eading**Age**°MN DATA PORTAL

**Assisted Living Quality and Service Measures** 

Measure Specifications March 7, 2023

- Data Collection Fields are highlighted in Green
- See references for each measure to locate detailed measure specifications

**Overall Data Field: Total Number of Residents Receiving Any Type of Assisted Living Services this Quarter** (*This number is used to auto-calculate "Total Number of Assisted Living Services Days" for the Quarter - \*See Definition page 3*)

#### I. Quality of Care Measures

- A. Total Number of Resident Falls this Quarter (\*See Definition page 3)
- B. Total Number of Falls with Serious Injury this Quarter (\*See Definition page 3)
- *C.* Total Number of Hospital + Emergency Department Visits this Quarter (\*See definitions with inclusion and exclusion criteria page 3)
- D. Total Number of Medication Errors this Quarter (\*See Definition page 3)
- E. Total Number of Opportunities for Medication Errors this Quarter (\*See Definition page 3)
- F. **Total Number of Types of Medication Errors this Quarter** (track & report number of errors for each of the following categories)
  - a. Contraindication or Known Allergy (Resident receives a medication for which there is a contraindication or a resident known to have serious allergies to specific medications/agents receives those medications/agents)
  - b. Failure to Administer (There is a failure to administer an ordered medication)
  - *c.* Administered outside scheduled time (Medication was administered outside the predetermined interval from its scheduled time)
  - *d.* Wrong Resident or Wrong Med (Resident is administered a medication that was not intended to be administered to the resident)
  - e. Administration over- or under-dose (Resident is administered an over- or under-dose of a medication)
  - f. Wrong administration technique is used (Such as administering intravenously vs. orally)

#### II. Services Measures

- A. Percent of AL Capacity in Use (on the last day of the quarter)
  - Licensed AL Capacity (as reported on your license)
  - Number of Residents

#### B. Number of Residents receiving:

- Any AL Services
- AL Services beyond only medication services

## C. Percent of Dementia Care Capacity in Use:

- Are you an ALFDC (yes/no)
- If yes, do you have a dedicated Dementia Unit(s)? (yes/no)
- If yes, what is your Dementia Unit(s) Capacity?
- Number of Residents in Dementia Care Units

## D. Level of Services (Yes/No)

- Mechanical Lift
- 2-person assist
- 1-person assist
- End of Life
- **E.** Payer source of Residents receiving AL Services (Report # of Residents Receiving services in Each Category)
  - Private Pay
  - Elderly Waiver
  - Disability Waiver (CADI, BI)
- **F. Payment source for Housing** (*Report # of Residents for Each Category*)
  - Private Pay Market Rent
  - Private Reduced Rent (not Housing Supports)
  - Housing Supports

## G. Average Length of Stay

- Number of residents that left the facility in the reporting quarter
- Total Number of months residents leaving this quarter resided at the facility (\*Add together the total months all residents who left this quarter stayed (For example Resident 1 stayed one month, Resident 2 stayed twelve months, Resident 3 stayed twenty-eight months 1 + 12 + 38 = 41 Total months)

# **Measure Specifications**

# Definition of Assisted Living Services Days:

# of residents receiving Assisted Living Services x the # of days that quarter. For example, if you had 20 residents receiving Assisted Living Services in the First Quarter, your Assisted Living Services Days would be: 20 residents x 90 days (Jan. 1 – March 31) = 1800 Assisted Living Services Days. You only need to submit the *Total # of Residents Receiving Any Assisted Living Services* as of the last day of the quarter; this will be automatically converted to Assisted Living Services Days in the Data Portal.

# \*Falls Definitions

Fall Rate (Falls per 1000 Assisted Living Services Days)

Falls with Serious Injury Rate (Falls with Serious Injury per 1000 Assisted Living Services Days)

# Definition of a Fall:

Unintentional change in position coming to rest on the ground, floor or onto the next lower surface. The fall may be witnessed, reported by the client or an observer, or identified when a client is found on the floor or ground.

- Falls include any fall, no matter where it occurred.
- Falls are not a result of an overwhelming external force.
- Excludes an intentional descent to the ground or floor.

# **Definition of Serious Injury:**

- Bone Fracture
- Joint Dislocation
- Closed head injuries with altered consciousness
- Subdural hematoma

#### \*Hospital/Emergency Department Visits Definition

(# of Hospital or Emergency Department Visits/Number of Assisted Living Services Days x 1000)

- Includes Observation Hospital Stays, Inpatient Hospital Stays, Emergency Department Visits
- **Excludes** any Planned Hospitalizations (e.g., planned surgical or other procedures)

#### \*Medication Error Definitions

**Medication Error Rate:** # of Medication Errors/Opportunities for Error (Doses Given + Doses Ordered but not Given) x 100

#### **Definition of a Medication Error:**

- Occurrences in which:
  - Resident receives a medication for which there is a contraindication, or a resident known to have serious allergies to specific medications/agents receives those medications/agents.
  - There is a failure to administer an ordered medication.
  - o Medication was administered outside the predetermined interval from its scheduled time.
  - Resident is administered a medication that was not intended to be administered to the resident.
  - Resident is administered an over- or under-dose of a medication.
  - Wrong administration technique is used.

#### **Definition of Opportunities for Error:**

• Total Doses Given + Doses Ordered but not Given