



***Current Survey Processes***  
***vs.***  
***New Survey Process***

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## Why is CMS Changing the LTC Survey Process?

- Two different survey processes existed to review for the Requirements of Participation (Traditional and QIS)
- Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes.
- The two processes appeared to identify slightly different quality of care/quality of life issues.
- CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.

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## Goals of New Process

- Same survey for entire country
- Strengths from Traditional & QIS
- New innovative approaches
- Effective and efficient
- Resident-centered
- Balance between structure and surveyor autonomy



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## Automation

Traditional	Quality Indicator Survey (QIS)	New Survey Process
<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>	<p>Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software</p>	<p>Each survey team member uses a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software</p>

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## Sample Selection

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>• Sample size determined by facility census</li> <li>• Residents are pre-selected based on QM/QI percentiles (total sample)</li> <li>• Sample may be adjusted based on issues identified on tour</li> <li>• Maximum sample size is 30 residents</li> <li>• Includes complaints</li> </ul>	<p>The ASE-Q provides a randomly selected sample of residents for the following:</p> <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> <li>• With QIS 4.04, complaints can be included in census sample</li> </ul>	<ul style="list-style-type: none"> <li>• Sample size is determined by the facility census</li> <li>• 70% of the total sample is MDS pre-selected residents and 30% of the total sample is surveyor-selected residents. Surveyors finalize the sample based on observations, interviews, and a limited record review.</li> <li>• Maximum sample size is 35 residents</li> </ul>

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## Offsite

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>• Review Casper 3 and 4 reports</li> <li>• Survey team uses QM/QIs report offsite to identify preliminary sample of residents 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 PCs</li> <li>• ASE-Q selects a random sample of residents for Stage 1 from residents with MDS assessments in past 180 days</li> </ul>	<ul style="list-style-type: none"> <li>• Each team member independently reviews the Casper 3 report and other facility history information</li> <li>• Review offsite selected residents and their indicators and the facility rates.</li> </ul>

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## Information Needed Upon Entrance

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Roster Sample Matrix Form (CMS-802)</li> </ul>	<ul style="list-style-type: none"> <li>Obtain census number and alphabetical resident census with room numbers and units</li> <li>List of new admissions over last 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Completed matrix for new admissions over the last 30 days</li> <li>Facility census number</li> <li>Alphabetical list of residents</li> <li>List of residents who smoke and designated smoking times</li> </ul>

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## Initial Entry to Facility

Traditional	QIS	New Survey Process
<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> <li>1 – 3 hours on average</li> </ul>	<ul style="list-style-type: none"> <li>No sample selection</li> <li>Initial overview of facility, resident population and staff/resident interactions.</li> <li>30 – 45 minutes on average for initial overview</li> </ul>	<ul style="list-style-type: none"> <li>No formal tour process</li> <li>Surveyors complete a full observation, interview all interviewable residents, and complete a limited record review for initial pool residents:             <ul style="list-style-type: none"> <li>Offsite selected residents</li> <li>New admissions</li> <li>Vulnerable residents</li> <li>Identified Concern that doesn't fall into one of the above subgroups</li> </ul> </li> <li>8 hours on average for interviews, observations, and screening.</li> </ul>

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## Survey Structure

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Resident sample is about 20% of facility census for resident observations, interviews, and record reviews</li> <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>	<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 concerns identified during Stage 1</li> </ul>	<ul style="list-style-type: none"> <li>Resident sample size is about 20% of facility census</li> <li>Interview, observation and limited record review care areas are provided for the initial pool process; surveyors can ask the questions as they would like</li> <li>Surveyors meet to discuss and select sample, may have more concerns than can be added to the sample; may need to prioritize concerns</li> </ul>

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## Survey Structure, continued

Traditional	QIS	New Survey Process
		<ul style="list-style-type: none"> <li>Investigations are then completed during the remainder of the survey for each sample resident using CE pathways</li> <li>Facility tasks and closed record reviews are completed during the survey</li> </ul>

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## Group Interviews

Traditional	QIS	New Survey Process
<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> <li>• Includes Resident Council minutes review to identify concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Resident Council Meeting with active members</li> <li>• Includes Resident Council minutes review to identify concerns</li> </ul>

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### *New LTC Survey Process Overview*

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## New Survey Process

- The new survey process builds on the best of both survey processes.
- Process is computer software-based
- Input from various stakeholders
- Survey process and software are in testing and development and validation

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## New Survey Process (continued)

Three parts to new Survey Process:

1. Initial pool process
2. Sample Selection
3. Investigation

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## Overview

- Initial Pool Process
  - Sample size based on census:
    - 70% offsite selected
    - 30% selected onsite by team:
      - Vulnerable
      - New Admission
      - Complaint
      - FRI (Facility Reported Incidents- federal only)
      - Identified concern

