# Quality Measurement Program Reporting 2024 Data

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# Consult Key Documents to Report 2024 Metrics

1. QMP Provider Instructional Guide
2. Data Collection Instructions and Screenshots
3. **2024 QMP Data Worksheet**
4. Provider Training Handout

All available on the program website

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

# 2024 Quality Metrics Quick Start Steps

1. PRINT the 2024 QMP Data Worksheet
2. COMPLETE the QMP Data Worksheet
3. OPEN the reporting link, available January 1, 2025 in a Provider Alert
4. ENTER the data from the worksheet into the link

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

# 2024 Quality Metrics

**RED highlights a change for 2024**

1. Retention of direct care staff
   - All year
2. Compliance with staff training
   - All staff employed at anytime during 2024
3. Number of falls with injury
   - June through November
4. Prescriptions for antipsychotics for a non-standard use
   - October
5. Results of annual satisfaction survey
   - Once in 2024

# Metric One

## Retention of Direct Care Staff

**Why:** Experienced staff = better resident care

**Measure:** Percentage of direct care staff who have maintained employment with the facility for the duration of the year or longer

**Data to report:**

1. Number of direct care staff who have worked in the facility 12 months or longer
2. Number of current direct care staff on payroll at end of calendar year

**Facilities should track:** Direct care staff hire dates to be able to report this data

# Metric One Retention of Direct Care Staff

$$\textbf{Retention} = \frac{\text{Total number of direct care staff employed by facility for the entire year or longer (Jan. 1, 2024 – Dec. 31, 2024)}}{\text{Total number of direct care staff employed on Dec. 31, 2024}}$$

# Example: Metric One

On Dec. 31, 2024: Facility has **39** direct caregivers.

**25** of the 39 direct caregivers have been continuously employed since at least Jan. 1, 2024.

**The calculation:** 25 divided by 39 is 0.64.

This facility had a **64 percent staff retention rate for 2024.**

**Metric One - Report highlighted numbers.**

# Metric Two

**On-time Staff Training**

**Why:** Trained staff lead to better care and higher job satisfaction

**Measure:** Number of staff employed at anytime in 2024 who completed all required trainings on time given their length of employment.

# Metric Two

## On-time Staff Training

# Data facilities need to track for this measure:

For each staff person employed by the facility during 2024:

- The date hired
- The date they left employment, as applicable
- Whether direct care or non-direct care:
  - Universal workers are direct care staff
  - Activities staff are non-direct care staff
- The date each element of the required trainings for 2024 was completed

**What is your system to track the training of every staff employed by your facility in 2024?**

**If you don't have a system, use the optional 2024 CBC Staff Training Tracker Excel sheet on the QMP website.**

# Metric Two

## On-time Staff Training

**Data to report for direct care (DC) staff:**

- Total number of direct care staff employed at any time during 2024?
- Of these, how many completed their training on time, given their length of employment during 2024?

# Metric Two

## On-time Staff Training

**Data to report for non-direct care (NDC) staff:**

- Total number of nondirect care staff employed at any time during 2024?
- Of these, how many completed their training on time, given their length of employment during 2024?

# Metric Two

## On-time Staff Training

## What Facilities Need to do:

- Count the total number of staff employed at any time during 2024.
- Separate the counts into direct care staff and nondirect care staff.
- For each group, count the number of staff who completed all required training, based on their role (direct care staff and nondirect care ) and length of employment.
- Note that staff are only responsible for training that was due before they left employment.

# Metric Two Compliance with Staff Training

**When:** Tracking Jan. 1, 2024 – Dec. 31, 2024

$$\textbf{Training Compliance} = \frac{\text{Total number of staff employed at any time during 2024 who have completed } \textbf{all} \text{ required training modules by the required dates, given length of employment}}{\text{Total number of staff employed at any time during 2024}}$$

# Example: Metric Two

In 2024, the facility had a total of 95 staff members, including both direct and nondirect care staff. Of these, 85 of them completed their training on time.

This means 90 percent of the staff received their required training on time, calculated as 85 divided by 95.

# Example: Metric Two

A direct caregiver was hired on Dec. 4, 2024 and completed their preservice orientation requirements on Dec. 6, 2024. As of Dec. 31, 2024, they have not yet completed the training due within 30-days of hire. Did they meet the training requirements by Dec. 31, 2024, given their length of employment?

