

**Quality Measurement Council
October 17, 2019
Meeting Minutes**

Council Members Attending in Person

Sara Kofman - SK
Mauro Hernandez - MH
Sydney Edlund - SE
Fred Steele - FS
Ann McQueen - AM

Council Members on Phone

Carolyn Mendez-Luck – CM
Maureen Nash - MN
Paula Carder - PC

Staff Attending in Person

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

Guests Attending

Michelle Cate - MC
Ruth Gulyas - RG
Linda Kirshbaum - LK

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.

- **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?”)

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- **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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Announcements:

- Changes to structure of the team – LB will remain the facilitator, but Ann McQueen will be doing much of the writing, interfacing with DHS Support Services, developing webinars etc.
- There was a discussion with Sydney in the past week regarding the need to stay on time, therefore there will be a timekeeper, so we can allow enough time for each topic.
- Next meeting will be Thursday, November 21, 2019 and the December meeting will likely be held on December 12, 2019.
- Reminder to send comments on the training tracker to **AM and LB?**

September 19, 2019 Meeting Minutes:

Minutes were reviewed. One correction to be made on page 4, change to “MH asked why a third-party vendor to clean the data?” With that one correction, minutes were approved.

Overview of Webinars:

- A flyer was sent to Council members for input. This flyer will be sent along with Provider Alerts, explaining the reason for attending the webinars.
- There will be three different webinars offered at three different times. The first two will be held in December and the third will be in January.
 - First webinar will be an introduction to quality metrics;
 - Second webinar will focus on Metric #5
 - Third webinar will demonstrate log-in into and navigation of the portal
 - There will be a recording of each of the three webinars and will be posted on DHS RCF/ALF Quality Metrics webpage.

- LK asked about staffing changes???????

Metric #5 – update

AM provided a summary of the phone conversation with Jeff Luck, Ph.D, which included discussion of response rates and number of responses and the ability of a single response skewing results.

- Response rates – it was recommended that when there is a minimum of 10 response rates per facility per question that the data for those responses not be included in the individual facility report. Standard language would be used to explain why data does not show on facility tab and report. Responses would be used in calculating regional and statewide averages. Another issue for not reporting a low number of responses from individual facilities would be due to maintaining confidentiality of residents, especially if the facility is in a smaller rural community.
- MH expressed concern that there could be a low response rate for 100 bed facility. NC looks for a 30% response rate **based on number of beds??**. AM mentioned that DHS is willing to do what the Council decides based on either response rate or percentage.
- Asked if the report will be broken down by facility? Response – Report will be broken down by facility type and individual facility.
- There needs to be some discussion about surveying people with dementia. There are surveys out there, the National Core Indicators are looking at surveys for people with cognitive impairment. It was noted that standard RCFs & ALFs have a large percentage of residents with cognitive impairment.
- SE suggested a discussion regarding development of a survey tool for people regardless of their cognitive status at a future meeting – in January or February perhaps. SK suggested discussing this with Sam Fazio from the National Alzheimer’s Association regarding survey development.
- It was suggested that a sub-group look at tools for residents with cognitive impairment, AM asked if current members, MN, CM and FS of the sub-group wanted to look at tools.

Data Consultation:

As previously discussed, DHS does not have the staff with the expertise or capacity to perform all duties related to all the QMC data. AM recommended that the Council approve DHS to enter into an inter-governmental agreement or MOU with an existing academic partner to provide on-going consultation, data cleaning and preparation for the report and website.

Representatives from this institution could also be available to keep the Council informed.

Funding would be provided through the Quality Care Fund.

- The question was asked why an academic institution? Response – DHS has an existing relationship with a couple of academic institutions, in which they are familiar with our systems. In addition, we can move more quickly with an MOU vs. a contract.

MOTION – MH moved to accept recommendation. It was seconded and unanimously approved.

Provider Instruction Guide:

- AM mentioned that input is needed on this guide. LK offered to bring a group of providers together for a conference call the week of November 4, to provide input on

the clarity of the instructions. After that the instructions will be used for the cognitive interviews and can be revised if needed before “Sandbox” testing. If more revisions are needed after that, then they will be posted by Christmas. Requested Council members and guests to send track changes by Tuesday, October 22.

Review of Provider Instruction Guide.

- Suggested revisions for intro on each metric-
 - Change “Background and Reason for Measuring” to “Background and Reason for Tracking (insert name of metric)
 - Change “How to Measure” to “What You Need to Do”.
- Metric # 2 – Staff Training
 - Develop a table for the training requirements
 - Define the types of staff
- Metric # 3 – Falls –
- LK asked will the Portal round to the highest or lowest numbers? PSU & OSU reports at decimal point, but it varies nationally. AM will ask portal designer.
 - Page 12 changes to table
 - Revise third row to read “Number of residents who had fall with injury during the past month.
 - Revise fourth row to read “Number of residents who fell with injury more than once during the past monthDelete Tracking Frequency.
- Metric # 4 – Antipsychotic medications
 - Remove reference to NCAL (should be FDA)
 - Revise footnotes
 - CM suggested a flow-chart or graphic
 - LK suggested adding a time to check with facility pharmacist regarding this measurement.
- Metric # 5 – Resident Satisfaction:
 - AM will make revisions on page 18, ensuring there is language regarding 10 or fewer responses.
 - Discussion on providers assisting residents with survey, suggest adding to instructions that the facility should talk with vendor about how to assist residents.
 - Add that survey may be conducted by mail, phone or in person.
 - Suggest adding data collection by vendors to Parking Lot for next March or April
 - Facilities will need to identify the vendors they use.

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.

LB mentioned that most changes made on the Instructions, will be made on Report.