



FACT SHEET:

QUALITY INDICATOR SURVEY (QIS) PROCESS

WHAT IS THE QIS PROCESS?

CMS has implemented the Quality Indicator Survey (QIS) which is a federally-approved process for surveying nursing homes used by selected State Survey Agencies and CMS to determine if Medicare and Medicaid certified nursing homes meet the Federal requirements. The QIS uses computer technology that is not utilized in the traditional survey process. Once a State is selected by CMS to implement the QIS, the time frame for achieving statewide QIS implementation can range from one to three years. The rate at which implementation occurs is dependent upon the number of surveyors needing QIS training and other issues as determined by the State. Therefore, until all nursing home surveyors in a selected State have received training in the QIS process, some nursing homes will continue to receive the traditional survey to determine compliance with Federal participation requirements. The QIS process has not altered the requirement that facilities must be inspected every 9 to 15 months with a state's average survey cycle of every 12 months.

HOW IS THE QIS PROCESS IMPLEMENTED?

The QIS involves two stages of review. In the first stage, preliminary investigations are conducted through structured resident, family, and staff interviews, resident observations, record reviews, and analysis of Minimum Data Set (MDS) data. These tasks, in combination with structured facility reviews, yield 162 Quality of Care and Quality of Life Indicators (QCIs) that are compared with national norms to identify Care Areas for further investigation in the second stage of the QIS survey. The second stage involves in-depth quality investigations using Critical Element Pathways that address assessment, care planning, care provision, and reassessment. The Care Areas are mapped to specific F tags. The QIS is used for standards surveys, extended surveys, post-survey revisits and complaint investigations.

- **The QIS Standard Survey**

The QIS standard survey consists of the following nine tasks, compared to the seven tasks that are currently used in a traditional survey. Forms used in the QIS process can be obtained on the Nursing Home Quality webpage at http://www.nursinghomequality.com/cms_forms.html. CMS awarded Nursing Home Quality a 5-year contract to train state survey agency staff throughout the county on the QIS Process.

Task 1: Offsite Survey Preparation:

- Offsite Survey Preparation and Initial Sampling

Task 2: Onsite Preparatory Activities and Entrance Conference

- Prior to the Entrance Conference
- Entrance Conference
- Possible Off Hours Activities

Task 3: Initial Tour

- Tour

Task 4: Stage I Survey Tasks

- Finalize Sample Selection
 - o Stage I Sample Selection Procedures
 - Stage I Team Meetings (first meeting)
 - Stage I Information Gathering
 - Stage I Admission Sample Review
 - o Medical Record Review
 - Stage I Census Sample Review
 - Resident Interviews
 - Resident Unavailable for Interviews
 - Resident Observations
 - Staff Interviews
 - Medical Record Review
 - Family Interviews

Task 5: Non-Staged Survey Tasks

- Resident Council President/Representative Interview
- Dining Observation
- Kitchen/Food Service Observation
- Infection Control Policies and Practices
- Demand Billing Review
- Abuse Prohibition Review
- Quality Assessment and Assurance (QA&A Review)

Task 6: Transition From Stage I to Stage II

- Update the Resident Pool
- Review Completion of Stage I
- Review Surveyor-Initiated Residents and/or Care Areas
- Import All Data into the Primary Laptop
- Review the Relevant Findings Report
- Review the QCI Results Report

Task 7: Stage II Survey Tasks

- Introduction
- Team Meetings
- Stage II Sample Selection
 - o Substituting Residents
 - o Supplementing the Sample
- Staff Assignments

- Stage II Information Gathering
 - o Stage II Critical Element Pathways
 - o Medication Administration Observation and Unnecessary Drug Review
- Facility-Level Investigations
 - o Environmental Observation
 - o Resident Funds
 - o Admission, Transfer, and Discharge Review
 - o Sufficient Staff

Task 8: Analysis and Decision-Making: Integration of Information

- Integration of Facility-Level Information
- Integration of Critical Element Pathways
- Analysis of Information Gained
- Analysis of Scope and Severity and Team Decision-Making