- **Yes**. They were hired on Dec. 4, 2024, and completed preservice orientation on Dec. 6, 2024. Required 30-day training is not due until Jan. 3, 2025.

# Example: Metric Two

A direct caregiver was hired on Oct. 2, 2024 and completed their preservice orientation requirements on Oct. 6, 2024. They finished their required 30-day training for direct care staff on Nov. 3, 2024.

Did they complete their required training on time, given their length of employment?

- **No.** They completed the 30-day training  three days late on Nov. 3, 2024,  which was 33 days after date of hire.

# Example: Metric Two

A direct caregiver was hired on Dec. 12, 2022 and completed their annual in-service training by Dec. 9, 2024.

Did this caregiver complete their required annual in-service training on time, given their length of employment?

- **Yes.** They completed their required annual in-service training before their Dec. 12 hire anniversary.

# Example: Metric Two

A direct caregiver was hired on Nov. 13, 2022, and completed training required within 30 days of hire Dec. 29, 2022, which was18 days late. **As a result, they were out of compliance for 2022 reporting.**

In 2024, this caregiver completed their annual in-service training by Nov. 12, 2024.

Did this caregiver complete their required annual in-service training on time, given their length of employment?

- **Yes.** They completed the required annual in-service training before their anniversary date. **The deficiency from 2022 does not carry forward.**

# Metric Three

## Number of Resident Falls That Result in Injury

**Why:** Learning about fall causes will help identify methods to prevent future falls

**Measure:** Number of resident falls that resulted in injury each month, June – November

**Data to report:**

1. Number of residents living in the facility
2. Number of falls with injury
3. Number of residents who fell with injury
4. Number of residents who fell more than once with injury

# Metric Three: Example

| | |
|---|---|
| Number of residents living in facility June 30, 2024 | 40 |
| Total falls with injury in June 2024 | 5 |
| Number of residents who fell with injury in June 2024 | 3 |
| Number of residents who fell more than once with injury during June 2024 | 1 |

**Metric Three - Report highlighted numbers for each month, June - November 2024.**

# Metric Four

## Antipsychotic Medications Prescribed for Non-standard Use

**Why:** Promote resident-centered evaluation when prescribing antipsychotic medications and explore concerns about perceived misuse

**Measure:** Prescriptions for scheduled and PRN antipsychotics for nonstandard use

**Data to report:**

In October 2024, how many residents had:

1. A prescription for a regularly scheduled antipsychotic for a non-standard use?
2. A prescription for as needed antipsychotics for a non-standard use?

Doctors often prescribe medications for their standard uses because there is evidence to support their effectiveness and safety for those specific conditions.

Therefore, a **standard use of a medication** refers to using a medication to treat a symptom or disease for which there is evidence.

A **nonstandard use** of a medication is every other use. Nonstandard uses are not FDA approved and are not evidence based.

Examples of nonstandard use include giving an antipsychotic to try to address wandering, cause sedation, or to attempt fall prevention.

Metric four is a measure of nonstandard uses of antipsychotics.

**This measure is not defining standard or nonstandard as all correct or incorrect.**

# Metric Four

## Antipsychotic Medications Prescribed for Non-standard Use

## Best practices:

- Make sure you have a reason that every medication is prescribed from the provider. This is what allows you to service plan for the resident.
- Assure that the person-centered service plan contains behavioral interventions and/or environmental modifications, in addition to psychotropic medications, when they are prescribed.
- Closely monitor the status of residents and report any changes from their usual status to the resident's health care provider.

# Metric Four

**Antipsychotic Medications Prescribed for Non-standard Use**

## Best practices

- When an antipsychotic is prescribed, ask the provider:
  - What are the side effects?
  - How will we know it's working?
  - If there is a new as needed (PRN) medication, is there a reason? If not, contact the prescriber.

# Metric Four

## Antipsychotic Medications Prescribed for Non-standard Use

**Process:**

1. Count the residents on the census Oct. 31, 2024.
2. Count the residents who have a prescription for an **Antipsychotic Medication** (Table A in the *Provider Guide*).
3. Remove the residents with conditions on the **Exclusions List** (Table B in the *Provider Guide*).
4. Count the residents with a scheduled antipsychotic for a non-standard use.
5. Count the residents with a as needed antipsychotic for a non-standard use.

