

# CMS Quality Indicator Survey/ASE-Q

## The Quality Indicator Survey

CMS is implementing the Quality Indicator Survey (QIS) which is a computer assisted long-term care survey process used by selected State Survey Agencies and CMS to determine if Medicare and Medicaid certified nursing homes meet the Federal requirements. The production grade software, ASE-Q is now being used.

### The QIS was designed to achieve several objectives:

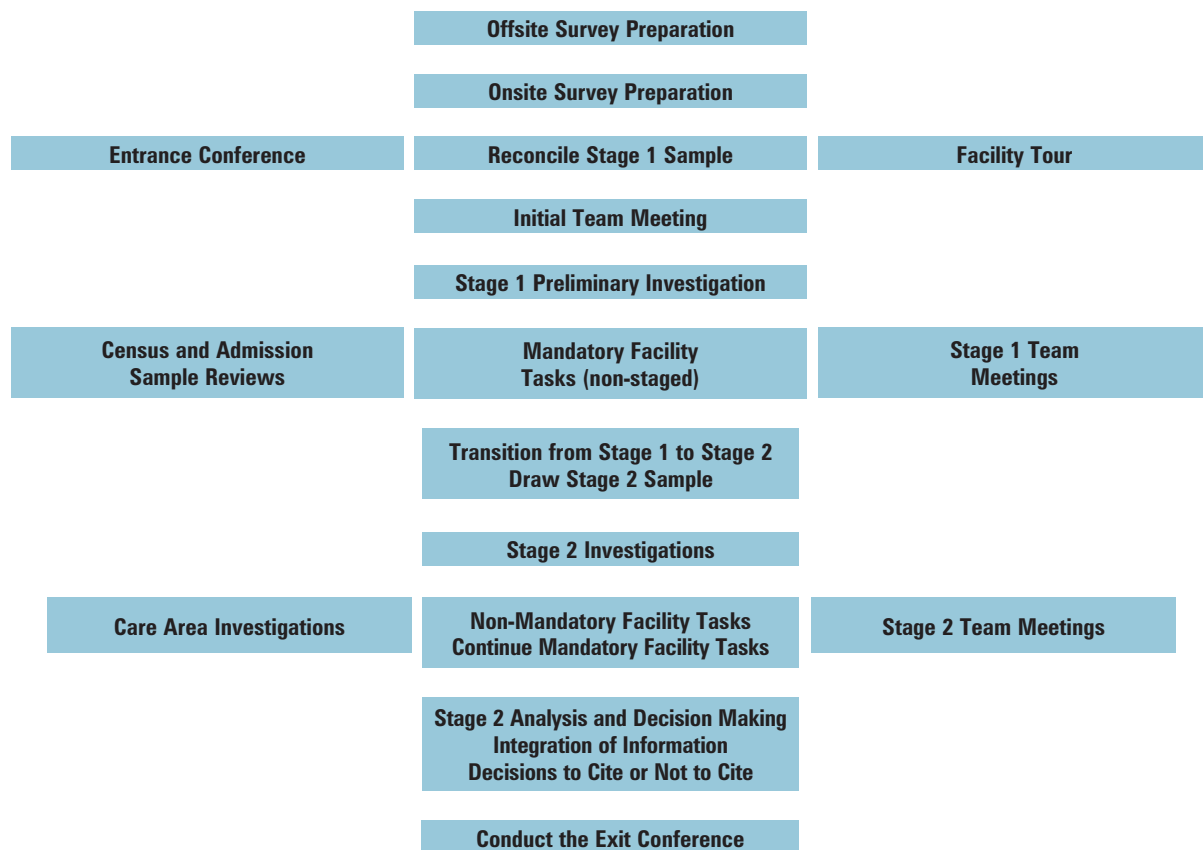
- Improve consistency and accuracy of quality of care and quality of life problem identification by using a more structured process;
- Enable timely and effective feedback on survey processes for surveyors and managers;
- Systematically review requirements and objectively investigate all triggered regulatory areas within current survey resources;
- Provide tools for continuous improvement;
- Enhance documentation by organizing survey findings through automation; and
- Focus survey resources on facilities (and areas within facilities) with the largest number of quality concerns.

