



2024 QUALITY MEASUREMENT PROGRAM DATA COLLECTION TOOL

Slide shots and Instructions

This document is a slide-by-slide guide to entering your 2024 Quality
Measurement Program Data

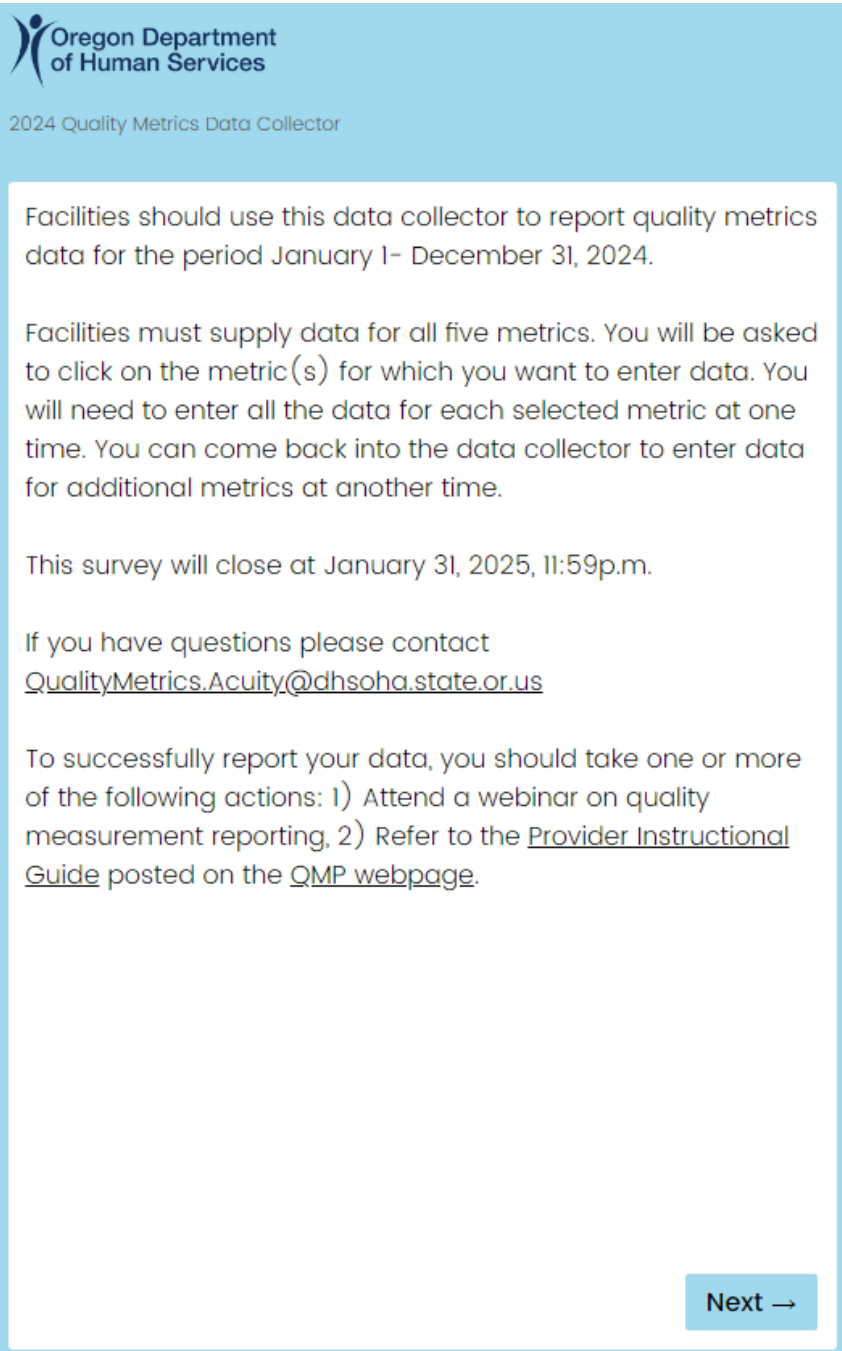
Questions?
qualitymetrics.acuity@odhsoha.oregon.gov

Instructions for Completing 2024 Quality Measurement Program Data Entry

About: This guide provides instructions on how to enter data using a Qualtrics data collection link to report 2024 Quality Measurement Program data. You must also refer to the *2024 Quality Measurement Program Provider Instructional Guide* available on the QMP Program website.

