OREGON DEPARTMENT OF Human Services

2026 Quality Measurement Program

Data collection and reporting for Oregon residential care and assisted living facilities

David Berger, Quality Measurement Program Coordinator

Quality Measurement

What to do and when

Reporting year 2026
Data entry period: Jan. 1 through Jan. 31, 2027

What facilities must do

All assisted living and residential care facilities must report quality data each year.

Required under:

ORS 443.447

OAR 411-054-0320(5)

Applies to:

- Assisted living facilities
- Residential care facilities

Reporting timeline

Tracking period

Jan. 1 through Dec. 31, 2026

Data entry period

Jan. 1 through Jan. 31, 2027

Deadline

Jan. 31, 2027, at 11:59 p.m.

Key documents to consult for 2026 QMP reporting

Find these under QUICK LINKS at the program website.

How data is submitted

Submit data using the online reporting link.

- The link will be shared:
  Provider Alert in Dec. 2026
  QMP webpage

Use the data worksheet before opening the survey.

Best practice:
Enter all metrics in one sitting.

When data is missing

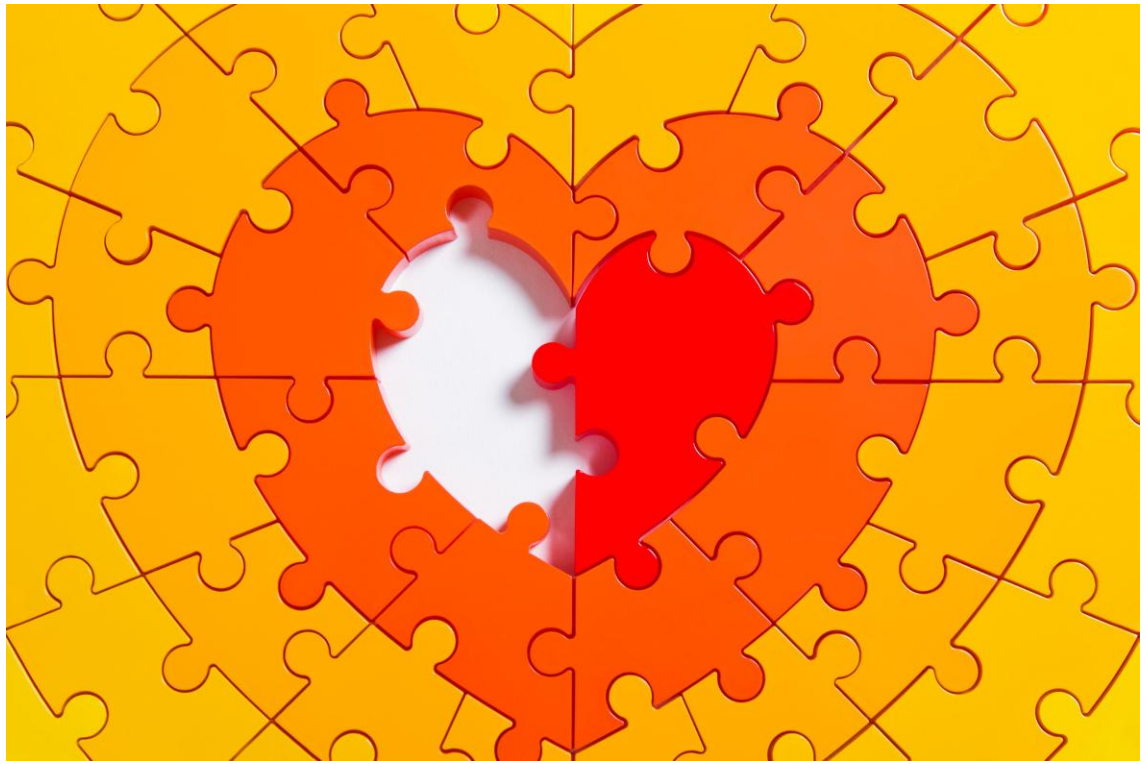
Only report data you have.

If data is unavailable:

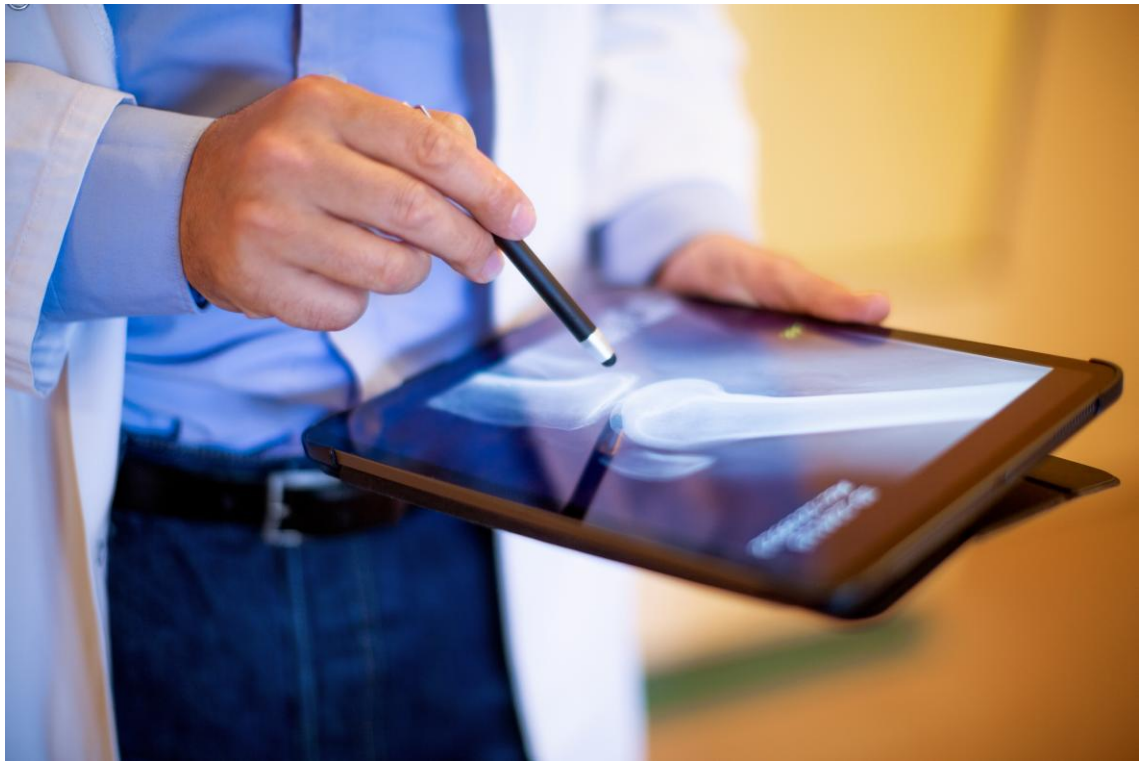
- skip the metric
- do not enter zero as a placeholder

Report all other metrics.

Missing data is preferable to inaccurate data.



Important reminder



Quality Measurement Program data:

- Is required by rule
- But not used for licensing citations

Facilities that do not report are identified as nonreporting in the annual report

