

Training on the FOQIS Procedures – Webinar Speaker’s Notes – 5 0 8 compliant

The following are the speaker’s notes to accompany the QIS Training on the FOQIS Procedures Webinar Power Point presentation.

Slide 1	<p>Welcome to the Federal Oversight of Quality Indicator Survey (otherwise known as FOQIS) training.</p> <p>Everyone should have a hard copy of the FOQIS Procedures and Electronic Scoring Sheet to take notes on during the training. We also sent two additional documents for your reference but they won’t be used during the training. This includes the QI call procedures and the DAR-RO Instruction Guide.</p>
Slide 2	<p>You will use the FOQIS process when evaluating a QIS state agencies performance.</p> <p>The goal of the FOQIS program is for you to follow a structured, consistent and objective process to evaluate the SA’s performance. You will use the data being generated throughout a QIS for offsite monitoring and a more structured onsite evaluation.</p> <p>The ratio of RO to SA surveyors is 1:4 for a FOQIS process so one RO can evaluate a team of 4 state surveyors.</p>
Slide 3	<p>The Offsite Prep steps include:</p> <ol style="list-style-type: none"> 1. A review of the DAR-RO 2. Select a survey 3. Create the electronic version of the FOQIS Scoring Sheet 4. Ensure Stage 1 forms and CMS-807 (Surveyor Notes) are available 5. Assemble reference materials and supplies 6. State prep for the wired network method <p>We’ll discuss each of these offsite prep steps.</p>
Slide 4	<p>The FOQIS uses a targeted, data driven approach in both the team selection and onsite evaluation activities.</p> <p>For FOQIS purposes, you will perform an offsite review of the DAR-RO for two reasons: 1) to select the SA team for a FOQIS and 2) to focus your onsite investigations for Stage 1 and 2.</p> <p>There are 3 mandatory team evaluations which include team meetings, transition and the analysis and decision making meeting.</p>
Slide 5	<p>You use the most recent State-Specific DAR-RO for both the QI call and FOQIS. Just a couple reminders about the DARs – you can refer to the DAR-RO Instruction Guide which defines each data item and details how you should use each data item for the QI call or the FOQIS. Also, each of your regional offices should have your own process in place to store and access the DAR-ROs.</p> <p>For the QI call that is conducted with the SA you will review and discuss with the SA all of the data items that are identified as being an outlier. This includes both low and high outliers.</p>

