



A new survey process is on its way to fully replacing the current nursing facility inspection process, and providers would be wise to start doing their homework now.





Meg LaPorte

New Survey Expands Interview Pool

Connie O'Donnell was ready. Her nursing facility, All Saints Catholic Nursing Home in Jacksonville, Fla., was about to experience a mock survey under the Centers for Medicare & Medicaid Services' (CMS) new nursing facility inspection process known as the Quality Indicator Survey (QIS). Since Florida was planning to employ QIS statewide in the near future, O'Donnell thought it would be a good opportunity to learn more about the new process and get a leg up on preparations.

She prepared, her staff prepared; they used the tools given to them by the state, and they used the questionnaires intended to elicit more resident-centered feedback. "We questioned our residents, we did our interviews, we thought we were pretty good," says O'Donnell, who has been All Saints' administrator for the past

six years. "We explained the QIS process to everyone so they knew what to expect going in, and we had our survey book ready."

Bolstering their confidence was the fact that All Saints had an excellent history of survey outcomes.

They were wrong. The surveyors slapped the facility with 18 federal citations and additional state crossover deficiencies. Although the citations were not real, she and her staff were crushed. "For a facility with a survey history like ours, we were devastated. I think I stayed up until midnight that night meeting with every single staff person who was on shift, talking about the process and trying to work through it," O'Donnell says.

"Deficiencies are to be expected for facilities just getting started with QIS," says Andy Kramer, MD, University of Colorado professor of medicine and health policy, "because the new process is more consistent

and less subjective." Kramer, who was instrumental in helping CMS develop the QIS process, says that "when you take an inconsistent process, where some states are much more strict in their survey than other states, and you impose on it a more consistent process, some of the places that are more lenient tend to become more rigorous, and places that are more strict actually come down."

Indeed, there has been a rise in citations among facilities that have been surveyed under the QIS process, according to Lyn Bentley, director of regulatory services for the American Health Care Association (AHCA). "Deficiencies have gone up by about 20 percent for those facilities. However, the scope and severity of citations has decreased, so you have the plus and you have the minus."

According to an analysis of a QIS demonstration project in five states, the jump in deficiencies varies across

Differences Between The Traditional Survey And The Quality Indicator Survey

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

Source: The Centers for Medicare & Medicaid Services, Memorandum #S&C-08-21

four of the demo states, while one state had a slight decrease in deficiencies.

Key Differences

The QIS may take some getting used to, but it's more consistent, less subjective, and more resident-centered than the traditional survey process, says Kramer.

What's more, the QIS has many features that make it very different from the traditional survey. For starters, it is divided into two stages. The first stage involves the use of protocols to identify problems that should be further investigated in the second stage of the process. During the second stage of the QIS, surveyors conduct in-depth investigations of care areas identified in the first stage.

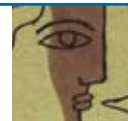
Kramer explained four distinct characteristics of the QIS for the U.S. Senate Special Committee on Aging last May at a hearing on nursing facility oversight.

"First, the surveyors select larger and statistically valid samples of residents to review during the survey," he told the Senate panel. Using tablet PCs (personal computers), 40 current residents of the facility and 30 residents admitted in the past six months are randomly selected for investigation during the first two days of the survey.

The second major difference is the surveyors' use of a combination of resident, family, and staff interviews; resident observations; and chart reviews that are "highly structured and replicable." These interview and observation methods are used to assess care areas for each of the residents in the sample. Aiding this process are 162 quality-of-care and quality-of-life indicators (QCLIs) that are used to determine Stage II areas.

After the Stage I review is complete, a customized software program uses surveyor QCLI data to determine which care areas exceed national thresholds and are thereby triggered for further investigation in Stage II.

Third, surveyors conduct in-depth



investigations of triggered care areas or facility-level tasks based on the findings of the first stage of the QIS. Surveyors must follow structured protocols as they conduct their investigations.

Kramer explains that the advantage of this step in the process is that when very few areas are triggered, “fewer survey resources are expended in that facility because they do not have as many quality-of-care and -life concerns.” On the other hand, “if many areas trigger, well let’s just say it is going to be a long survey.”

The fourth key difference between QIS and the traditional survey, according to Kramer, is that state survey agencies and CMS can use the data generated through the QIS to monitor consistency and rigor of the survey process. Unlike the traditional survey, the QIS yields information on variation in survey practices between states, district offices, survey teams, and even surveyors, he says. This structure does not exist in the traditional survey process, “something that many of the survey agencies doing QIS surveys have requested.”

