

State Survey Agency Implementation of the Quality Indicator Survey (QIS)

Washington State Survey Agency
Centers for Medicare & Medicaid Services
Nursing Home Quality, LLC

January 29, 2009

Agenda

1. Welcome and Introductions – CMS (Katherine Lochary)
2. QIS – Approved Federal Nursing Home Survey Process – CMS
3. Communication with Providers through State Survey Agency – CMS
4. QIS and Enforcement – CMS
5. QIS Development – CMS
6. National QIS Training Process – CMS
7. QIS Implementation and Status – CMS

2

Agenda (continued)

8. Description and Timing of Washington QIS Implementation – Darryl Luyt, Washington Department of Social and Health Services
9. QIS Overview – Andrew Kramer, Division of Health Care Policy and Research, University of Colorado Denver
10. Comparison of QIS and Traditional Survey Process – Andrew Kramer
11. Impact of QIS on Survey Process – Andrew Kramer
12. Questions and Answers

3

Role of Contractors in QIS

- University of Colorado Denver
 - QIS development and assist with QIS implementation
- Nursing Home Quality, LLC
 - Conduct QIS training of State and CMS Regional Office Surveyors
- Competitively awarded contracts

4

QIS –Approved Federal Survey Process

- Adopted in State Operations Manual
- QIS Does Not Represent:
 - Change in Social Security Act
 - Change in Regulations (e.g., Participation Requirements)
 - Change in Interpretive Guidance
 - Change in provider communication with State Survey Agency
 - Change in enforcement process
- QIS Does Represent:
 - Greater structure
 - Increased sample size
 - Use of technology to support survey

5

Communications

- Provider communication in the QIS process is the same as provider communication in the traditional survey process
 - Provider to State Survey Agency
 - State Survey Agency to CMS Regional Office

6

Enforcement

The nursing home enforcement process, including the informal dispute resolution (IDR) process is the same regardless if the nursing home was surveyed using the QIS process or the traditional survey process

7

QIS Development

- QIS in development (>9 years)
- Demonstration (September 2005 – 2007)
 - Limited demonstration (2 teams per state)
- Phase I – Evaluation of QIS in five States
 - KS, OH, CT, LA, and CA
- Independent evaluation (Abt Associates)
- Phase II – Develop national training model in two States
 - FL and CT

8

QIS Development

CMS Issued S&C 08-14 –

- Federal Minimum Qualification Standards for Long Term Care Registered QIS Surveyors and CMS-Certified QIS Trainers for States Implementing the QIS Process
- Available at:
<http://www.cms.hhs.gov/surveycertificationgeninfo/downloads/SCLetter08-14.pdf>

9

Training Requirements for Registered QIS Surveyor

- Proficiency with tablet PC functions and computer skills such as Microsoft Word, managing folders, import/export functions and use of flash drives
- Completion of Web based lessons prior to course
- Completion of classroom training
- Participation in mock training survey
- Participation in surveys of record with two successful compliance assessments
- Documentation in CMS Learning Management System

10

Training Requirements for CMS-Certified QIS Trainer

- Be Registered QIS Surveyor
- Complete Additional Requirements
 - Complete at least six QIS surveys of record
 - Attend Train the Trainer workshop
 - Provide the QIS course
 - Successfully monitor and determine compliance assessment for QIS students in the mock and the two compliance surveys of record
 - Remain actively involved
- Documentation in CMS Learning Management System

11

QIS Implementation

- Demonstration completed
- National implementation underway
- Solicited State interest in December of 2006 and August of 2008
- Eleven currently selected QIS States
 - QIS is fully implemented in CT
 - QIS training progressing FL, KS, LA, OH, MN, NC, and NM
 - QIS training is scheduled to begin in January 2009 in WV, WA, and MD

12

QIS Implementation Status (1/09)

- Surveys of Record: 1,365
- Registered QIS Surveyors: 324
- CMS Certified QIS Trainers: 38
- CMS RO Registered QIS Surveyors: 12 in five CMS Regions

13

Description of State-specific Implementation Plan and Timing

Darryl Luyt
WA Dept. of Social and Health Services
Phone: 360-725-2488
E-mail: LuytDC@dshs.wa.gov

14

QIS Process Made Easy Two Stages: Three Steps

15

Two Stages

- Stage I: Preliminarily investigate regulatory areas and determine resident care areas/facility practices for in-depth Stage II review
- Stage II: Determine if deficient practice, and document deficiencies including F tags, scope and severity

16

Three Steps in Each Stage

1. Sampling (computer-generated)
2. Investigation
3. Synthesis

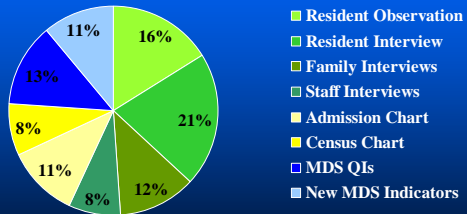
17

Stage I

- Sampling - Large random census (40) and admission (30) samples
- Investigate - Structured resident, family, and staff interviews; resident observations; chart reviews
- Synthesis - 128 resident Quality of Care and Life Indicators (QCLIs) compared with thresholds to determine Stage II areas for in-depth investigation