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## Overview, continued

- Select Sample
  - Survey team selects sample
- Investigations
  - All concerns for sample residents requiring further investigation
    - Closed records
    - Facility tasks

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## *Section I. Offsite Prep*

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## Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
  - Updated Entrance Conference Worksheet
  - Updated facility matrix
- Brief visit to the kitchen
- Surveyors go to assigned areas



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# Updated Facility Matrix (Draft)

Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer / Dementia	I, DD, ID & No PASARR level II services	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antipsychotic (AA), Antidepressant (AD), (RESP) Respiratory	Facility Acquired Pressure Ulcers (any stage)	Worsened Pressure Ulcer (any Stage)	Excessive Weight Loss w/out Prescribed Weight Loss Program	Tube Feeding	Dehydration	Physical Restraints	Falls (F), Fall with Injury (FI), or Fall w/Major Injury (EMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or outside (O)	Hospice	End of Life Care / Comfort Care/Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Central venous line/Intravenous therapy	Infections (M, VI, FI, P, TB, VH, UTI)	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21



## Section III. Initial Pool Process

## Initial Pool Process

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
  - Offsite selected
  - Vulnerable
  - New admissions
  - Complaints or FRIs (Facility Reported Incidences- federal only)
  - Identified concern



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## Resident Interviews

- Screen every resident
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue

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## Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- Investigate further or no issue



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## Resident Representative/Family Interviews

- Non-interviewable residents
- Familiar with the resident's care
- Complete at least three during initial pool process or early enough to follow up on concerns
- Sampled residents if possible
- Investigate further or no issue

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## Limited Record Review

- Conduct limited record review after interviews and observations are completed prior to sample selection.
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer's or dementia, and PASARR (Pre-Admission Screening and Resident Review)

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## Limited Record Review, continued

- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

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## Dining – First Full Meal

- Dining – observe first full meal
  - Cover all dining rooms and room trays
  - Observe enough to adequately identify concerns
  - If feasible, observe initial pool residents with weight loss
  - If concerns identified, observe another meal

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### *Section IV. Sample Selection*

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## Sample Selection

- Select sample
- Prioritize using sampling considerations:
  - Replace discharged residents selected offsite with those selected onsite
  - Can replace residents selected offsite with rationale
  - Harm, SQC if suspected, IJ if identified
  - Abuse Concern
  - Transmission based precautions
  - All MDS indicator areas if not already included

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## Sample Selection – Unnecessary Medication Review

- System selects five residents for full medication review
- Based on observation, interview, record review, and MDS
- Broad range of high-risk medications and adverse consequences
- Residents may or may not be in sample



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## ***Section V. Investigation***

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## Resident Investigation – General Guidelines

- Conduct investigations for all concerns that warrant further investigation for sampled residents
- Continuous observations, if required
- Interview representative, if appropriate, when concerns are identified

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## Investigations

- Majority of time spent observing and interviewing with relevant review of record to complete investigation
- Use Appendix PP and critical elements (CE) pathways



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### ***Section VI. Ongoing and Other Survey Activities***

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## Closed Record Reviews

- Complete timely during the investigation portion of survey
- Unexpected death, hospitalization, and community discharge last 90 days
- System selected or discharged resident
- Use Appendix PP and CE pathways

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## Facility Task Investigations

- Complete any time during investigation
- Use facility task pathways
- CE compliance decision

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## Dining – Subsequent Meal, if Needed

- Second meal observed if concerns noted
- Use Appendix PP and CE Pathway for Dining
- Dining task is completed outside any resident specific investigation into nutrition and/or weight loss

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## Infection Control

- Throughout survey, all surveyors should observe for infection control
- Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

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## SNF Beneficiary Protection Notification Review

- A new pathway has been developed
- List of residents (home and in-facility)
- Randomly select three residents
- Facility completes new worksheet
- Review worksheet and notices

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## Kitchen Observation

- In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation
- Follow Appendix PP and Facility Task Pathway to complete kitchen investigation



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## Medication Administration

### Medication Administration

- Recommend nurse or pharmacist
- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units, and shifts
- Observe 25 medication opportunities

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## Medication Storage

### Medication Storage

- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart

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## Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway



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## Sufficient and Competent Nurse Staffing Review

- Is a mandatory task, refer to revised Facility Task Pathway
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns

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## Environment

- Investigate specific concerns
- Eliminate redundancy with LSC
  - Disaster and Emergency Preparedness
  - O2 storage
  - Generator

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### ***Section VII. Potential Citations***

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## Potential Citations

- Team makes compliance determination.
  - Compliance decisions reviewed by team
  - Scope and severity (S/S)
- Conduct exit conference and relay potential areas of deficient practice

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- Any Questions?

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- On the CAHF Member website there is the new F tags and the cross walk