



Action Plan

(For Further Improvement of)

Nursing Home Quality

December 2004

Executive Summary

About 1.6 million Americans reside in the nation's 16,400 nursing homes *on any given day*. And more than 3 million Americans rely on services provided by a nursing home *at some point during the year*. Those individuals, and an even larger number of their family members, friends, and relatives, must be able to count on nursing homes to provide reliable care of consistently high quality.

As the largest purchaser of nursing home services (about \$64 billion per year), states and the Centers for Medicare & Medicaid Services (CMS) exert leverage to insist on basic levels of quality. "Purchasing power" is not the only tool with which Congress has equipped CMS to ensure quality. CMS also establishes quality of care standards and conditions of participation for the Medicare and Medicaid programs. Such requirements are carefully crafted to highlight key areas of quality and convey basic, enforceable expectations that nursing homes must meet. More than 6,000 Federal and state surveyors conduct on-site reviews of every nursing home at least once every 15 months (and about once a year on average). CMS also contracts with Quality Improvement Organizations (QIOs) to assist nursing homes to make vital improvements in an increasingly large number of priority areas.

The most effective approach to ensure quality is one that mobilizes all available tools and aligns them in a comprehensive strategy.

This action plan summarizes our comprehensive strategy. It consists of four inter-related and coordinated approaches:

- A. **Consumer Awareness and Assistance:** Elderly individuals, people who have a disability, their families, friends, and neighbors are all essential participants in ensuring the quality of care in any health care system. The availability of relevant, timely information can significantly help such individuals to be active, informed participants in their care. This information can also increase the ability of such individuals to hold the health care system accountable for the quality of services and support that should be provided. To that end, CMS seeks to provide an increasing array of understandable information that can be accessed readily by the public. The CMS Web site, "Nursing Home Compare" may be found at www.medicare.gov and is an important resource for consumers, families, and friends.
- B. **Survey, Standards, and Enforcement Processes:** We will undertake more than 18 initiatives during 2005 to improve the effectiveness of the annual nursing home surveys, as well as the investigations that are prompted by complaints about nursing homes from consumers or family members.
- C. **Quality Improvement:** We are promoting a program of quality improvement in a number of key areas. These areas include reduction in the extent to which restraints are used in nursing homes and the prevalence of preventable pressure sores that threaten the health and well-being of a significant number of nursing home residents.
- D. **Quality Through Partnerships:** No single approach or actor can fully assure quality. We must combine, coordinate, and mobilize many actors and many techniques through a partnership approach. The QIOs, state survey agencies, and others are committed to such a common endeavor. The differences in their responsibilities remain, but their distinct roles can be coordinated in a number of appropriate ways to achieve better results than can be achieved by any actor alone.

Table of Contents

Purpose	5
A. Consumer Awareness and Assistance	6
1. Improving Staffing Data on the CMS Web Site	6
2. Develop Nursing Home Staffing Quality Measures.....	7
3. Public Reporting of the Weight Loss Quality Measure	8
4. Improving Public Reporting of Pressure Ulcer Quality Measure	8
B. Survey, Standards, and Enforcement Processes	9
1. Complaint Investigations.....	9
2. Preventing Abuse and Neglect	10
3. Improving Fire Safety in Nursing Homes.....	11
4. Interpretive Guidelines and Severity Guidance	11
5. Regional Office Follow-Up System.....	12
6. Federal Observation and Support Survey (FOSS).....	12
7. Refinement of State Performance Standards.....	12
8. Increase the Number of Federal Comparative Surveys	13
9. Improved Surveys Via the “Quality Indicator Survey (QIS)”	14
10. Improving Enforcement Actions-AEM.....	14
11. Special Focus Facilities	15
12. Past Noncompliance.....	16
13. Survey Scheduling Improvements-AST	16
14. Nurse Aide Registries	17
15. Reporting Surveyor Concerns	17
16. Issue Guidance on Use of Photographic Evidence.....	17
17. Civil Money Penalty Quality Improvement Project	18

18. Training	18
C. Quality Improvement.....	19
1. Government Performance and Results Act (GPRA) Goals	19
2. Implement Data Monitoring Protocol	19
3. Development and Validation of MDS 3.0	20
4. MDS 3.0 Consolidated Health Informatics Review.....	20
5. Using Purchasing Power to Promote Quality	21
D. Quality Approaches Through Partnerships	21
1. Quarterly Meetings with States.....	22
2. Leadership Summit.....	22
3. Working with Quality Improvement Organizations	22
4. Working with ESRD Networks.....	26
5. Communicating with Other Stakeholders	26

Action Plan for Further Improvement of Nursing Home Quality

PURPOSE

The purpose of this report is to set forth our action plan for the continued improvement of nursing homes through the survey and certification process, Quality Improvement Organizations (QIOs), consumer information and other endeavors in the overall quality of care in nursing homes.

This plan includes four coordinated sets of actions:

- Consumer Awareness and Assistance
- Survey, Standards, and Enforcement Processes
- Quality Improvement
- Quality Through Partnerships

ACTION PLAN

In the past 5 years, CMS and the states have made progress in holding nursing homes accountable for meeting health and safety standards and improving care by revising the survey process to focus on the quality of care and the prevention of abuse and neglect; strengthening our enforcement response to non-compliant nursing homes; providing better information to help consumers make decisions on choosing a nursing home; and working with QIOs to assist nursing homes in meeting health and safety requirements. Further, CMS has built improved infrastructure for the survey and certification system, such as a new complaint tracking and management information system, to identify and track needed improvements in the quality of care. Additional improvements are necessary to ensure that all nursing home residents can count on adequate support and services in a caring and safe environment. CMS has also made significant investments in developing and reporting on quality measures such as the prevalence of pressure ulcers, incontinence, and physical restraints.

Based on our own analysis, input from Congress, comments from our stakeholders, and work from both the Government Accountability Office (GAO) and the HHS Office of the Inspector General (OIG), it is clear that further refinements and new initiatives are essential.

