

# QMC Webinar – December 2019

## Quality Metrics: What YOU Need to Know

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# Announcement – LiveWell Training

- Easy to understand quality improvement tools to track these measures and others.
- FREE to all Oregon RCFs/ALFs – through the DHS Quality Care Fund
- One-day basic trainings:
  - Medford on Jan. 24
  - Portland on Feb 4
  - Salem on Feb. 7
- Sign up at: <https://www.livewell-oregon.com/calendar>

# Objectives

- Review requirements for ALFs/RCFs to report Quality Metrics
- Discuss each of the five metrics in detail
- Discuss the online “Quality Metrics Application” (QMA) and reporting processes
- Discuss important dates and deadlines
- Address your questions along the way
- Help you feel more comfortable with the new reporting requirements!



# Quality Metrics 101

- HB 3359 requires metrics be tracked and reported by ALFs and RCFs
- Purpose: to improve quality of service and give consumers and facilities a means of comparison
- Quality Measurement Council:
  - Members appointed by the Governor
  - Council develops program in collaboration with DHS
  - Eight council members, representing different interests



# Quality Metrics 101

1. Retention rate for direct care staff;
2. Compliance with staff training requirements;
3. Resident falls that result in physical injury;
4. Prescribed antipsychotic medication(s) for nonstandard purposes;
5. Annual resident satisfaction survey results conducted by an independent entity; and
6. A quality metric recommended by Quality Measurement Council that measures the resident experience.



*Combined  
into one  
metric for  
2020*

# Metric 1: Retention of Direct Care Staff

**Why:** Experienced staff provide better care for residents

**When:** Track from January 1, 2020 to December 31, 2020

## **What to track:**

- Total number of direct care staff employed by facility for one calendar year or longer starting January 1, 2020
- Total number of direct care staff employed at end of calendar year (count on December 31, 2020)



# Metric 1: Retention of Direct Care Staff

## Example:

- As of 12/31/2020, **24** direct care staff have been continuously employed at the facility (no breaks in employment) since 1/1/2020.
- As of 12/31/2020, the facility has a total of **39** direct care staff working at the facility.
- The QMA will calculate:  $24 \div 39 = 0.6153 =$   
**61.5% staff retention rate for 2020.**

## Metric #2: Compliance with Staff Training

**Why:** Trained staff provide better care and have higher job satisfaction

**When:** Track January 1, 2020 to December 31, 2020

**How:** Track the training of ALL employees

- 1) Determine if each employee is “direct care” or “non-direct care” staff
- 2) Determine which staff have been employed less than one year





# Staff Training for Metric #2

- **New Direct Care Staff** - staff who provide direct resident care services and have been employed at a facility for less than one year
- **Experienced Direct Care Staff** - staff who provide direct resident care services and have been employed at a facility for one year or longer
- **Non-Direct Care Staff** - staff who do not provide direct resident care services, such as housekeepers, management staff, maintenance, etc.
- **New Direct Care Memory Care Staff** - staff working in endorsed memory care who provide direct resident care services and have been employed for less than one year
- **Experienced Direct Care Memory Care Staff** - staff working in endorsed memory care who provide direct care services and have been employed for one year or longer
- **Non-Direct Care Memory Care Staff** - staff working in endorsed memory care communities who do not provide direct care services, such as housekeepers, management staff, maintenance, etc.

# Metric #2 – Tracking Staff Training

**What do you track?**



**For each group of employees, count:**

1. Total number of staff who completed all required trainings on time during 2020.
2. Total number of staff employed by the facility as of December 31, 2020.

# Optional Training Tracker for Metric #2

- Excel spreadsheet; formatted and locked for ease of use
- You choose whether or not to use the Training Tracker
- Tracker link available on CBC website in December 2019:
  - Facilities can download and save to their computers
  - Instructions attached to Tracker
  - Technical assistance not available for Tracker
  - Automatically calculates fields needed to enter into QMA



# Metric #2: Staff Training Example

Type of staff	# of staff completing required training on time	# of staff total
<b>Residential Care &amp; Assisted Living Facilities</b>		
New Direct Care Staff	20	22
Experienced Direct Care Staff	36	40
Other Staff	10	10
<b>Endorsed Memory Care Communities</b>		
NEW Memory Care Staff	5	6
Experienced Memory Care Staff	10	12
Other Memory Care Staff	4	5
<b>As of 12/31:</b>	<b>85</b>	<b>95</b>
<b>QMA will calculate compliance rate: <math>85 \div 95 = 0.8947 = 89.47 =</math> <b>89.5%</b></b>		

