

The New Quality Indicator Survey (QIS): Implications & Strategies for Providers

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What is QIS?

- A technology-based, computer-assisted federal long term care survey process.
- Highly structured design directs/guides surveyors during onsite survey of Medicare/Medicaid-certified nursing homes.

What is QIS?

- Based on research of protocols to evaluate QoC/QoL (Univ. of Colorado)...CMS adopted UC's scientific methods.
- Resident-centered
- Replicable (for look-behind surveys)

Data Collection

- Customized software, developed for CMS, entitled the “Quality Indicator Survey Data Collection Tool”.

(QIS DCT)

- Software uses QCLI’s to determine care areas exceeding national threshold*.

*QCLI trigger/flag does not necessarily mean there’s an issue.

QIS Objectives (6)

1. Improve consistency in, and accuracy of, surveyors' identification of Quality of Care and Quality of Life problems, and reduce/remove surveyor bias.

(CMS and state agencies can monitor variances between states, area offices, survey teams & surveyors.)

QIS Objectives

2. Force a more structured and objective survey process through...
 1. Logical, sequential steps
 2. Automated assimilation of data after entry into surveyor laptops

QIS Objectives

3. To have a uniform/standardized investigative review of potential problem areas triggered through current survey resources* .

*Oscar report, MDS data, Ombudsman, Complaint surveys, Quality Indicators, Quality Measures, observations, interviews and clinical record reviews.

QIS Objectives

4. Have tools/systems that cause continuous improvement in survey process through greater consistency, transparency & accuracy.

QIS Objectives

5. Through automation, to have a more organized and thorough (a) investigative process, (b) survey findings and (c) surveyor documentation.

QIS Objectives

6. Focus survey resources on facilities, and areas within a facility, with largest number of quality concerns.

Approach: 2-Stage

1. **A Stage I & Stage II process**
 - To verify compliance or non-compliance through application of an *automated and prescriptive* pathway on which surveyors *must* travel.

Approach: Scripted

2. Critical Element Pathways (prescriptive guides that follow the interpretive guidelines) used to guide surveyor through the investigative process; up to and including outcome determination.

Approach: OIRR

3. **Observation, Interview & Record Review**

...with *interviews* driven by sets of *prescribed* questions

(Interviews carry substantial weight in the QIS)

Approach: Technology

4. TC carries all QIS Supplies:

- Primary Laptop PC*
- Peripherals
- Portable Printer w/ extra ink cartridges
- USB flash drive/diskettes
- Printer paper
- Stage I & II Worksheets
- Survey announcement signs
- Facility folder for all forms provided by facility & QIS DCT reports

* Each surveyor carries his/her “Secondary” lap-top and USB.

Approach: Technology

5. DCT runs on tablet computers

- Guides surveyors through structured investigation
- TC controls the Primary computer
- All other surveyors use “Secondary” laptops
- (TC will request a workspace with an electrical connection, explain why and provide administrator with a brochure about QIS)

Approach: Technology

6. Information Exchange

- Data entered in each surveyor's Secondary computer is exported to Primary pc during survey, using USB drives.
- Updated and assimilated data is then exported back to Secondary pc's via USB.

The QIS Process – Stage I

- **Offsite Survey Preparation**
 - Review of:
 - OSCAR past 3 yrs' survey history
 - Complaint survey
 - Waiver status
 - QI report* (From wh/ Stage 1 sample derived)
 - Census Sample Report (Most current census, per MDS data)
 - Ombudsman's input (per review of data or contact)

*Compared with national norms

The QIS Process – Stage 1

- **Offsite Survey Preparation** (con't)
- MDS data/QI Reports*
 - Source for resident pool
(from which Stage I random sample is derived)

*Exported to all laptops

The QIS Process – Stage 1

- Survey team uses results generated from combined DCT preliminary investigative findings and MDS data to obtain an automated, comprehensive set of flagged QCLI's*

*Flagged QCLI's = those which exceed national thresholds.

3 Empirical Sources for Stage I Sample

- **Census Sample** (request of facility – alphabetical)
 - 40 residents
- **Admission Sample** (request of facility – include DOB)
 - 30 residents (includes discharges)
- **MDS data/QI Reports - offsite**
 - Create a resident pool from which Stage I random sample & MDS QCLIs for Stage II are selected*

* Other residents can be selected at surveyor's discretion

The QIS Process – Stage 1 (con't)

- **Onsite**
 - **Entrance Conference:** Mandatory facility-level tasks conveyed; including requests and timeframes for data/information:
 - Full House Census in alphabetical order
 - Past 30 days' Admissions Roster
 - **Facility tour** – concurrently done by survey team

The QIS Process – Stage 1 (con't)

- **Reconciliation of Stage I Samples**
 - Admission
 - Census
 - MDS Sample*

- **Initial Team Meeting**

- **Interview of Resident Council President**

- **Observations of:**
 - dining/kitchen areas
 - infection control practices (includes request for P&P for Flu/PVP)
 - medication administration

**Other, additional, residents/issues can be selected at surveyor discretion.*

The QIS Process – Stage 1 (con't)

- Preliminary Investigation includes a combination of resident*, family and staff *interviews*.

