

State Survey Agency Implementation of the Quality Indicator Survey

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

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Agenda

1. Welcome – Fred Gladden, CMS
2. Status of QIS Demonstration – Fred Gladden
3. Transition from Demonstration – Fred Gladden
4. Role of contractors (University of Colorado and Nursing Home Quality) – Fred Gladden
5. North Carolina selection for statewide implementation – Fred Gladden
6. Structured SA training – Fred Gladden
7. Communications with providers through SA – Fred Gladden

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Agenda (continued)

8. QIS and enforcement – Fred Gladden
9. Description of state-specific implementation plan and timing – Cindy DePorter, NC State Survey Agency
10. QIS overview – Andrew Kramer, Nursing Home Quality
11. Comparison of QIS and traditional survey – Andrew Kramer
12. Impacts of QIS on survey process – Andrew Kramer
13. Questions and Answers

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QIS vs. Traditional Survey

- 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
- QIS Does Represent:
 - Greater structure
 - Increased sample size
 - Use of technology to support survey

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QIS Demonstration

- QIS in Development (>9 years)
- Demonstration (September 2005 – September 2007)
- Limited Demonstration (2 teams per state)
- Phase I – Evaluation of QIS (5 states – KS, OH, CT, LA, CA)
- Independent Evaluation (Abt Associates)
- Phase II – Develop National Training Model (FL, CT)

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Transition from Demonstration

- State solicitation (December 2006)
- States responding (13)
- MN – Implementation began in January 2008
- NC, NM, WV – Implementation between June 2008 and June 2009
- Statewide implementation

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Role of Contractors

- University of Colorado Health Sciences Center (Survey development/Assist with implementation)
- Nursing Home Quality, LLC (Conduct SA/RO training)
- Competitively awarded contracts

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Training Model (Surveyor Registration)

- Structured
- Train core teams (classroom/mock survey/surveys of record/2 compliance assessments)
- Registration in CMS Learning Management System
- Training of core teams (estimate 3 months)

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Training Model (Certification of Trainers)

- Train-the-trainer class
- Instruct classroom training
- Direct mock survey
- Assess during surveys of record
- Conduct compliance assessments
- Certified in CMS Learning Management System

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Communications

- Same as traditional survey
- SA to RO

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Enforcement

- No change – Same as traditional survey
- IDR – Same as traditional survey process

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Description of State-specific Implementation Plan and Timing

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QIS Resource Manual available at:
http://www.uchsc.edu/hcpr/qis_manual.php

QIS Electronic Forms and Worksheets available at:
http://www.uchsc.edu/hcpr/qis_forms.php

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

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**QIS Process Made Easy
Two Stages: Three Steps**

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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

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Three Steps in Each Stage

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

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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

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Stage I Triggers for Stage II Investigations

Trigger	Percentage
Resident Observation	16%
Resident Interview	21%
Family Interviews	12%
Staff Interviews	8%
Admission Chart	11%
Census Chart	8%
MDS QIs	13%
New MDS Indicators	11%
(Unlabeled)	8%
(Unlabeled)	11%

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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

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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

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Surveyor Initiative

At any time in the process, surveyors can initiate the addition of:

- Residents
- Care areas
- F tags

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Comparison of QIS and Traditional Process

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

Entrance Information

<u>Traditional</u>	<u>QIS</u>
➤ Quality Measure/Quality Indicator Report	➤ Alphabetical resident census with room numbers/units
➤ Roster Sample Matrix Form (CMS 802)	➤ List of new admissions over last 30 days

Tour

Traditional

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

QIS

- No sample selection
- Initial overview of facility

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Sample Selection

Traditional

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

QIS

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

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Survey Structure

Traditional

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

QIS

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

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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

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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

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Group Interview

Traditional

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

OIS

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

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Impacts of QIS

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QIS Implementation Status (5/08)

- Surveys of Record: 724
- Registered QIS Surveyors: 157
- State Certified Trainers: 30 (2 more in training)
- Trained CMS Regional Office Surveyors: 11 (1 more in training) - 5 Regions

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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

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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)

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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)

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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

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