



# SURVEY SMARTS

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## An Interview with Dr. Andy Kramer on QIS Facts & Myths

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### QIS SURVEYS CONDUCTED

As of 12/14/2009

California.....	36
Connecticut .....	584
Delaware.....	9
Florida.....	911
Kansas.....	328
Louisiana .....	268
Maine.....	29
Maryland .....	56
Minnesota .....	333
North Carolina.....	186
New Mexico .....	44
Ohio.....	278
Vermont .....	9
Washington.....	51
West Virginia .....	17
<b>Total .....</b>	<b>3,139</b>

**T**he transformation of the long-term care (LTC) survey process is under way, with more than 3,100 nursing facilities in 14 states having experienced at least one Quality Indicator Survey (QIS) review. As expected, QIS is bringing much change to the long-term care survey process and a new paradigm in the assessment of care and quality-of-life indicators in LTC facilities.

The QIS is designed to improve consistency in what surveyors pinpoint – and possibly cite – and to facilitate surveyor review of the full range of regulations. The QIS methodology utilizes 162 quality of care indicators—far more than those comprising the QIs/QMs. The QIS calculates rates for each facility for particular care areas and compares them to specified national thresholds, allowing that a certain number of those occurrences could be normal. When a facility’s QIS indicator exceeds the threshold for a particular area, it will likely prompt surveyors to pay close attention to that area during the survey process.

*Quality Care* magazine recently spoke with Dr. Andrew Kramer to learn more about how the QIS is affecting the long-term survey process. Dr. Kramer led the development of the QIS and is currently principal investigator in support of CMS to refine the QIS process and to conduct the training of state survey agencies in the national rollout of QIS.

**Dr. Kramer, a noticeable difference in QIS is that it has two stages. Can you briefly describe them?**

*Dr. Kramer:* Stage 1 is conducted during the first day and a half of a Quality Indicator Survey. The survey team conducts resident interviews, family interviews, staff interviews, resident observations and chart reviews. At the end of Stage 1, the team of surveyors will compile all of the data they have collected from these assessments. The data will be used to calculate rates that are compared to national thresholds to determine whether Stage 2 investigations for potential compliance concerns are warranted. No compliance decisions are made in Stage 1.

Stage 2 is the portion of the survey process in which an in-depth investigation is conducted on behalf of residents within care areas that exceeded thresholds on indicators identified during the Stage 1 process. Compliance decisions are made at the completion of Stage 2.

**Does that make QIS surveys longer than traditional surveys?**

*Dr. Kramer:* On average, even though QIS includes larger samples of resident and very comprehensive assessments, they generally require about the same amount of time and resources as the traditional survey process. In a specific sense, however, the length of a QIS survey is variable depending on how many care areas are “triggered” in the Stage 1 investigation. If only a few care areas are triggered, the survey could be relatively short. If many care areas are triggered, the survey could be considerably longer.

The other factor to consider is that when each new state begins implementing the QIS process, it may take longer than the traditional survey because there is a learning curve for surveyors. As you would expect, efficiency increases substantially once they gain experience with the process.



“ Surveyors use both a resident’s CPS score and a series of screening questions to determine whether a resident is interviewable. ”

**You mentioned the surveyor’s learning curve—  
What do you think is the hardest thing for them  
to adapt to?**

*Dr. Kramer:* Surveyors face two primary adaptations when learning the QIS process. First and most obvious is the intensive use of computer software and technology in the QIS. This isn’t a trivial thing for a lot of them—the adjustment really does take some time to get used to. The other challenge is getting to use the highly structured protocols and larger sample sizes, and the fact that they have tasks that need to be completed within a defined timeframe.

**So, with all the structured protocols and larger  
sample sizes, do “zero deficiencies” surveys  
still occur?**

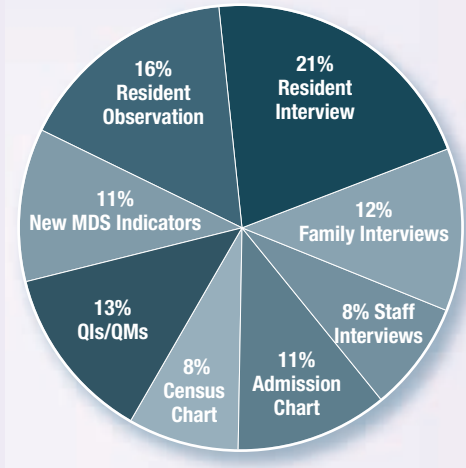
*Dr. Kramer:* Yes. Zero deficiency surveys still occur.