The themes outlined in this action plan will guide CMS efforts to continue progress in improving the nursing home survey and certification program. We invite public comment

on this action plan and welcome the opportunity to discuss with all stakeholders the various methods by which we can work together to ensure optimum services and support, in all settings, for our Nation's elderly and disabled. Please submit comments to Ms. Elaine Lew at elew@cms.hhs.gov.

A. Consumer Awareness and Assistance

Elderly individuals, people who have a disability, their families, friends, and neighbors are all essential participants in ensuring the quality of care in any health care system. The availability of relevant, timely information can significantly help such individuals to be active, informed participants in their care. Such information can also increase the ability of such individuals to hold the health care system accountable for the quality of services and support that should be provided. To that end, CMS seeks to provide an increasing array of understandable information about nursing homes that can be accessed readily by the public. The CMS Web site, "Nursing Home Compare" may be found at www.medicare.gov and is an important resource for consumers, families, and friends. Companion Web sites, such as "Home Health Compare" and the President's *New Freedom Initiative*, offer useful information regarding non-institutional alternatives.

We continuously seek to improve the usefulness of information on our Web sites and will make the following improvements on the "Nursing Home Compare" Web site in 2005.

1. Improving Staffing Data on the CMS Web Site – The extent to which a nursing home adequately staffs its facility program is a critical factor in the quality of care that residents receive. For this reason, CMS publishes information about the staffing in each nursing home on Nursing Home Compare. Because the information is self-reported by nursing homes and has certain limitations, CMS cautions users to view the information with care and only in the context of many other factors (more specifically, family visits to nursing homes in their area).

In 2005, CMS will: (a) improve the accuracy of the data by subjecting the data submitted by nursing homes to a stronger "edit and correction system," (b) improve the explanations and display of information to make the data more understandable and usable to consumers, and (c) complete a new study identifying further options to improve the accuracy and reliability of staffing data available to CMS and consumers. As described below, these steps will provide consumers with additional and easier-to-understand information about the effect of nurse staffing on the quality of care available in the facility:

Action Plan	Date
Notify state agencies of the changes in the Nursing Home Compare Web site and required follow-up by states and CMS regional offices.	Winter 2005
Complete CMS Report on Staffing – This includes follow-up on previous staffing studies on the feasibility of collecting, reporting, auditing, and presenting staffing data.	Winter 2005
Implement “back-end edits” that will subject self-reported information from nursing homes to improved quality checks and require that questionable submissions be returned for either confirmation or correction.	Spring 2005
Implement a reporting format that communicates to states a list of facilities where the data are suspect, requiring confirmation or correction.	Spring 2005
Develop improved display methods to increase the usefulness of the information to consumers.	Spring 2005
Draft either: (a) proposal for statutory change, (b) a Notice of Proposed Rulemaking, or (c) additional actions that can be taken without the need for new statutory or regulatory changes.	Spring 2005

2. Develop Nursing Home Staffing Quality Measures (QMs) Phase 1 – In an effort to improve nurse staffing information available to consumers, CMS will develop QMs that report on staffing at nursing homes. The National Quality Forum (NQF), which is developing and implementing a national strategy for healthcare quality measurement and reporting, has recommended that CMS include a nurse-staffing quality measure in the set of measures that are publicly reported for all nursing homes on Nursing Home Compare. The NQF did not recommend a specific measure, but discussed expanding the measure beyond the current Nursing Home Compare reporting of hours of care to other measures such as: nursing home staff retention, staff training, staff turnover, use of part-time and contract nurses, use of Advanced Practitioners, use of non-nursing staff to provide care, and tenure of the Director of Nursing and Administrator. CMS will test the utility of using auditable payroll data, which builds on the above “Improving Staffing Data on the CMS Website” plan. The steps involved in developing staffing quality measures, and associated timeframes, are described below.

Action Plan	Date
NQF recommends the inclusion of staffing QM for public reporting.	Spring 2003
Contracted for the development of staffing QMs.	Fall 2003
Town Hall Meeting with nursing home stakeholders.	Spring 2004
Data collection methods and data sources.	Summer 2004
Draft documentation of Quality Measures development file.	Fall 2004
Draft set of Staffing Quality Measures delivered to CMS.	Spring 2005

3. Public Reporting of the Weight Loss Quality Measure on Nursing Home Compare Web Site – Earlier this year, the NQF endorsed a Weight Loss quality measure for public reporting. There are fourteen (14) quality measures currently being reported on Nursing Home Compare. This new measure (*Percentage of Residents who Lose Too Much Weight*) focuses on care provided to long-term, chronic care nursing home residents. Too much weight loss may mean that the resident is ill, refuses to eat, is depressed, or has a medical problem that makes eating difficult (like weakness caused by a stroke). It could also mean that the resident is not being fed properly, their medical care is not being properly managed, or that the nursing home’s nutrition program is poor. To help prevent unhealthy weight loss, it is important that the resident’s diet is balanced and nutritious, and that staff spend enough time feeding people who can’t feed themselves. Too much weight loss can make a person weak, change how medicine works in the body, and cause the skin to break down which can lead to pressure sores. CMS has developed data specifications and conducted consumer testing of the new information for public reporting on all nursing homes. This measure was added to Nursing Home Compare on November 18, 2004.

Action Plan	Date
NQF endorses weight loss quality measure for public reporting.	Winter 2004
Develop and test weight loss quality measure data specifications and program code.	Spring 2004
Consumer testing of new language and displays on Nursing Home Compare Web site (beneficiaries and caregivers).	Summer 2004
Begin public reporting of weight loss quality measure – release on Web site.	November 18, 2004

4. Improving Public Reporting of Enhanced Pressure Ulcer Quality Measure on Nursing Home Compare Web Site— The prevalence of pressure ulcers has long been recognized as a leading indicator of the quality of care provided in all long-term care settings. For this reason, the prevalence of pressure ulcers has been included from the very first efforts to report quality measures (QMs) in nursing homes. When the initial set of quality measures was released at the start of the Nursing Home Quality Initiative

(NHQI) in November 2002, two pressure ulcer QMs were included: the Prevalence of Pressure Ulcers (no FAP) and the Prevalence of Pressure Ulcers (with FAP). The “FAP” was an additional level of risk adjustment (“Facility Adjustment Profile”) which was subsequently found to not have the level of reliability that we require in a publicly reported measure. For this reason, in 2003 the “FAP risk adjuster” was dropped and the NHQI continued on with only a single pressure ulcer QM: the Prevalence of Pressure Ulcers (no FAP).

