2023 QUALITY MEASUREMENT PROGRAM DATA COLLECTION TOOL

Screenshots and Instructions

This document is a screen-by-screen guide to entering your 2023 Quality Measurement Program Data
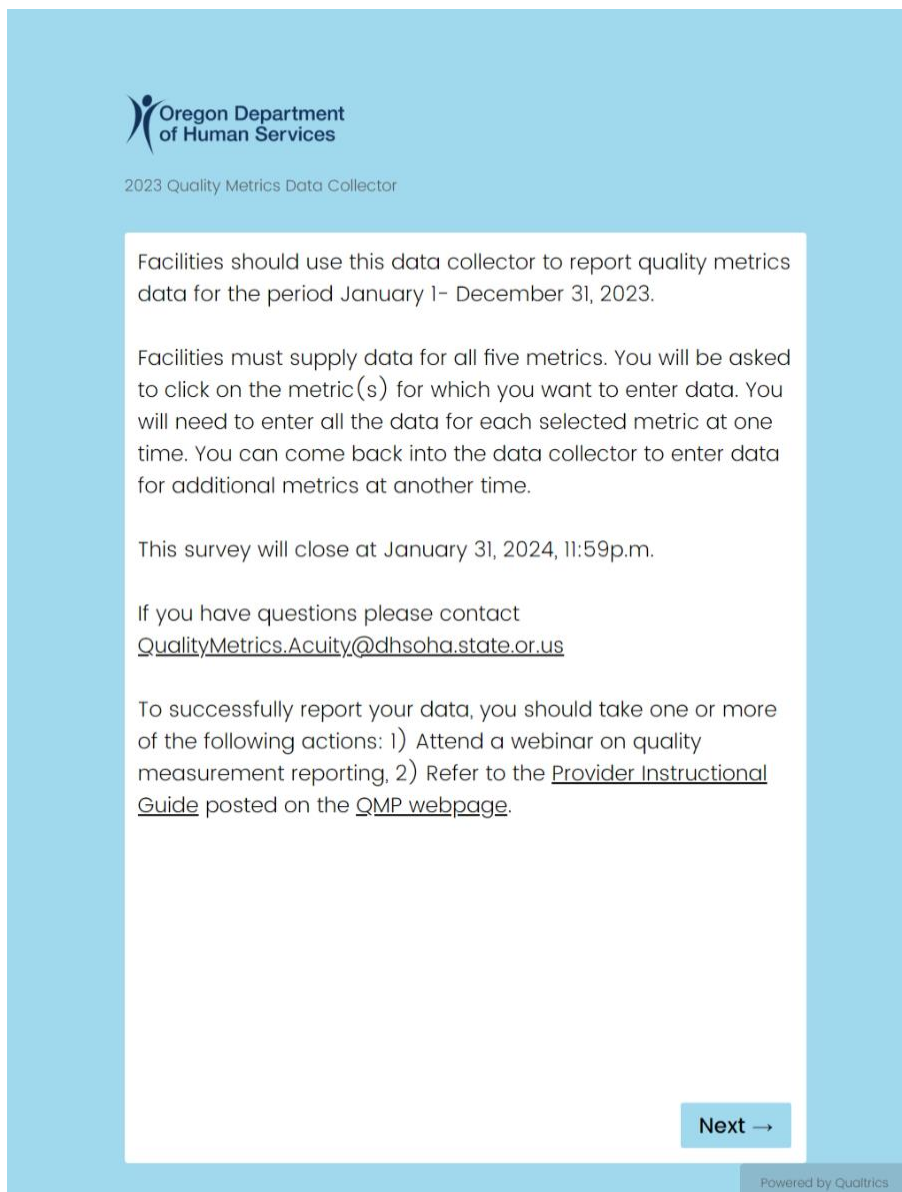
Questions?
qualitymetrics.acuity@odhsoha.oregon.gov

Instructions for Completing 2023 Quality Measurement Program Data Entry

About: This guide provides instructions on how to enter data using the Oregon Department of Human Services data collection tool to report 2023 data. You must also refer to the *2023 Quality Measurement Program Provider Instructional Guide* also found on the [QMP Program website](#).