How It Works

The new survey process sounds good in theory, but for providers the real test is how it works inside the facility. To begin, the entrance conference during Stage I of the QIS is no longer what it used to be, according to Kelly Rice-Schild, executive director of the Floridean Nursing and Rehabilitation Center, Miami. She recently recounted her facility’s experience with the QIS for attendees of the AHCA annual convention in October.

“Under the traditional process, surveyors came in and gave you a list of things they needed for the entrance conference, then you went on a tour of the entire facility with them,” she says. “With QIS, they go straight to the kitchen and then split up—one surveyor goes to the kitchen and does a brief dietary review, while the other surveyor does a quick tour to get the



Members of the Holzer Senior Care Center resident council meet monthly with staff as part of the QIS preparation process.

lay of the land.” Rice-Schild emphasizes that Stage I is simply an investigative process. “They’re looking for a preliminary determination of noncompliance, as in what areas will we have to delve into more, is there a pattern of abuse, are patients saying that they are being treated rudely, are things missing?”

Amina Dubuisson, Floridean’s director of nursing (DON), observes that QIS surveyors no longer limit their interviews and observations to one shift. “They come to all different shifts, [including] early in the morning to catch the 11 to 7 shift. There are resident interviews, staff interviews, and family interviews, and really that investigation is what leads the process,” she says.

Silent Surveyors

For many providers, the most notable departure from the traditional survey is the fact that QIS surveyors communicate very little with facility leadership during Stage I.

Lack of communication is a chief complaint from providers, concedes Donna Cheatham, QIS project lead for the Ohio Department of Health. “We don’t have much information to share during Stage I. We won’t have anything unless there is an immediate jeopardy—

then we would share that. We spend much more time interfacing with direct care staff, interviewing nurses and CNAs [certified nurse assistants], not the DON.”

“The QIS has a very different feel to it, especially during Stage I,” says Shane Craycraft, RN, administrator at Garden Manor Extended Care Center and Retirement Village in Middletown, Ohio. He also noticed reticent surveyors during the QIS.

“They spoke to me on only two days out of the four they were here. Before, you were running around making copies and getting documents for the surveyors. But the staff were not asked to do anything during those two days.” Not until Stage II kicked in did it start to feel more like the traditional survey process, Craycraft notes.

“Some say it’s good because you don’t hear anything from the surveyors for a couple of days, and some say it’s bad because you don’t hear anything from the surveyors for a couple of days,” says Ginger Scheuriger-Davison, regulatory director for the Ohio Health Care Association (OHCA). She says providers in the state have mixed feelings about QIS, although the agency has initiated a statewide rollout.



The Quality Assurance/Quality Indicator Committee at Holzer Senior Care Center meets monthly to review quality indicators and develop action plans.

Teresa Remy, vice president of Holzer Health Systems, Galipolis, Ohio, has three QIS surveys under her belt. “The biggest difference between QIS and the traditional survey process is the lack of communication that surveyors have with the administrators. They communicate more with the caregivers versus the management team,” she says.

Because the surveyors no longer communicate with the DON during Stage I, Dubuisson suggests that facility leadership make an effort to ensure that the CNAs and nurses “really know their residents” and that nurses know where they can find the information on the residents.

“It’s okay not to know it off the top of your head, as long as they know where the information is,” she says.

O’Donnell found that surveyors spent an inordinate amount of time typing on their tablet PCs. “They’re typing as they’re talking, standing there with their tablet PCs open,” she says. “It’s slightly unnerving when you’re sitting there and you haven’t said a word and they’re already typing away. The other thing that was a little scary for CNAs and the floor staff was that they were not really making a whole lot of eye contact.”

Kramer has heard similar feedback from providers. “A year ago, I heard a lot more negative feedback: ‘It’s a black box, we don’t know what’s going to happen, surveyors aren’t communicating with us,’” he says.

“Because of the way the process is structured, you don’t go in knowing what you’re going to investigate. You have to finish Stage I, and at the end of Stage I you don’t know whether there’s noncompliance or how far along you are. At that point, you can’t really talk to providers about how many areas were triggered,” he says, because “they haven’t investigated them yet.”

