2025 QUALITY MEASUREMENT PROGRAM DATA COLLECTION TOOL

Slide shots and Instructions

This document is a slide-by-slide guide to entering your 2025 Quality Measurement Program Data

OREGON DEPARTMENT OF
Human Services

Instructions for Completing 2025 Quality Measurement Program Data Entry

About: This guide provides instructions on how to enter data using a Qualtrics data collection link to report 2025 Quality Measurement Program data. You must also refer to the **2025 Quality Measurement Program Provider Instructional Guide** available on the QMP Program website.

QMP data entry instructions

Facilities should use this data collector to report quality metrics data for the period **January 1- December 31, 2025**.

- Facilities should supply data for all six metrics. However, if data is missing within a metric, do not enter that metric.

- When you begin the survey, you will see seven options: "All metrics" or one option for each of the six metrics. It is strongly recommended that you select "All metrics" and enter data for all six metrics in one sitting. If you choose to enter data for a single metric, you will need to restart the survey and complete a separate entry for each remaining metric.

- You will be asked to click on the metric or metrics you want to enter.

- Enter all the data for each selected metric in one sitting. You can return later to complete other metrics, but not to finish partial ones.

- If you enter data in more than one session, keep track of which metrics you have entered. The system will not show which ones were previously submitted.

Prepare before you begin

- Watch the QMP webinar and review the 2025 Provider Instructional Guide posted on the QMP webpage.

- You **must** refer to the Provider Guide Table 13 and Table 14 to accurately complete Metric 4.

- Print and complete the [QMP Data Worksheet](#) with all your information before opening the survey. The worksheet helps reduce errors and allows you to finish all metrics in one sitting.

Entering your data

- Enter accurate numbers. If the correct number is zero, enter "0" and confirm when asked.

- Do not enter zeros as placeholders for missing data. If data is missing, you may not submit that metric.

- Use the quality checks in the Data Worksheet

- Some answers are checked across metrics. For example:

- If you update staff counts in Metric 1, you must also update them in Metric 2.

- If you change October resident counts in Metric 3, you must also update them in Metric 4.

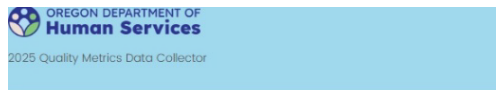- If you update a metric, re-enter all questions in that metric.

Deadline
This survey will close on **January 31, 2026, at 11:59 p.m.**

Help
For questions, contact **QualityMetrics.Acuity@dhsoha.state.or.us**

2025 Quality Measurement Program Qualtrics Data Collection Screenshots

OREGON DEPARTMENT OF
Human Services
2025 Quality Metrics Data Collector

Using this data collector

QMP data entry instructions
Facilities should use this data collector to report quality metrics data for the period **January 1– December 31, 2025**.

- Facilities should supply data for all six metrics. However, if data is missing within a metric, do not enter that metric.
- When you begin the survey, you will see seven options: "All metrics" or one option for each of the six metrics. It is strongly recommended that you select "All metrics" and enter data for all six metrics in one sitting. If you choose to enter data for a single metric, you will need to restart the survey and complete a separate entry for each remaining metric.
- You will be asked to click on the metric or metrics you want to enter.
- Enter all the data for each selected metric in one sitting. You can return later to complete other metrics, but not to finish partial ones.
- If you enter data in more than one session, keep track of which metrics you have entered. The system will not show which ones were previously submitted.

Prepare before you begin

- Watch the QMP webinar and review the 2025 Provider Instructional Guide posted on the QMP webpage.
  - You **must** refer to the Provider Guide Table 13 and Table 14 to accurately complete Metric 4.
- Print and complete the QMP Data Worksheet with all your information before opening the survey. The worksheet helps reduce errors and allows you to finish all metrics in one sitting.

Entering your data

- Enter accurate numbers. If the correct number is zero, enter "0" and confirm when asked.
- Do not enter zeros as placeholders for missing data. If data is missing, you may not submit that metric.
  - Use the quality checks in the Data Worksheet
- Some answers are checked across metrics. For example:
  - If you update staff counts in Metric 1, you must also update them in Metric 2.
  - If you change October resident counts in Metric 3, you must also update them in Metric 4.
- If you update a metric, re-enter all questions in that metric.

Deadline
This survey will close on **January 31, 2026, at 11:59 p.m.**

Help
For questions, contact
QualityMetrics.Acuity@dhsoha.state.or.us

Next →

This is the first screen you will see when opening the survey link. The instructions on this screen are provided above. In the survey link, you may have to scroll down to see the entire screen.