## Metric #3: Falls with Injury

**Why:** Learn about causes and prevent as many serious falls as possible

**When:** Track July 1, 2020 through December 31, 2020

**What to track each month:**

- 1) Total **number of residents** living in the facility on the last day of the month.
  - 2) Total **number of falls with injury** during the month.
  - 3) Number of **residents with at least one fall with injury** during the month.
  - 4) Number of **residents with more than one fall with injury** during the month.
-

# Metric #3: Falls with Injury

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average Reported to Public
Total # of residents <i>on last day of month</i>	40	42	44	41	43	43	40	38	39	42	44	42	41.5
Total number of falls <i>with injury</i> during the past month	3	4	5	4	4	5	4	5	5	4	6	6	4.6
Number of residents who <i>fell with injury</i> during the past month	2	4	3	2	2	2	1	3	3	3	3	3	2.6
Number of residents who <i>fell with injury more than once</i> during the past month	1	0	1	2	1	1	1	2	2	2	2	2	1.4

The averages shown in the grayed column to the right will be reported to the public.

Each facility will have four averages reported for the calendar year.

# Metric #4: Non-Standard Use of Antipsychotics

## Why track?

Concern that antipsychotic medications are being overused in facilities to calm undesirable behavioral and psychological symptoms of residents with dementia.

## Goals:

- Increase awareness
- Ensure person-centered assessments are used
- Encourage non-pharmacological treatments before and with antipsychotics.





# Metric #4: Non-Standard Use of Antipsychotics

**When:** Track October 1, 2020 through October 31, 2020

**How:**

1. On 10/31/20, count the total number of residents in the facility.
2. Review the MAR and determine which residents were prescribed an antipsychotic on the FDA list ((found in Provider Instruction Guide) during the month.
3. Exclude any residents who have a diagnosis listed on the provided “Exclusions List” (found in Provider Instruction Guide).
4. Of the residents remaining after excluding those on the “Exclusions List,” determine how many of these residents had scheduled or PRN antipsychotics prescribed.

# Metric #4: Non-Standard Use of Antipsychotics

## Example:

- On 10/31/20, there are 80 residents in the facility.
- After reviewing each MAR, it is determined 30 residents were prescribed an antipsychotic during October.
  - ✓ *See the Food and Drug Administration (FDA) List of antipsychotics – updated list will be provided with instructions – to ensure the medication is an antipsychotic.*

# Metric #4: Non-Standard Use of Antipsychotics

## Example (cont)

- ✓ Review the “Exclusions List:”
- 10 of the 30 residents prescribed an antipsychotic have an excluded diagnosis – these 10 residents are excluded from tracking

### Exclusions List:

- Schizophrenia
- Schizoaffective Disorder
- Huntington’s Disease
- Tourette’s Syndrome
- Bipolar Disorder
- Depression
- Autistic Disorder
- Haldol prescribed for residents receiving hospice care

# Metric #4: Non-Standard Use of Antipsychotics

## Example (cont.)

- Of the 20 residents remaining, determine whether they received a scheduled, non-standard or PRN prescription for antipsychotic medication:
  - 15 had a scheduled non-standard prescription for antipsychotic medication, and
  - 5 had a PRN prescription for antipsychotic medication.

# Metric #4 - Antipsychotics

## Example (cont.)

Enter three numbers into the QMA:

- **80** = Total number of residents in facility on Oct 31
- **15** = Number of residents prescribed a scheduled, non-standard antipsychotic medication during Oct
- **5** = Number of residents with PRN prescription for antipsychotic medication during Oct

## Metric #4 - Antipsychotics

### The QMA will perform the calculations:

- $15/80 = 0.1875 =$   
**18.8%** of residents had at least one prescription for a scheduled antipsychotic for a non-standard purpose during the month of October 2020.
- $5/80 = 0.0625 =$   
**6.3%** of residents had at least one PRN prescription for an antipsychotic for a non-standard purpose during the month of October 2020.

# Metric #5: Resident Experience/Satisfaction

## The metric:

Results of annual resident satisfaction survey conducted by an independent entity.