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1. Use this link to access [the 2023 QMP data collection tool](#). The link was published in a [Provider Alert](#) during the first week of October 2023. Data entry must be completed by January 31, 2024.

2. You may use Qualtrics link multiple times to enter data. Each time you enter data, 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 must keep track yourself. If you forget what's been entered previously and enter data for a metric again, the most recent data entered will be used. Earlier data will be disregarded.

4. Using the slider: Place your cursor on the circle. You must move the cursor into place, even if you are selecting a zero value.

5. Additional instructions are contained within the data collection tool slides.

2023 Quality Measurement Program Qualtrics Data Collection Screenshots

Oregon Department of Human Services

2023 Quality Metrics Data Collector

Facilities should use this data collector to report quality metrics data for the period January 1– December 31, 2023.

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, 2024, 11:59p.m.

If you have questions please contact QualityMetrics.Acuity@dhsoha.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.

Next →

Powered by Qualtrics

This is the title page you will see when first entering the Qualtrics survey link (the data collection tool). The link will be shared via Provider Alert and emailed to administrators. Note the instructions to review the 2023 Provider Instructional Guide and attend a training webinar.

Oregon Department of Human Services

2023 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 essential for accurate data entry that users refer to the *2023 Provider Instructional Guide* and attend an instructional webinar.

Oregon Department of Human Services

2023 Quality Metrics Data Collector

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.

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of Human Services

2023 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 ELDER 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.

Oregon Department of Human Services

2023 Quality Metrics Data Collector

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

Oregon Department of Human Services

2023 Quality Metrics Data Collector

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

☐ 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. You may enter them in multiple data entry sessions. You must keep track of what you've entered session to session; the system will not track this for you. If you enter data for a metric more than once, the most recently entered data will be used for QMP reporting.

Oregon Department of Human Services

2023 Quality Metrics Data Collector

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

☑ 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 one through four to enter this session. They can complete data entry for metric five in a new session by re-entering 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, 2023 enter the total number of direct care staff who have been employed by the facility for a year or longer

O———————————————————————————————

1b. Total number of direct care staff employed on December 31, 2023

O———————————————————————————————

← Back   Next →

This is the only screen for metric one, retention of direct care staff. The total number of direct care staff who have been employed by the facility for a year or longer must be smaller than or equal to the total number of direct care staff employed on December 31, 2023.

Quality Metric 2: Compliance with Staff Training Requirements

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.)

Total Number Staff

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

2a. Total number of direct care staff employed on 12/31/23?

◯─────────────────────────────────────

← Back   Next →

This is the first of eight screens for metric two, compliance with staff training. Data for direct and non-direct care staff will be entered separately.

Quality Metric 2: Compliance with Staff Training Requirements

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.)

Total Number Staff

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

2a. Total number of direct care staff employed on 12/31/23?

25

○

← Back   Next →

This is the second of eight screens for metric two. The *Provider Instructional Guide* includes definitions for direct and non-direct care staff.

Quality Metric 2: Compliance with Staff Training Requirements

Direct Care Staff = 25 ⬅️

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

2b. Total number of direct care staff employed for 30 days or less on 12/31/23?

4

—⭕——————————————————————————————

2c. Of these, how many staff are on track to complete or have completed required training on time?

4

—⭕——————————————————————————————

| ← Back | Next → |

This is the third of eight screens for metric two. The number of direct care staff reported from the previous screen is carried over at the top of this screen (red arrow). This user should not exceed a total of 25 direct care staff.

Quality Metric 2: Compliance with Staff Training Requirements

Direct Care Staff= 25 ⬅

Direct Care Staff Employed Less than 30 Days= 4 ⬅

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

2d. Total number of direct care staff employed for 31 days to a year on 12/31/23?

17

О

2e. Of these, how many staff completed their required training on time?

15

О

← Back   Next →

This is the fourth of eight screens for metric two. The survey will remind you of your previous answers up top to help you maintain accuracy (red arrows). This user should not exceed a total of 25 direct care staff; the total number of direct care staff employed 31-days to a year who completed required training on time should not exceed 17.