## Description of QIS

The QIS is a two-staged process used by surveyors to systematically review specific nursing home requirements and objectively investigate any regulatory areas that are triggered. Although the survey process has been revised under the QIS, the Federal regulations and interpretive guidance remain unchanged. The QIS uses customized software on tablet personal computers (PCs) to guide surveyors through a structured investigation.

Figure 1 describes the QIS process. The process begins with offsite survey preparation activities including review of prior deficiencies, current complaints, ombudsman information, and existing waivers/variances, if applicable. Minimum Data Set (MDS) data for the facility are loaded offsite into surveyors' tablet PCs.

Upon entry at the nursing home, an entrance conference is conducted during which the team coordinator requests facility information. Concurrent with the entrance conference, surveyors conduct a brief tour to gain an overall impression of the facility, and the resident population being served.

**FIGURE 1: OVERVIEW OF THE QIS PROCESS****Thresholds:**

With the release of ASE-Q, Census and Admission sample QCLIs will have two separate sets of thresholds, one for small samples and one for not small samples.

- “Small” Census sample thresholds will apply when there are 35 or fewer residents in the Census sample and “Not Small” Census sample thresholds will apply when there are 36 or more residents in the Census sample. The exception to this rule is for Family Interview QCLIs. There is one threshold for Family Interview QCLIs, regardless of the Family Interview sample size.
- “Small” Admission sample thresholds will apply when there are 9 or fewer residents in the Admission Sample and “Not Small” thresholds will apply when there are 10 or more residents in the Admission sample. The applicable threshold is automatically applied by the software; surveyors do not have to choose which threshold to use.

**Three distinct Stage 1 samples are selected:**

- 1) The census sample focuses on quality of care and quality of life and includes up to 40 randomly selected residents who are in the nursing home at the time of the survey.
- 2) The admission sample includes up to 30 recent admissions and emphasizes issues such as rehospitalization, death, or functional loss. This may include both current and discharged residents for a focused chart review.
- 3) The MDS data are used to create the resident pool from which the Stage 1 samples are randomly selected and to calculate the MDS-based Quality of Care and Quality of Life Indicators (QCLIs) for use in Stage 2.

In addition, other residents and issues can be selected at the surveyors’ discretion.

Stage 1 provides for an initial review of large samples of residents which includes resident, family, and staff interviews; resident observations; and clinical record reviews. Utilizing onsite automation, the results of these preliminary investigations are combined to provide a comprehensive set of QCLIs covering resident and facility-level regulatory areas. Mandatory Facility Tasks are started including resident council president interview; observations of dining and kitchen areas, infection control practices, and medication administration; and review of the Medicare demand billing process and the quality assessment and assurance program.

After the Stage 1 review is completed, ASE-Q uses the surveyors' findings together with MDS data to determine which QCLIs exceed a national threshold and consequently trigger care areas and/or non-mandatory facility tasks for further investigation in Stage 2.

### **Stage 2 investigation includes:**

- Care area investigations using a set of investigative protocols that assist surveyors in completing an organized and systematic review of triggered care areas;
- Completion of mandatory facility tasks; and
- Triggered non-mandatory facility tasks which include abuse prohibition, environment, nursing services, sufficient staffing, personal funds, and admission, transfer discharge.

After all investigations have been completed, the team analyzes the results to determine whether noncompliance with the Federal requirements exists. (The ASE-Q uses the same decision-making process to determine noncompliance, including severity and scope designation, as is used in the traditional survey.) An exit conference is conducted, during which the nursing home is informed of the survey findings.

## **National Implementation of the QIS**

National implementation of the QIS is progressing State by State as resources are available to conduct training of State and Federal surveyors. Once a State is selected by CMS to implement the QIS, the timeframe for achieving statewide QIS implementation can range from one to three years. The rate at which implementation occurs is dependent on the number of surveyors needing QIS training and other issues 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.