Key rule: data follows the license

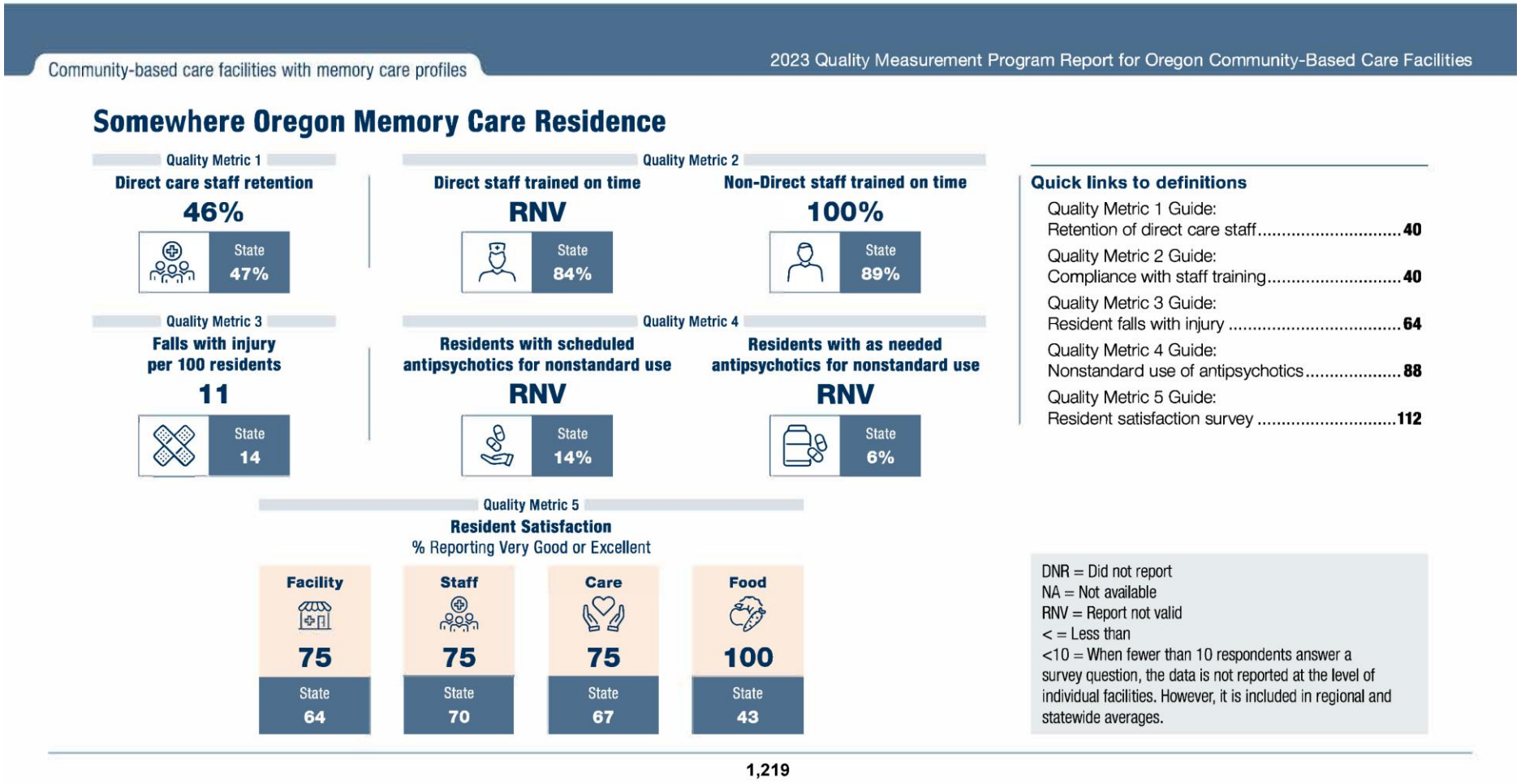
Always report by license

- Not by campus
- Not by company

If staff work under more than one license:

- Track and report separately for each license
- Report resident survey results separately for each license

The facility report card in the annual quality measurement report



Community-based care facilities with memory care profiles

2023 Quality Measurement Program Report for Oregon Community-Based Care Facilities

Somewhere Oregon Memory Care Residence

Quality Metric 1

Direct care staff retention

46%

State 47%

Quality Metric 2

Direct staff trained on time

RNV

State 84%

Non-Direct staff trained on time

100%

State 89%

Quality Metric 3

Falls with injury per 100 residents

11

State 14

Quality Metric 4

Residents with scheduled antipsychotics for nonstandard use

RNV

State 14%

Residents with as needed antipsychotics for nonstandard use

RNV

State 6%

Quality Metric 5

Resident Satisfaction

% Reporting Very Good or Excellent

Facility	Staff	Care	Food
75	75	75	100
State 64	State 70	State 67	State 43

Quick links to definitions

DNR = Did not report
NA = Not available
RNV = Report not valid
< = Less than
<10 = When fewer than 10 respondents answer a survey question, the data is not reported at the level of individual facilities. However, it is included in regional and statewide averages.

1,219

The metrics

By the number

Overview of metrics

Metric 1
Retention of direct care staff

Metric 2
On-time staff training

Metric 3
Resident falls with injury

Metric 4
Antipsychotic medications prescribed for nonstandard use

Metric 5
Annual satisfaction survey results

Metric 6
Administrator tenure

Metric 1: Retention of direct care staff

What this metric measures:

Stability of the caregiving workforce.

Higher retention supports:

- **continuity of care**
- **stronger relationships**
- **better understanding of resident needs**

Metric 1: Who to include?

Include:
direct care staff employed at the facility

Include:

- Caregivers
- medication aides
- universal workers providing direct care

Exclude:

- Administrators
- dietary staff not providing care
- housekeeping staff not providing care

Metric 1: Calculation

Step 1

Count staff hired on or before Jan. 1, 2026 and employed on Dec. 31, 2026

Step 2

Count total direct care staff employed on Dec. 31, 2026

Step 3

Enter both numbers

Metric 1 example — retention of direct care staff

The scenario

On Dec. 31, 2026, the facility had **20 direct care staff**.

Of the 20 staff employed on Dec. 31:

- **14** were hired on or before Jan. 1, 2026 and remained employed through Dec. 31
- **6** were hired after Jan. 1, 2026

Steps and calulation

Step 1
Count staff hired on or before Jan. 1, 2026 who were still employed on Dec. 31, 2026
14

Step 2
Count total direct care staff employed on Dec. 31, 2026
20

Step 3
Enter both numbers in the reporting system

Retention rate = 70 percent

Metric 2: On-time staff training

Metric 2 measures compliance with required training.

Track for:
all staff employed during 2026

Report separately for:
- direct care staff
- nondirect care staff

Training requirements differ by role.

Use Tables 2–7 in the instructions to identify required trainings.

Cross-check: total direct care staff in Metric 2 must be equal to or greater than Metric 1.

Metric 2: On-time staff training

Track for each staff member:

- hire date
- role classification
- required trainings
- training completion dates

Include staff who leave employment during 2026.

Keep training records for the full year.

Metric 2 example:
Direct care staff training timeline

A direct care staff member is hired Dec. 4, 2025.

Pre-service orientation completed Dec. 6, 2025.

Required 30-day training completed Jan. 3, 2026.

Did this staff member complete required training on time?

Yes.

Required training timelines are based on hire date.

Metric 2 example
Direct vs nondirect care staff

A dietary staff member is hired March 1, 2026.

Required nondirect care training is completed on March 11, before beginning regular duties.

Did this staff member complete required training on time?

Yes.

Training requirements differ by role.