2023 Quality Metrics Data Collector

Quality Metric 2: Compliance with Staff Training Requirements

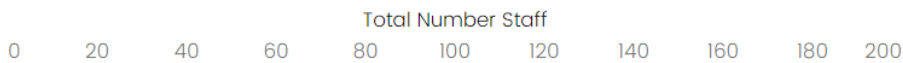**Direct Care Staff= 25**

Direct Care Staff Employed Less than 30 Days= 4

Direct Care Staff Employed 31 Days to 1 year= 17

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

2f. Total number of direct care staff employed more than a year on 12/31/2023?

4

O———————————————————

2g. Of these, how many staff completed their required annual in-service training?

4

O———————————————————

← Back   Next →

This is the fifth of eight screens for metric two Previous entries for direct care staff are summarized at the top of the page (red arrows). This is the final slide for direct care staff.

![Oregon Department of Human Services logo]

Oregon Department of Human Services

2023 Quality Metrics Data Collector

Quality Metric 2: Compliance with Staff Training Requirements

Non-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.)

Total Number Staff

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

2h. Total number of non-direct care staff employed on 12/31/23?

7

○

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This is the sixth of eight screens for metric two. This slide begins data entry for non-direct care staff.

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2023 Quality Metrics Data Collector

Quality Metric 2: Compliance with Staff Training Requirements

Non-Direct Care Staff= 7 ⬅

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

2i. Total number of non-direct care staff employed less than a year on 12/31/2023?

3

O———————————————————————————

2j. Of these, how many completed their pre-service training or are on track to complete their preservice training on time?

3

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This is the seventh of eight screens for metric two. The total number of direct care staff is indicated at the top (red arrow). For this user, the number of non-direct care staff employed less than a year who completed their preservice training on time should not exceed 3.

Quality Metric 2: Compliance with Staff Training Requirements

Non-Direct Care Staff= 7

Non-Direct Care Staff Hired Less than One Year= 3

(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 | 20 | 40 | 60 | 80 | 100 | 120 | 140 | 160 | 180 | 200 |
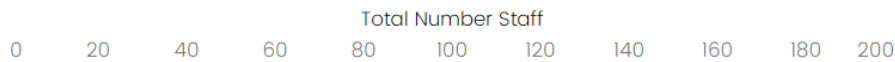
2k. Total number of non-direct care staff employed more than a year on 12/31/2023?

4

O

2l. Of these, how many completed the required annual in-service training? *For this group of staff, only consider the annual in-service training on infectious disease outbreak and infection control

4

O

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This is the eighth and final screen for metric two. The number of non-direct care staff from previous slides is reported at the top (red arrow). This user should not exceed a total of seven non-direct care staff.

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.

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Data for injury falls for June through November will be entered separately. Definitions for **injury** and **fall** are found in the *2023 Provider Instructional Guide*.

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2023 Quality Metrics Data Collector

You must enter falls data for six months, June through November 2023. Please select the month(s) you would like to enter at this time.

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

☑ June 2023

☑ July 2023

☑ August 2023

☑ September 2023

☐ October 2023

☐ November 2023

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Just as you selected the metrics you wanted to enter during the data entry session, you will also select which months to enter falls data. Keep track of data you've entered; the system is not able to track previous data entry for you. If you forget what you've entered, you may re-enter data. The most recent data will be used for reporting purposes.

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2023 Quality Metrics Data Collector

Quality Metric 3: Resident Falls with Injury

Questions refer to calendar **June 2023**.

(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 |
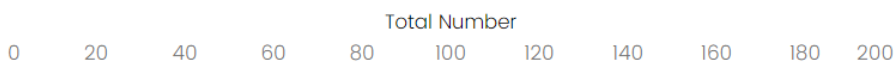
3a. Total **Number of Residents** on 6/30/2023

52

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

7

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

3

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

1

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Resident falls with injury data will be entered separately for each of the six months in the collection period, June through November 2023. Users will complete a screen for each of the six months.