Using this single pressure ulcer QM, it became clear that efforts to improve this QM at both the national and state levels were not producing positive results. Root cause analysis of this problem indicated several possible reasons. One reason was that the single, combined pressure ulcer QM was too “coarse” a measure, since it combined many different populations of residents with varying levels of risk for developing pressure ulcers, and therefore may have been “obscuring” positive results of efforts focused on specific populations of patients. A second reason related to the fact that a large proportion of the pressure ulcers that nursing homes are expected to care for actually first develop in other settings of care (such as the acute care hospital) before the resident arrives at the nursing home for the first time.

In order to address these measurement problems, CMS, in partnership with the NQF, revisited the measurement of pressure ulcers in nursing homes. This process led to a recommendation that the single “combined” pressure ulcer measurement be further refined into three separate QMs: 1) the Prevalence of Pressure Ulcers in Low-Risk Residents, 2) the Prevalence of Pressure Ulcers in High-Risk Residents, and 3) the Prevalence of Pressure Ulcers in Post-Acute Residents. The technical specifications for all three of these “enhanced” measures were worked out in 2003. The three enhanced measures were posted to NHC for the first time in January 2004. Recently, they have been incorporated into the QIO 8th Scope of Work measurement strategy.

B. Survey, Standards, and Enforcement Processes

1. Complaint Investigations – Prompt and appropriate response to consumer and public complaints regarding services received in a nursing home is a vital protection offered by the Nation’s survey and certification system. Since problems may occur between routine surveys, complaint investigations allow the states to assess whether nursing homes are promoting and protecting the health, safety, and welfare of residents.

In the past few years, other Federal agencies (e.g., GAO, HHS) and Congress have identified weaknesses in the states’ complaint investigation procedures, as well as in Federal oversight of complaint management. In response, CMS and states have worked to improve the management of complaints and have increased the consumers’ awareness of the complaint investigation system, as evidenced by the following actions:

- CMS issued to the state survey agencies policy memoranda providing administrative guidelines for the complaint process. These guidelines address the areas of intake, triage, and communication to complainants.
- In January 2004, CMS required that the states use the ASPEN Complaints/Incidents Tracking System (ACTS), a national, electronic tracking system that monitors the processing and investigation of complaints. No such national system previously existed, and the reliability of individual state systems varied. ACTS processes individual complaints from intake to resolution and can be reviewed locally or nationally by tracking and reporting complaints and incidents across provider and supplier types. It provides the infrastructure for analysis to assure that reports from beneficiaries, their friends, and their families

about poor quality in nursing homes are managed in an appropriate and timely manner.

- CMS conducts annual performance reviews of the state survey agencies to assess whether complaints are investigated in a timely manner.

Complaints will remain an important component of the survey and certification process. The number of complaint investigations in nursing homes conducted by CMS or states increased from about 45,700 in FY 2000 to about 48,900 in FY 2003. In 2005, CMS will take action to improve the survey agencies' response to concerns about nursing home care and services:

Action Plan	Date
Award a contract to assist in enhancing complaint investigations.	Fall 2004
Develop content for national reports using ACTS data.	Fall 2004
Issue refined guidance regarding provider reporting requirements for abuse and neglect.	Winter 2005
Complete development of a download feature for states that wish to download the ACTS data into their own state complaint system.	Winter 2005
Issue national guidance on managing referrals from other public entities.	Summer 2005
Assess how complaints are prioritized and develop guidance on timeliness of complaint investigation of deceased individuals.	Summer 2005
Develop a national database for complaint investigations to permit improved analysis of patterns.	Fall 2005
Design and pilot feedback system for agencies that have a mandatory reporting obligation to the state survey agency.	Fall 2005
Monitor progress of state implementation of ACTS system and continue scheduled communication with states and CMS regional offices.	Ongoing
Review requirements for system improvements.	Ongoing

2. Preventing Abuse and Neglect - Nursing home residents have a right, by law, to be free from abuse, neglect, or misappropriation of their own funds. A competent and caring workforce is instrumental in fulfilling these legal rights. Recruitment, screening, supervision, and training of workers (as well as supervisors) are key to ensuring an effective workforce.

In 2005, in accordance with Section 307 of the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003, CMS will: (a) implement a pilot program with up to 10 volunteer states to pilot expanded and more effective systems of background checks for individuals seeking employment in nursing homes and other long term care (LTC) providers, (b) fund at least one such state to implement a training program (and possibly other techniques) designed to reduce the potential for abuse or neglect by LTC workers, (c) engage a national organization to provide assistance to states implementing expanded background checks, and (d) enlist a national contractor to evaluate the pilot tests. We

hope to learn about the effectiveness of state-run background check programs for LTC workers and to identify the most efficient, effective and economical procedures used by states.

Action Plan	Date
Enlist a national organization to provide technical assistance to the selected states.	Fall 2004
Select and award grants for up to 10 states for the Background Check Pilot and for the Abuse Prevention Program through an objective process of competitive application.	Winter 2005
Organize and sponsor the first national conference on background checks and the prevention of abuse and neglect.	Early 2005
Develop written technical assistance materials for states.	On-going 2005
Select a national contractor to conduct the evaluation.	2004- 2005

3. Improving Fire Safety in Nursing Homes - In 2005, CMS will undertake the following actions to improve state survey processes, and to improve nursing home compliance with fire-safety and other standards embodied in national life safety-code standards (for example, fire safety standards) and CMS regulations.

