

# Quality Measurement Council Meeting Minutes December 12, 2019

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## Council Members Attending in Person

Paula Carder – PC  
Sara Kofman – SK  
Carolyn Mendez – CM  
Sydney Edlund – SE  
Ann McQueen – AM  
Mauro Hernandez – MH  
Maureen Nash – MN

## DHS Staff Attending in Person

Lynn Beaton - LB  
Jan Karlen - JK  
Rebecca Mapes -RM

## Guests Attending

Michelle Cate  
Ruth Gulyas - RG  
Linda Kirshbaum – LK

## Council Members Attending by Phone

Carolyn Mendez-Luck

## 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 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.

**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.

**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?”)
- **10/17/19**
  - In March or April 2020, discuss how data is collected by vendors.

## 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 implantation period.

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### Minutes from October meeting:

PC asked when it was decided to extend the fall tracking for the full year. LB mentioned that there was not a motion made, however there was in-depth discussion during a past meeting where the overall consensus was to have facilities report on falls with injury for the entire 12 months of the year. (See June 26, 2019 meeting minutes)

The October meeting minutes were approved.

### Announcements:

- It was announced that this would be the last meeting that RM would be attending. JK will take over the responsibilities of coordinating the meetings. LB will remain the facilitator.
- JK announced the next meeting would January 23, 2020 at the OCDC training rooms.
- LB mentioned that she and JK presented at the OHCA conference where there were several questions posed. In addition, there was discussion with OHCA and LeadingAge and DHS regarding the following:
  - Not posting QM data on the LTC licensing site;
  - Facilities would not start gathering data for QM 3 (falls with injury) until the last 3 or 6 months of 2020. Along with this the instruction guide and the QM application would need to be revised to show that only those 3 to 6 months of data would be entered.
  - LB also announced that a section called “hints and tips” were added at the end of each metric in the instruction guide. These hints and tips answers questions that come up during the cognitive interviews and the OHCA Conference.(More discussion on these bullet points on page 6.)

### **Quality Metrics Application/Provider Instruction:**

SW demonstrated the Quality Metrics Application and how to register using the Application. She also went through each metric demonstrating how data can be inputted. The Council members had the following input:

- For each metric switch “What Facilities Need to Do” to be the first item, delete “Calculation” and make “Background and Reason” the last item.
- Metric #2 – Change “Training Tracker” to “Training Template.” It will have a link to the tracker. This tracker will need to be sent to publications so it can be linked on the Application.
- Metric #3 – Based on changing the 2020 data gathering/inputting to the past 6 months of 2020, need to delete or gray out the months January through June. Allow the Application to accept data for July through December 2020 and provide a statement that 12 months of data will be collected in 2021.
- Metric #4 – Revise exclusion list in instructions to read “Enrolled in hospice care (or program).”
- Metric #5 – MH suggested following up with Nick Castle or Lindsay Schwartz as to how the scores should be calculated. AM volunteered to follow-up with Lindsay Schwartz on this.
- Review and revise footnotes as necessary.
- It was asked if anyone was using screen readers. The answer is that we don’t know if they are being used or not.
- Changes will be made to the Application and the instructions once the Sandbox facilities have completed their testing.

AM & LB provided more information on the Application and Instruction Guide:

- The QMC webpage needs revisions and will be working with SOQ staff to accomplish that.
- The testing is currently being done by the sandbox facilities; the Provider Instruction Guide and the application will be revised after the testing is completed, as needed. Testing should be completed by December 20, 2019. A Survey Monkey will be sent seeking input about the Application and the Provider Instruction Guide.
- AM and JK are currently conducting webinars on the overall Quality Measurement Program; next week the webinars will focus on Quality Metric #5. The last of the series will occur in early January; these webinars in early January will demonstrate on how to register and navigate the Application.
- The “Hints and Tips” in each section are based on questions received during conferences and cognitive interviews; these questions are also being turned into FAQs.
- Monthly webinars will be scheduled starting in February.
- The contract with OSU has been sent to DHS’ Contracts and Procurement.
- Since the Training Template (aka Training Tracker) is in an Excel format, it will be sent to DHS Publications so it can be linked on the Application and the QMC webpage.

- There was discussion on a question that came up during webinar regarding the AP medication Compazine being used for nausea. Suggest adding “Compazine for nausea and vomiting” to Exclusion List in Metric #4.

### **Reporting changes for 2020:**

As mentioned earlier, there was a previous, separate discussion with OHCA and LA Oregon during which it was suggested: (1) we not post individual facility QM data on the LTC licensing site for the first year of reporting; and (2) we delay the reporting of falls to either the last six or three months of the year. During the QMC meeting, discussion of these two suggestions ensued as follows:

- Council agreed with reporting on Metric #3 (falls with injury) for the six months of July through December of 2020. Facilities would then report for the full year in 2021 and every year thereafter.
- Suggestion that we clearly state year one is a test year. Following this test year, individual facility data for year two and thereafter would be posted.
- SE stated she wanted to suggest QM information be posted for each facility on the LTC licensing site, even during the first year. SE further recommended providing a message such as “since this is first year of providing averages to the public, data may not be accurate, but will likely be improved in the coming years.”
- Another option that was mentioned – provide the individual facility information in an appendix in the written report.
- MN suggested posting individual data, but not the comparison.
- LK advocated that this is a learning year for the providers and that the data may not be presented correctly, therefore suggesting that it not be posted until the 2021 year.
- AM made the point that the data will be reviewed and cleaned by OSU, so it should be ready to be viewed.
- CM suggested telling facilities that data will be posted, but as data comes in and is not good quality when reviewed, then make the decision as to whether or not to post it.