*Interviewable residents determined by the CPS.

QIS-DCT automatically calculates CPS score for each resident in census sample

- CPS of 1-3 = interviewable
- CPS of 4-7 = family interview

The QIS Process – Stage 1 (con't)

During course of survey, surveyors *must* observe Resident/Staff interaction

- **Admission Sample**
 - Past 30 days' admissions
 - 30 residents, some of whom could have been discharged.
 - *Only* record reviews
 - Focus of sample: skin, rehab, emergent care, nutrition
- **Census Sample**
 - 40 current residents for OIRR
- Review of Medicare demand billing process and QAA program.

The QIS Process – Stage I (con't)

- Stage I Team Meeting, preliminary findings entered into DCT by each surveyor; on his/her laptop.
- The combined data, exported to Primary (TC's) laptop, yields comprehensive QCLI's that exceed national norm.
- QCLI's that exceed nat'l norm trigger Stage II investigation. Resident assessment (OIRR) used w/ MDS data to identify 1 or more of the 160 resident-centered outcome and process indicators QCLIs
- Stage II sample established.

The QIS Process – Stage II

1. In-depth investigation of triggered care areas, i.e.,
ventilator
dialysis
hospice.
2. Care area investigations require surveyor to use prescriptive (critical element pathway) protocols.

The QIS Process – Stage II

3. Each surveyor conducts assigned investigations of targeted sample cases/issues, enters findings in CPT and exports data to Primary computer.
4. Continual observation of Resident/Staff interaction required during course of all investigations, and findings entered into QIS DCT.

The QIS Process – Stage II (con't)

5. Only if Abuse prohibition, environment, nursing services, sufficient staffing, personal funds and admission/transfer/discharge triggered through offsite or onsite complaints, will the topics be investigated.

The QIS Process – Stage II (con't)

6. Determination of *interviewable* residents is based on CPS
 - (*QIS-DCT automatically calculates CPS score for each resident in census sample*)

CPS Score	Status
1-3	Interviewable
4-7	Interview family

The QIS Process – Stage II (con't)

7. Team Meetings (likely at least 2/day)
8. Integration of Information from all computers
(using surveyor USB drives)

The QIS Process – Stage II (con't)

9. Team Analysis/Decision Making (after all investigations are completed)
10. Scope and severity designation – process unchanged (same as traditional survey)

The QIS Process – Stage II (con't)

11. Decision to Cite or Not to Cite
(based on QIS DCT data which generates a
Potential Citation Report)

12. Exit Conference*

**If* facility requests a list of residents included in the Admission, Census and Surveyor-initiated samples, it will be provided.

Implications of Interview Process

- Family interview: To learn if preferences of non-interviewable resident are being honored e.g., schedules, activities, choices.
- Staff interviews: (Licensed staff) Will require staff to *show* documentation *from the resident's record* to support info/response given.

Implications of Overall QIS Survey

1. Relies heavily on MDS offsite sample
2. No more Matrix Roster
3. Interview of only Resident Council President
4. National (not State) norms used to identify QCI's
5. Need for customer service training of staff
6. Matrix Roster now an excellent internal source for survey preparedness

Implications of Overall QIS Survey

7. 20% increase in citations under QIS, but S/S decreased
8. Importance of minimizing potential complaint call-ins
9. Less IDR's due to irrefutably-written SOD's
10. Interview skills training of staff
11. Initial tour no longer source for sample selection
12. Less communication during Stage 1 (as long as no IJ)

Implications of Overall QIS eSurvey

13. Less management involvement in Stage I
14. Surveyors conduct OIRR w/ tablet in hand and immediate data entry during OIRR (don't know where data will fall out)
15. All shifts are surveyed
16. The crucial step in the QIS is the end of Stage 1 when software calculates findings and identifies care areas that exceed threshold.
17. Abuse threshold of anything above 0 triggers.

Final Implication...

Like the Boy Scout motto...

“Be prepared”

Common QIS-Related Abbreviations & Terms

- **ASE:** Aspen Survey Explorer (Stores facility data and federal regulations; provides access to MDS information and interprets the database)
- **Census Sample:** Roster of resident occupants, printed offsite, based on MDS submissions by a given facility.
- **DCT:** (1) Data Collection Tool (software) used to randomly select samples, input survey info, document relevant findings, calculate QCI & provide potential citations. (2) Calculate MDS/QCIs using the QIS/DCT (primary laptop). Samples drawn on primary laptop and later exported to secondary laptops
- **OIRR:** Observation, Interview and Record Review
- **Primary Laptop:** Team Coordinator's computer and the central PC that contains the ASE and synthesizes data from all secondary computers. **Secondary Laptop:** Laptops used by survey team members other than the TC
- **QCI:** Quality of Care Indicators
- **QCLI:** Quality of Care and Life Indicators
- **QI:** Quality Indicators
- **QISDCT:** Quality Indicator Survey/DCT (the survey application)
- **TC:** [Survey] Team Coordinator