Action Plan	Date
Increase the number of comparative surveys that are conducted by CMS and its national contractors so that the feedback to states can be improved regarding the adequacy of state life-safety code surveys. “Comparative surveys” are surveys that CMS conducts shortly after a state survey. CMS compares the results of its own survey observations with the state’s survey, in order to validate that the state surveys are within acceptable parameters.	Throughout 2005
Issue an administrative rule that would require smoke detectors in areas of nursing homes that do not have automatic sprinklers.	Spring 2005

4. Interpretive Guidelines and Severity Guidance for Surveyors – CMS is revising nursing home surveyor guidance for selected requirements for participation or quality of care standards (e.g., pressure ulcers, incontinence) to improve the detection of problems that may be attributed to the nursing home’s delivery of poor care and services. The project includes convening a panel of national experts for each topic to assist in producing the following products: interpretive guidance based on current standards of practice, investigative protocols, and guidance to determine the severity of deficiencies identified on survey. Several nursing home requirements are at different stages of progress at this time.

5. Regional Office Follow-Up System - In 2005, CMS will strengthen the system of regional office follow-up with states and contractors. This initiative will assure that CMS regional offices regularly follow-up with states on significant issues including:

- Investigating reports from surveyors
- Follow-up on results of performance review
- CMS validation survey results
- Identifying state barriers to performance
- Budgets

Action Plan	Date
Develop strengthened protocols and procedures for the Regional Office Follow-Up System.	Winter 2005
Finalize protocols based on review and comment process.	Winter 2005
Implement improvements to the Regional Office Follow-Up System.	Spring 2005

6. Federal Observation and Support Survey (FOSS) – CMS will continue to track and use observational surveys to evaluate the effectiveness of the state survey agencies' nursing home surveys. In FY 2005, we plan to improve the tracking of life safety code Federal Monitoring Surveys (FMSs) by including them in the FMS tracking system and to increase consistency through a Federal Observation and Support Survey manual.

Action Plan	Date
Modify the FMS tracking system to include life safety code surveys.	Fall 2004
Release FOSS Manual.	Winter 2005
Track data quarterly and produce data reports for the CMS regional and central offices.	Quarterly

7. State Performance Standards – In FY 2001, CMS implemented uniform State Performance Standards for state survey agencies. In FY 2002, CMS added hospitals, end-stage renal disease facilities, intermediate care facilities for people with mental retardation, and home health agencies. Once the State Performance Standards are completed, CMS will use them to evaluate state performance in carrying out survey and certification responsibilities. Below are the seven State Performance Standards:

- Frequency of surveys (on average of every 12 months) and surveys conducted off-hours
- Accuracy of survey documentation
- Results of FOSS (surveys performed by Federal surveyors concurrent with state surveyors)
- Timeliness of processing surveys and sanctions (including immediate jeopardy cases, non-immediate jeopardy surveys, and mandatory denial of payment for new admissions sanctions)

- Budget expenditures
- Prioritizing and investigating complaints
- Timely entry of data into tracking system

Action Plan	Date
FY 2005 State Performance Standards and Protocols sent to CMS regional offices and states for Review and Comment (Added Life Safety Code to the protocols).	Fall 2004
Revise FY 2005 State Performance Standards based on comments.	Fall 2004
FY 2005 State Performance Standards effective.	Fall 2004
Convene CMS/State Workgroup to Develop FY 2006 State Performance Standards.	Spring 2005
Finalize FY 2006 State Performance Standards.	Fall 2005
Monitor state performance, follow up with states in problem areas.	On-going

8. Increase the Number of Federal Comparative Surveys – In FY 2002, a GAO study recommended that CMS conduct a greater number of comparative surveys. Comparative surveys refer to surveys conducted by CMS, shortly after a state survey, in order to assess the quality of the state survey. In order to accomplish this goal, CMS contracted with CompTech Associates in September 2003. The purpose of the contract is to recruit and train surveyors and to conduct Federal comparative surveys. Comparative surveys will be accomplished in both the areas of health and life safety code.

Action Plan	Date
Begin conducting additional comparative surveys.	Winter 2005
Prepare evaluation and analysis of process and make needed improvements as necessary.	Winter 2006
Achieve a net increase in total CMS comparative surveys.	End of 2005

9. Improved Surveys Via the “Quality Indicator Survey (QIS)” - CMS has been studying methods to improve the consistency, value, and effectiveness of the survey process pursuant to internal CMS recommendations and GAO studies. This is critically important to improve CMS’ ability to gather and compare surveyor data among states. That, in turn, will provide better data for consumers through Nursing Home Compare. This requires a system that uses data as a decision-making tool to better focus surveyors on probable areas of concern. Not only is this an important effort, but a difficult one that will need full testing before full implementation. To assure that this improved process

works as intended, CMS will begin evaluating the enhanced surveyor process through a pilot test with volunteer states in 2005.

The “QIS” is a two-stage process with stage 1 consisting of both off-site data [such as the Minimum Data Set (MDS)] and data collected on-site from two samples. The information is used to derive a set of Quality of Care Indicators (QCI) that can be compared to national norms. Stage 2 is a systematic investigation of areas flagged in Stage 1 and organized around critical elements with investigative probes for any care area that is triggered. CMS will conduct a three-state pilot and evaluation of QIS, with stakeholder review of the results, before determining whether to proceed with implementation.

Action Plan	Date
Present the conceptual approaches of the study and pilot to stakeholders and solicit further ideas.	Fall 2004
Select pilot states.	Spring 2005
Begin surveys of record for pilot states.	Fall 2005
Initiate evaluation of QIS.	Fall 2005
Final report of evaluation.	Fall 2006

10. Improving Enforcement Actions via the new “**ASPEN Enforcement Manager (AEM)**” On October 1, 2004, CMS and states implemented, in every state, a new electronic data management system that will improve data collection and reporting for survey and enforcement activities for nursing homes. For the first time, all types of enforcement actions are available to each survey agency and CMS in an integrated electronic medium that enables better tracking, follow-up, analysis, and management of enforcement actions taken or in process pursuant to findings of deficiency in nursing homes. Such enforcement actions include civil monetary penalties, denial of payment for new admissions, proposed or effected terminations of provider agreement, directed plan of correction, on-site monitoring, and similar enforcement tools designed to ensure that remedies are implemented.