Task 9: Exit Conference

- Exit Conference

• **The QIS Extended Survey**

When the survey team is conducting a QIS standard survey and they have determined there is substandard quality of care, they will conduct QIS extended survey procedures. Substandard quality of care is defined as one or more deficiencies with scope/severity levels of F, H, I, J, K, or L in any of the following regulatory groupings:

- 42 CFR 483.13, Resident Behavior and Facility Practices;
- 42 CFR 483.15, Quality of Life; and/or
- 42 CFR 483.25, Quality of Care.

The purpose of the QIS extended survey is to gather further information (unless already gathered during the standard survey) concerning the facility's nursing and medical services and administration, in order to evaluate systemic issues with the facility's provision of services and management that may be non-complaint with the long term care requirements, and may have contributed to problems cited in the substandard quality of care deficiency(ies). When conducting the QIS extended survey, the survey team coordinator will surveyor-initiate all Tags within the following regulatory groupings into the QIS survey software: 42 CFR 483.30, Nursing Services; 42 CFR 483.40, Physician Services; and 42 CFR 483.75, Administration. There are no specific QIS forms to assist this review. The survey team shall document their findings about these Tags on Surveyor Notes Worksheets (Form CMS-807) and shall input their findings into the QIS software. If the QIS Staffing Review protocol was not already completed during the standard survey, the survey team will complete this protocol.

At the discretion of the State Survey Agency, the QIS extended survey can be conducted either:

- Prior to the exit conference, in which case the facility will be provided with findings from the standard and extended survey; or

- Subsequent to the standard survey, but no longer than 2 weeks after the completion of the standard survey, if the survey team is unable to complete the extended survey prior to the exit conference.

- **The QIS Post-Survey Revisit (Follow-up)**

A QIS post-survey revisit is conducted to confirm that the facility is in compliance and has the ability to remain in compliance. The purpose of the revisit is to reevaluate the specific care and services that were cited as noncompliant during the QIS standard and/or extended survey. The specific procedures for each revisit depend on the deficiencies that were cited during the QIS standard survey. For each QIS revisit, the surveyor(s) will use portions of the QIS standard survey, only as applicable to their need to evaluate the facility's return to compliance for requirements cited as deficiencies. For all QIS revisits, the surveyor(s) will review offsite the Statement of Deficiencies and conduct a focused review of the summary information from the QIS standard survey. Once onsite, the surveyor(s) will ask the facility to provide a roster of residents. The surveyor(s) will use the QIS software as well as information from the QIS standard survey (such as residents investigated) to surveyor-initiate the Care Areas and/or Tags and residents to be investigated. The surveyor(s) will use Stage 2 Critical Element Pathways (CEs) protocols as applicable to the Tags that have been cited, or the general CE for aspects of care not covered by the other CEs. For example, if deficiencies were cited for pressure ulcers and medication errors, the surveyor(s) would use the pressure ulcer CE and the QIS Medication Administration and Unnecessary Drug Review form to conduct these investigations. The surveyor(s) will input findings into the QIS software and proceed through QIS deficiency decision making, and scoring of scope and severity for any deficiencies that are cited.

- **The QIS Complaint Survey Procedures**

The QIS is used for investigation of complaints during a QIS standard survey. The survey team coordinator will surveyor-select the complaint area(s) of concern and the resident(s) involved in the complaint and add them to the list of issues and residents evaluated during the QIS standard survey. The QIS Surveyor Training Manual contains further details concerning the manner in which these surveyor-selected concerns and issues are added to the standard survey for investigation, determination of whether they are substantiated or unsubstantiated, and conveying of findings into the CMS ASPEN data system.

QIS OBJECTIVES:

The QIS has four objectives:

1. Improve consistency and accuracy of the survey
2. Comprehensively review more regulatory areas within current survey resources
3. Enhance documentation through automation
4. Focus survey resources on facilities with the greatest quality concerns