## Important to remember:

- Independent entity must conduct survey
- Four required CoreQ questions
- Survey must be completed during 2020 with data entered into QMA no later than January 31, 2021

# Metric #5: Resident Experience/Satisfaction

To find a CoreQ-approved vendor:

<http://www.coreq.org/>



- Click link at top of page for “**Customer Satisfaction Vendors**”
- Facility needs to contract with a vendor
- Facility may hire the vendor to ask more than just the four required CoreQ other survey questions



# Metric #5: Resident Experience/Satisfaction

## CoreQ Required Questions:

All CoreQ Measures use the same 5-point Likert Scale:

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

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?

# The Quality Metrics Application (QMA)

- Each user will have a unique login
- Can be more than one person per facility (at least two recommended)
- For 2020 data, QMA will be live on **1/1/2020** and stay open until **1/31/2021 at 11:59 p.m.**
- Facilities will enter data for each metric
- QMA will calculate data averages “behind the scenes”

# Some Final Reminders

## Remember:

- The QMA is being tested by some of your peers before it is launched in January 2020
- DHS can not use the metrics tracking information for regulatory purposes
- However, DHS will identify any facilities that fail to report metrics in public report
- **PARTICIPATE in WEBINARS!**

# BIG Dates to Remember

1. QMC Webinars in December 2019 and January 2020
2. Start tracking data for 2020 on January 1, 2020
3. First reporting period ends January 31, 2021



# Quality Measurement Webinars

**No registration needed, however space is limited. Login information will be sent soon via provider alerts and on the CBC webpage.**

<b>Webinar #1:</b> <i>Introduction to Quality Metrics</i>	<b>Webinar #2:</b> <i>All About Quality Metric 5</i>	<b>Webinar #3:</b> <i>Quality Metrics Application Login and Navigation</i>
<ul style="list-style-type: none"> <li>• Tuesday, 12/10, 10-11:30am</li> <li>• Thursday, 12/12, 2-3:30pm</li> <li>• Friday, 12/13, 10-11:30am</li> </ul>	<ul style="list-style-type: none"> <li>• Tuesday, 12/17, 10-11:30am</li> <li>• Thursday, 12/19, 2-3:30pm</li> <li>• Friday, 12/20, 10-11:30am</li> </ul>	<ul style="list-style-type: none"> <li>• Tuesday, 1/7/20, 10-11:30am</li> <li>• Thursday, 1/9/20, 2-3:30pm</li> <li>• Friday, 1/10/20, 10-11:30am</li> </ul>

The Department will host monthly Quality Metrics Q & A webinars in 2020 with opportunity for you to ask questions anonymously. Stay tuned for dates!



# Helpful Links for Providers

## **Quality Measurement Program:**

<https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/Quality-Metrics.aspx>

## **CBC News Page (provider alerts):**

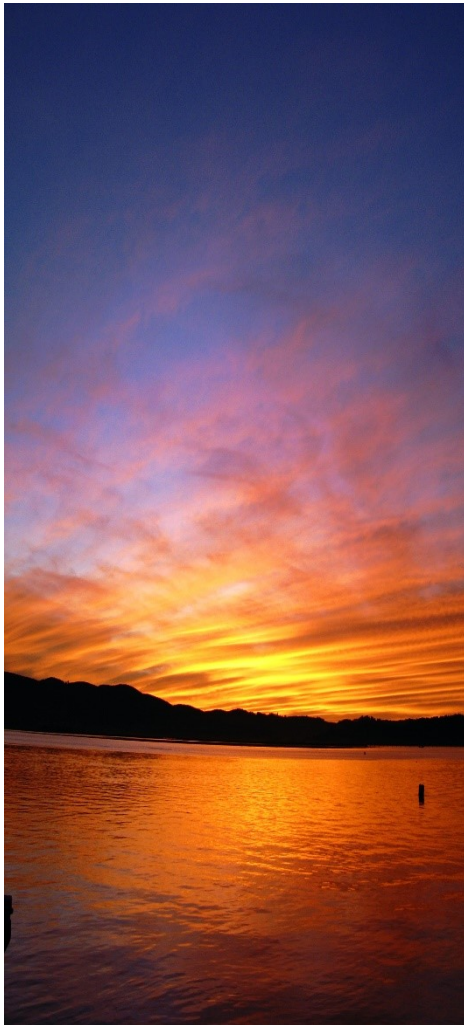
<https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/news.aspx>

## **Send questions to:**

[QualityMetrics.Acuity@dhsoshs.state.or.us](mailto:QualityMetrics.Acuity@dhsoshs.state.or.us)



# Q & A



# Questions?