18

Stage I Triggers for Stage II Investigations



19

Stage II

- Sampling – Computer-generated based on Stage I triggers and complaints
- Investigation – Specific Critical Element Pathway, triggered facility task, or interpretive guidance and general Critical Element Pathway
- Synthesis – Determine non-compliance, scope and severity

20

Facility Level Investigations

- Facility level tasks done on every survey:
 - Demand Billing
 - Dining
 - Infection Control
 - Kitchen/Food Services
 - Medication Administration
 - QAA
 - Resident Council President Interview
- Facility level task if triggered by Stage I findings:
 - Abuse Prohibition Review
 - Admission, Transfer, and Discharge Review
 - Environment
 - Resident Funds
 - Inadequate Staff

21

Surveyor Initiative

At any time in the process, surveyors can initiate investigation of care issues for any resident. Because of the large QIS samples, surveyor initiated investigations are a minor part of the process.

22

Comparison of QIS and Traditional Process

23

Off-Site

- | <u>Traditional</u> | <u>QIS</u> |
|--------------------------------------|--|
| ➤ Review the OSCAR 3 and 4 Reports | ➤ Review OSCAR 3 Report |
| ➤ Review the QI/QM Reports | ➤ Review complaints to be investigated |
| ➤ Pre-Select a sample based on above | ➤ Download MDS data onto tablet PCs |
| | ➤ Random selection of Stage I samples |

24

Entrance Information

Traditional

- Quality Measure/Quality Indicator Report
- Roster Sample Matrix Form (CMS 802)

OIS

- Alphabetical resident census with room numbers/units
- List of new admissions over last 30 days

25

Tour

Traditional

- Gather information about pre-selected residents and new concerns
- Determine whether pre-selected residents are still appropriate

OIS

- No sample selection
- Initial overview of facility

26

Sample Selection

Traditional

- Reviews and Sample pre-selected based on facility's flagged QIs
- Sample size determined by facility census

OIS

- Three samples:
 - MDS Admission (30)
 - Census (40)
- Random Selection
- Surveyor-initiated sample

27

Survey Structure

Traditional

- Phase I = focused & comprehensive reviews
- Phase II = focused reviews

OIS

- Stage I = preliminary investigations of regulatory areas
- Stage II = in-depth investigation of triggered Care Areas based on Stage I findings

28

Review Process

Traditional

- Surveyors complete Resident Review
- Includes selected investigative protocols for key regulatory tags

OIS

- Consistent and structured interviews, observations, and clinical record review in Stage I
- Specific protocols for Stage II review and facility tasks

29

Automation

Traditional

Information recorded on paper throughout process; computers are used only for Statement of Deficiencies

OIS

Each team member uses a tablet PC to record findings that are synthesized and organized by computer: findings uploaded to 2567

30

Group Interview

Traditional

- Meet with Resident Group/Council
- Includes resident council minutes review to identify concerns

QIS

- More individual resident interviews
- Interview with Resident Council President or Representative

31

Impacts of QIS

32

Citations

- Overall about 40% of facilities had fewer or the same number of citations
- Zero deficiencies still occur
- 2 more citations on average
- Increases in specific regulatory areas
- Citations well documented, less frequently challenged and overturned in IDR
- Certain district offices with low citation rates increased more than district offices with high rates

33

Examples of Deficiencies Cited at Higher Rate in QIS

- Residents Rights
 - Inform resident of services/rights (F156)
- Quality of Life
 - Notice before room change (F247)
 - Activity program meets individual needs (F248)
 - Choices (F242)
- Resident Assessment
 - Comprehensive assessments (F272)

34

Examples of Deficiencies Cited at Higher Rate in QIS

- Quality of Care
 - Provide necessary care for highest practicable well being (F309)
 - Drug regimen is free from unnecessary drugs (F329)
 - Maintain nutritional status (F325)
 - ADL Care Provided for Dependent Residents (F312)
- Nursing Services
 - Nurse Staffing (F356)
- Dental Services (F411,412)

35

Survey Length Related to Number and Severity of Citations

- Takes more time during training period in first couple months
- Surveys range in length from 3 days to more than a week
- Generally completed within 1 week
- Some state variation still exists in average duration

36

Additional Information

QIS Resource Manual:

http://www.uchsc.edu/hcpr/qis_manual.php

QIS Electronic Forms and Worksheets:

http://www.uchsc.edu/hcpr/qis_forms.php

QIS Brochure:

<http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter08-21.pdf>

QIS Training Process:

<http://www.cms.hhs.gov/surveycertificationgeninfo/downloads/SCLetter08-14.pdf>

37