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**2009**  
**Symposium on Regulatory Issues for**  
**Management**  
**in Long Term Care**

**QUALITY INDICATOR SURVEY and**  
**FEDERAL 5-STAR QUALITY RATING**

# Quality Indicator Survey (QIS) DEVELOPMENT

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- University of Colorado, University of Wisconsin, Maverick Systems, and Alpine Technology
- Development from 1998-2005
- Field tested by researchers, CMS staff, CO, IA, MD, NJ, and WI
- Demonstration and evaluation by CA, CT, KS, LA, OH 2006
- FL statewide rollout October 2006-2010

# Quality Indicator Survey (QIS)

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- Computer-assisted long-term care survey process.
- Designed to improve consistency both between and within States.
- QIS is currently being implemented in 9 states-CT, FL, KS, LA, OH, MN, NC, NM, and WV.

# QIS OBJECTIVES

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- Improve consistency/accuracy of Quality of Care/Quality of Life (QOC/QOL) problem identification using a more structured process;
- Comprehensive review of regulatory care areas within the current survey process;
- Provide tools for continuous improvement;

# QIS OBJECTIVES

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- Enable timely and effective feedback on survey processes for surveyors and managers;
- Enhanced documentation by organizing survey findings through automation using a tablet PC;
- Focus survey resources on facilities with largest number of quality concerns.






# Federal 5-Star Quality Rating

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- Overall Rating
- Health Inspections
- Quality Measures
- Staffing

# 5-Star Quality Rating

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- 5  's Much Above Average
- 4  's Above Average
- 3  's Average
- 2  's Below Average
- 1  Much Below Average

# 5-Star Quality Rating

## HEALTH INSPECTIONS

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- 3 Most recent annual inspections
- 36 months of complaint inspections
- Considers the number, scope, and severity of the deficiencies
- Number of revisits required to ensure correction

# QIS OVERVIEW

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- Two-stage process
- Stage I-preliminary investigation of residents, randomly selected, reviewing a range of care areas
- Stage II-in-depth investigation of care areas identified in stage I that exceeded established thresholds
- Nine survey tasks

# TASK 1: OFFSITE

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- Review OSCAR 3 report, complaints, Long Term Care Ombudsman Council (LTCOC) concerns, waivers, variances
- Team assignments: census reconciliation, tour, review of waivers/variances, facility-level tasks
- *NO review of Quality Indicator/Quality Measure (QI/QM) reports and OSCAR reports to preselect sample*

# TASK 2: ONSITE PREP/ENTRANCE CONFERENCE

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- Team Coordinator announces survey, introduces team
- *Team Coordinator requests alphabetical resident census with room number, unit, date of birth*
- *Team Coordinator requests a list of residents admitted within the last 30 days who still reside in the facility*

# TASK 3: INITIAL TOUR

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- Obtain BRIEF overall impression of the facility and the resident population
- *NOT a method of sample selection or sample supplementation*
- Meet staff/residents/families
- Document concerns with environment
- Identify licensed staff by name
- Ask staff to identify family members that visit regularly

# TASK 4: STAGE I SURVEY TASKS

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- Quality Indicator Survey Data Collection Tool (QIS DCT) provides a systematic automated resident sampling process using a tablet PC
- QIS DCT generates the Minimum Data Set (MDS) sample, Admission sample, and Census sample
- Surveyors may generate a non-random, surveyor-initiated sample

# TASK 4

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- Resident Pool is comprised of residents who had as least one MDS transmitted within 180 days prior to the extraction date of the data from the national database (does not include discharge assessments)

# TASK 4

## MDS Sample

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- Residents who had MDS submitted within 180 days prior to the extraction date
- Excludes: discharge, re-entry, and those residents who had only an admission assessment
- No Stage I activities related to MDS
- Residents whose data trigger the MDS-based Quality Care Indicators (QCIs) will be reviewed in Stage II

# TASK 4

## Admission Sample

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- Random sample of up to 30 residents who had an admission assessment within 180 days prior to extraction date AND who were admitted more than 30 days prior to the extraction date
- Stage I information is obtained from record review for each Admission sample resident

# TASK 4

## Census Sample

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- Random sample of 40 residents
- Residents whose MDS was submitted within 180 days prior to the extraction date AND continue to reside in the facility
- Consists of resident/family/staff interviews, resident observations, and record reviews for each of the 40 sample residents

# TASK 4

## Surveyor-Initiated Sample

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- At the discretion of the surveyor
- Chosen by a surveyor to be further evaluated during Stage II
- Based on resident-specific information obtained from complaints, Long Term Care Ombudsman, observations, interviews
- Based on surveyor knowledge and expertise

# TASK 4

## Stage I Admission Sample Review

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- Focus is on quality of care within first six months for short stay residents and encompasses rehabilitation, rehospitalization/death, skin care, and nutrition
- Record review only
- Up to 30 residents

