Acuity-Based Staffing Tool (ABST)
Frequently Asked Questions (FAQs)

The Department received a variety of questions asking for guidance on how to determine specific staffing requirements based on individual facility Oregon Department of Human Services (ODHS) ABST data. However, the ODHS ABST is not a staffing tool in and of itself. The ODHS ABST provides one data point for facilities to analyze when developing and routinely updating the staffing plan.

The tool does not calculate the number of staff needed per shift. The tool calculates the amount of staff time (minutes) required to provide direct care for each resident, for day, swing, and NOC shifts. In addition, the tool provides the total caregiver time required for all residents within a specific facility section (e.g., floor, unit, distinct area); including summary information for caregiver time for each shift.

Please refer to the *September 2022 ABST Provider Guide* for additional information on acuity-based staffing requirements.

1- **What is the ODHS Acuity-Based Staffing Tool (ABST)?**
The ODHS developed an Acuity-Based Staffing Tool (ABST) as required by House Bill (HB3359, 2017) and amended by Senate Bill (SB714, 2021). SB714 requires all licensed residential care, assisted living facilities and endorsed memory care communities in Oregon to adopt an ABST.

An ABST is used by a facility to assess the acuity of each resident and measures the amount of staff time necessary to perform the Activities of Daily Living (ADLs) within the tool. Facilities will use ABST data as an important data point in determining how many staff to schedule.

2- **Do facilities have to use the ODHS ABST?**
Facilities may choose to use the ODHS ABST or another technology-based acuity-based staffing tool. The ODHS ABST became available online

1/3/2022. All Oregon Community-Based Care (CBC) facilities were required to adopt a technology-based ABST by February 1, 2022.

If your facility decides not to use the ODHS ABST, and chooses a different ABST, you need to ensure the ABST incorporates all the elements listed in OAR 411-054-0037 and outlined in the *September 2022 ABST Provider Guide*.

3-   How do I get access to the ODHS ABST?
If you have already registered to access the Long-term Care (LTC) Facility portal, you can access the ABST application at: https://ltcfacilityportal.oregon.gov/ABST. The LTC Facility portal allows staff from Oregon licensed residential care, assisted living facilities, and endorsed memory care communities to access either the Quality Metrics Application (QMA) or the ODHS ABST.

Note: The facility administrator of record is the only individual who may request access to the facility ABST database for themselves or other staff.

The **facility administrator of record** must send requests by email to: QualityMetrics.acuity@odhsoha.oregon.gov . Please include the following information in the email:

- Employee name

- Employee email

- Facility Name(s)

- Authorization for access to a facility(s) database.
  Additional information is outlined in the September 2022 ABST Provider Guide.

4-   What if I don't find my facility listed in the ODHS ABST?
If your facility does not automatically appear in the "Your Facilities" section, you can add your facility:
Select the "My Account" blue hyperlinked text, then select "Facilities" at the bottom of the menu list on the left of the screen. If the facility profile information does not automatically populate, send an email to: QualityMetrics.Acuity@odhsoha.oregon.gov and administrative

support staff will create a facility profile. Detailed instructions on adding a facility are available in the ABST Provider Guide.

Note: Establishing a facility profile requires additional time; typically, an additional 24 to 48 hours before the account will be available for facility access.

5- How do I add a resident to my facility?
   - In the top right corner of the "Residents" section located under the "Graphical Summary" select the blue "Add Resident" button.
   - Enter the resident's full name, last name first (e.g., Smith, John) in the top field titled "ResidentName/Identifier."
   - Select the appropriate section in the "Facility Section" drop down menu.
   - Select the blue "Save" button in the top right corner of the window
   - The resident should now appear in the "Residents"section.

6- What is the "*Additional Time*" data entry meant for and how do I use it?
The *Additional Time* data entry option allows you to capture and document circumstances where more than average time or more than one staff person are required to assist a resident with ADLs.

7- When should I use the ABST for a new resident?
The ABST should be used for new residents before move-in. The timeline for using and updating the ABST is described in OAR 411-054-0037(3): Facilities must review the ABST tool for each resident:
   (a) Before a resident moves in, with amendments as appropriate within the first 30 days to address a resident's needs.
   (b) Whenever there is a significant change of condition as defined in OAR 411-054-0005.
   (c) No less than quarterly, preferably at the same time the resident's service plan is updated, as required by OAR 411-054-0034.