Because AEM is a real-time reporting system, up-to-the-minute information about any facility is available instantaneously to systems users either onscreen or through the comprehensive reporting capability. This enhanced access to enforcement information will enable CMS and states to more effectively track and evaluate facility performance and compliance status as well as respond quickly as issues emerge. AEM's collection and reporting of specified and detailed data nationally will permit meaningful comparisons and evaluations of like measures and will serve as a primary tool on which to base policy decisions, new initiatives and strategies for improving care to our Nation's nursing home population.

Action Plan	Date
Implementation of AEM.	Fall 2004
Monitoring and follow-up.	Ongoing

End-year review of AEM effectiveness and potential areas for improvement.	Fall 2005
---	-----------

11. Special Focus Facilities – Since 1999, each state has selected two nursing homes (i.e., “Special Focus” Facilities) that receive more intensive monitoring and follow-up than other facilities in the state. The states select facilities from a CMS list, which identifies facilities with a history of poor compliance, as indicated by deficiencies found during surveys and complaint investigations. Once a nursing home is placed on the Special Focus Facility (SFF) list, it has one additional standard survey per year in an effort to identify and improve care in these homes. In FY 2005, CMS will improve this system by both (a) strengthening the SFF and (b) initiating a companion “Collaborative Focus Facility effort the QIOs:

Action Plan	Date
Work with the QIOs in 20 states to improve the quality of care in the “Collaborative Focus Facilities” by conducting root cause analysis and implementing quality improvement techniques. Pilot test the concept with several states. “Collaborative Focus Facilities” are facilities that the State has identified as needing extra help, including from QIOs, to assist them in making lasting changes to assure compliance with Federal requirements.	Fall 2004
Issue a Survey and Certification Letter to: <ul style="list-style-type: none"> • Promote state use of survey results entered into the CMS information system (“ASPEN”) to monitor the SFF program, thereby reducing the special reporting burden experienced by states. • Enable states to include additional nursing homes in the program and allow existing SFFs to be removed from the program if they raise their performance to a threshold level that meets CMS standards and exceeds the performance of other nursing homes on the CMS list. • Modify the SFF program to add an additional enforcement consequence when nursing homes have been on the SFF list for long periods of time without substantial improvement. 	Winter 2005
Compile and issue new SFF lists for each state to pick replacements for facilities now out of the program, either through compliance or through discontinuance in the Medicare and Medicaid programs.	Winter 2005
Monitor state SFF programs to ensure that states conduct additional standard surveys for these facilities.	Ongoing
Evaluate revised protocols and enforcement for SFFs.	Fall 2005

12. Past Noncompliance – Old violations of CMS requirements that are recently identified might not be cited as deficiencies if the nursing home fixed the problems and the problems were not extremely serious (i.e., “egregious”). These violations may come to

light through complaint investigations or during a standard survey. In an effort to ensure that violations will not reoccur, CMS will:

- Clarify Expectations for Past Deficiency Findings- CMS will issue guidance on expectations for the manner in which state survey agencies should address past deficiencies that have only recently come to light.
- Further Define “Terms for Past Non-Compliance” – To help surveyors in consistently identifying serious past non-compliance, CMS will further define the term “egregious”.
- Strengthen Criteria for Correction of Deficiencies – CMS will issue further guidance to states to help them determine whether past noncompliance has actually been corrected, with a focus on a facility’s fixing of systemic problems that caused the noncompliance.
- Enhance the CMS Information System – Add the capacity to record the fact and the nature of past noncompliance in the CMS information system referred to as OSCAR. Currently, OSCAR captures the annual standard survey and complaint surveys where a nursing home is out of compliance with Federal requirements. We will modify our system to include instances where we have found a nursing home was out of compliance, although the nursing home has corrected the noncompliance.

Action Plan	Date
Design changes to CMS’ information system to indicate the number and nature of the past instances of noncompliance.	Fall 2004
Change the data system to capture past noncompliance information.	Summer 2005
Develop and issue national guidance to surveyors on determining “past noncompliance” and defining “egregious,” and criteria for determining correction of systemic problems.	Fall 2005
Issue instructions to states to include past noncompliance information in the data system.	Fall 2005

13. Survey Scheduling Improvements via the new “**ASPEN Scheduling and Tracking (AST)**” – The new “AST” module is an add-in to the larger information management system used by CMS and state survey agencies (ASPEN Central Office). The AST enables states to capitalize on existing data in the ASPEN system to facilitate scheduling and monitoring of the survey process for certifications, complaint investigations, enforcement cases, and state licensed only facilities. The module allows CMS to assist states in scheduling surveys and varying the timing of the survey so that surveyors have a better chance of obtaining a more accurate view of how each nursing home functions (because nursing homes do not expect the survey and cannot prepare for it). This ability to vary the survey date is accomplished by internally calculating target dates for the next certification (survey) cycle based on prior survey performance. States may accept or override the calculated target dates and make adjustments to the calculation methods. The use of AST is optional for states, since a number of states already have systems that function adequately for them in terms of scheduling. In 2005 we will complete the process of making AST available to states and review the system effectiveness.

14. Nurse Aide Registries – Nurse aide registries can help to improve the quality of care in nursing facilities by assuring that nurse aides have been properly trained and those who have been found to abuse or neglect nursing home residents are barred from future

employment in nursing homes. CMS is reinforcing the nurse aide registry requirements with states. CMS regional offices will collect information self-reported by states about their compliance with the requirements. CMS regional offices will conduct follow-up activities with states that have problems complying with the nurse aide registry requirements.

