

Indiana State Department of Health

Quality Indicator Survey (QIS) Process Questions and Answers

Questions from the December 13, 2010 Conference Call with Nursing Homes concerning the implementation of the CMS Quality Indicator Survey (QIS) Process in Indiana:

1. It was indicated that surveyors will use a computer to guide the survey but that the surveyor still determines whether or not there is a deficiency. How is that different from the current process?

ANSWER: State rules and federal regulations have not changed. All compliance standards remain the same as they were prior to implementation of the QIS process so there is no change in the determination of compliance. The difference is in the information gathering process. The QIS process is designed to improve the organization and flow of the survey process. The computer software behind the QIS process utilizes templates that will guide surveyors through the information gathering process. The templates will assist surveyors in improving interviews and providing a consistent review process. The goal is to achieve improved consistency in the survey process and maintain a balanced focus on each survey component. Once all information is gathered through the QIS process, the surveyor then reviews information and makes a determination of compliance based on that review. [12/19/10]

2. One of the items in the QIS process refers to a determination of sufficient staffing. Because Indiana does not have specific staffing ratios, how will "sufficient staffing" be determined?

ANSWER: An important component of the QIS process is the conducting of interviews with relevant individuals. A part of the QIS process focuses on identifying any concerns with the care and environment. Surveyors will inquire during interviews whether the facility is meeting the needs of residents. If there are concerns, this will prompt the surveyor to further review the issue and determine whether the facility failed to meet the needs of the resident. [12/19/10]

3. Once QIS is implemented, will the same survey teams continue to survey the same facilities?

ANSWER: The ISDH currently has seven survey areas for the nursing home survey program. There are generally three or four survey teams in each area. Those teams will continue to survey in the same area during and after QIS implementation unless there would be an area realignment resulting from changes in staffing. There will be one exception resulting from QIS training. The ISDH has selected four surveyors from a variety of areas to be a part of the initial training group and then serve as QIS trainers. That group of four will be conducting surveys as a team in multiple survey areas so some facilities may be surveyed by this combined team. [12/19/10]

4. Will a facility know which survey process, QIS or traditional, will be used on their next annual survey?

ANSWER: In planning details of the implementation, the ISDH will not be able to inform the facilities that will have surveys of record as part of the QIS training. Because the ISDH has already informed facilities as to the survey schedule for the QIS training surveys, informing the facilities would amount to an announced survey. As the ISDH implements the QIS process in each survey area, the ISDH will not be able to inform those facilities selected as part of surveys

of record in the training process. Once surveys teams complete training and begin performing routine surveys using the QIS process, the ISDH may be able to inform facilities in that area whether they are likely to have a QIS process survey on their next visit. Changes in surveyor schedules may result in some last minute changes but our goal is to let facilities know what type of survey process will be used at a facility's next annual survey. Once a facility has been surveyed under the QIS process, the intent of the ISDH is for all future annual surveys for that facility to utilize the QIS process. [12/19/10]

5. Will a facility need to continue to maintain a Roster/Sample Matrix (CMS 802) resident matrix and Resident Census and Conditions of Residents (CMS 672) to provide to surveyors?

ANSWER: Yes. Both forms will be used in the QIS process. The matrix will continue to be used in the QIS process. [12/19/10]

6. How does the length of the QIS survey compare with the traditional survey?

ANSWER: Based on data from states that have implemented the QIS process, the QIS process initially takes slightly longer than the traditional process. Once surveyors become familiar with the computer system and process, the length of the survey has returned to about the same time as the traditional survey process. [12/19/10]

7. If a facility will be in their survey window in the first quarter of 2011, will it be possible that the QIS process will be used for that survey?

ANSWER: Yes. Starting in January 2011 two survey teams will begin QIS training. As part of the initial training process, each team will complete two surveys of record using the QIS process. One of the teams is from Area 1 in northwest Indiana so two facilities in that area will have the potential of a QIS survey during late January and early February. Once this team successfully completes their training, all of their routine surveys will utilize the QIS process. Therefore, after completing the initial two surveys of record in the training process, the team could potentially do four or five more surveys in the first quarter of 2011.

The second team is composed from surveyors from multiple survey areas. The team will also complete two surveys of record during the initial QIS training. Because this team is tentatively designated as the future state trainers, the team will complete at least two more surveys of record as part of the train-the-trainer process. During the first quarter, this team will therefore perform at least four official surveys. Because the surveyors are from multiple survey areas, surveys performed by this team will also be performed in multiple survey areas. [12/19/10]

8. Is the software used by the surveyors in the QIS process available for purchase by facilities?

ANSWER: No. The software is part of the ASPEN system and is not available for purchase. [12/19/10]

9. Will surveyors still ask for a variety of information upon entering the facility?

ANSWER: Yes. [12/19/10]

10. Have the number of deficiencies cited on the survey increased or decreased in states that have implemented the QIS process?

ANSWER: There have been mixed results from states implementing the QIS process. A few states have seen increases in the number of deficiencies. Other states have seen no change or even a decrease. [12/19/10]

11. How is sampling done for hospital-based units since all residents are within 180 days of admission?

ANSWER: The sampling criteria will be (up to) 30 residents who have had an admission MDS completed in the last 180 days and (up to) 40 residents who are long term residents. There can be overlap of the two samples (i.e., having the same residents in both samples). There will be a high likelihood of reaching the 30 admission records for review. The sampling criteria is residents currently residing in the facility so any current resident is eligible to be part of the sample. In some facilities the Census Sample and Admission Sample may overlap residents. [12/19/10]

12. How does QIS affect life safety code surveys?

ANSWER: Life safety code surveys are not affected by the QIS process. Life safety code surveys will continue to be completed under the current life safety code process. [12/19/10]

13. Are QIS interview questions similar to MDS 3.0 questions?

ANSWER: Yes. The interview questions were developed with MDS 3.0 in mind. [12/19/10]