

**DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 54**

RESIDENTIAL CARE AND ASSISTED LIVING FACILITIES

411-054-0005 Definitions

(xxxxxxx)

(xx) “Quality Measurement Program” (program) means a program established in the Department that publishes an annual report July 1st of each year that contains data supplied by each residential care and assisted living facility.

(xx) “Quality Measurement Council” (council) means a group of individuals appointed by the Governor to prescribe how the Quality Measurement Program will be implemented. The council will consist of eight members.

411-054-XXXX Quality Measurement Program and Council

(xxxxxxx)

(1) The purpose of the Quality Measurement Program is to allow the public to compare each residential care and assisted living facility’s performance on each quality metric. This report will be based on metrics defined in ORS XXX.XXX and any other metrics determined by the Quality Measurement Council. The report will be web-based and will be maintained by the department. The first report of this program will be published July 1, 2020. [\(The statutory cite is currently Section 15\(1\)\)](#)

(2) Quality Measurement Council. The Quality Measurement Council is appointed by the Governor, and consists of the following members:

(a) One individual representing the Oregon Patient Safety Commission.

(b) One individual representing residential care facilities or assisted living facilities.

(c) One consumer representative from an Alzheimer advocacy organization.

(d) One licensed health care practitioner with experience in geriatrics.

(e) Two individuals associated with an academic institution who have expertise in research data and analytics and in community-based care and quality reporting.

(f) The Long Term Care Ombudsman or a designee of the Long Term Care Ombudsman.

(g) One individual representing the department.

(3) A staff coordinator will be assigned by the department to staff the council. This person will facilitate meetings, assist with gathering information, assist with drafting the report, and ensure information is posted online. A key assignment for this staff coordinator will be to ensure that annual reports are completed.

(4) The council shall determine the form and manner for facilities to report the metrics for the prior calendar year, excluding resident data that identifies a resident.

(a) In developing quality metrics the council shall consider whether the data that must be reported reflect and promote quality care and whether reporting the data is unnecessarily burdensome on residential care facilities and assisted living facilities.

(b) On or after January 1, 2022, the council may update by rule the quality metrics to be reported by residential care facilities and assisted living facilities under ORS xxx.xxx. [\(See Section 16\(3\)\(a\)\)](#)

(5) Annual facility reports. Each residential care facility and each assisted living facility shall report required metrics to the department, no later than January 31 of each year. The council will determine the substance of the information to provide, and also decide on the uniform system for facilities to use when reporting information.

(a) Each facility shall report the following quality metrics for the prior calendar year:

(A) Retention of direct care staff.

(B) Falls resulting in physical injury.

(C) Use of antipsychotic medication for nonstandard purposes.

(D) Facility compliance with staff training requirements.

(E) Results of an annual resident satisfaction survey conducted by an independent entity,

(F) A quality metric recommended by the council that measures the quality of the resident experience.

(G) Any other metrics determined by the council.

(b) Each facility shall provide the required information in a format determined by the council.

(6) Annual report from the department. The department shall develop an annual report by July 1st based on the information provided by all residential care facilities and assisted living facilities.

(a) The department will make available an annual report to each facility that reports the quality metrics provided by each facility, excluding information that identifies a resident.

(b) The report shall be in a standard format and written in plain language.

(c) The report must include data compilation, illustration and narratives and include the following:

(A) Describe statewide patterns and trends that emerge from the collected data reported by the facilities, and describe compliance data maintained by the department.

(B) Identify facilities that substantially fail to report data as required.

(C) Allow facilities and the public to compare a facility's performance on each quality metric, by demographics, geographic region, facility type and other categories the department believes may be useful to consumers and facilities.

(D) Show trends in performance for each quality metric.

(E) Identify patterns of performance by geographic regions, and other categories the department believes will be useful to consumers.

(F) Identify the number, severity and scope of regulatory violations by each geographic region.

(G) Show average timelines for surveys and for investigations of abuse or regulatory noncompliance.

(a) Quality metric data reported to the department under this section may not be used against the facility, as required under ORS xxx.xxx. (See Section 15(7)) This section does not exempt a facility from complying with state law or prohibit the department's use of quality metric data obtained from another source in the normal course of business or compliance activity. (See Section 15(8))

(7) Online Training. The department shall develop online training modules for facilities and the public.

(a) These training modules will address the top two statewide issues identified by surveys or reviews of facilities during the previous year.

(b) The Department will post and regularly update the data used to prepare the report.