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Human Services

2025 Quality Metrics Data Collector

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 **2025 Provider Instructional Guide** and attend an instructional webinar.

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2025 Quality Metrics Data Collector

Instructions and guidance

- Instructions and guidance appear in blue text.

- Click Next → in the lower right corner of each screen to move through the data collector.

- Depending on your monitor resolution, you may need to scroll to see the full screen.

← Back

Next →

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

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2025 Quality Metrics Data Collector

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

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

M

Please choose your facility **name**.

MISKATONIC EDLER ONES CARE

← 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@dhsoha.state.or.us for assistance.

In the previous question the facility you chose was MISKATONIC EDLER 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.

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2025 Quality Metrics Data Collector

Entering your data

Print and complete the 2025 Data Worksheet before opening the survey. This will be your record of the data.

- Enter all six metrics at once from the worksheet to help maintain accuracy.

When ready, select one of the following:

- **All metrics** — recommended for entering all data at once.
- **Single metric** — requires re-entering the survey for each metric.

○ 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

○ Quality Metric 6: Administrator Tenure

Next →

Entering your data

Print and complete the 2025 Data Worksheet before opening the survey. This will be your record of the data.

- Enter all six metrics at once from the worksheet to help maintain accuracy.

When ready, select one of the following:

- **All metrics** — recommended for entering all data at once.
- **Single metric** — requires re-entering the survey for each metric.

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2025 Quality Metrics Data Collector

Entering your data

Print and complete the 2025 Data Worksheet before opening the survey. This will be your record of the data.

- Enter all six metrics at once from the worksheet to help maintain accuracy.

When ready, select one of the following:

- **All metrics** — recommended for entering all data at once.
- **Single metric** — requires re-entering the survey for each metric.

◉ 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

○ Quality Metric 6: Administrator Tenure

Next →

Use the Data Worksheet to prepare all your data before entering the link. This user has selected **All Metrics** and will enter all data in one session.

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2025 Quality Metrics Data Collector

Entering your data

Print and complete the 2025 Data Worksheet before opening the survey. This will be your record of the data.

- Enter all six metrics at once from the worksheet to help maintain accuracy.

When ready, select one of the following:

- **All metrics** — recommended for entering all data at once.
- **Single metric** — requires re-entering the survey for each metric.

○ 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

○ Quality Metric 5B: Results of Annual Family Satisfaction Survey (Will only show for Memory Care Facilities)

○ Quality Metric 6: Administrator Tenure

Next →

Quality Metric 5B: Results of Annual Family Satisfaction survey will only show for memory care facilities.

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2025 Quality Metrics Data Collector

Entering your data

Print and complete the 2025 Data Worksheet before opening the survey. This will be your record of the data.

- Enter all six metrics at once from the worksheet to help maintain accuracy.

When ready, select one of the following:

- **All metrics** — recommended for entering all data at once.
- **Single metric** — requires re-entering the survey for each metric.

○ 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

○ Quality Metric 6: Administrator Tenure

Next →

This user has selected **Metric 1** and will need to reenter the link five more times to complete each of the six metrics separately. 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 | 25 | 50 | 75 | 100 | 125 | 150 | 175 | 200 | 225 | 250 |

1a. Total number of direct care staff employed on December 31, 2025

25

O

1b. As of December 31st, 2025 enter the total number of direct care staff who have been employed by the facility for a year or longer

13

O

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This slide records retention of direct care staff. **1a must be greater 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.)

Total Number Staff

| 0 | 25 | 50 | 75 | 100 | 125 | 150 | 175 | 200 | 225 | 250 |

2a. Total number of **direct care** staff employed at any time during 2025?

30

O

2b. Of these, how many completed their training on time, given their length of employment in 2025?

26

O

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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. 2a should be greater 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.)

Total Number Staff

| 0 | 25 | 50 | 75 | 100 | 125 | 150 | 175 | 200 | 225 | 250 |

2c. Total number of **non-direct care** staff employed at any time during 2025?

12

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

7

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This slide records training compliance for all **nondirect** care staff who worked at the facility at any time during 2024. **2d must be less than or equal to 2c. Reminder: "Universal workers" are counted as direct care staff.**

Metric 3: Resident falls with injury

Facilities must track falls with injury for six months (June through November). Follow these steps when entering data in the survey:

1. **Confirm data availability**

   - For each month June through November, the survey will ask if you have data.
   - If no data is available for a month, the survey automatically moves to the next month.