# Metric Four: Table

| Data Field | Data Reported |
|---|---|
| Residents on the Oct. 31, 2024 census | 52 |
| Residents receiving antipsychotics in October | 34 |
| Residents on the exclusion list | 3 |
| Residents with antipsychotics for non-standard use | 31 |
| Residents with scheduled antipsychotics for nonstandard use | 19 |
| Residents with as needed antipsychotics for nonstandard use | 12 |

**Metric Four - Report highlighted numbers for October 2024.**

# Metric Five

## Resident Experience & Satisfaction

**Why:** Hearing directly from residents provides direct feedback to improve services. An annual resident satisfaction survey is conducted by an independent entity once during 2024

**Measure:** Resident satisfaction with facility care, services, staff and meals

**Data to report:**

1. Count of resident responses
2. Participation rates

# Know Before You Survey

- Facilities must use a customer satisfaction vendor through CoreQ.org
- All the data facilities enter, both the participation data and response data, will come from the CoreQ vendor.
- **New for 2025:** Memory care endorsed facilities will also provide the family survey.

# Metric Five

**Resident Experience & Satisfaction**

## CoreQ Required Questions:

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. Overall, how would you rate the food?

**Questions are answered using this scale:**

Poor (1), Average (2), Good (3), Very Good (4), Excellent (5)

# Metric Five

**Resident Experience & Satisfaction**

## Facilities will also report:

1. The number of residents who **received** the survey
2. The number of residents who **returned** the survey
3. The number of residents who **completed** the survey
4. The name of the CoreQ customer satisfaction **vendor** the facility used
5. The **method** for survey administration, i.e., in writing, by phone, in person, online.

# Residents who should not be given the customer satisfaction survey

- BIMS score of seven or lower or MMSE score of 12 or lower
  - **If BIMS/MMSE is unknown, provide the survey anyway.** It is assumed that residents with cognitive impairment will not complete the survey.
- Have a court-appointed guardian
- On hospice
- Have been in the facility less than two weeks

# Metric Five:

## Report the count of responses

| | Poor | Average | Good | Very good | Excellent |
|---|---|---|---|---|---|
| In recommending this facility to friends and family, how would you rate it overall? | 6 | 6 | 1 | 15 | 2 |
| Overall, how would you rate the staff? | 5 | 7 | 3 | 4 | 12 |
| How would you rate the care you receive? | 2 | 6 | 7 | 13 | 0 |
| Overall, how would you rate the food? | 3 | 5 | 15 | 1 | 1 |

**Metric Five - Report highlighted numbers.**

# Metric Five: Table Example, cont.

| | |
|---|---|
| The number of residents who received the survey | 40 |
| The number of residents who returned the survey | 30 |
| The number of residents who completed the survey | 20 |
| The name of the CoreQ customer satisfaction vendor the facility used | Assisted Living Analytics |
| The method for survey administration, i.e., in writing, by phone, in person, online. | Writing |

**Metric Five - Report highlighted numbers and answers.**

# QMP Pro Tips

1. Quality metrics data corresponds to the facility license. If a facility has two licenses on one campus, there will be two sets of quality metrics data reported.

2. The resident satisfaction survey is meant to be **anonymous** for residents. Ensure your process allows residents to complete and return their survey with a reassurance their answers are anonymous.

3. Resident survey answers are reported by **a count of responses, not percentages** of responses.

# QMP Pro Tips

4. Reporting is required even when a change of ownership or management takes place.

5. Provider Alerts, Provider Alerts, Provider Alerts!

6. Keep your Policy Analyst current on your administrator's email address.

# Data Collection for 2024

1. Submit data by January 31, 2025 to comply with the law.

2. Data collected through survey link that will be shared through a Provider Alert.

4. The 2024 survey uses Qualtrics software, same as in 2022 and 2023.

5. The *2024 Provider Guide* is available on the program website.


# Reporting Window and Deadline

- The Qualtrics data collection link will open January 1, 2025
- The link will be shared in a Provider Alert
- Enter facility data by 11:59 pm on January 31, 2025

# Questions?

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