

**Quality Measurement Council
September 19, 2019
Meeting Minutes**

Council Members Attending in Person

Paula Carder - PC
Maureen Nash - MN
Sara Kofman - SK
Mauro Hernandez - MH
Sydney Edlund - SE
Fred Steele - FS
Ann McQueen - AM

Staff Attending in Person

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

Guests Attending

Maddie Kinkade - MK
Merry Killam - MK
Linda Kirshbaum - LK

Council Members on Phone

Carolyn Mendez-Luck - CM

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 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.

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?”)

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.

August 15, 2019 Meeting Minutes:

Previous meetings minutes were reviewed and unanimously approved.

Metric #5 – Resident Satisfaction:

- AM mentioned that some of the Council members spoke with Nick Castle (NC) regarding using third-party vendors for doing resident satisfaction surveys. During the call he mentioned that facilities could contract with him to complete the full CORE Q for about \$250 - \$300 per facility, based on the number of beds.
- MH asked to be reminded why a third-party vendor vs. having the facility conduct the survey? HB 3359 states that resident satisfaction surveys need to be conducted by an independent entity.
- MN mentioned that with PACE programs, CMS collects comments from residents, but due to the high percentage of residents with cognitive impairment, ElderPlace has developed a “proxy” survey for family members to complete.
- There was discussion regarding sample sizes in smaller facilities, especially those with 20 or fewer beds. Question as to if they would be counted? SE mentioned that for smaller facilities, residents would be surveyed and then follow-up again to get a minimum number of residents? CM mentioned that it might make sense to follow-up and ask the same question if there is an issue but doesn’t make sense to keep asking the same questions time after time. PC mentioned that for small facilities, reliability goes down. MH ask what would be the difference between a larger facility with a sample of 20 vs. sampling residents in a smaller facility? Approximately, 17% of the 550 licensed facilities are considered small facilities, meaning 20 or fewer beds. This is also an issue for memory care communities, where there may not be a large enough sample of residents to interview. The question was asked if there is a separate interview for facilities that have 20 or fewer residents. LK mentioned the Resident VIEW tool being developed as possible tool in the future, however that tool doesn’t is not being tested in memory care communities, only in RCFs and ALFs. AM mentioned that Ohio and Minnesota conduct yearly report cards for residents who live in long-term care settings. Need to have a thoughtful discussion about what the Council wants in the future.
- AM mentioned the possibility of having the data sent to NC to review and “clean” or “scrub” the data and enter it into the Portal. He does this for other states (New Jersey

and Massachusetts). AM suggested that this would help keep the data more consistent, and more helpful in how it could be reported. AM mentioned, that DHS staff would likely not be able to assist providers with this metric if they are presented with questions. It was also mentioned that the Portal could be designed to accept data a certain way for facilities to enter the data themselves. The following concerns were expressed by Council members:

- Would DHS need to do a contract with NC for him to clean the data and submit for the facilities? Could be paid out of the Quality Care Fund. Need to investigate if this would be a sole source or a competitive contract which would require an RFP. NC has been publishing articles and is associated with a University and developed CORE Q.
- Question as who would own the data? NC? Provider? DHS?
- MN mentioned that if NC isn't paid in money but paid in data, that could be conflict of interest and would like a statement ensuring that doesn't happen.
- What about confidentiality? It was mentioned that the data would be anonymous, which would maintain confidentiality.
- Moving forward:
 - Three possible models:
 - Facilities enter their own data from a vendor. Would need to ensure that Portal is designed to accept data a certain way.
 - Vendors enter the data.
 - Facilities send data to NC for review and "cleaning", then NC enters data into Portal. Would need a contract for this model.
 - SE would like to have the pros and cons explained for each model.
- Arrange a follow-up call with NC to:
 - Clarify minimal sample sizes. Especially sample sizes for smaller facilities. Are surveys in small facilities counted or suppressed? Is there a separate survey for smaller facilities?
 - Obtain input on how a facility selects a vendor to conduct the survey.
 - SE expressed a concern that meeting with NC and if that would constitute a public meeting, especially if those Council members provide recommendations. FS responded that if there is less than a quorum (meaning 5 members for QMC) then that would not meet the definition of a public meeting.
 - The question arose if there is a statistician that would be willing to discuss these issues with the Council? Could Ozzie, statistician at PSU Institute on Aging, speak with NC. Jeff Luck with OSU may also provide some guidance. AM will follow-up with Jeff Luck that could advise on sample sizes before contacting NC.
 - LB offered to check into contracting, if it should be sole source or competitive.
 - AM mentioned her goal is to have draft of what should be shown to providers by the next meeting.
 - LB suggested that Jack Honey, SOQ Administrator and Michelle Cate, CBC Program Manager be consulted regarding workload on this metric since it will affect CBC staff.

QMC Project Timeline:

AM reviewed the draft QMC Project Timeline with Council Members. A technical guide has been sent to Sara Woodcock and Jonathan for portal design. Highlights include:

- Cognitive interviews will begin November 6. Feedback to Jonathan will be given by November 18.
- Sandbox testing will start December 2 through Dec 31.
- AM & JK will schedule webinar dates, ensuring they aren't in conflict with events planned by OHCA, LA or other critical CBC provider happenings. Webinars will be presented via SKYPE which is limited to 250 phone lines per webinar. Two webinar series are planned for December and a third is planned for January 2020. Webinar information will introduce facilities to the portal, demonstrate portal functionality and include a thorough portal overview. Webinar information will be available on quality metric five for facilities that do not have a third-party vendor.
- AM & JK plan to work with SOQ staff to send out Provider Alerts with updated information every two weeks.
- Facilities will be provided technical assistance on portal registration. Training is planned for SOQ Policy Analysts so they can assist facilities with portal registration.
- LK asked if three documents could be posted on the website:
 - Portal Technical Instructions
 - Provider Instructions
 - Training Tracker (?)
- LK mentioned OHCA has been conducting provider webinars on quality metrics reporting.
- LB asked for thoughts from Council regarding the proposed timeline:
 - PC mentioned that this overlaps with other projects providers may be working on or participating in, such as Live Well. AM said she would talk with Barbara from the Malden Group about this.
 - MH expressed concern that sandbox testing is bumping up against portal training and implementation.
 - SE questioned if four weeks is necessary for sandbox testing and suggested testing could be completed by Dec. 20, 2019.
 - MN offered to assist with training.

Training Tracker – QM #2

AM reviewed the latest version of the Training Tracker with the Council.

- Facility will enter the numbers and the portal will do the calculations.
- A staff person who works for less than a year will not be counted.
- Council members and guests were asked to “play” with the tracker and provide feedback. Feedback can be sent to JK, by October 4, 2019. Council members were encouraged to comment on all aspects of the training tracker including font choices, whether or not the layout or functionality is confusing, how easy the tracker is to use, etc. DHS will not be able to provide technical assistance with the training tracker, therefore critical feedback is essential as soon as it is available.

Public Comment:

- LK asked if drafts of the Provider Technical Guide or Timeline will be posted on the QMC website?
She also mentioned that OHCA has been doing a series of webinars on QMC.
- AM & LB will be doing a session for LeadingAge Oregon.

Next Meeting: October 17, 2019

November Meeting: November 21, 2019

DRAFT