**Are there certain types of deficiencies that are  
cited at a higher rate in QIS?**

*Dr. Kramer:* A major change resulting from QIS is that Stage 2 in-depth investigations of residents are triggered mostly from resident interviews and observations and family interviews. In contrast, in the traditional survey, most of the investigation is triggered by the QIs/QMs.

The QIS results in resident-centered assessments where far more information is derived from residents and families. As a result, F-tags cited at substantially higher rates include quality of life deficiencies such as choices, dignity and activities, which are directly assessed in the resident interview and the resident observation; resident behavior and facility practices relating to abuse, restraints and staff treatment of residents; and quality of care deficiencies relating to providing necessary care for highest practicable well being, weight loss and hydration, and a drug regimen that is free from unnecessary drugs.

**Where Stage 2 “trigger”  
information comes from:**



**What criteria are used to determine a resident  
interview candidate?**

*Dr. Kramer:* Surveyors use both a resident’s Cognitive Performance Scale (CPS) score and a series of screening questions to determine whether a resident is interviewable. To determine whether a resident can be interviewed, surveyors ask the following questions:

1. Are you from around here, the area, etc?
2. Tell me a little about yourself.
3. How long have you been here?
4. What is the food like here?

If the resident provides reasonable answers to these questions, the surveyor marks the resident as interviewable. If the resident provides unreasonable answers, the surveyor marks the resident as non-interviewable. If a surveyor is uncertain, they mark the resident as interviewable and conduct the interview. If they find the responses unreasonable or inconsistent, they are able to change the resident’s status to non-interviewable.

“ *The Quality Indicator Survey is a more resident-centered survey process designed to improve consistency and accuracy, enhance documentation and focus survey resources where they’re needed most.* ”

**Can a surveyor add a specific resident that wasn’t chosen randomly by the computer?**

*Dr. Kramer:* Yes. After the initial random sample is drawn by the surveyor software tool, the surveyor will reconcile that sample with the facility census. They will ask for a list of residents admitted within the last 30 days and who are still in the facility. If any residents from the initial draw of 40 are no longer in the facility, they will be replaced with one of the newly admitted residents.

Surveyors can also “surveyor initiate” a resident into the sample based on resident- or facility-specific information obtained from ombudsman information, off-site complaints, surveyor observation or interviews.

**How do surveyors go about finding family members to interview? What are they looking for?**

*Dr. Kramer:* Surveyors screen all 40 census sample residents and conduct a resident interview with those who are interviewable. Then they select three non-interviewable residents who have a family member or personal representative who is likely to be able to complete a family interview either in person or over the phone before the end of the Stage 1 investigation. They screen the family member or personal representative, asking about their knowledge of and the extent of their relationship with the resident. It is desirable that the family member be familiar with the

resident’s care planning, preferences and daily routines when the resident was more independent and more able to make choices and express preferences.

**How will a surveyor handle concerns, not related to a direct question, which are brought up during the resident or family interview?**

*Dr. Kramer:* The surveyor will note the concerns in the comments section of the interview and then bring the concerns to the team. If the concerns indicate potential for non-compliance, the surveyor will initiate that resident and applicable care area into the Stage 2 sample.

**How do you think the QIS will affect residents overall over time?**

*Dr. Kramer:* The Quality Indicator Survey is a more resident-centered survey process designed to improve consistency and accuracy, enhance documentation and focus survey resources where they’re needed most. The QIS can also be used by providers as part of a continuous quality improvement process to review and improve quality of life and quality of care for residents.

QIS will eventually contribute to the objective of aligning the definition of quality among regulatory, provider and consumer constituents. Its resident- and family-centered perspective will have the greatest impact on quality-of-life and quality-of-care for residents. ■