	<p>However, for a FOQIS, you will only review 4 data items which includes Item 2 (triggering rate) and Item 19 (citation rate when triggered), Item 5 (negative response rate), and Item 12 (facility task citation rate). For the FOQIS you will only be concerned with any low outlier for those 4 data items. For this training, we'll discuss each of the four data items used for offsite prep for a FOQIS.</p>
Slide 6	<p>So now I'll discuss each of the offsite prep steps for a FOQIS and begin with Step 1 in the FOQIS Procedures.</p> <p>Item 2 on the DAR-RO displays the triggering rate for care areas and non-mandatory tasks. This item identifies how often Stage 1 concerns trigger a care area for an in-depth investigation.</p> <p>For Item 2, you will identify any care area or task that has a low triggering rate that is mapped to either the resident interview or the resident observation (the applicable care areas are identified in the FOQIS Procedures). You will only focus on these two data sources because the resident interview and observation encompass the majority of triggered areas and focusing your onsite Stage 1 time to these two data sources will be the best and most efficient use of your time.</p> <p>For example, skin conditions is mapped to the Resident Observation. If skin conditions has a low triggering rate, you will identify this as an area of concern for follow-up during the FOQIS. Conversely, notification of change is mapped to the Family Interview. If notification of change has a low triggering rate, you won't identify this as an area of concern since that care area isn't triggered from either the Resident Interview or Observation. Again, you are only required to observe the surveyors conduct a resident interview or observation during Stage 1. However, this doesn't mean that you should ignore other data sources that you believe are problematic (e.g., the family interview).</p>
Slide 7	<p>Item 19 displays the citation rate for every care area and non-mandatory task when triggered. This item does not account for any area that is surveyor-initiated and cited.</p> <p>For Item 19 you will identify any area with a low citation rate when triggered.</p> <p>Abuse is a high priority care area for CMS; so if abuse is identified as having a low citation rate when triggered, you should evaluate the SA's investigation of abuse.</p> <p>Once onsite, you will make a final decision about which care areas to investigate, based on the areas that trigger during the FOQIS. Again, we'll discuss the Stage 2 workload prioritization criteria later.</p>
Slide 8	<p>Let's look at Item 2 and 19 in a training DAR-RO. For a FOQIS, you are concentrating on the yellow highlighted areas which are indicative of a low outlier. The first thing you'll want to do is determine which district office – if the state has distinct district offices – has the most low outliers. At a glance for the first number of care areas, DO1 has the most low outliers so that is the district we would select to do a FOQIS.</p> <p>Once you have completed your review for Items 2 and 19, you will document any area with a low rate from Item 2 on the Measure 2 Scoring Sheet under the Additional Notes section. (show). You'll document any low citation rate outliers on the Measure 4 Scoring Sheet under the Additional Notes section. (show)</p>
Slide 9	<p>Item 5 is the negative responses rate for each data source. Item 5 identifies how often surveyors identify concerns at the Stage 1 question level (regardless of whether the care area triggers).</p> <p>For Item 5, you first identify whether the state or any district office has a low rate of negative responses for the resident interview or observation compared to the national average. This data item goes down to the surveyor-level of detail so you will also identify any surveyor with a low rate for the resident interview or observation.</p>

	<p>You will document whether the state, district or surveyors had a low rate on the Measure 2 Scoring Sheet under the Additional Notes section.</p>
Slide 10	<p>Item 12 displays the citation rate for every facility task. For Item 12 you will identify any facility task with a low citation rate.</p> <p>You will document the tasks with a low citation rate on the Measure 4 Scoring Sheet under the Additional Notes section.</p> <p>Infection Control, QA&A, and Abuse Prohibition are high priority facility tasks for CMS. If these tasks are identified as having a low citation rate on the DAR-RO, they should be investigated during the FOQIS.</p> <p>Once onsite, you will make a final decision about which non-mandatory tasks to investigate, based on the tasks that trigger during the FOQIS. There may be quite a few areas with a low citation rate and if all of the areas trigger during the onsite FOQIS, you will have to prioritize which areas to include in your Stage 2 workload for an in-depth investigation. You may not have time to investigate every area with a low rate noted on the DAR. There are prioritization criteria to consider, which we'll discuss later.</p>
Slide 11	<p>Once you've completed your review of the 4 DAR-RO data items, you will identify the district or district offices that has the most outliers for Items 2&19, 5, and 12. You will also identify the surveyors in that district office that have the most outliers for Item 5 (for the Resident Interview and Observation). Once you've done that, you are ready to select a team for an onsite FOQIS which is Step 2 in the FOQIS Procedures.</p> <p>The SA should send you their schedule for the upcoming month about the middle of the preceding month. After you've received the SA schedule, you then try and select a team using the SA schedule from the district and the surveyors based on the low outliers from the DAR-RO.</p>
Slide 12	<p>Step 3 is to create an electronic version of the FOQIS Scoring Sheet. Remember, to list any concerns identified in Step 1 on the Scoring Sheet under the Additional Notes section to help direct the onsite evaluation during Stages 1 and 2 and for later comparison with the your onsite findings.</p> <p>There is a FOQIS package that contains all pertinent FOQIS information on the S&C website.</p>
Slide 13	<p>The Resident Interview and Observation form is used during Stage 1 of the FOQIS. Steps 4 and 5 are to print the forms and highlight the sections on the form that have been identified as having a low triggering rate (Item 2) to help direct the onsite evaluation during Stage 1. Although all areas will be observed, the highlighting provides additional information for use during the observation of the state surveyor.</p> <p>It is important to have paper copies of all Stage 1 forms in case onsite issues arise that require an evaluation of an admission record, census record, family interview or staff interview.</p> <p>Have CMS-807, Surveyor Notes worksheets, available for Stage 2. You'll document your Stage 2 investigation on an 807.</p>