## **Federal Training for the QIS**

Through a competitively awarded contract, CMS selected a contractor to conduct the initial QIS training and the subsequent training of a State's designated QIS trainers. This approach to training is to assure that QIS training is delivered in a uniform and consistent manner to achieve greater standardization.

Surveyors who successfully complete all QIS training components will be entered in the CMS Learning Management System as Registered QIS Surveyors. The training requirements include completion of classroom training, participation in a mock or training survey, and achievement of successful compliance assessment during surveys of record. A State or CMS regional office selects certain Registered QIS Surveyors to receive additional instruction to become trainers in their own State or CMS regional office. The requirements for trainers include completion of four additional QIS surveys of record (for a total of at least six QIS surveys of record); participation in a Train-the-Trainer workshop; delivering classroom training to surveyors; observing and evaluating surveyors during a mock training survey; and evaluating surveyor performance during a survey of record. The CMS training contractor observes, instructs, monitors, and evaluates the trainers in every training component.

## Differences between the Traditional Survey and the QIS

TRADITIONAL SURVEY	QIS
<b>AUTOMATION</b>	
<ul style="list-style-type: none"> <li>Survey team collects data and records the findings on paper</li> <li>The computer is only used to prepare the deficiencies recorded on the CMS-2567</li> </ul>	<ul style="list-style-type: none"> <li>Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software</li> </ul>
<b>OFFSITE</b>	
<ul style="list-style-type: none"> <li>Review OSCAR 3 and 4 report</li> <li>Survey team uses QM/QIs report offsite to identify preliminary sample of residents (about 20% of facility census) areas of concern</li> </ul>	<ul style="list-style-type: none"> <li>Review the Casper 3 Report and current complaints</li> <li>Download the MDS data to tablet PCs</li> <li>ASE-Q selects a random sample of residents for Stage 1</li> </ul>
<b>ENTRANCE INFORMATION</b>	
<ul style="list-style-type: none"> <li>Review of Roster Sample Matrix Form (CMS 802)</li> </ul>	<ul style="list-style-type: none"> <li>Obtain alphabetical resident census with room numbers and units</li> <li>List of new admissions over last 30 days</li> </ul>
<b>TOUR</b>	
<ul style="list-style-type: none"> <li>Gather information about pre-selected residents and new concerns</li> <li>Determine whether pre-selected residents are still appropriate</li> </ul>	<ul style="list-style-type: none"> <li>No sample selection</li> <li>Initial overview of facility</li> </ul>
<b>SAMPLE SELECTION</b>	
<ul style="list-style-type: none"> <li>Sample size determined by facility census</li> <li>Residents selected based on QM/QI percentiles, and issues identified offsite and on tour</li> </ul>	<ul style="list-style-type: none"> <li>The ASE-Q provides a randomly selected sample of residents for the following:             <ul style="list-style-type: none"> <li>Admission sample is a review of up to 30 current or discharged resident records</li> <li>Census sample includes up to 40 current residents for observation, interview, and record review</li> </ul> </li> </ul>
<b>SURVEY STRUCTURE</b>	
<ul style="list-style-type: none"> <li>Resident sample is about 20% of facility census for resident observations, interviews, and record reviews             <ul style="list-style-type: none"> <li>Phase I: Focused and comprehensive reviews based on QM/QI report and issues identified from offsite information and facility tour</li> <li>Phase II: Focused record reviews</li> <li>Facility and environmental tasks completed during the survey</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Stage 1: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility tasks started</li> <li>Stage 2: Completion of in-depth investigation of triggered care areas and/or facility tasks based on Stage 1 findings</li> </ul>
<b>GROUP INTERVIEW</b>	
<ul style="list-style-type: none"> <li>Meet with Resident Group/Council</li> <li>Includes Resident Council minutes review to identify concerns</li> </ul>	<ul style="list-style-type: none"> <li>Interview with Resident Council President or Representative</li> </ul>