The reason why surveyors cannot speak to staff until the actual investigations begin is because it’s all pre-decisional, adds Kramer. “It doesn’t mean there’s noncompliance, and you don’t want people running around trying to address everything that was triggered before you even know whether you’ve got an issue.”

Removing The Black Box

In response to such feedback, Kramer has taken steps to remedy some of the black box issues. For example, he began training providers in the QIS process, and his company developed a software

tool, called Abaqis, which guides facility staff through the process.

“Everything done in QIS has scientific underpinnings,” Kramer says. Each of the QCLIs were defined “rigorously,” and each includes a numerator and a denominator, he says.

“The questions that go into them, whether they are resident questions, family questions, or observations from charts, are all scripted and structured like protocols. Also, since every bit of the process utilizes a tablet PC, it’s a very guided process.”

Thresholds And Triggers

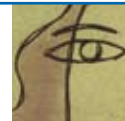
A crucial step in the QIS process takes place at the end of Stage I, when the in-depth investigations of triggered care areas are calculated. The QIS software determines which care area results exceed thresholds for further investigation during Stage II.

A threshold is the rate that determines whether or not a Stage II investigation in a particular care area should be conducted. “For example, if 40 residents and family members are interviewed and three of them had concerns about choices, that does not exceed the threshold, and so you don’t get investigated in Stage II,” says Kramer.

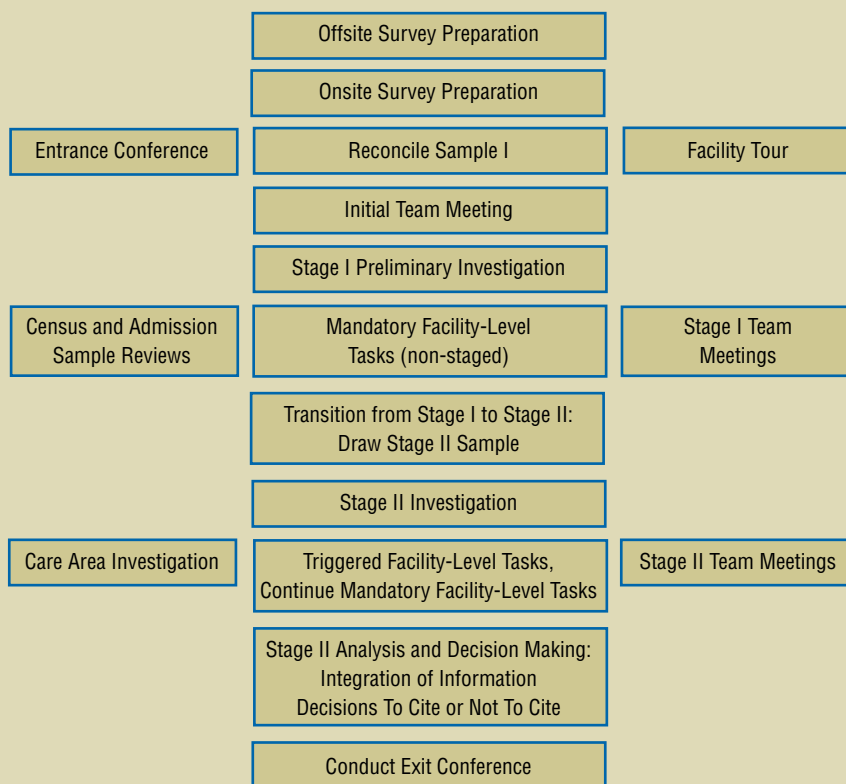
One QCLI, resident abuse, has a threshold of zero, says Kramer. “When someone answers yes to ‘Have you ever been mistreated by staff?’ or ‘Have you ever been treated roughly?’ you have to have a threshold of one case for that,” he says, “because if someone says they’ve been treated roughly, you can’t not investigate. It doesn’t mean there’s noncompliance. But it triggers a Stage II investigation. Sometimes it’s there, and sometimes it isn’t.”

Surveyors investigate the triggered issues using established protocols and investigative tools known as critical element pathways. In short, these investigative tools reorganize the interpretive guidelines into a framework that encompasses assessment, care planning, care plan revision, and care provision.

A critical element pathway is a tool



Overview Of The QIS Process



Source: Centers for Medicare & Medicaid Services Quality Indicator Survey Brochure, May 2008.

You have to use protocols that keep you survey-ready,” she says.

Facilities that use the tools to identify where they have issues and address them before the surveyors get there will not be surprised, Rice-Schild says.