2. **Enter only existing data**

   - Do not enter zeros for months with no data.
   - Enter falls data separately for each month you have data.

3. **Re-entry requirement**

   - If data for any month is missing and you plan to add it later, you will need to re-enter all data for all months in a new session.

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Entering Metric 3 data

Report falls with injury for each month June–November.

- Only enter months where data exists—leave blank months with no data.

- The survey skips automatically if no data is available.

- If you return later to add missing months, you must to re-enter all six months.

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2025 Quality Metrics Data Collector

Do you have falls data for **October 2025**?

◉ Yes

○ No, this data is missing

← Back

Next →

You'll be asked if you have falls with injury data for each of the six months, June through October. If you answer **yes**, you will move to the data collection screen. If you answer **no**, you will advance to the next month.

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2025 Quality Metrics Data Collector

Quality Metric 3: Resident Falls with Injury

Questions refer to calendar **October 2025**.

Number of residents on Oct. 31 provided for metric 3a should match the answer for Metric 4a.

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

Total Number

| 0 | 20 | 40 | 60 | 80 | 100 | 120 | 140 | 160 | 180 | 200 |

3a. Total **Number of Residents** on 10/31/2025

17

○————————————————————

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

3

○————————————————————

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

2

○————————————————————

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

2

○————————————————————

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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.

For October, 3a should equal 4a.

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2025 Quality Metrics Data Collector

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

Completing metric 4
  • Refer to **Table 13** on page 31 and **Table 14** on pages 32–34 in the **Provider Instructions** to complete Metric 4.

4a should match exactly the number of residents on Oct. 31 provided for metric 3
(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 10/31/25 census
17
O

4b. The number of residents with a prescription for an antipsychotic medication
6
O

4c. The number of residents taking an antipsychotic medication with a condition on the exclusions list
5
O

4d. Residents with scheduled anti-psychotics for a nonstandard use
5
O

4e. Residents with PRN antipsychotics for a nonstandard use
0
O

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

- **4d should be less than or equal to 4e; and,**
- **4d should be less than or equal to 4f**
- **4e plus 4f should be at least equal to 4d but could be as large as 2 times 4d.** This is because the same resident could have a scheduled and as needed antipsychotic for a nonstandard use.
- **4a should equal 3a October.**

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Metric 5: Resident satisfaction survey

Metric 5 uses data from the annual resident satisfaction survey done by an approved CoreQ vendor between January 1 and December 31, 2025.

The survey section has seven slides:

- **Slide 1** asks if your facility conducted the resident satisfaction survey. If the survey was not conducted, the survey automatically moves to the family satisfaction survey.

- **Slide 2** asks how many residents received, returned and completed the survey.

- **Slide 3** asks for information about the CoreQ vendor and the delivery method.

- **Slides 4–7** collect the number of resident responses to each question.

← Back   Next →

Report results from your 2025 resident satisfaction survey conducted by an approved CoreQ vendor.

- Begin by confirming whether your facility completed the survey.

- Enter participation counts, vendor details, and delivery method.

- Then record resident responses for each CoreQ question.

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2025 Quality Metrics Data Collector

Did your facility collect **annual resident satisfaction survey** data conducted by an approved CoreQ vendor between January 1st, 2025 and December 31st, 2025?

◉ Yes

○ No

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Report results from your 2025 resident satisfaction survey conducted by an approved CoreQ vendor.

- Begin by confirming whether your facility completed the survey.

- Enter participation counts, vendor details, and delivery method.

- Then record resident responses for each CoreQ question.

- If survey data is not available, answer no, and the survey will advance to the next metric.

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2025 Quality Metrics Data Collector

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.)

Number of Residents

| 0 | 20 | 40 | 60 | 80 | 100 | 120 | 140 | 160 | 180 | 200 |

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

25

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

19

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

11

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Use the sliders to report how many residents:

- **Received** the satisfaction survey
- **Answered** at least one question
- **Completed** all questions

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2025 Quality Metrics Data Collector

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

Survey Pros, Inc.

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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.

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2025 Quality Metrics Data Collector

How did your vendor administer your survey to residents?

(Check all that apply)

☑ In Writing

☐ By Telephone

☐ In Person

☐ By Computer

← Back

Next →

Check the box for the method(s) used to collect the survey. You may select more than one.

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2025 Quality Metrics Data Collector

Quality Metric 5: Results of Annual Satisfaction Survey

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

Your total number of responses:
1. Cannot be **greater than** the number of surveys returned 19.
2. Cannot be **less than** the number of completed surveys 11.

