



## **Center for Clinical Standards and Quality/Survey & Certification Group**

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**Admin Info: 16-12-NH**

**DATE:** December 18, 2015

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Investigating Formal Complaints While Conducting a Standard Survey Using the Quality Indicator Survey (QIS) Process

### **Memorandum Summary**

**Complaint Sampling Rules for QIS:** Based on software improvements included in the release of Automated Survey Processing Environment (ASPEN) Software 10.2 in July 2015, the Centers for Medicare & Medicaid Services (CMS) developed a methodology to explain how the complaint sampling works with the standard QIS survey. This memo describes three types of sampling scenarios that may occur when incorporating complaints:

- Sampling for Non- Minimum Data Set (MDS) based Care Areas
- Sampling for MDS only Care Areas
- Sampling for Unnecessary Medications Care Area

### **Background**

The QIS is a computer assisted nursing home survey process and part of the automation is the formulation of resident samples in both Stage 1 and Stage 2. Due to increasing numbers of formal complaints being investigated during the standard recertification survey, CMS developed a methodology that allows State Agencies (SA) to more efficiently and effectively investigate formal complaints while conducting a standard recertification survey using the QIS. The survey team can include and indicate any resident named in a formal complaint at the beginning of the survey.

The QIS utilizes Quality of Care and Quality of Life Indicators (QCLI). These indicators have specific definitions and are calculated by a software program. Some information comes from the Minimum Data Set (MDS) and other information comes from skilled surveyors completing structured interviews, observations and record reviews during Stage 1.

For Stage 2 sampling, three residents who meet the criteria for the QCLI are selected by the software for an in-depth investigation. Recent revisions to the QIS allows the survey team to

adjust this selected sample. In addition, any named resident in a formal complaint is now automatically included in the Stage 2 sampling process. There are however certain rules that apply.

## 1. Sampling for MDS based QCLI

There are certain care areas that have only MDS QCLIs mapped to the care areas. There are no Stage 1 structured observations, interviews or record reviews that provide information for the software to calculate. Therefore, the sample that is automatically generated by the computer should not be manipulated. If a complaint resident is added to the Reconciliation screen for one of these care areas, the complaint resident will generally be added to the sample of three; however, more specific details and scenarios are below.

| Complaint Res in Stage 1       | Care Area Trigger for Stage 2 | Residents Sampled in Stage 2  |
|--------------------------------|-------------------------------|---|
| Yes                            | Yes                           | <b>3</b> , includes complaint if the complaint happened to be part of the Numerator and Sampled |
| Yes                            | Yes                           | <b>4</b> , complaint will be added to the sample of 3 if complaint not in Numerator             |
| Yes                            | No                            | <b>1</b> , just the complaint resident  |
| No (after Stage 2 Assignments) | Yes                           | <b>4</b> , complaint added to the sample of 3 in Stage 2  |
| No (after Stage 2 Assignments) | No                            | <b>1</b> , just the complaint resident  |

**Note:** In those instances where the Complaint Sample Table indicates that just the ‘complaint resident’ is sampled, in other words a Stage 2 sample size of ‘1’ is indicated; please keep in mind that the area/concern in question (for example ‘abuse’) was investigated thoroughly in Stage 1 with the full sample of Stage 1 residents. Based upon facility size the preliminary investigation did not lead to that concern triggering for Stage 2 for a more in-depth investigation. This approach allows the surveyor to make maximum use of their time and resources when it comes to investigating concerns/areas that did not trigger out in Stage 1 or were added after Stage 2 assignments and was not an area that triggered.

## 2. Sampling for the Unnecessary Medication Care Area

The QIS currently utilizes an algorithm to select five residents identified from the Stage 1 sample for an in-depth investigation into their monthly medication regimen. The algorithm can be found at the link below. The data demonstrates the QIS has found a way to identify a good sample of residents on high risk medications for this sample and it should not be altered. However, the survey team may add as many residents to the five residents sampled by the software. If a complaint resident is added to the Reconciliation screen for one of these care areas, the complaint resident will generally be in addition to the sample of five.

However, more specific details and potential scenarios are below:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Unnecessary-Med-Sampling-Algorithm.pdf>

| Complaint Resident in Stage 1  | Complaint Resident Sampled for Unnecessary Medication (UM) care area in Stage 2 | Number of Resident in Stage 2 sample for UM care area  |
|--------------------------------|---|--|
| Yes                            | Yes   | <b>5</b> , including complaint resident<br>Note: Complaint resident won't display as sampled on the QCLI Results screen and Append Text won't work |
| Yes                            | No  | <b>6</b> , the complaint resident is added to the sample of 5  |
| No (after Stage 2 Assignments) | No  | <b>6</b> , the complaint resident is added to the sample of 5  |

### 3. Sampling for Non-MDS based care areas

As mentioned, the QIS utilizes specifically defined QCLIs to assist the survey team to identify concerns in the facility related to quality of life and quality of care. Initially, a Stage 1 sample of up to 40 residents are used in the identification of these concerns. If a complaint resident is added to the Reconciliation screen for one of these care areas, the complaint resident will be included in the sample of the three. The Stage 1 activities examine a broad view of regulatory areas. Therefore, if the concern from the formal complaint does not meet the criteria for the QCLI to trigger for investigation the complaint resident would be the only resident investigated related to the concerns from the formal complaint.

| Complaint Res in Stage 1       | Care Area Trigger for Stage 2 | Residents Sampled in Stage 2                             |
|--------------------------------|-------------------------------|--|
| Yes                            | Yes                           | <b>3</b> , including complaint resident                  |
| Yes                            | No                            | <b>1</b> , just the complaint resident                   |
| No (after Stage 2 Assignments) | Yes                           | <b>4</b> , complaint added to the sample of 3 in Stage 2 |
| No (after Stage 2 Assignments) | No                            | <b>1</b> , just the complaint resident                   |

**Note:** In those instances where the Complaint Sample Table indicates that just the 'complaint resident' is sampled, in other words a Stage 2 sample size of '1' is indicated; please keep in mind that the area/concern in question (for example 'abuse') was investigated thoroughly in Stage 1 with the full sample of Stage 1 residents. Based upon facility size the preliminary investigation did not lead to that concern triggering for Stage 2 for a more in-depth investigation. This approach allows the surveyor to make maximum use of their time and resources when it comes to investigating concerns/areas that did not trigger out in Stage 1 or were added after stage 2 assignments and was not an area that triggered.

**Contact:** Please contact CMS DNH Triage Team [DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov) with questions regarding complaint sampling in QIS.

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management