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2023 Quality Metrics Data Collector

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 10/31/23 census

29

O————————————————

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

8

—O——————————————

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

3

-O——————————————

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

2

O————————————————

4e. Residents with PRN antipsychotics for a nonstandard use

5

O————————————————

| ← Back | Next → |

There is only one screen for metric four, nonstandard use of antipsychotic medications. Full instructions for data collection and reporting are in the *2023 Provider Instructional Guide*. You will not be able to complete data entry for metric four without consulting the instructions and tables in the *Guide*.

Metric five is data from the annual resident satisfaction survey conducted by an approved CoreQ vendor one time between January 1, 2023 and December 31, 2023. 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.)

Number of Residents

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

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

50

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

25

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

9

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Metric five has intensive data entry. You should have your count of resident responses to each of the four CoreQ questions prepared by your CoreQ vendor in front of you when you enter this data. Only providers may enter their data. CoreQ vendors are not able to upload the results for you.

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2023 Quality Metrics Data Collector

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

Survey Experts, Inc.

How did your vendor administer your survey to residents?

(Check all that apply)

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

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The Quality Measurement Program needs to know which CoreQ vendor administered and summarized facility data. We also need to know what method(s) were used to collect the data. Only residents may respond. See the *2023 Provider Instructional Guide* for full instructions, including guidance for memory care facilities and residents with dementia.

2023 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?

(You previously answered that 25 surveys were returned. Your total number of responses cannot exceed 25. Please do not enter percentages)

# of **Excellent** Responses out of **25**	5
# of **Very Good** Responses out of **25**	7
# of **Good** Responses out of **25**	7
# of **Average** Responses out of **25**	5
# of **Poor** Responses out of **25**	1
Total	25

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Your CoreQ vendor will provide the count (not percentage) of resident responses to each question. Residents might not respond to all the questions. The total count of responses (excellent, very good, good, average, and poor) may not exceed the total of surveys returned (red arrow). The count of responses might be less than the total number of surveys returned.

Oregon Department of Human Services

2023 Quality Metrics Data Collector

Quality Metric 5: Results of Annual Satisfaction Survey

Overall, how would you rate the staff?

(You previously answered that 25 surveys were returned. Your total number of responses cannot exceed 25. Please do not enter percentages)

# of **Excellent** Responses out of **25**	6
# of **Very Good** Responses out of **25**	6
# of **Good** Responses out of **25**	5
# of **Average** Responses out of **25**	7
# of **Poor** Responses out of **25**	1
Total	25

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Oregon Department of Human Services

2023 Quality Metrics Data Collector

Quality Metric 5: Results of Annual Satisfaction Survey

How would you rate the care you receive?

(You previously answered that 25 surveys were returned. Your total number of responses cannot exceed 25. Please do not enter percentages)

# of **Excellent** Responses out of **25**	4
# of **Very Good** Responses out of **25**	3
# of **Good** Responses out of **25**	4
# of **Average** Responses out of **25**	11
# of **Poor** Responses out of **25**	3
Total	25

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Oregon Department of Human Services

2023 Quality Metrics Data Collector

Quality Metric 5: Results of Annual Satisfaction Survey

Overall, how would you rate the food?

(You previously answered that 25 surveys were returned. Your total number of responses cannot exceed 25. Please do not enter percentages)

# of **Excellent** Responses out of **25**	2
# of **Very Good** Responses out of **25**	3
# of **Good** Responses out of **25**	7
# of **Average** Responses out of **25**	5
# of **Poor** Responses out of **25**	8
Total	25

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Oregon Department of Human Services

2023 Quality Metrics Data Collector

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

Name | Ida Werked |

Position | Administrator |

Email | Ida@carehouseOR.com |

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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.

Thank you for the time you spent entering your 2023 Quality Metrics Data!

Reminders:

- If you entered data for all five metrics, your 2023 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, 2024.
- **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@dhsoha.state.or.us

-Click Here to return to the survey and complete additional metrics as needed.

This is the final slide for each data entry session. This screen is confirmation that the data previously entered has been successfully saved in the system. As the slide advises, keep track of the metrics you've entered; the system won't show you which metrics were previously submitted.