

# Quality Measurement Council Meeting Minutes January 23, 2020

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## Council Members Attending in Person

Ann McQueen - AM  
Sydney Edlund - SE  
Carolyn Mendez-Luck - CML  
Sara Kofman - SK  
Maureen Nash - MN  
Fred Steele - FS

## Council Members Attending by Phone

Paula Carder - PC  
Mauro Hernandez - MH

## DHS Staff attending in Person

Lynn Beaton - LB  
Jan Karlen - JK

## Guests Attending in Person

Jack Honey - JH  
Ruth Gulyas -RG  
Linda Kirshbaum - LK

## Guests Attending by Phone

Gwen Dayton - GD

## 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.

**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 implementation period.

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The December 12, 2019 meeting minutes were approved with three minor corrections.

Sydney requested that Council members respond timely to the doodle polls that are sent out, so that meeting times and locations can be established efficiently. The next meeting will be February 26, 2020.

### **Displaying of Facility Quality Metrics:**

LB mentioned she had reviewed the law, specifically ORS 443.446(4), regarding how facility quality metrics should be reported. The law states that it needs to be reported in a standardized format. LB put forth a suggestion that the results of individual facility metrics, for the first year, be listed in an appendix of the larger report. It would list the name of each facility along with their quality metrics. The report would be placed on the DHS, Community Based Care webpage. Therefore, it would be available to the public. This would meet the intent of the law. Then the following year, it would be on the LTC licensing website. Then the following year (2022) it would be on the LTC licensing website.

Discussion:

- CML inquired if this would add one more step or barrier to accessing the information about facility metrics.
- A concern was expressed that releasing data via the LTC licensing website, that it may have unintended consequences such as increased move-out notices. But feels this is more transparent.
- SE mentioned that we need to effectively communicate to providers about the collection of the data.
- CM asked about educating facilities, regarding the metrics and what they mean. AM mentioned that much of this is being covered in the webinars.

- LK mentioned that the providers goals is to be as transparent and to follow the law and understand that there has be a report. However, this is the first year is a learning year for everyone.
- SE mentioned that the tone needs to be about improvement. There have been studies about continuous improvement, which means that when facilities continue to do measuring, they tend to improve.
- LB mentioned that it will be up to DHS as to how the data will be reported and asked for agreement that reporting facility data in the appendix of the report for the first year. There was agreement among the Council members.
- CML is supportive however asked if there are any groups or stakeholders we need to contact. SK and FS mentioned as long as the report is accessible, then it should be okay.

### **Implementation of QMA:**

- AM reported that there are at least 176 facilities that have been approved for the QMA. AM has been conducting a few webinars each month. There have been a few glitches with the Training Tracker, but we are working on those and when they are fixed it will be posted on the website.
- The group viewed Metric 5 (Resident Satisfaction) on the LTCF portal. Ann mentioned that she spoke with Nick Castle and that found out that face to face interviews were conducted when the tool was being tested. Therefore, a question has been added to this Metric which asks how the survey was administered.
- There was discussion regarding a question came in about the use of Nuplazid, an antipsychotic used for Parkinson’s psychosis. The question was forwarded to MN for her input. MN could not find it on the most recent FDA list. She has reached out to a Pharm D for a more recent list. Currently Nuplazid is not on the FDA AP list. Nor is Parkinson’s psychosis listed as an exclusion, so the question is whether it should be counted. MN suggested that we could ask OHA to answer this question.
- SE mentioned that we need to find a way to deal with these initial questions, and suggested a technical advisory committee be formed. This would provide structure to answering these questions. Will discuss further at the February meeting.
- AM asked the Council to look at the FAQs that she developed. These were taken from the “Hints and Tips” section the Provider Instruction Guide. The FAQs live on the Quality Measurement Program Provider Resources webpage located at <https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/QM-Program-Provider-Resources.aspx>.
- AM mentioned that after her discussion with Nick Castle she is working on standardizing the data on Metric 5 (Resident Satisfaction). She is working on a one-page guidance for providers and vendors.

### **Report Writing:**

AM suggested starting the conversation on report writing, such as how it should be organized and how Council members can be involved.

- AM made the proposal for Council members to break into groups so they can ensure what information they believe is relevant is included in the report. This information can come in the form of salient bullet points.
- AM offered to put a timeline together so the information is ready when the data arrives in 2021.
- DHS is responsible for writing the report and will receive input from the Council, but DHS makes the decision about what is included in the report.
- Question about if small groups would meet during the monthly Council meeting to start on report writing.
- AM suggested that the Council start discussing what elements we may want in each metric. It was decided that “Report Writing” would be a standing item on the agenda.
- CM asked about providing a general outline.
- SE mentioned that it would be good to get a sense of the tone and audience, what are the basic guidelines and the most important things that members of the Council would like to have included.
- MN mentioned that highlighting that this ambitious effort is the first in the nation.
- There was discussion as to whom would sign the introduction, such as the Governor or individual Council members or a letter from the chair.

**Public Comments:**

Both RG & Lk look forward to the discussion on the report writing. LK mentioned that members are asking about Metric #5 and she would like to be involved with that metric.

**Next Meeting:**

Wednesday, February 26, 2020, 9:00 am to Noon. Agenda items will include:

- Report Writing – standing agenda item
- Implementation & Questions that come in
- Metric 5 Discussion