1. The Qualtrics data collection link for 2024 data will be published by Provider Alert on January 1, 2025, and remain open through January 31, 2025.
2. You may use Qualtrics link multiple times to enter data. Each time you use the link, you will need to select the metrics you want to enter that session. You could enter the metrics one at a time, or in separate sessions.
3. The data collection tool will not keep track of which metrics you've already entered. **You should maintain your own record of what data you've recorded.**
4. Using the slider to enter data: Place your cursor on the circle. Move the cursor into place, even if you are selecting a zero value.

2024 Quality Measurement Program Qualtrics Data Collection Slideshots



The screenshot shows a presentation slide with a light blue header. The header contains the Oregon Department of Human Services logo and the text "2024 Quality Metrics Data Collector". The main content area is white with a light blue border and contains the following text:

Facilities should use this data collector to report quality metrics data for the period January 1- December 31, 2024.

Facilities must supply data for all five metrics. You will be asked to click on the metric(s) for which you want to enter data. You will need to enter all the data for each selected metric at one time. You can come back into the data collector to enter data for additional metrics at another time.

This survey will close at January 31, 2025, 11:59p.m.

If you have questions please contact QualityMetrics.Acuity@dhsosha.state.or.us

To successfully report your data, you should take one or more of the following actions: 1) Attend a webinar on quality measurement reporting, 2) Refer to the [Provider Instructional Guide](#) posted on the [QMP webpage](#).

At the bottom right of the slide is a blue button with the text "Next →".

This is the title slide of the Qualtrics survey link.

I affirm that I've attended a webinar and/or have referred to the Provider Instructional Guide prior to entering data.

Yes

No (Please review the [Provider Instructional Guide](#) before entering data)

← Back

Next →

You must provide an answer to this question. You will be allowed to proceed even if you answer no. It is important for accurate data entry that users refer to the *2024 Provider Instructional Guide* and attend an instructional webinar.

Instructions and guidance are presented in [blue text](#).

To proceed through the data collector click on the "Next->" button in the lower right-hand corner of each screen. You may have to scroll to see the whole screen depending on your monitor resolution.

← Back

Next →

Use the next or back buttons to navigate within the survey tool.

Please use the drop-down fields to select the name of your facility.

Please choose the **first letter**
in the name of your facility.

Please choose your facility
name.

← Back

Next →

To select your facility: First, choose the first letter of your facility. Then, choose your facility from the list. If you cannot find your facility in the list, please write to QualityMetrics.Acuity@dhsosha.state.or.us for assistance.

In the previous question the facility you chose was **MISKATONIC ELDER ONES CARE**

If this is the correct facility click the "Next->" button.

If this is incorrect click the "<-Back" button.

← Back

Next →

This slide asks you to confirm you've selected the correct facility from the list on the previous slide.

Which metrics do you want to enter data for now? You can use the link again to enter further data.

Click on the metric(s) for which you want to enter data

All Metrics

Quality Metric 1: Retention of Direct Care Staff

Quality Metric 2: Compliance with Staff Training Requirements

Quality Metric 3: Resident Falls with Injury

Quality Metric 4: Anti-psychotic Medications Prescribed for Non-standard Use

Quality Metric 5: Results of Annual Satisfaction Survey

Next →

Check the box next to the metric(s) you want to enter this session. We recommend selecting **All Metrics** and entering data in one session.

You may enter metrics in multiple data entry sessions.

Keep your own record of what you've entered each data entry session; the system does not report previous entries back when you log in again.

Which metrics do you want to enter data for now? You can use the link again to enter further data.

Click on the metric(s) for which you want to enter data

All Metrics

Quality Metric 1: Retention of Direct Care Staff

Quality Metric 2: Compliance with Staff Training Requirements

Quality Metric 3: Resident Falls with Injury

Quality Metric 4: Anti-psychotic Medications Prescribed for Non-standard Use

Quality Metric 5: Results of Annual Satisfaction Survey

Next →

This user has selected **All Metrics** and will enter all data in one session.

Which metrics do you want to enter data for now? You can use the link again to enter further data.

Click on the metric(s) for which you want to enter data

All Metrics

Quality Metric 1: Retention of Direct Care Staff

Quality Metric 2: Compliance with Staff Training Requirements

Quality Metric 3: Resident Falls with Injury

Quality Metric 4: Anti-psychotic Medications Prescribed for Non-standard Use

Quality Metric 5: Results of Annual Satisfaction Survey

Next →

This user has selected **metrics 1, 3, and 4**. They will need to reenter the link and complete metrics 2 and 5. Remember to record the data you've entered because the system will not show previous entries when you reenter the survey link.