8- How do I edit a resident's record?
To modify the ODHS ABST data for a resident, search and select the resident's record. (**Note:** If you have many residents entered, instead of scrolling through the list you can search for a specific resident by typing their name into the search bar above the resident profile list and selecting the blue "Search" button to the right of the search bar.)

Proceed to edit an ADL by selecting the ADL, updating the information, and selecting the blue "Save and Close" button. You can also delete a resident profile by selecting the blue "Delete" button. Detailed instructions for editing resident records are available in the ABST Provider Guide.

9- How often should I update a resident record?

Effective July 1, 2022, an ABST assessment must be completed for each resident. Facilities will need to review and potentially edit the ABST tool for each resident:

- Whenever there is a significant change of condition as defined in OAR 411-054-0005.
- No less than quarterly, preferably at the same time the resident's service plan is updated, as required by OAR 411-054-0034.

10- Is the ODHS ABST used for direct care staff only?

No. The ABST calculation does not differentiate which staff performs a task. For example, if a resident needs 20 minutes for a shower to be performed, it doesn't matter whether the care is provided by a caregiver, a med aid, or an administrator; the time to complete the task would be the same.

11- How do I get assistance when using the ODHS ABST?

Questions regarding instructions for registering, accessing, or using the ODHS ABST application should be directed to: QualityMetrics.Acuity@odhsoha.oregon.gov

12- If my facility uses a different ABST, do I have to send the data to the ODHS ABST tool or provide the data to state employees?

No, you do not have to transfer your data to the ODHS ABST; however, during a survey or an investigation, you may be asked to describe how your ABST works and provide documentation to staff conducting a survey or an investigation.

13- Can you have more than one staff person request access to the same facility?

Yes, multiple staff from the same facility can access the same facility records.

14- Can I register for more than one facility?

Yes, staff who work at multiple facilities can register to access all of them. Steps on how to gain access to facilities are outlined in the September *2022 ABST Provider Guide*.

15-   Can more than one person work in the tool at the same time?
Yes, multiple staff can access and use the ODHS ABST at the same time, working with, reviewing, or revising data entry. The system will save all changes made by the multiple users. Users can not be in the same resident profile making changes at the same time, these changes will not be saved.

16-   When we create a new facility section, can we name it anything we want?
Yes, you can name a facility section (e.g., floor, unit, distinct area) anything that makes sense regarding your facility.

17-   Is it okay if we use room numbers or medical record numbers instead of the resident's name?
Yes, you can designate unique identifiers for a resident, instead of using a resident's name. If using an identifier, other than the resident's name, make sure the identifier is easy to search for, and doesn't create complications when a resident changes rooms. We recommend identifying residents by first and last name. The ABST should reflect what is on the resident's service plan, (e.g., resident name.)

18-   What happens when a resident moves from one facility section to another?
When a resident moves from one section of your facility to a different section, locate the resident's record in the ODHS ABST, and select the blue "Edit" button located on the top right side of the screen. The next screen is the "Edit Resident" screen that includes data entry fields for the resident Name/Identifier and a "Facility Section". At the right side of the facility section screen, select the up/down arrows and then select the section where you want to move the resident record. Select the "Save" button.

19-   Can I delete a facility from my account?
You are not able to delete a facility from your account. To remove a facility from your account, please email:
QualityMetrics.Acuity@odhsoha.oregon.gov

22-   Will the information from the ABST be available to the public? Such as through the ODHS Long Term Care Complaint website?
No, ABST information will not be available to the public. However, facility sanction information, related to ABST findings, (i.e., license conditions, civil penalties, etc.) will be available to the public on the LTC website.

23-   If a facility chose to adopt an acuity-based staffing tool other than the

ODHS ABST, does it need to include all components of the ODHS ABST, or can we choose what to include?

Yes, at a minimum the acuity-based staffing tool must include the staff time required to meet all 22 Activities of Daily Living (ADLs), as outlined in OAR 411-054-0037(5) and the *September 2022 ABST Provider Guide*.