Please do not enter percentages

# of **Excellent** Responses out of **19**	8
# of **Very Good** Responses out of **19**	6
# of **Good** Responses out of **19**	3
# of **Average** Responses out of **19**	2
# of **Poor** Responses out of **19**	0
Total	19

← Back   Next →

Use this screen to enter how residents rated the **facility** when asked if they'd recommend it to family and friends.

- Enter the number of responses for each rating category (Excellent through Poor).

- Your answer cannot be:
    - Greater than the number of surveys returned
    - Less than the number of surveys completed
- Enter whole numbers only, not percentages.

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Human Services

2025 Quality Metrics Data Collector

Quality Metric 5: Results of Annual Satisfaction Survey

Overall, how would you rate the staff?

Your total number of responses:
1. Cannot be **greater than** the number of surveys returned 19.
2. Cannot be **less than** the number of completed surveys 11.

Please do not enter percentages

# of **Excellent** Responses out of **19**	7
# of **Very Good** Responses out of **19**	5
# of **Good** Responses out of **19**	4
# of **Average** Responses out of **19**	2
# of **Poor** Responses out of **19**	0
Total	18

← Back   Next →

Use this screen to enter how residents rated the **staff**

- Enter the number of responses for each rating category (Excellent through Poor).

- Your answer cannot be:
  - Greater than the number of surveys returned
  - Less than the number of surveys completed
- Enter whole numbers only, not percentages.

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2025 Quality Metrics Data Collector

Quality Metric 5: Results of Annual Satisfaction Survey

How would you rate the care you receive?

Your total number of responses:
1. Cannot be **greater than** the number of surveys returned 19.
2. Cannot be **less than** the number of completed surveys 11.

Please do not enter percentages

# of **Excellent** Responses out of **19**	6
# of **Very Good** Responses out of **19**	6
# of **Good** Responses out of **19**	4
# of **Average** Responses out of **19**	2
# of **Poor** Responses out of **19**	0
Total	18

← Back   Next →

Use this screen to enter how residents rated the **care** they receive.

- Enter the number of responses for each rating category (Excellent through Poor).

- Your answer cannot be:
    o Greater than the number of surveys returned
    o Less than the number of surveys completed
- Enter whole numbers only, not percentages.

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2025 Quality Metrics Data Collector

Quality Metric 5: Results of Annual Satisfaction Survey

Overall, how would you rate the food?

Your total number of responses:
1. Cannot be **greater than** the number of surveys returned 19.
2. Cannot be **less than** the number of completed surveys 11.

Please do not enter percentages

# of **Excellent** Responses out of **19**	5
# of **Very Good** Responses out of **19**	3
# of **Good** Responses out of **19**	3
# of **Average** Responses out of **19**	3
# of **Poor** Responses out of **19**	1
Total	15

← Back   Next →

Use this screen to enter how residents rated the **food** .

- Enter the number of responses for each rating category (Excellent through Poor).

- Your answer cannot be:
  - Greater than the number of surveys returned
  - Less than the number of surveys completed
- Enter whole numbers only, not percentages.

Metric 5B: Family satisfaction survey

Metric 5 uses data from the annual family satisfaction survey done by an approved CoreQ vendor between January 1 and December 31, 2025.

The survey section has seven slides:

- **Slide 1** asks if your facility conducted the family satisfaction survey. If the survey was not conducted, the survey automatically moves to the family satisfaction survey.

- **Slide 2** asks how many family received, returned and completed the survey.

- **Slide 3** asks for information about the CoreQ vendor and the delivery method.

- **Slides 4–6** collect the number of family responses to each question.

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This screen will only appear for memory care facilities. Report results from your 2025 **family** satisfaction survey conducted by an approved CoreQ vendor.

- Begin by confirming whether your facility completed the survey.

- Enter participation counts, vendor details, and delivery method.

- Then record resident responses for each CoreQ question.

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2025 Quality Metrics Data Collector

Did your facility collect **annual family satisfaction survey** data conducted by an approved CoreQ vendor between January 1st, 2025 and December 31st, 2025?

- ◉ Yes

- ○ No

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Report results from your 2025 family satisfaction survey conducted by an approved CoreQ vendor.

- Begin by confirming whether your facility completed the survey.

- Enter participation counts, vendor details, and delivery method.

- Then record resident responses for each CoreQ question.

- If survey data is not available, answer no, and the survey will advance to the next metric.

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Quality Metric 5: Results of Annual Family Satisfaction Survey

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

Number of Residents

| 0 | 20 | 40 | 60 | 80 | 100 | 120 | 140 | 160 | 180 | 200 |

5Ba. Number of family members who **received** the survey.