Quality Metric 1: Retention of Direct Care Staff

(Grab the slider and pull to the number you're selecting. When you click on the circle, the number selected will display.)

Number of Direct Care Staff
0 20 40 60 80 100 120 140 160 180 200

1a. As of December 31st, 2024 enter the total number of direct care staff who have been employed by the facility for a year or longer

10



1b. Total number of direct care staff employed on December 31, 2024

21



← Back

Next →

This slide records retention of direct care staff. 1a must be less than or equal to 1b.

Quality Metric 2: Compliance with Staff Training Requirements

(Grab the slider and pull to the number you're selecting. When you click on the circle, the number selected will display.)

0 20 40 60 80 100 120 140 160 180 200
Total Number Staff

2a. Total number of direct care staff employed at any time during 2024?



2b. Of these, how many completed their training on time, given their length of employment in 2024?



← Back

Next →

This slide records training compliance for all **direct** care staff who worked at the facility at any time during 2024. 2b must be less than or equal to 2a.

Quality Metric 2: Compliance with Staff Training Requirements

(Grab the slider and pull to the number you're selecting. When you click on the circle, the number selected will display.)

0 20 40 60 80 100 120 140 160 180 200
Total Number Staff

2c. Total number of non-direct care staff employed at any time during 2024?

13



2d. Of these, how many completed their training on time, given their length of employment?

11



← Back

Next →

This slide records training compliance for all **nondirect** care staff who worked at the facility at any time during 2024. 2c must be less than or equal to 2d.

Metric three collects data on resident falls with injury. Facilities were asked to track fall data for six months, June through November. Next, you'll see one slide for each month June through November. You must enter falls data for each month separately.

[← Back](#)[Next →](#)

Metric three introduction.

You must enter falls data for six months, June through November 2024. Please select the month(s) you would like to enter at this time.

(You may log in again later to enter additional data.)

All Months

June 2024

July 2024

August 2024

September 2024

October 2024

November 2024

← Back

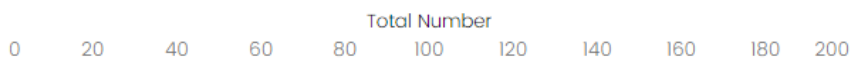
Next →

Check the box next to the months(s) you want to enter this session. We recommend selecting **All Metrics** and entering data in one session. You may enter metrics in multiple sessions and check the box next to select months. **You must keep your own record of data you've entered each session;** the system does not report this back when you log in again.

Quality Metric 3: Resident Falls with Injury

Questions refer to calendar **June 2024**.

(Grab the slider and pull to the number you're selecting. When you click on the circle, the number selected will display.)



3a. Total Number of Residents on 6/30/2024

43



3b. Total Number of Falls with Injury for Residents at Facility during the month of June

6



3c. Number of Residents Who Fell Once with Injury during the month of June

2



3d. Number of Residents Who Fell More Than Once with Injury during the month of June

2



← Back

Next →

This slide records the number of resident falls with injury for June. There are separate slides for each month June through November.

3c plus 3d must be less than or equal to 3a.

Quality Metric 4: Antipsychotic Medications Prescribed for Non-standard Use

Please report the...

(Grab the slider and pull to the number you're selecting. When you click on the circle, the number selected will display.)

0 20 40 60 80 100 120 140 160 180 200

4a. The number of residents on the 10/31/24 census

31



4b. The number of residents with a prescription for an antipsychotic medication

7



4c. The number of residents with conditions on the exclusions list

5



4d. Residents with scheduled anti-psychotics for a nonstandard use

1



4e. Residents with PRN antipsychotics for a nonstandard use

2



← Back

Next →

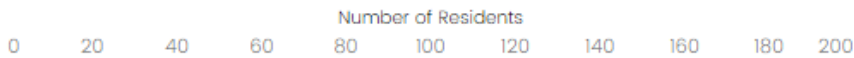
This slide records the number of scheduled and as needed prescriptions for nonstandard use of antipsychotics.

4b minus 4c must be less than or equal to 4d plus 4e.

Metric five is data from the annual resident satisfaction survey conducted by an approved CoreQ vendor one time between January 1, 2024 and December 31, 2024. There are six slides for this metric. The first slide asks questions about how many residents received, returned and completed the survey. The second asks for information about the CoreQ vendor and delivery method. Slides three through six collect the count of resident responses to each question.

Quality Metric 5: Results of Annual Satisfaction Survey

(Grab the slider and pull to the number you're selecting. When you click on the circle, the number selected will display.)



