



# 2024 Quality Measurement Data Worksheet

**An optional tool** to record your 2024 Quality Measurement Data before you enter data in the reporting link. It is recommended to maintain your own record of the data you have entered; the Qualtrics survey link won't show you which metrics were previously submitted.

## Quality Metric 1: Retention of Direct Care Staff

<b>1a.</b> 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	
<b>1b.</b> Total number of direct care staff employed on December 31, 2024	

**1a must be less than or equal to 1b.**

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## Quality Metric 2: Compliance with Staff Training Requirements

<b>2a.</b> Total number of direct care staff employed at any time during 2024?	
<b>2b.</b> Of these, how many completed their training on time, given their length of employment in 2024?	

**2b must be less than or equal to 2a.**

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<b>2c.</b> Total number of non-direct care staff employed at any time during 2024?	
<b>2d.</b> Of these, how many completed their training on time, given their length of employment?	

**2c must be less than or equal to 2d.**

### Quality Metric 3: Resident Falls with Injury

Questions refer to calendar **June 2024**.

<b>3a.</b> Total Number of Residents on 6/30/2024	
<b>3b.</b> Total Number of Falls with Injury for Residents at Facility during the month of June	
<b>3c.</b> Number of Residents Who Fell Once with Injury during the month of June	
<b>3d.</b> Number of Residents Who Fell More Than Once with Injury during the month of June	

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

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Questions refer to calendar **July 2024**.

<b>3a.</b> Total Number of Residents on 7/31/2024	
<b>3b.</b> Total Number of Falls with Injury for Residents at Facility during the month of July	
<b>3c.</b> Number of Residents Who Fell Once with Injury during the month of July	
<b>3d.</b> Number of Residents Who Fell More Than Once with Injury during the month of July	

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

Questions refer to calendar **August 2024**.

<b>3a.</b> Total Number of Residents on 8/31/2024	
<b>3b.</b> Total Number of Falls with Injury for Residents at Facility during the month of August	
<b>3c.</b> Number of Residents Who Fell Once with Injury during the month of August ( )	
<b>3d.</b> Number of Residents Who Fell More Than Once with Injury during the month of August	

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

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Questions refer to calendar **September 2024**.

<b>3a.</b> Total Number of Residents on 9/30/2024	
<b>3b.</b> Total Number of Falls with Injury for Residents at Facility during the month of September	
<b>3c.</b> Number of Residents Who Fell Once with Injury during the month of September	
<b>3d.</b> Number of Residents Who Fell More Than Once with Injury during the month of September	

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

Questions refer to calendar **October 2024**.

<b>3a.</b> Total Number of Residents on 10/31/2024	
<b>3b.</b> Total Number of Falls with Injury for Residents at Facility during the month of October	
<b>3c.</b> Number of Residents Who Fell Once with Injury during the month of October	
<b>3d.</b> Number of Residents Who Fell More Than Once with Injury during the month of October	

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

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Questions refer to calendar **November 2024**.

<b>3a.</b> Total Number of Residents on 11/30/2024	
<b>3b.</b> Total Number of Falls with Injury for Residents at Facility during the month of November	
<b>3c.</b> Number of Residents Who Fell Once with Injury during the month of November	
<b>3d.</b> Number of Residents Who Fell More Than Once with Injury during the month of 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...

<b>4a.</b> The number of residents on the 10/31/24 census	
<b>4b.</b> The number of residents with a prescription for an antipsychotic medication	
<b>4c.</b> The number of residents with conditions on the exclusions list	
<b>4d.</b> Residents with scheduled antipsychotics for a nonstandard use	
<b>4e.</b> Residents with PRN antipsychotics for a nonstandard use	

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

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## Quality Metric 5: Results of Annual Satisfaction Survey

<b>5a.</b> Number of residents who <b>received</b> the survey.	
<b>5b.</b> The number residents who answered at least one question	
<b>5c.</b> The number of residents who completed all questions.	

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

\_\_\_\_\_  
(CoreQ Customer Satisfaction Vendor Name)

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How did your vendor administer your survey to residents?  
(Check all that apply)

- In Writing
- By Telephone
- In Person
- By Computer

**In recommending this facility to friends and family, how would you rate it overall?** Your total number of responses cannot exceed [the answer to 5b](#). Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_

# of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_

# of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_

Total : \_\_\_\_\_ (Must be less than or equal to 5b)

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**Overall, how would you rate the staff?** Your total number of responses cannot exceed the answer to 5b. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_

# of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_

# of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_

Total : \_\_\_\_\_ (Must be less than or equal to 5b)

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**How would you rate the care you receive?** Your total number of responses cannot exceed the answer to 5b. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_

# of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_

# of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_

Total : \_\_\_\_\_ (Must be less than or equal to 5b)

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**Overall, how would you rate the food?** Your total number of responses cannot exceed the answer to 5b. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_

# of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_

# of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_

Total : \_\_\_\_\_ (Must be less than or equal to 5b)

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**END**