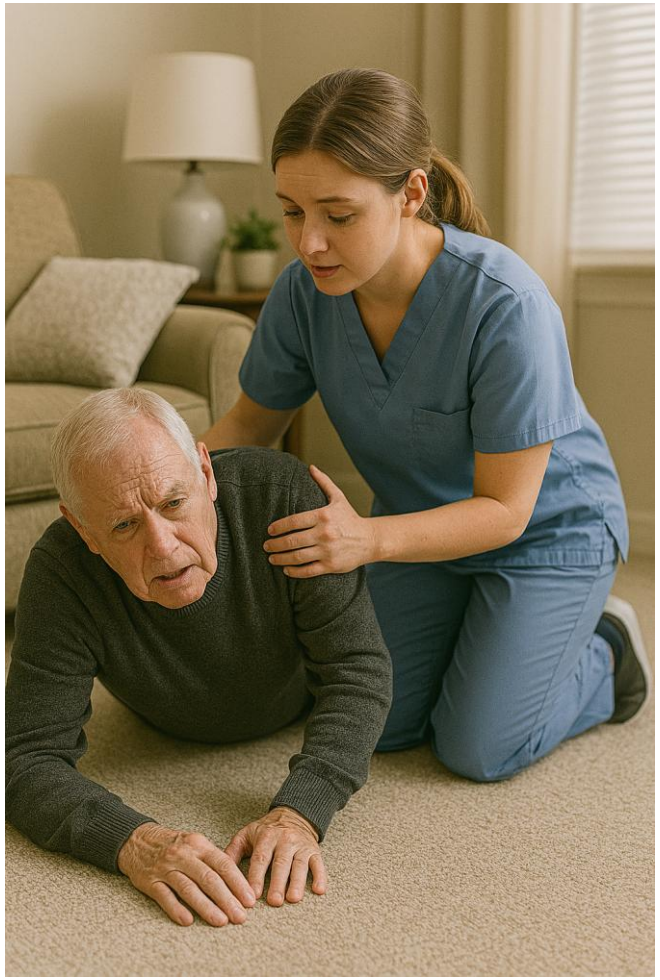
Direct care and nondirect care staff are reported separately.

Metric 3: Falls with injury

Tracking period:
June 1 – Nov. 30, 2026

Report:

- **the total number of residents present at any time during the month**
- **falls with injury**
- **residents who fell once**
- **residents who fell more than once**



2026 METHOD: COUNT EVERY RESIDENT

who lived in the facility at any time during the month.

ALL are counted!

OCTOBER

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	1 New Resident	2	3 New Resident	4
5	6 New Resident	7	8	9	10 Discharged	11
12	13	14 New Resident	15	16	17 Discharged	18
19	20	21 New Resident	22	23 Discharged	24	25
26 New Resident	27	28	29 Discharged	30	31	1

OLD METHOD: OCT. 31 CENSUS ONLY

Counts only residents living here on Oct. 31.

This misses residents who lived here earlier in the month.

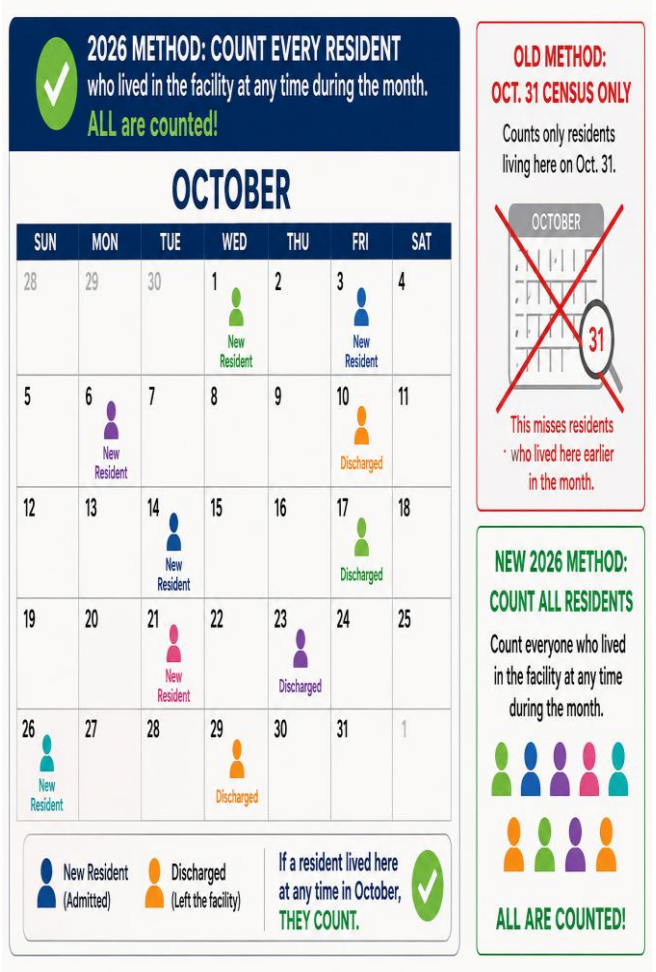
NEW 2026 METHOD: COUNT ALL RESIDENTS

Count everyone who lived in the facility at any time during the month.