5a. Number of residents who **received** the survey.



5b. The number residents who answered at least one question



5c. The number of residents who completed all questions.



← Back

Next →

This slide records how residents participated in the survey.

5b must be less than or equal to 5a **and** 5c must be less than or equal to 5b.

Please provide the name of the third-party vendor you used to conduct your survey?

Survey Pros

How did your vendor administer your survey to residents?

(Check all that apply)

In Writing

By Telephone

In Person

By Computer

← Back

Next →

This slide records the name of the CoreQ Customer Satisfaction vendor that ran the survey. It also records the method(s) used to provide the survey.

Quality Metric 5: Results of Annual Satisfaction Survey

In recommending this facility to friends and family, how would you rate it overall?

(You previously answered that 20 surveys were returned. Your total number of responses cannot exceed 20. Please do not enter percentages)

# of Excellent Responses out of 20	<input type="text" value="5"/>
# of Very Good Responses out of 20	<input type="text" value="4"/>
# of Good Responses out of 20	<input type="text" value="4"/>
# of Average Responses out of 20	<input type="text" value="6"/>
# of Poor Responses out of 20	<input type="text" value="1"/>
Total	<input type="text" value="20"/>

[← Back](#)[Next →](#)

Your CoreQ vendor will provide the count (not percentage) of resident responses to each question. You will record the data in this tool.

Question 5b is the total number of returned surveys. For each survey question, the total number of responses must be less than or equal to 5b. In this example, 5b was 20.

Quality Metric 5: Results of Annual Satisfaction Survey

Overall, how would you rate the staff?

(You previously answered that 20 surveys were returned. Your total number of responses cannot exceed 20. Please do not enter percentages)

# of Excellent Responses out of 20	<input type="text" value="4"/>
# of Very Good Responses out of 20	<input type="text" value="5"/>
# of Good Responses out of 20	<input type="text" value="7"/>
# of Average Responses out of 20	<input type="text" value="4"/>
# of Poor Responses out of 20	<input type="text" value="0"/>
Total	<input type="text" value="20"/>

← Back

Next →

The total to all questions must be less than or equal to what was reported on 5b. In this example, 5b was 20.

Quality Metric 5: Results of Annual Satisfaction Survey

How would you rate the care you receive?

(You previously answered that 20 surveys were returned. Your total number of responses cannot exceed 20. Please do not enter percentages)

# of Excellent Responses out of 20	<input type="text" value="3"/>
# of Very Good Responses out of 20	<input type="text" value="3"/>
# of Good Responses out of 20	<input type="text" value="5"/>
# of Average Responses out of 20	<input type="text" value="6"/>
# of Poor Responses out of 20	<input type="text" value="2"/>
Total	<input type="text" value="19"/>

[← Back](#)[Next →](#)

The total to all questions must be less than or equal to what was reported on 5b. In this example, 5b was 20.

Quality Metric 5: Results of Annual Satisfaction Survey

Overall, how would you rate the food?

(You previously answered that 20 surveys were returned. Your total number of responses cannot exceed 20. Please do not enter percentages)

# of Excellent Responses out of 20	3
# of Very Good Responses out of 20	2
# of Good Responses out of 20	3
# of Average Responses out of 20	8
# of Poor Responses out of 20	1
Total	17

[← Back](#)[Next →](#)

The total to all questions must be less than or equal to what was reported on 5b. In this example, 5b was 20.

Please enter your contact information below for any follow-up questions.

Name

Position

Email

[← Back](#)[Next →](#)

You will be asked for contact information at the close of each data entry session. This allows the program to follow up with the staff providing the data, if needed. **This is the last slide that allows you to use the back button.**

Thank you for the time you spent entering your 2024 Quality Metrics Data!

Reminders:

- If you entered data for all five metrics, your 2024 reporting is complete.
- If you only entered data for some metrics, please complete data entry for all five metrics by 11:59 on January 31, 2025.
- **Keep track of which metrics you've entered;** the system won't show you which metrics were previously submitted.
- The Quality Measurement Program will use the most recent data submission for each metric. For example, if you entered data for a metric multiple times, the most recent data entry is the one that will be published.
- **Have questions?** Send them to QualityMetrics.Acuity@dhsosha.state.or.us

-[Click Here](#) to return to the survey and complete additional metrics as needed.

This is the final slide for a data entry session. This slide is confirmation that the data previously entered has been successfully saved in the system. Maintain your own record of the data you've entered; the system won't show you which metrics were previously submitted.