20

○————————————————

5Bb. The number family members who answered at least one question

15

○————————————————

5Bc. The number of family members who completed all questions.

13

○————————————————

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Use the sliders to report how many families:

- **Received** the satisfaction survey

- **Answered** at least one question

- **Completed** all questions

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2025 Quality Metrics Data Collector

How did your vendor administer your survey to family members?

(Check all that apply)

- ☑ In Writing
- ☐ By Telephone
- ☐ In Person
- ☐ By Computer

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Check the box for the method(s) used to collect the survey. You may select more than one.

Quality Metric 5B: Results of Annual Satisfaction Survey

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

Your total number of responses:
1. Cannot be **greater than** the number of surveys returned 15.
2. Cannot be **less than** the number of completed surveys 13.

Please do not enter percentages

# of **Excellent** Responses out of **15**	6
# of **Very Good** Responses out of **15**	5
# of **Good** Responses out of **15**	2
# of **Average** Responses out of **15**	2
# of **Poor** Responses out of **15**	0
Total	15

← Back   Next →

Use this screen to enter how families rated the **facility** when asked if they'd recommend it to family and friends.

- Enter the number of responses for each rating category (Excellent through Poor).

- Your answer cannot be:
  - Greater than the number of surveys returned
  - Less than the number of surveys completed
- Enter whole numbers only, not percentages.

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2025 Quality Metrics Data Collector

Quality Metric 5B: Results of Annual Satisfaction Survey

Overall, how would you rate the staff?

Your total number of responses:
1. Cannot be **greater than** the number of surveys returned 15.
2. Cannot be **less than** the number of completed surveys 13.

Please do not enter percentages

# of **Excellent** Responses out of **15**	5
# of **Very Good** Responses out of **15**	4
# of **Good** Responses out of **15**	3
# of **Average** Responses out of **15**	1
# of **Poor** Responses out of **15**	0
Total	13

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Use this screen to enter how families rated the **staff**

- Enter the number of responses for each rating category (Excellent through Poor).

- Your answer cannot be:
  - Greater than the number of surveys returned
  - Less than the number of surveys completed
- Enter whole numbers only, not percentages.

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2025 Quality Metrics Data Collector

Quality Metric 5B: Results of Annual Satisfaction Survey

How would you rate the care you receive?

Your total number of responses:
1. Cannot be **greater than** the number of surveys returned 15.
2. Cannot be **less than** the number of completed surveys 13.

Please do not enter percentages

# of **Excellent** Responses out of **15**	4
# of **Very Good** Responses out of **15**	5
# of **Good** Responses out of **15**	3
# of **Average** Responses out of **15**	1
# of **Poor** Responses out of **15**	0
Total	13

← Back   Next →

Use this screen to enter how families rated the **care** they receive.

- Enter the number of responses for each rating category (Excellent through Poor).

- Your answer cannot be:
  - Greater than the number of surveys returned
  - Less than the number of surveys completed
- Enter whole numbers only, not percentages.

Quality Metric 6: Administrator Tenure

Instruction:

• Enter the name of the facility's administrator of record as of **December 31, 2025**. This is the person officially designated and responsible for facility operations on that date.

• The administrator of record is designated through the submission and approval of Form **SDS 0566, Administrator Reference Summary**.

• Send Form SDS 0566 to the department by email or fax when a new administrator is hired.

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This is the only information needed for metric 6.

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2025 Quality Metrics Data Collector

This is the last slide where the next/back buttons will appear. Hitting next will submit your data and you will not be able to access the data again. Please assure you have a record of your data. The Data Worksheet is a convenient way to record and save your data."

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

Name   Polly Grip

Position   Administrator

Email   Polly@BingoHeights.com

This is the last slide where the next/back buttons will appear.

← 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.**

OREGON DEPARTMENT OF
Human Services

2025 Quality Metrics Data Collector

Thank you for submitting your 2025 Quality Metrics Data!
To confirm receipt, email **QualityMetrics.Acuity@dhsoha.state.or.us** and request a confirmation.

Reminders:

- If you submitted **all Six metrics**, your 2025 reporting is complete.
- If you still need to report some metrics, please enter the remaining metrics by **11:59 PM on January 31, 2026**.
- Keep track of which metrics you've entered—the system will not display past submissions.
- If you submit data more than once for a metric, the **most recent entry** will be published.
- **Questions?** Contact **QualityMetrics.Acuity@dhsoha.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.