24- **Are there opportunities for facilities to discuss their ABST templates to obtain feedback on how to improve or proceed with the staffing summary results?**

Yes, please email requests to QualityMetrics.Acuity@odhsoha.oregon.gov.

25- **Does an acuity-based staffing tool need to reflect time for each separate day of the week, or can we average the time?**

Time for caregiving tasks should not be averaged. ABST staffing tool information should accurately reflect the amount of time needed to meet individual resident's daily scheduled and unscheduled needs.

26- **When ABST data is updated, how soon should staffing schedules be updated to reflect what is reported in the tool?**

The facility is always responsible for assuring there are sufficient staff to meet the scheduled and unscheduled needs of the residents. It is best practice to factor in additional staffing to absorb both changes to resident acuity and unscheduled needs.

Data should be updated as soon as practical and applied to staffing schedules. At a minimum, it is required that both the service plan and ABST data be updated quarterly **and** whenever there is a significant change of resident condition as defined in OAR 411-054-0005.

27- **Are we required to submit documentation regarding how we arrived at our numbers? Does there have to be a documented evaluation for each ADL?**

Providers do not need to submit documentation on their numbers within an ABST. However, during survey, complaint, and APS investigations, ODHS will be looking specifically at the ADL information for any residents named in a complaint allegation or included in a survey sample. The ADL information is considered part of a resident's evaluation, along with service planning documentation and other related records.

28- **During survey, will we need to provide documentation showing how we arrived at the minutes needed for each of the 22 ADLs? Should there be a documented evaluation for each ADL?**
ODHS staff will be looking at the tool itself and ADL information for any resident named in a complaint allegation or included in a survey sample. The ADL information is considered part of a resident's evaluation, along with service planning documentation and other related records. Survey investigation includes interviewing; facilities should be prepared to answer questions on how the minutes are identified through service planning, observations of residents, interviewing caregiving staff, etc.

29- **Like most community-based care, our management team wears a lot of hats, including helping caregivers when they need it. Do we need to account for that somewhere if managers are helping to fill needed hours?**
When considering and entering caregiver staff time in an acuity-based staffing tool, you need to consider the amount of staff time required to provide for residents scheduled and unscheduled needs for each of the 22 ADLs, regardless of who the staff are providing individual resident care.

30- **When caregiver time per shift indicated by the ODHS ABST (on any ABST), exceeds what the facility can provide, what is the expectation of the facility; should we consider discharging the resident?**
The expectation is the facility provide adequate staffing for the scheduled and unscheduled needs of residents.

31- **How should we account for the time needed for a task if it's performed on a as needed basis in addition to scheduled time? For example, bathing/showering. Resident scheduled for showers twice weekly, however, may need a shower on unscheduled days due to incontinence?**
Facilities should estimate an average amount of time needed for unscheduled, as need staff assistance. The time should be adjusted over a period, until an estimated average time reflects the staffing needs as closely as possible

32- **How do we capture "line of sight" time in memory care on a resident?**
An ABST does not capture line of site specifically. Instead, use the ABST output value as a starting place for a rough estimate of the number of staff needed. However, if a resident requires one-on-one staff oversight due to safety, the time needs to be reflected in the ABST.

33- **Our facility has a specific needs contract with the state that specifies exactly how many staff we are required to have. Do we still need to do this?**
Yes, facilities are required to maintain acuity-based staffing records per [OAR 411-054-0030](). A specific needs contract specifies minimum staffing requirements for residents on that contract. The contract should be taken into consideration along with items listed in the *September 2022 ABST Provider Guide*, Facility Staffing Analysis section, when developing a staffing plan.

34- **During survey will the state use the ODHS ABST to review required caregiver time for scheduled and unscheduled resident needs?**
Surveyors will review facility information pertaining to ABST staff time, regardless of what tool (database) are utilized.

35- **How do you print ODHS ABST reports?**
ODHS web developers have developed a data export enhancement to the ODHS ABST. This will allow users to export data from the ODHS ABST via Microsoft Excel. Exported data will provide the option to print data. The export data feature will be available in September 2022. Another option to print reports would be to capture a screen print of the data report and print the image to review on paper.