens.
  - Clarification:– Train in Jan, gather in Feb, not doing it during December?
    - Testing 1 – small grp early on
    - Testing 2 – let everyone do a dry run
- Like the 2 separate approaches. How many facilities? 25-30 facilities?
- Cognitive individual facilities or spot check? Response: spot
- Can turn into FAQ as a training model
- Can work more steps into it. Let's say we give them Feb 1 – Feb 28 to submit. Jan 1 – Jan 31 sandbox testing. Webinars and Skype to work thru them and support them.
  - Response: Need time to buffer for IT. What about:
    - Jan 1- Jan 31: Sandbox
    - Feb 1-Feb 15 test run
    - Feb 16 – 28

- What if we need to extend time beyond what's in statute? Get permission from Gov?
  - Response: we can approach Gov's office, if necessary.
- Why are we assuming 12 months of data? Are we reporting trends over yr? Snapshot? What are we doing with 12 months of info?
  - Ann's response: Ideally a yr worth of data. Design measures on what makes sense. Data over a year. First year, not necessary

## LUNCH

### **Measurements and Techniques:**

- Suggestions to look at [NCAL.org](http://NCAL.org), LiveWell, My Innerview, CoreQ, CMS participant survey, NCAID
- How to measure retention?
  - Measure is DIRECT CARE-listed in OAR.
  - Concerns if an employee splits time from one facility to another (i.e. RCF to ALF) or a promotion. Need to define direct care positions.
  - We can measure from year to year.
  - Most of the formulas, "How many did you start with, how many did you end with?"
  - There is a lot of movement in staff. Definition of retention-12 months or more.
  - Would we want to have facilities to measure performance of – parking lot this for later.
  - Can have great retention and also have turnover – parking lot for later.
  - Pilot year – Make it optional, generally speaking the info gets filled in.
  - Retention is a positive number and terminology.
  - Keep it very basic, bare bones.
  - Send out to facilities to see if they can speak into it with questions – OARs definition.
- How to measure Training?
  - Intent is a yes/no compliance standard.
  - NCAL a model; CMS has several quality measures.
  - There is an MDS for this measurable
  - Lack of documentation is part of the problem.
  - How many are in compliance, not necessarily finished, with training?
  - Training is complex – includes pre-service, within first 30 days, first aid, annual inservice
  - Can we choose one aspect of training? Pre-service dementia training? Yes/no isn't good
  - Measured by more than one question
  - From advocacy standpoint, what is most important?
  - What percentage of staff in compliance all required training? Etc. maybe past 90 days.
  - As of today, how many employees are up to date on training?
  - Could count just pre-service and dementia training.

- Lessons learned. To be given at next meeting or posted.
  - What is primary objective? Easy or accurate info??
- Helpful next meeting to pair off/tri-off work on points, and bring to meeting. Share these on Google Docs.
- Sub-groups created to address individual topics:
  - Retention – Paula UNC results (feedback)
  - Falls – Raeann, Paula, \*Sydney
  - Anti-psychotics – \*Raeann, Paula, Sydney
  - Staff Training – Mauro, \*Fred, Ann
  - Resident Satisfaction – Ann, \*Mauro, Fred, Carolyn
    - Q of resident experience (quality of life) – lumped with above
- Questions:
  - Are there people who are going to go out to facilities?
  - What are we asking people to report?
  - Use things that are already widely used?
  - Pt safety culture. Is this something we can use and stagger?

Public comment:

- Timeline important, last quarter of 2019 sounds good
- Satisfaction for survey info, if that group would like to connect with Lindsay Schwartz with NCAL to set up and pull 4 key questions, national tools.
- Would you recommend survey questions: Do you like staff? Do you like food? (4 key Qs)
- LiveWell – providing tools is important
- CoreQ will evaluate questions and make sure science is good. Simple. Can send link
- Intended to support pt safety and culture, not to be punitive. Way to give facilities tools.
- Not a study, but something intended to drive their own quality.
- Use Quality Care Funds??
  - How do we objectively measure?
  - Make this a piece of Satisfaction Survey – conducted by independent entity.
  - PSU and OSU have done studies like this. QC funds this work. No funds dedicated to it thru the bill. Resident satisfaction – 3<sup>rd</sup> party using an objective party

Voted on Chair and Vice-Chair:

- Motion – Ann: Nominated Raeann for Chair. Fred seconded. All in favor, none opposed.
  - Raeann is Chair. Clarified duties: agenda, move meeting along, handle voting
- Motion – Mauro: Nominated Fred for Co-Chr. Ann seconded. All in favor, none opposed.
  - Fred is Vice-Chair. (He suggested Vice-Chair as opposed to Co-Chair)

Next meeting:

- Aug 6<sup>th</sup> Doodle Poll. 3-4 hr meeting, 9 to noon.