Action Plan	Date
Issue additional communication to states affirming the law and CMS regulations specific to the nurse aide registry.	Fall 2004
CMS regional offices collect and review state self-attestations regarding compliance with the nurse aide registry requirements.	Winter 2005
CMS regional offices will conduct follow-up activities with states that have identified problems related to the operation and the maintenance of the nurse aide registry.	Spring 2005

15. Reporting Surveyor Concerns – This is a system to identify and follow up on information that suggests systemic practices of overlooking or downgrading of scope and severity of survey findings. This initiative will assure the integrity of the survey process which is designed to identify quality of care issues in nursing homes.

Action Plan	Date
Issue Survey and Certification Letter reaffirming CMS policy and continuous openness to learn of any surveyor concerns from states.	Winter 2005
Implement clarified internal protocols for the Regional Office Follow-Up System regarding the handling of surveyor complaints.	Winter 2005
Maintain confidentiality of specific information while using the overall information to identify program trends needing follow -up.	Ongoing

16. Issue Guidance on Use of Photographic Evidence – CMS will study the use of cameras in gathering information to support determinations of noncompliance. Currently surveyors gather information primarily through interview, record review and personal observation. Photographic evidence is not a routine method of gathering information. It is believed the use of photographic evidence could assist the surveyor in gathering information and strengthen determinations of noncompliance with certain Federal requirements.

Action Plan	Date
Initiate a study of the use of cameras during surveys.	Summer 2005
Develop draft guidance and invite comment.	Winter 2006
Issue guidance.	Summer 2006

17. Civil Money Penalty Quality Improvement Project – Civil Money Penalties (CMPs) are an important incentive for compliance and are imposed on facilities that are shown to have continuing problems with care. CMS identified the CMP tracking and collection process as an area that could benefit from comprehensive process analysis and a true quality improvement effort. This project will improve the quality of the CMP tracking and collection process to make CMPs a more effective enforcement tool. Staff from diverse components of CMS combined forces to formulate improved methods of tracking and collecting CMPs. The team, chartered in April 2004, mapped out the current process, identified where the process was not working, and is making recommendations to CMS upper management on proposed solutions. In 2005, we expect to act on those recommendations.

Action Plan	Date
Complete the Quality Improvement Team’s final analysis on the findings and recommendations of the CMP Quality Improvement Project, for CMS deliberation.	Fall 2004
Formulate action steps to implement meritorious improvement strategies.	Winter 2005
Develop policies and procedures for improved tracking and collecting CMPs: <ul style="list-style-type: none"> ▪ Commission follow-up workgroup ▪ Issue guidance in survey and certification letter ▪ Incorporate into the State Operations Manual 	Fall 2004 Spring 2005 Fall 2005
Make changes to CMS’ information systems (“CMPTS”) to streamline and add helpful reporting capability.	2005
Make changes to the AEM system to make it compatible with the CMPTS.	2006

18. Training - In 2005, CMS will expand training opportunities for surveyors to better equip them. Expanded training will include:

- (a) A western venue for a select number of courses to ensure improved training access for states in the Western time zones,
- (b) A course on complaint investigations to be prepared from the work of contracts mentioned under Section B.1 Complaint Investigations and Section B.2 -Preventing Abuse and Neglect,
- (c) Eight basic surveyor training courses in both health surveys and life safety code (LSC), adding an additional LSC Basic to address oversight surveys, and
- (d) Specialized training on the National Fire Protection Association Standard for Gas and Vacuum Systems (NFPA 99).

In addition to classroom training for basic classes, satellite broadcasts and Web casts will be presented by CMS on relevant clinical and program topics to increase consistency and understanding of Federal requirements among surveyors and providers. The Web casts will be available for one year after they are first presented. In addition, master tapes will be distributed to regional offices and major stakeholder groups. Finally, to assure a sustainable, trained workforce, a specialized contractor will review outcomes of relevant studies mentioned above to create a more robust integration of training topics that include

elements of ACTS, complaint investigation, basic surveyor and other advanced or specialized skills. The outcome of the contractor’s work will produce a “life cycle” curriculum for both new and established surveyors.

Action Plan	Date
Satellite Course Offerings	Fall 2004
MDS Data Accuracy I	Winter 2005
MDS: Skilled Services	Spring 2005
Special Topics for LTC: End Stage Renal Disease	Summer 2005
MDS Data Accuracy II	Additional satellite as needed
Complaint Investigation, ACTS, Abuse and Neglect Curriculum Integration	Fall 2005

C. Quality Improvement

1. Government Performance and Results Act (GPRA) Goals – CMS has two goals in improving care in nursing homes.

- o Reduce pressure ulcers. CMS is working closely with the QIOs to reduce the incidence of pressure ulcers in nursing homes. There has been no change in the incidence of pressure ulcers over the years; this year, the average prevalence of pressure ulcers was 8.6%.
- o Reduce unnecessary restraints. CMS is working with the QIOs to reduce unnecessary restraints in nursing homes. There is a consistent decrease in the prevalence of physical restraints; this year, the average prevalence of all physical restraints was 9.3%.

2. Implement Data Monitoring Protocol – CMS has been publishing the Nursing Home Data Compendium annually since 2001. This compendium has over 100 data tables on nursing home resident characteristics, deficiencies, demographics, as well as facility characteristics and helps to draw attention to strengths and weaknesses in the quality of care provided by nursing homes. The Data Action Team will identify, analyze and distribute critical data reports to assist CMS regional offices and states in their oversight role.

Action Plan	Date
Select critical data areas for closer analysis (i.e., imposition of immediate enforcement remedies, CMPs, etc.).	Fall 2004
Compile tables and graphs to analyze and understand trends.	Fall 2004
Send out information to regional offices for presentation at weekly calls (explaining trends and describing process to explain the trend).	Fall 2004

Evaluate trends and identify potential gaps in the nursing home program or policies.	Winter 2005
--	-------------

3. Development and Validation of Minimum Data Set, Version 3.0 (MDS 3.0) – The current MDS version 2.0, which is part of the Resident Assessment Instrument (RAI) and was developed in 1990 as part of the Nursing Home Reform Law of 1987 (OBRA 87), needs to be updated to more accurately reflect current standards of practice, in particular sections and some areas may need to be simplified. Many providers feel that it is cumbersome, not useful to them as a management tool as it is not in real-time, and does not allow for immediate analysis of a resident. This may reflect a shift in the type of residents for whom many nursing homes are now providing care. Since MDS 2.0 drives payment, publicly reported quality measures, quality indicators, the survey process, and 22 State Medicaid case-mix payment systems, modifications are required to support CMS and state activities. CMS has a memorandum of understanding with the Veteran’s Administration to assist with the development and testing of validation protocols for the MDS 3.0.