# Admission Sample

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# TASK 4

## Stage I Census Sample Review

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- Focus is care of residents currently residing in the facility and encompasses activities of daily living, nutrition, medications, elimination/incontinence, resident room, oral health, quality of life, skin care
- Observations, interviews, record reviews
- 40 residents currently residing in the facility

# Census Sample Review

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# TASK 4

## Resident Observations

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# TASK 4

## Resident Interviews

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- QIS DCT uses a Cognitive Performance Scale (CPS) to automatically calculate a CPS score for each Census Sample resident
- Residents with a CPS score of 1-3 on a scale of 1-7 will be identified as interviewable
- Residents with a CPS score of 4-7 will be identified as family interview candidate
- If resident does not have an MDS assessment, the computer will not calculate a CPS score and the resident will be listed as interviewable

# TASK 4

## Resident Interviews

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# TASK 4

## Family Interviews

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- Three family members/representatives who know the resident well and visit the facility often are interviewed
- Completed prior to the end of Stage I
- Focus is to obtain information to determine if the facility is honoring preferences of residents in areas such as schedules, activities, choices

# TASK 4

## Staff Interviews

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- Conducted with licensed staff (RN/LPN)
- Nurse must have frequent and direct contact with the resident
- Convenient for the staff
- Document what is stated, even if information contradicts information gathered from another source (observation or record review)

# Licensed Staff Interview

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# TASK 4

## Clinical Record Review

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- Encompasses pressure ulcers, psychotropic medications, and weight loss
- Conduct throughout Stage I
- Conduct record reviews on the unit to continue observations of activities and staff-resident interactions

# TASK 5

## FACILITY-LEVEL SURVEY TASKS

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- There are 12 facility-level tasks
- 1-7 are conducted throughout Stage I and Stage II (non-staged facility-level tasks)
- 8-12 are completed in Stage II ONLY if triggered (triggered facility-level tasks)
- Data is entered in Stage II Critical Elements screen and compliance decisions are made during Stage II

# TASK 5

## Non-staged Facility-level Tasks

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- Liability Notices
- Dining Observation
- Infection Control
- Kitchen/food Service Observation
- Medication Administration Observation
- Quality Assessment and Assurance
- Resident Council President Interview

# TASK 5

## Triggered Facility-level Tasks

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- Abuse Prohibition Review
- Admission, Transfer, Discharge
- Environmental Observations
- Nursing Services, Sufficient Staffing
- Personal funds

## TASK 6

### TRANSITION: STAGE I TO STAGE II

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- Confirm resident-specific information from Admission sample and Census sample is gathered and accurately entered into tablet PC
- Calculate Quality of Care Indicator (QCI) results=information is extracted from MDS data and data collected during Stage I from Admission and Census sample residents

# TASK 6

## QCI Results

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- Identify QCIs that exceed threshold
- Identify residents
- Identify care areas
- Assess questions/responses that define each QCI
- Determine whether a resident or care area needs to be surveyor-initiated
- Detect Stage I data entry error

# TASK 6

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- Surveyor-initiate residents
- Surveyor-initiate care areas
- Surveyor-initiate residents who are ventilator dependent, receive dialysis or certified hospice services
- Surveyor-initiate an F tag

# TASK 7-STAGE II SURVEY TASKS

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- Stage II involves in-depth investigation of residents whose related QCIs exceeded thresholds as identified through the completion of Stage I process
- Complete facility-level tasks
- Make compliance decisions

# TASK 7

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- Care areas have associated Critical Element Pathways (CEs)
- CEs guide the investigation and assist the surveyors in completing a consistent, organized, and systematic review of triggered care areas
- CEs are similar to CMS' current investigative protocols

# TASK 7

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- 17 CEs: 16 related to specific care areas, 1 general
- Each CE pathway incorporates each step of the resident care process reflected in the regulations: assessment, care planning, implementation of care that meets professional standards of quality, care plan revision, provision of care and services to meet the needs of the resident

# TASK 7-Stage II Sample Selection

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- QIS DCT identifies residents and care areas for further investigation
- First-surveyor-initiated residents
- Second-minimum of 3 residents from triggered care areas (census/admission, currently residing in the facility, discharged from the facility)

# TASK 7

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- After surveyor has gathered all information through observations, interviews, and record reviews, a systematic review of the information for each critical element should be completed to determine whether the critical element is met
- CE compliance decision is documented on CE Pathway and entered into Stage II CE screen of QIS DCT

# TASK 7

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- Surveyor marks “YES” met or “NO” unmet, and marks applicable F tag, enters relevant findings, and assigns severity level
- Relevant findings are documented using Principles of Documentation

# TASK 8-Stage II

## Analysis and Decision-Making

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- Team reviews Potential Citations including accompanying documentation to determine whether a deficiency exists based on the evidence gathered
- Team selects the final severity for each deficiency and then the scope and severity

# TASK 9-Exit Conference

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- Inform facility of survey team's observations and general preliminary findings
- Provide facility opportunity to discuss and supply additional information