“We knew what they were looking at, we knew exactly what they were doing, because the questions they asked, we had just asked. If you’re a facility that doesn’t ask those questions, or never even looked at the QIS process, and you’re just sitting and waiting...you can’t get away with it anymore.”

Rice-Schild, who was trained in QIS just weeks before the survey came to her facility, applied her experience to preparations for the survey.

“I took it back to my facility, and our team went through the whole process just to see what it was like.”

O’Donnell took an unusual step to help her staff deal with surveyor reticence. “We had a tablet PC and we walked around, and we freaked out our staff so much that they didn’t care anymore, and they were real comfortable when the time came for the survey.”

Finding The Key

Despite her disappointment with the results of the mock QIS, O’Donnell remains sanguine about the new process. “QIS is not insurmountable. All you have to do is find the key,” she says. “The key to the QIS puzzle is different in each building. It’s the one thing that brings everything together and provides that care for the residents. You don’t have to reinvent anything for QIS; you just have to find your key.”

For All Saints, the key was revamping the CNA care plan format to match the QIS-inspired resident care plan format update. O’Donnell says the facility included the new CNA care plan inside the CNA book, which is the communication book for when CNAs come on shift. “They also had a copy on the door inside the resident’s room,” says O’Donnell.

She advises providers to seize the opportunity if offered a mock QIS.

that follows the interpretive guidelines, Cheatham says. “These are the observations and interviews conducted by surveyors” during Stage II.

The survey team analyzes the results of the investigations to determine whether there is noncompliance with the federal requirements. QIS surveyors use the same decision-making process, including scope and severity designations, as is used in the traditional survey to determine what, if any, citations are warranted.

Do Your Homework

Providers have learned that preparation is the key to a successful survey. But pulling off a successful QIS will take more than just preparation—facilities must establish a continuous quality improvement process, many providers have learned.

Kramer stresses the importance of

preparing for the QIS as an ongoing, year-round quality improvement exercise. “With QIS you have a true opportunity to prepare on a continuous basis if you use the tools to be proactive, but you can’t do it in the survey window, you can’t do it by trying to predict the sample because the sample is random, you can’t do it by bringing in staff during survey, you can’t do it with a mock survey,” he says. “You have to do it year around. I think it’s hard for some people believe that if you do something like that year around you can actually change care and do better on the survey.”

Remy advises that “you better not be in the mode of getting ready for survey” if you want a successful QIS. “If you’re not looking at the quality measures and quality indicators every month, you won’t be successful. We have to be survey-ready all the time.



“Because after all that stuff we did, we had a deficiency-free survey. If you have a chance to train with the surveyors, take that opportunity.”

Despite the possibility of more deficiencies and other adjustments, many nursing facilities do much better on their second QIS survey, according to Kramer. “I think what often happens is that a single provider hasn’t prepared, they haven’t used the forms, they haven’t found out what the issues are, and they have a first survey and it’s not a very good survey,” he says.

“We’ve seen again and again cases where providers use the forms, they use

the tools, and they improve their survey the second time. The people who are doing those kinds of things I think actually find it quite successful.”

AHCA’s Bentley, who has followed the development of QIS closely, agrees. “When you look at facilities that have now had two surveys under QIS, by and large, the second survey is much better. Some of it, I think, is they know what’s coming, some of it is they’re using QIS tools to train their staff.”

Mixed Reviews

Some are more optimistic than others about QIS’ ability to reduce subjectivity

and improve consistency in the survey process. Many providers, while happier with the QIS, do not see it as a panacea for an oversight process that they believe is broken and badly in need of repair, if not replacement.

An analysis of the QIS demonstration, which was conducted by Abt Associates, Cambridge, Mass., has yet to be officially released by CMS despite its completion nearly one year ago. The reason may be that the report gives the QIS mixed reviews. “It is unlikely that QIS in its present form will lead to substantial improvements in the consistency, transparency, or accuracy of the

Survey Data Impact Rating System Results

As the QIS rolls across the country at a moderate pace, providers will have to contend with its impact on the many other CMS initiatives linked to survey outcomes. For example, CMS’ latest effort to improve the Nursing Home Compare Web site—the new Five-Star Nursing Home Quality Rating System, scheduled to debut on Dec. 15, relies heavily on survey outcome data to determine how many stars a facility will get. The new system gives facilities quality-of-care ratings based on the number of stars placed next to its name—one star will indicate the facility is “much below average,” while five stars indicate “much above average.”

