

CMS Quality Indicator Survey Demonstration Project

OVERVIEW OF THE QIS PROCESS AND DEMONSTRATION

QIS Survey Overview

The Quality Indicator Survey (QIS) is a revised long-term care survey process that was developed under Centers for Medicare & Medicaid Services' (CMS) oversight through a multi-year contract. The QIS was designed as a staged process for use by surveyors to systematically review requirements and objectively investigate all triggered regulatory areas.

The QIS provides a structure for an initial review of larger samples of residents based on the MDS, observations, interviews, and clinical record reviews. Utilizing onsite automation, survey findings from the first stage are combined to provide rates on a comprehensive set of Quality of Care Indicators (QCI) covering resident- and facility-level federal regulatory areas for nursing homes. The second stage then provides surveyors the opportunity to further investigate care areas of concern. Although the survey process has been revised under the QIS, the federal regulations and interpretive guidance remain unchanged.

The QIS was designed to achieve several objectives:

- Improve consistency and accuracy of quality of care and quality of life problem identification using a more structured process;
- Systematically review requirements and objectively investigate all triggered regulatory areas within current survey resources;
- Enhance documentation by organizing survey findings through automation; and
- Focus survey resources on facilities with the largest number of quality concerns.

Initial testing of the QIS process has revealed it yields increased consistency and improved documentation of survey findings.

QIS Demonstration Overview

The Demonstration and Evaluation of the QIS is being conducted in six states: California, Connecticut, Kansas, Louisiana, Ohio and Florida. These states were selected from among twenty-five volunteering states based on several criteria, including: geographic balance; representation of rural areas; citation history; use of technology; and average survey time. One state was selected based on its primarily rural population.

For the purposes of the QIS Demonstration, CMS has designated the QIS as a standard survey. Some facilities in Demonstration states are being surveyed using the QIS as the survey of record; however, other facilities in these states are being surveyed using the current survey process, now known as the traditional survey.

Throughout the Demonstration, the QIS surveys are being observed by contractors whose role will be to evaluate the QIS and make recommendations to continuously improve the QIS process. The evaluation findings will ultimately be used by CMS in determining whether to replace the traditional survey with the QIS on a national scale.

Participating states were trained on the use of the QIS protocols and software in three phases. Connecticut, Kansas, and Ohio participated in the first phase, California and Louisiana took part in the second phase, and Florida and Connecticut were selected to begin the third phase, which is implementing the QIS statewide while testing a national training approach. Training consists of classroom training, training surveys, and surveys of record during which training staff are present. During the initial QIS surveys in each state, training contractor staff are present to provide guidance on the use of the QIS protocols. Later on, evaluation contractor staff accompanies some survey teams to evaluate the QIS process.

In summary, the QIS Demonstration and Evaluation has several objectives: determine accuracy of QIS when implemented in six states as surveys of record; assess time required to conduct QIS; continuously improve upon QIS process; and test training approaches that may be used for widespread training.

DESCRIPTION OF THE QIS

The QIS process utilizes customized software, called the "QIS Data Collection Tool" (QIS DCT) on convertible tablet PC's, to guide surveyors through a structured, two-staged investigation. Figure 1, on the following page, provides a step-by-step overview of the QIS process. The process begins with offsite preparation activities (similar to those completed during the traditional federal long-term care survey process), which include team assignments and review of available information regarding prior deficiencies, complaints, ombudsman information, and existing waivers/variances. Unlike the traditional survey process, the QIS does not require surveyors to review the Quality Measure/ Quality Indicator (QM/QI) and OSCAR 4 reports or preselect potential residents for review prior to the survey. MDS data are also loaded offsite into surveyors' tablet PC's.

The MDS data are used to create the resident pool from which the Stage I samples are randomly selected and are used to calculate the MDS-based QCIs in Stage I.

Following the offsite activities, and upon entry into the facility, a formal entrance conference is held during which necessary information is requested from the facility. Concurrent with the entrance conference, an abbreviated tour of the facility is conducted to provide an orientation to the residents, staff, and facility layout.

Three distinct Stage I samples are selected. These include:

- 1) Census sample: The Census sample focuses on Quality of Care and Quality of Life and includes 40 randomly Selected residents in the facility at the time of the onsite visit.
- 2) Admission sample: The Admission sample includes 30 recent admissions (emphasizing SNF post-acute patients and long-stay admissions on critical issues such as rehospitalization, death, or functional loss).
- 3) MDS sample (used by the QIS DCT to calculate MDS-based QCIs): The MDS sample includes facility reported information for all residents who had an MDS assessment at any time within the past six months (except discharge or re-entry assessments).

In addition to these three samples, other residents and issues can be selected at the surveyors' discretion.

Stage I involves a preliminary investigation of both the Census and Admission samples. This review is completed through staff, resident, and family interviews, resident observations, and clinical record reviews. Concurrent with the resident-level tasks, facility level investigations are started which include a Resident Council president interview; observations of dining and kitchen areas; observations of the facility's infection control practices; observation of medication administration; reviews of demand billing process; and review of the quality assessment and assurance program.

Upon completion of Stage I, the data are used together with MDS data to construct resident centered outcome and process indicators, called Quality of Care Indicators (QCIs). The QIS DCT is used to calculate the QCI results, which identify Care Areas that will require further investigation during Stage II. When the rate of a QCI exceeds a specified national benchmark or "threshold," that QCI identifies or "triggers" a Care Area for Stage II investigation. The results of Stage I provide the team with a list of the potential facility and resident care problems and preliminary information on each; however, a complete Stage II investigation is required to determine noncompliance.

