NURSING HOME QUALITY INITIATIVE

Relationship of Quality Improvement Organizations (QIOs)
and State Survey Agencies (SSAs)

This document is for the use of the Centers for Medicare & Medicaid Services, Quality Improvement Organizations, and State Survey Agencies and can be shared with stakeholders, nursing home facilities and the public.

FUNDAMENTAL ROLES

- For purposes of this initiative, QIOs have been given the responsibility to promote awareness and use of publicly reported nursing home quality measures, and to provide assistance to nursing homes in their State which seek to improve performance.

- QIOs will seek to accomplish this by conveying the message that some nursing homes do better than others in regards to quality measures that are important to beneficiaries and their caregivers, and by making available information and assistance to facilities about how they can achieve better performance.

- From CMS’ perspective, SSAs and QIOs have distinct missions. QIOs seek to promote improvement and excellence in care. The QIO mission does not include inspection and enforcement around regulatory standards. SSAs seek to ensure that facilities meet regulatory standards. Under State laws and directives, many SSAs have also undertaken activities to promote improvement.

STAKEHOLDERS INVOLVEMENT

- QIOs will undertake activities which seek to involve stakeholders in the initiative.

- Stakeholders may include representatives of nursing homes, trade associations, ombudsmen, State survey agencies, medical directors, directors of nursing, geriatric nursing assistants, other licensed professionals, academicians and consumers.

- SSAs will share information with QIOs about key individuals and organizations in the state working on quality improvement in nursing homes.
QUALITY IMPROVEMENT ACTIVITIES

- Practitioner-, facility-, or resident- identifiable information which is reported by nursing homes to the QIO is confidential except under very limited circumstances provided for under federal statute and regulations. It cannot be released through the Freedom of Information Act. A QIO must disclose such information to an SSA which requires the information in order to carry out a function mandated by State law. If so, the SSA is required to visit the QIO to view the information, and is prohibited from re-disclosing it except in a formal legal proceeding resulting from an investigation conducted by the SSA.

- QIOs will only work on clinical topics directly related to publicly reported measures.

- SSAs are encouraged to share information with QIOs about current quality improvement activities related to these measures that are being conducted in the state. SSAs and QIOs are encouraged to explore the potential for working together through sharing of best practices, sharing of information on how to facilitate improvement, letters of support for each other’s improvement activities, co-sponsorship, etc. QIOs may collaborate with the SSAs or other organizations on activities which are already underway. In such collaborations, practitioner-, facility-, or resident- identifiable information which is reported by a nursing home to the QIO is confidential as described above.

- SSAs are encouraged to provide information to QIOs that may help them in identifying and providing assistance to facilities.

- QIOs will serve as non-regulatory partners with nursing homes to facilitate quality improvement. Nursing homes work with QIOs on a voluntary basis, and are of course free to use other agents (private consultants, etc) in their improvement efforts.

QUALITY IMPROVEMENT MATERIALS

- The QIO will serve as a clearinghouse of resource materials developed and collected both nationally and statewide.

- QIO materials are not mandated for use by the QIO or nursing home. Nursing homes working with QIOs may choose their own materials, systems or clinical protocols for use.

- QIOs and SSAs are encouraged to share materials relevant to improvement activities with each other.

- Materials developed by QIOs are free to nursing homes and SSAs.
REGULATORY ENFORCEMENT

- QIOs are not part of the regulatory process. The QIO’s purpose is not to identify situations in which enforcement is necessary but rather to assist nursing homes to improve quality using quality improvement principles and techniques.

- The QIO is not expected to do surveillance during the course of a QIO’s interaction with a nursing home. However, the QIO is required in 42 CFR 480.140(a) to report to State agencies as required by State law and to appropriate Federal and State agencies in situations where there is a need to protect against a substantial risk to the public health. Such situations might involve occurrences which any individual citizen would find unacceptable. Others might be understood as unacceptable by someone with clinical experience.

- The QIO will use its judgment in determining whether situations that it encounters suggest a need for protection against a substantial risk to the public health. The QIO’s determination is not reviewable by CMS or an SSA. When the QIO makes such a determination, it must notify the facility that the situation exists and ask the facility to immediately report it to the SSA. If the facility is unwilling to do so, the QIO will immediately report it to the SSA. The SSA will handle these reports as complaints, using its regular complaint investigation process.

- SSAs may require nursing homes, as part of a directed plan of correction, to engage in improvement activity. The facility may do so independently, with QIO assistance where the activity is within the QIO scope of work, or with non-QIO consultant assistance.

- A working relationship including exchange of information between a nursing home and a QIO does not alter the facility’s requirement to provide information to the SSA in accordance with existing laws and regulations. A nursing home may not use its participation in QIO activities to shield information from the SSA.

- The fact that a nursing home is working with a QIO will not impact the survey process or survey findings. An intervention supported by the QIO and used by a nursing home does not alleviate a nursing home’s responsibility if the SSA determines a related deficiency. SSAs or regional offices may take into consideration a nursing home's involvement with a QIO intervention, or any other improvement activities not involving the QIO, when making non-mandatory remedy decisions. QIOs are not permitted to represent nursing homes or provide information on behalf of a nursing home in a nursing home’s interaction with the SSA or regional office at hearings, informal dispute resolution (IDR), or other discussions relating to regulatory matters.