Important: Resident count has changed for 2026

Count all residents who lived in the facility at any time during the month.

Do not use the number of residents on the last day of the month.



Monthly reporting process

Report month by month:

June
July
Aug
Sept
Oct
Nov

For each month:

- **select Yes if data is available**
- **select No if data is not available**

Enter counts only when data is available.

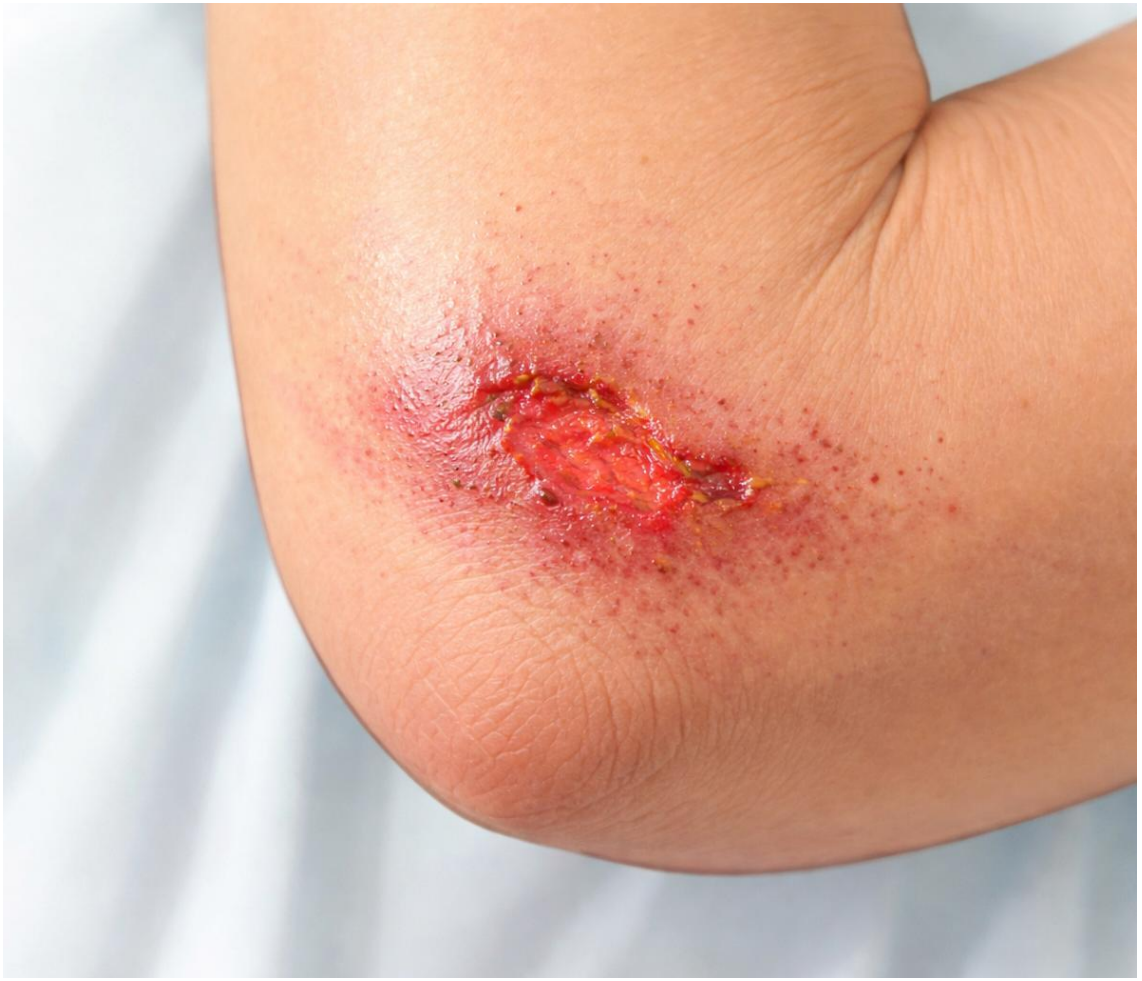
What counts as a fall with injury

A fall with injury may include:

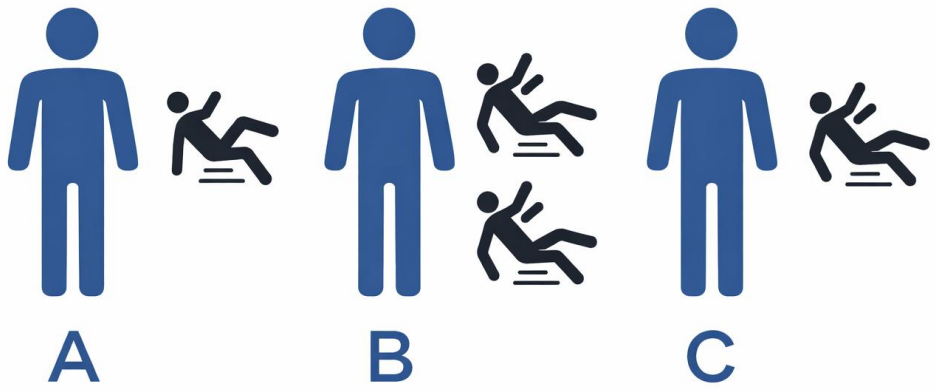
- pain after fall
- Bruise
- Cut
- skin tear
- sprain

or more serious injury such as:

- Fracture
- head injury
- dislocation



Events versus residents



What you are counting

Metric 3 includes two types of counts:

1. Fall events

Total number of falls with injury

2. Residents who experienced falls

Residents who fell once
Residents who fell more than once

Each resident is counted once in the appropriate category.

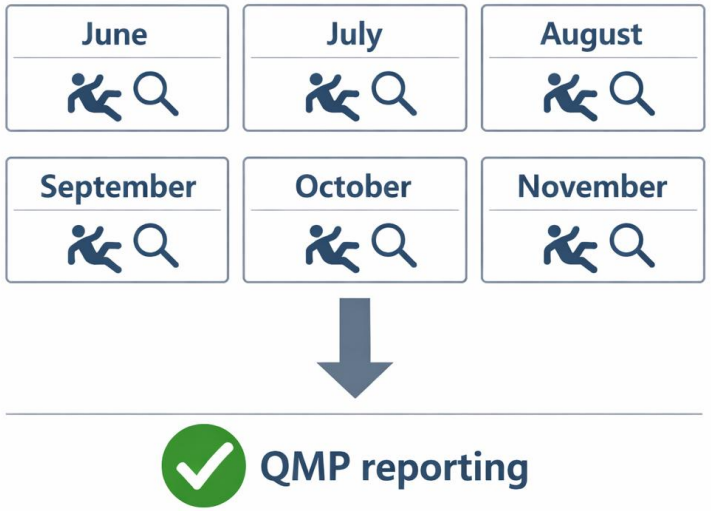
Monthly tracking supports accuracy

Use:

- incident reports
- clinical notes

Track falls close to when they occur.

Monthly tracking improves accuracy.



Metric 3 example

In Oct. 2026:

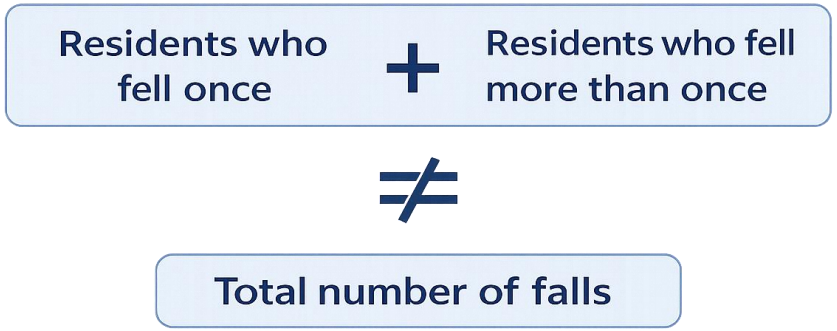
- 30 residents lived in the facility
- 5 falls with injury occurred

During the month:

- 2 residents fell once
- 1 resident fell three times

2 falls plus 3 falls equals 5 falls.
The number of falls is not equal to the number of residents who fell.

Common Metric 3 errors



Common issues:

- confusing falls with residents
- assuming resident counts add up to total fall events
- counting one resident more than once in resident categories
- not checking totals before submitting

Metric 4: Nonstandard use of antipsychotic medications

Counts all residents who lived in the facility at any time during Oct. 2026 and were prescribed a prescription for an antipsychotic medication for nonstandard use.

Nonstandard use means:
The resident does not have a diagnosis listed in the exclusion table that supports standard use of the medication.

Do not separate scheduled and PRN medications.
PRN means as-needed.

What to review

Review Oct. 31, 2026:

resident census

medication list or MAR

resident diagnosis list

Table of antipsychotic medications

Table of exclusionary diagnoses

Oct. 31 census must match Metric 3

October census

2026 METHOD: COUNT EVERY RESIDENT

who lived in the facility at any time during the month.

ALL are counted!

OCTOBER

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	1 New Resident	2	3 New Resident	4
5	6 New Resident	7	8	9	10 Discharged	11
12	13	14 New Resident	15	16	17 Discharged	18
19	20	21 New Resident	22	23 Discharged	24	25
26 New Resident	27	28	29 Discharged	30	31	1

OLD METHOD: OCT. 31 CENSUS ONLY

Counts only residents living here on Oct. 31.

This misses residents who lived here earlier in the month.