The aim of the system is to “help beneficiaries, families, and caregivers more easily compare nursing homes on three components: survey and certification, staffing, and quality,” according to CMS.

Early Criticism

Although the initiative has yet to be introduced to the public, it has already received strong criticism from long term care providers.

Lyn Bentley, AHCA director of regulatory services, says she is skeptical about the system’s effectiveness.

“I’ve been doing this long enough to know that there aren’t a whole lot of nursing home residents who do a lot of research on the Internet, because for most new residents, it’s 4:00 p.m. on Friday, and the discharge planner says, ‘Ms. Jones, you need to find a place for your father,’” says Bentley. “The reason a facility is chosen is often due to whether a bed is available.”

Bentley notes that while the final formula hasn’t been confirmed, survey results will receive the heaviest rating.

What’s more, a recent analysis of the new program called into question the quality of data that the rating system will use.

The analysis, conducted for AHCA by PointRight, names the QIS as one example of a CMS initiative that will gradually and more progressively impact survey outcomes—and, thus, the data used to rate facilities—as it progresses across the country, especially since a demonstration in five states has already affected survey outcomes.

Other projects, such as the minimum data set (MDS) 3.0, scheduled for implementation next October, will also impact the data, the analysis says.

The current survey and certification data are also unreliable due to surveyor bias and variances in surveys from state to state. Survey deficiencies vary greatly between states and within zip codes. Facilities in districts with more rigorous surveyors will always look worse than those in districts with less rigorous surveyors, regardless of their actual quality of care, the study says.

CMS’ nursing facility staffing data also contain inaccuracies in self-reported staffing ratios within the Online Survey and Certification and Reporting data, the study says. In addition, the case-mix adjustment system for staffing ratios is not up to date. In order for the staffing data to be meaningful, they must be case-mix-adjusted.

Quality measures also serve as a questionable data source, the study finds, since their inadequate risk adjustment process and poor-quality MDS data are well documented.

PointRight criticizes the five-star rating system as a “one-dimensional



survey process until further improvements are made,” the report concludes.

Although the authors advise that comparisons between QIS and the traditional survey process were limited to small sample sizes, they found that there is “significantly more variability in how surveyors used Stage II investigative protocols to measure care quality than was present with the better-defined Stage I protocols.”

For example, the critical element pathways do not cover all care areas that must be investigated, the report points out, “and QIS surveyors are expected to use the interpretive guide-

lines as [they do in] the standard survey in those cases when a critical element pathway is unavailable.”

The report points to instances where the study authors observed surveyors who either did not use the critical element pathways at all or used them inappropriately. They also observed that surveyors had difficulty carrying all the documents while conducting investigations that require surveyors to move throughout the facilities.

For Cheatham, who was trained as a QIS surveyor by Kramer’s company, the QIS is more consistent “because the observations are more structured

and interviews are read verbatim,” she says. “For the most part, I like the QIS more. The sample sizes are larger—it’s more comprehensive and covers more regulations than the traditional survey process does.”

Cheatham believes that the QIS does meet all the objectives it was intended to because the software analyzes the data, thus removing all subjectivity. “It allows for substantial compliance as opposed to the traditional process,” she says.

“I do see the QIS as an improvement; however, it’s not perfect. We’re moving in the right direction because it takes

rating that gives no consideration to the uniqueness of each resident.” For example, each resident has different needs and reasons for being in a facility. In addition, facilities can excel at one dimension and be weak in another.

the rating system before the next presidential administration, due in part to a personal experience of Acting Administrator Kerry Weems. In a hearing on Capitol Hill last May, Weems told the Senate Special Committee on

nothing will happen for at least six months.

“We want to be on the record that CMS rating facilities by stars, with the data they have—that even they acknowledge in some of their reports is not good data—is a very bad idea,” Bentley says. “And the impact on facilities could be very dramatic. We have asked that facilities have the opportunity to see their star rating before it goes live, to prepare themselves, their staff, residents, and family members, and CMS said it would try but cannot guarantee it.”

According to CMS, the five-star initiative will have a second phase in which the agency is considering the addition of family and patient satisfaction scores.