Stage II involves an in-depth resident level investigation of Care Areas identified at the conclusion of Stage I. Investigations follow a set of investigative protocols that assist the surveyor in completing an organized and systematic review of the triggered Care Areas. The protocols consist of probes that guide the surveyor through the investigation and assist in determining whether the facility is in compliance with the associated regulations (i.e., whether the "critical elements" of care are in place). Once the surveyor completes each investigation and determines whether each of the critical elements was met, all findings are entered into the QIS DCT. For each unmet critical element, the QIS DCT displays possible F tags for citation and requires the surveyor to enter documentation and assign an appropriate severity level.

FIGURE 1: OVERVIEW OF THE QIS PROCESS

Offsite Survey Preparation
Onsite Survey Preparation
Entrance Conference
Reconcile Stage I Sample
Facility Tour
Initial Team Meeting
Stage I Preliminary Investigation
Census and Admission Sample Reviews
Mandatory Facility-level Tasks
Stage I Team Meetings
Transition from Stage I to Stage II
Draw Stage II Sample
Stage II Investigation
Care Area Investigations Care Triggered Facility-level Tasks
Continue Mandatory Facility-level Tasks
Stage II Team Meetings
Stage II Analysis and Decision Making:
Integration of Information
Decisions to Cite or Not to Cite
Conduct the Exit Conference

If no Care Areas are triggered during Stage I, certain facility-level investigations must still be completed. Additional facility-level investigations, including abuse prohibition, environment, nursing service staff, personal funds, and admission, transfer, discharge are completed only if triggered during stage I.

After all facility-level and Stage II resident-level investigations have been completed, the team analyzes the results to determine whether deficient practices exist. An exit conference is then conducted, during which the facility is informed of the survey findings.

DIFFERENCES BETWEEN THE QIS AND TRADITIONAL SURVEY PROCESS

T R A D I T I O N A L S U R V E Y P R O C E S S

Information requested of facility upon survey entrance

- Roster Sample Matrix Form (CMS 802)

Tour

Gather information about concerns that have been preselected, new concerns, and other residents for the sample. Determine whether residents pre-selected for the Phase I sample are still present in the facility.

Sample selection

- Residents selected offsite based on facility's QIs of concern. Sample size is determined by facility census.
- Determine whether any pre-selected concerns should be dropped and whether any pre-selected residents should be substituted based on review of Roster/Sample Matrix and findings from the tour.
- Determine which pre-selected Phase I sample residents are interviewable and number of reviews to complete based on census.
- Select residents for comprehensive or focused reviews.

Survey structure

Phase I involves both comprehensive and focused reviews.

Phase II involves focused and closed record reviews.

Review process

Surveyors complete the Resident Review, which includes observations, interviews and record reviews for the sampled residents.

Automation

At this point, most data collection is done on paper; computers are used only for the Statement of Deficiencies.

Interviews

The survey process includes Resident Interviews, Family Interviews and Group or Council Interviews.

Q I S P R O C E S S

Information requested of facility upon survey entrance

- Alphabetical list of residents and their room numbers.
- List of new admissions over last 30 days.

Tour

Initial brief review to gain information about the resident population, staff, and facility layout. The purpose is neither to select a sample of residents for review nor to gather detailed information regarding specific concerns.

Sample selection

Samples include:

- MDS Offsite sample – residents with an MDS within 180 days prior to survey. (This information is only used by the QIS DCT to calculate QICs.)
- Admission sample – 30 randomly selected residents admitted more than 30 days prior to survey who had an MDS within 180 days prior to survey.
- Census sample – 40 randomly selected residents currently residing in the facility.
- Surveyors may initiate additional residents or issues at their discretion.

Survey structure

Stage I involves a preliminary investigation of regulatory areas in the Admission and Census samples. Stage II involves an in-depth investigation of triggered Care Areas in a Stage II sample chosen based on Stage I findings and surveyor initiated samples

Review process

Follow consistent protocols for making observations, conducting interviews, and reviewing clinical records in Stage I; also includes specific structure for Stage II review and documentation.

Automation

Each team member uses tablet PCs throughout to record findings that are synthesized and organized by QIS DCT software.

Interviews

The QIS includes resident, family and council president interviews.

HISTORY AND DEVELOPMENT OF THE QIS

The Quality Indicator Survey (QIS) is a revised long-term care survey process that was developed under Centers for Medicare & Medicaid Services' (CMS) oversight through a multi-year contract.

The University of Colorado's Division of Health Care Policy and Research and the University of Wisconsin-Madison's Center for Health Systems Research and Analysis developed the QIS with information systems support provided by Maverick Systems, Inc., and Alpine Technology Group through a contract from CMS for which RTI International was the prime contractor.

The QIS process, tools, software, and training materials have undergone extensive revisions and refinements over the years through pilot, feasibility, alpha, and beta tests led by teams of researchers, state surveyors, and CMS staff in numerous facilities throughout the country. The QIS Demonstration will enable CMS to further refine and improve upon the QIS process before determining whether to proceed with national implementation.

Under the QIS Demonstration, the University of Colorado is responsible for surveyor training and technical support, monitoring the QIS implementation, and refining the QIS process. Additional technical support is provided by subcontractors Alpine Technology Group and Iowa Foundation for Medical Care. The demonstration evaluation is being conducted by Abt Associates, Inc., and Vanderbilt University, with assistance from the University of Colorado. CIBER is participating in the development of training methods.

A CMS team is providing oversight and guidance on all aspects of the QIS Demonstration implementation, evaluation design and performance, and refinements to the QIS process, as well as communication with participating states, their stakeholders, and other interested parties.

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