NEW 2026 METHOD: COUNT ALL RESIDENTS

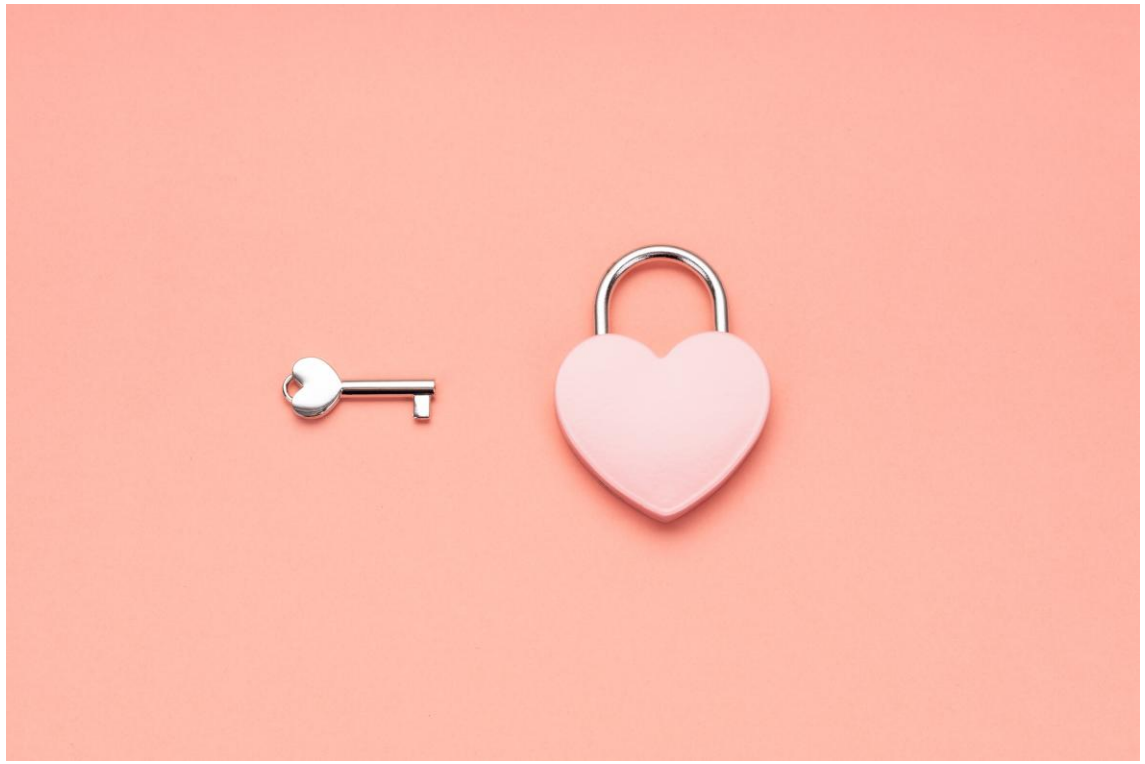
Count everyone who lived in the facility at any time during the month.

Key reminder

Most antipsychotic use is standard use.

Nonstandard use is a smaller subset.

Prescribers order medications.
Facilities administer and monitor.



Metric 5: Satisfaction survey

Standardized CoreQ survey required

Use an approved CoreQ vendor

Memory care endorsed facilities:

resident survey

family survey

Survey must be completed during 2026

Who to include

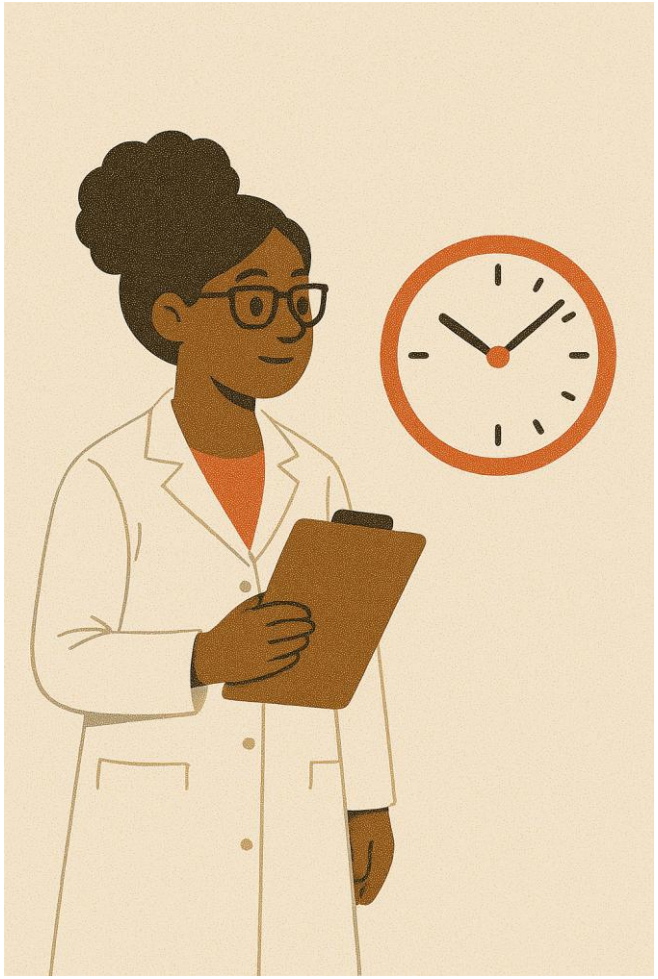
Include:

- all current residents

Exclude residents who:

- cannot complete the survey due to dementia
- are on hospice
- have a court-appointed guardian
- have lived in the facility fewer than 2 weeks

Survey administration rules



Vendor administers survey

Residents must respond independently

Staff may not:

- Assist
- interpret questions
- influence responses
  hear responses

Responses must remain anonymous

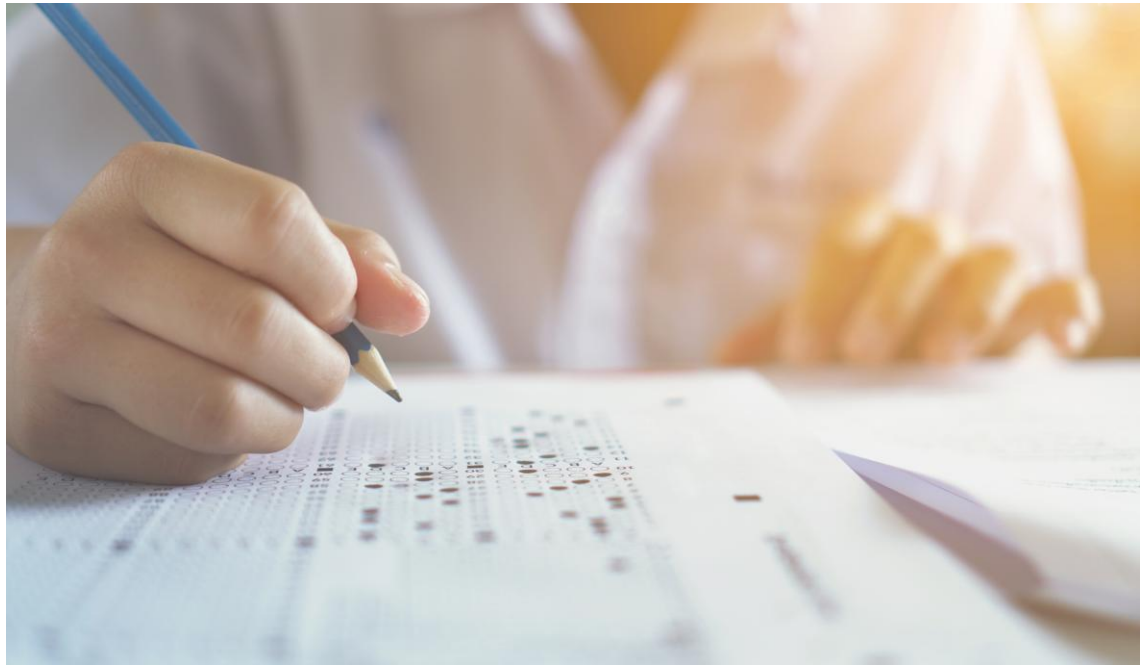
What data to report

Enter results:

number who received survey
number who returned survey
number who completed survey

response counts:
poor
average
good
very good
excellent

vendor name
survey method



CoreQ survey questions

Residents rate:

overall recommendation
staff
care
food

Rating scale:
poor
average
good
very good
excellent

Memory care family survey

Required for memory care endorsed facilities

Survey sent to resident representative

Respond only if they have visited recently enough to provide informed feedback

3 questions:
overall recommendation
staff
care

Same rating scale

Important reminders

Schedule survey early in 2026

Vendors need time to administer surveys

At least 10 responses needed for publication

Fewer than 10 responses:
results not published at facility level
data still must be reported

Metric 6: Administrator tenure

Reports leadership stability

ODHS calculates results using ARS records

Facilities enter: administrator of record on Dec. 31, 2026

Where the data comes from

ODHS uses ARS records to identify:

start dates

end dates

breaks in service 30+ days

Accurate ARS records are essential

What facilities must do

Ensure ARS records are complete and accurate

Enter administrator name as of Dec. 31, 2026

Name must match ARS record

No additional calculations required

How ODHS calculates tenure

ODHS calculates:

unique administrators
number who served during 2026

cumulative tenure
total service time during the reporting period
excludes breaks 30+ days

continuous tenure
uninterrupted service as of Dec. 31, 2026

Examples are provided in the instructions

Final tips

Use the data worksheet.

Track data throughout the year.

Complete each metric in one sitting.

Keep a saved copy.

Questions and discussion

OREGON DEPARTMENT OF
Human Services

Thank you!

David Berger, Program Coordinator
503-983-4372

QualityMeasurementProgram@odhs.oregon.gov

Program website:
https://www.oregon.gov/odhs/licensing/community-based-care/pages/quality-metrics.aspx