Action Plan	Date
Contracted for MDS 3.0 development and validation.	Spring 2003
Town Hall Meeting with nursing home stakeholders.	Summer 2003
Technical Expert Panels recommend revisions.	Winter 2004
Completion of Veterans Administration MDS 3.0 Validation Protocol Research of New MDS items.	Fall/Winter 2005
Complete MDS National Validation.	Late 2006

4. Minimum Data Set, Version 3.0 (MDS 3.0) Consolidated Health Informatics Review– HHS’s Consolidated Health Informatics (CHI) requires that new or revised instruments be CHI compliant. Since MDS 3.0 changes an existing instrument, MDS 3.0 must be done in a way that conforms MDS content to CHI-endorsed standards. The Office of the Assistant Secretary of Policy and Evaluation and CMS have a contract with a medical terminology and vocabulary contractor to assure that wherever possible, MDS 3.0 complies with CHI-endorsed standards. Standards include Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT), Logical Observation Identifier Names and Codes (LOINC) and Health Level Seven (HL7) terminology standards using an electronic meta-thesaurus software program. Using CHI standardized terminology will allow CMS to evaluate quality of care across settings and move towards a standardized electronic health record system.

Action Plan	Date
Subcontracted for the standardized terminology CHI review.	Summer 2004
Kick-off meeting with CMS and contractor staff.	Fall 2004
Lexical and Semantic Matching of MDS against CHI-Endorsed Standards, SNOMED-CT, and Other Sources.	Winter 2005

Enhancing and refining MDS Clinical Content.	Spring 2005
Final Report with CHI recommendations.	Fall 2006

5. Using Purchasing Power to Promote Quality – Medicare and Medicaid pay for over 70 percent of all long term care services provided in nursing homes. CMS is committed to finding new ways to harness its purchasing power through these programs to improve quality of care. CMS will continue to build its relationships, both internally and with external entities, to support initiatives linking payment and quality.

In the short term, these efforts will involve continuing to improve the accuracy of our payment systems through refinement of case-mix methods with the goal of promoting access for those with the greatest care needs, and directing the appropriate level of resources to providers to furnish high quality care. Achieving the broader objective of creating accurate and reliable payment systems that include performance incentives related to quality is a logical outgrowth of the current work on the skilled nursing facility payment system and the MDS resident assessment. For example, a payment incentive tied to positive pressure ulcer outcomes would support quality initiatives targeting the same condition. Similarly, the results of these efforts will increase our understanding of patient care needs, and present new opportunities to design a reliable integrated delivery system across different delivery sites. In the longer term, the introduction of electronic health records will both support efforts to evaluate care needs across delivery sites, and increase the accuracy of both payment and quality monitoring systems.

As we move forward, the results of these efforts may extend to the Medicaid program as well. Because more than half the states currently use a nursing home payment methodology similar to Medicare's, improvements to foster quality may be transferable to their systems as well. These enhancements will be particularly valuable when applied to the dual eligible population, which includes beneficiaries often characterized by chronic heavy care needs.

D. Quality Through Partnerships

Effective assurance of quality in nursing homes can only be achieved through the combined, motivated and, preferably, coordinated action of many actors in the health care system, including:

- Consumers, their families, and their friends.
- Providers.
- Purchasers, including CMS, states, and private and public health care plans, and individual purchasers or policy-holders.
- Professionals, professional associations, workers of all types.
- Survey and Certification agencies (States and CMS).
- Quality Improvement Organizations.
- Universities and other educational organizations.
- Legal rights organizations, including advocacy organizations such as American Association for Retired Persons and State Ombudsmen and law enforcement.

Each individual in the system has a different role and set of responsibilities. However, the goal of quality care is advanced when more and more principals in the system can act in concert toward common objectives. When such concerted action is achieved, the total can indeed become greater than “the sum of its parts.”

CMS seeks to expand the level of collaboration among the principals who have responsibility for ensuring quality.

1. Quarterly Meetings with States – CMS will continue to meet with the Association of Health Facility Survey Agencies (the national organization representing state survey agencies) four times a year, three of which are in person. CMS also works with states on new policies and procedures, frequently seeking their review and comment on relevant topics

2. Leadership Summit – CMS will sponsor the third annual joint meeting with state survey agencies in April 2005 in Baltimore, Maryland to build better communication and strengthen understanding of program initiatives. Although the agenda covers all providers and suppliers in the survey and certification program, nursing homes will be a strong emphasis.

3. Working with Quality Improvement Organizations—CMS collaborates with the 53 QIOs in each state and territory to employ their skills and resources for the purpose of improving the effectiveness of the nursing home program.

- **Quality Improvement Organization Contract.** The QIO program was developed under statutory authority to use a portion of the Medicare trust fund to ensure the quality of care delivered to Medicare beneficiaries. There is a QIO in each state and U.S. territory that is a group of individuals with a range of quality improvement expertise. Historically, QIO work in the nursing home setting was limited, but beginning in 2002, all QIOs were required to work with nursing homes both throughout the state and, with a subset of nursing homes, on an intensive, one-on-one basis to improve the quality of care furnished to residents. Preliminary analyses indicate that the QIO program has been incredibly successful in reducing the use of daily physical restraints, increasing management and treatment of pain, and reducing the incidence of delirium among post acute care residents.