“They are also talking about creating new quality measures,” says Bentley. “We asked them to include specific characteristics of nursing homes, such as do they have special units, what languages are provided, are there private rooms, do they provide care for primarily rehabilitation, for wound care? That would explain a lot about staffing and a lot about quality measures.”

Facilities in districts with more rigorous surveyors will always look worse than those with less rigorous surveyors.



Averaging facilities’ performance across dimensions obscures differences that are important to customers, PointRight says.

Efforts To Delay Initiative

AHCA officials plan to take the study findings to Capitol Hill in an effort to delay the initiative.

But CMS is under pressure to release

Aging that his father-in-law had a bad experience with a nursing facility. As a consequence, when he accepted his acting administrator position, his wife implored him to “fix nursing homes.”

“I think it’s a very, very real endeavor for Weems,” says Bentley. “However, once the new administration is elected, be it Republican or Democratic, we’re going to have a lot of new faces, and



away the subjectivity—every surveyor does the same thing.”

Preparing Providers

Cindy Luxem, president and chief executive officer of the Kansas Health Care Association, believes the QIS has made the survey process in her state more objective. “If you use the tools available, either from Abaqis or from your association, or use the questionnaire that states have on their Web sites for investigative interviews, everybody’s on an even playing field,” she says.

The Kansas survey agency is in the process of training surveyors, she says. “They are moving forward with statewide implementation,” says Luxem, “but not until they have money to get the hardware and the tablet PCs.”

She says she has utilized Kramer’s company to train some providers. “We keep in close touch with the surveyors and survey agency to find out how it’s rolling out.”

“Ohio is still split—we have mixed emotions about the QIS,” says Scherurger-Davison. “The state is taking a long time to transition. Facilities don’t know what’s coming or when it’s coming. Some have had a QIS then a traditional, then another traditional, while some have had consecutive QIS surveys.”

Because Ohio has 950 nursing facilities, it could take up to five years to transition to QIS completely, she adds.

To prepare its members for QIS, OHCA has held seminars and posted information and links on its Web site. “We put out weekly news bites to our members on the survey. We plan to do more training on interviews for QIS, using their questions, and we’ll have a one-hour Webinar on the techniques for interviewing residents,” she says.

“In September we had [Kramer’s company] Nursing Home Quality do a seminar on it because we thought it would be good to hear it from the horse’s mouth.”

CMS is determined to go forward with the QIS, say Kramer and others who have been following its evolution

for more than a decade. “I hear different projections every month or two, but there’s no question that it’s moving forward. CMS has invested in developing new software for surveyors, and we’re working on a whole new federal oversight process for QIS,” he says. “We’re looking at revisits and complaints and everything. So they’re still putting investment into it.”

of states have purchased hardware in anticipation of implementation, the Abt study reports.

According to Kramer, Florida, Connecticut, Kansas, Louisiana, Minnesota, and Ohio have many surveyors trained in QIS and others who are QIS trainers.

Kramer’s company, Nursing Home Quality, Centennial, Colo., recently

Once a state is selected, the time for achieving statewide implementation can range from one to three years. //



More than 1,000 nursing facilities in nine states have experienced at least one QIS survey. And nationwide implementation 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 time frame for achieving statewide implementation can range from one to three years, sources say.

The rate at which implementation occurs is dependent on the number of surveyors needing QIS training and other issues, such as cost. “One problem for states is the financial burden of training surveyors,” says Kramer. “It’s a substantial investment for states to roll out because not only does it cost money to train, but they are pulling surveyors off the line to train.”

States Lining Up

All but one of the demonstration states (Connecticut, Kansas, Louisiana, and Ohio) are interested in statewide implementation, and 13 states have applied to be new QIS states in response to a CMS request for proposals. A number

completed training of surveyors in North Carolina and New Mexico.

West Virginia is slated to be rolled out next. Connecticut is completely QIS, Florida and Louisiana are far along, Minnesota is moving pretty quickly, Ohio will have additional trainers soon, while North Carolina and New Mexico have just started, he says. Maryland and Washington will be under way before June.

Florida, which is on its way to statewide implementation, has used a train-the-trainer approach and now has at least 54 registered QIS surveyors.

O’Donnell’s preparation and care plan adjustments paid off—All Saints scored a deficiency-free survey on its first “real” QIS. “The QIS is scary when you think about it,” she says. “But in reality, it’s just a survey. One more test of our quality and things we provide every day.” ■

For More Information

■ Go to www.uchsc.edu/hcpr/qis_manual.php.