- SSAs will continue to perform all of their current survey and certification activities irrespective of an individual facility’s results on the quality measures and irrespective of whether the facility is working with a QIO.
COMMUNICATION AND SUPPORT

- QIOs and SSAs are encouraged to communicate regularly on all initiative-related activities. QIOs and SSAs are encouraged to provide overviews to each other about their organizations and responsibilities.

- QIOs are encouraged to share information with the SSAs on the publicly reported quality measures (QMs) and how they differ from the QIs used by the survey agency.

- SSAs are not expected to train QIOs on long term care, the regulations, the survey process, the MDS/RAI, the data system, etc. However, the SSA will be available to respond to specific questions from QIOs on these and related topics.

EVALUATION

- Both QIOs and SSAs will provide input to assist in evaluation of the effectiveness of various processes and policies.
SSA/QIO Relationship In Nursing Home Quality Initiative

Q/As

Q1: What is the relationship between the role of the State Survey Agencies (SSAs) and the Quality Improvement Organization (QIOs)?

A1: For purposes of this initiative, QIOs have been given the responsibility to promote awareness and use of publicly reported nursing home quality measures, and to provide assistance to nursing homes in their State which seek to improve performance. QIOs will seek to accomplish this by conveying the message that some nursing homes do better than others in regards to quality measures that are important to beneficiaries and their caregivers, and by making available information and assistance to facilities about how they can achieve better performance.

From CMS’ perspective, SSAs and QIOs have distinct missions. QIOs seek to promote improvement and excellence in care. The QIO mission does not include inspection and enforcement around regulatory standards. SSAs seek to ensure that facilities meet regulatory standards. Under State laws and directives, many SSAs have also undertaken activities to promote improvement.

Q2: Is CMS encouraging SSAs and QIOs to work together in this initiative?

A2: CMS is encouraging SSAs and QIOs to work together in this initiative in specific ways. We believe that quality improvement assistance which the QIOs are providing can help facilities improve performance in relation to the quality measures which will be posted on Nursing Home Compare, and that improvements in relation to certain of these measures (e.g., pressure ulcers, restraints) can also help facilities do well in the survey process. We are encouraging SSAs and QIOs to explore the potential for collaboration through sharing of best practices, sharing of information on how to facilitate improvement, letters of support for each other’s activities, and co-sponsorship of activities.

Q3: Will QIOs share information about facilities with SSAs?

A3: Practitioner-, facility-, or resident- identifiable information which is reported by nursing homes to the QIO is confidential except under very limited circumstances provided for under federal statute and regulations. It cannot be released through the Freedom of Information Act. A QIO must disclose such information to an SSA which requires the information in order to carry out a function mandated by State law. If so, the SSA is required to visit the QIO to view the information, and is prohibited from re-disclosing it except in a formal legal proceeding resulting from an investigation conducted by the SSA.

Q4: Will QIOs assist SSAs in identifying deficiencies?

A4: QIOs are not part of the regulatory process. The QIO’s purpose is not to identify situations in which enforcement is necessary but rather to assist nursing homes to improve quality using quality improvement principles and techniques.

While the QIO is not expected to do surveillance during the course of a QIO’s interaction with a nursing home, the QIO is required in 42 CFR 480.140(a) to report to State agencies as required
by State law and to appropriate Federal and State agencies in situations where there is a need to protect against a substantial risk to the public health. When the QIO makes such a determination, it must notify the facility that the situation exists and ask the facility to immediately report it to the SSA. If the facility is unwilling to do so, the QIO will immediately report it to the SSA. The SSA will handle these reports as complaints, using its regular complaint investigation process.

Q5: What types of situations pose a substantial risk to the public health?

A5: Such situations might involve occurrences which any individual citizen would find unacceptable. Others might be understood as unacceptable by someone with clinical experience. The QIO will use its judgment in determining whether situations that it encounters suggest a need for protection against a substantial risk to the public health. The QIO’s determination is not reviewable by CMS or an SSA.

Q6: Does working with the QIO give a nursing home the ability to shield information from the SSA?

A6: A working relationship including exchange of information between a nursing home and a QIO does not alter the facility’s requirement to provide information to the SSA in accordance with existing laws and regulations. A nursing home may not use its participation in QIO activities to shield information from the SSA.

Q7: Does working with the QIO obviate a nursing home’s responsibility for correcting deficiencies?

A7: The fact that a nursing home is working with a QIO will not impact the survey process or survey findings. An intervention supported by the QIO and used by a nursing home does not alleviate a nursing home’s responsibility if the SSA determines a related deficiency. SSAs or regional offices may take into consideration a nursing home's involvement with a QIO intervention, or any other improvement activities not involving the QIO, when making non-mandatory remedy decisions. QIOs are not permitted to represent nursing homes or provide information on behalf of a nursing home in a nursing home’s interaction with the SSA or regional office at a hearings, informal dispute resolution (IDR), or other discussions relating to regulatory matters.

Q8: Does the QIO’s role in this initiative reduce the frequency or intensity of inspection/enforcement activities by the SSA?

A9: No.