Beginning in August 2005, the QIOs will start the 8th Scope of Work. This 3-year contract requires QIOs to focus on statewide improvement in pressure ulcers, physical restraints, pain management, and depression. In addition, QIOs will be required to work closely with a subset of nursing homes in each state to help these nursing homes set individual targets for quality improvement, implement and document processes related to clinical care, and assist these nursing homes in developing a more resident-focused care model.

- CMS and the QIOs are working on a breakthrough clinical initiative under the auspices of the CMS Quality Council on eliminating unnecessary restraints and promoting a restraint-free environment in nursing homes.
- CMS and the QIOs are working to promote best practices in working together at the local level to help nursing homes with education and guidance on clinical topics.

Action Plan	Date
Final evaluation of 7th Scope of Work.	Fall 2004

Finalize 8 th Scope of Work and seek feedback.	Winter 2005
Conduct educational seminars on culture change.	Ongoing
Provide material related to clinical topics.	Ongoing
QIOs begin identifying nursing homes with whom to work intensively.	Ongoing
Provide education and training to QIOs to help them prepare.	To Summer 2005
Begin work on 8th Scope of Work.	Summer 2005

- **Nursing Home Workforce Retention Collaborative**—CMS has awarded a contract to Rhode Island Quality Partners (RIQP) to bring together 7-10 multi-state corporations (both for-profit and non-profit) to work collaboratively to help decrease workforce turnover. RIQP will conduct four two-day learning sessions which will bring together senior staff as well as direct care workers and clinicians from each of these entities to work together on techniques that will help increase staff satisfaction and autonomy, ultimately resulting in increased quality of care for nursing home residents. A similar project working with eight large for-profit corporations on pain management resulted in a significant reduction in the prevalence of pain for over 150 nursing homes.

○

Action Plan	Date
Identify multi-state corporations interested in participating .	Summer 2004
Corporations identify which of their nursing homes will participate.	Fall 2004
First learning session (Providence, RI).	Fall 2004
Second learning session.	Winter 2005
Third learning session.	Spring 2005
Corporations work closely with their participating homes to implement practices learned.	Ongoing
Outcomes congress to share lessons learned.	Summer 2005
Final results of collaborative.	Summer 2005

- **Person Centered Care Collaborative-** Within 21 states, the QIO will identify 5-10 nursing homes that are willing to work with the QIO by transforming their nursing facility from a medical model to a more home-like, resident-centered environment. Such nursing homes have been associated with improvement in both clinical quality of care as well as enhanced quality of life for the residents living within the nursing homes. In addition, nursing homes which have undergone a culture change tend to benefit from a dramatic reduction in staff turnover, limited or deficiency-free surveys, and increased census and overall staff, resident, and family satisfaction.

Action Plan	Date
Identification of states which will participate in collaborative.	Summer 2004
Recruitment of nursing homes within those states.	Summer 2004
First learning session.	Fall 2004
Second learning session .	Fall 2004
Third learning session.	Spring 2005
QIOs share information and work closely with their identified NHs.	Ongoing
Outcomes congress to share lessons learned.	Summer 2005
Final results of collaborative.	Summer 2005

- **Collaborative Focus Facility Project-** This unique project brings together the state survey agencies (SAs) and QIOs in 20 states to help improve the quality of care in nursing homes that continue to perform poorly on their surveys. The SA is tasked with identifying a subset of nursing homes that could benefit from QIO assistance in

conducting root cause analysis and implementing quality improvement techniques. The QIO for each participating state will contact the homes referred by its State agency, and establish a working relationship with willing providers (roughly 2-3 per state). Together, both the QIO and SA will help these nursing homes begin to deliver continuous quality of care rather than simply working to correct survey deficiencies.

Action Plan	Date
Monthly conference calls among all QIOs and SAs.	Ongoing
Collaborative meetings at the state level.	Ongoing
Recruitment of homes within each state.	Fall 2004
Identification of barriers and potential solutions.	Fall 2004
Provide direct assistance to identified nursing homes.	Ongoing
Identification and sharing of successful approaches.	Ongoing
Analysis of success of project.	Summer 2005

- **National Nursing Home Improvement Collaborative** - This project brings together 43 QIOs, six multi-state nursing home corporations, and over 50 nursing homes with expert faculty to improve the prevention and treatment of pressure ulcers in nursing homes and build all participating organizations' ability to effect quality improvement in nursing homes, with specific emphasis on pressure ulcers. The project involves a total of three in-person learning sessions and one in-person "outcomes congress", about a dozen national teleconferences, plus a Web site and listserv that can provide updated information on a flow basis. These venues all serve to share knowledge with and among participants, primarily the nursing home teams. Participating QIOs and chains each experience the collaborative alongside one or two of the nursing homes they are responsible for supporting in quality improvement. Separate, shorter in-person and teleconference sessions are held for QIOs and chains immediately following each general learning session, to optimize their gaining and sharing of insight that will enhance their ability to support other individual nursing homes' quality improvement efforts. Participating nursing homes will be required to collect process of care and other measures that support rapid-cycle improvement in care delivery system components key to reducing prevalence of pressure ulcers.

Action Plan	Date
Learning Session #1.	Fall 2003
Collaborative calls.	Monthly
Documentation of processes of care.	Monthly
Quality improvement work.	Ongoing
Tracking of quality measures.	Quarterly
Learning session #2.	Winter 2004
Learning session #3.	Summer 2004
Outcomes congress.	Fall 2004
Final results from project.	Winter 2005

4. Working with ESRD Networks

- CMS will be working with ESRD Networks on mutual issues regarding dialysis in nursing homes. The intent is to develop an early alert when problems are identified to better serve nursing home and dialysis patients.

5. Communicating with Other Stakeholders – CMS presents annually at national training conferences for the American Health Care Association and the American Association of Health Services for the Aging as well as interim meetings with the regulatory subcommittee and the legislative training session held in Washington, D.C. each year. We also hold stakeholder meetings periodically on various topics of interest. CMS also meets with consumer advocates such as the National Citizens Coalition for Nursing Home Reform and the American Association for Retired Persons for purposes of exchanging information.