Slide 14	<p>We are now on Step 6 in the FOQIS Procedures. Make sure you have the reference materials and supplies listed on the slide accessible while onsite.</p> <p>You should have all of the Facility and CE Pathways on your laptop. For any area you select to do an investigation for, you will have to have the CE and Facility Pathway available to ensure the surveyor is following the probes and guidance.</p> <p>For the calculator – you can use the calculator on your computer, phone or if you prefer, a small hand-held calculator.</p>
Slide 15	<p>We are now at Step 7 in the FOQIS Procedures.</p> <p>Prior to the FOQIS, contact the state QIS IT Lead to since they have to complete multiple steps, before the survey starts, to ensure the wired transfer method works. Talk to the ROs in your region who have conducted a FOQIS, to see if they have any insight into potential issues and workarounds to this.</p> <p>It is your responsibility to notify the State that they are required to complete multiple steps so the wired transfer method works – it is not your responsibility to explain or assist the State with their set-up. The State should contact the QTSO help desk if they have questions or concerns.</p>
Slide 16	<p>We are now moving on to the onsite portion of the FOQIS. The onsite FOQIS activities include:</p> <ol style="list-style-type: none"> 1. Some initial Onsite Activities 2. Introducing FOQIS to the State team 3. Evaluating Measure 1 which covers team meetings 4. Evaluating Measure 2 which is the Stage 1 preliminary investigations. 5. Evaluating Measure 3 which is the transition meeting. 6. Evaluating Measure 4 which is the Stage 2 in-depth investigations. 7. Evaluating Measure 5 which is the team analysis and decision-making meeting. 8. Debriefing the State team. <p>We'll discuss each of these onsite steps.</p>
Slide 17	<p>Step 8 says to enter the facility with the SA team, unless there are extenuating circumstances like travel or logistical issues. If you enter the facility with the State, you can accompany the surveyors during the Initial Tour. However, the tour is not formally evaluated.</p> <p>If there are extenuating circumstances, you may enter the facility shortly after the State team arrives. The first evaluated activity is the Initial SA team meeting which allows you the flexibility to arrive to the facility shortly after the State enters the facility.</p> <p>Let's talk about how you would use the DAR information for the initial onsite activities. Let's say I am the only RO joining the State team. I am able to enter the facility with the State. In looking at the DAR, I know that the district had a low citation rate for Infection Control. I decide to go with the surveyors conducting the initial tour, paying particular attention to any infection control issues that should be identified by the State during the tour. Since the Kitchen task didn't have a low citation rate, I decide not to go with the surveyor who completes the initial walk-through of the kitchen.</p>
Slide 18	<p>At Step 9 you will provide an overview of FOQIS to the State team. Make sure you:</p> <ol style="list-style-type: none"> 1. Explain the purpose of the FOQIS 2. Explain that the selection of tasks during the FOQIS is based on the state's survey history as reflected on the DAR-RO, that you will observe a resident interview and observation for each

	<p>surveyor, and that during Stage 2 you will observe at least one care area or task for each surveyor depending on which areas had a low citation rate when triggered.</p> <p>3. Discuss the concepts that have changed from the FOSS process (we will discuss each of these concepts in detail later):</p> <ul style="list-style-type: none"> - On-going dialogue between you and State surveyor throughout Stages 1 and 2. - An explanation of the procedures you will follow during Stage 2 parallel investigations. - An explanation of the guidance and education you may perform throughout Stage 1 and Stage 2. <p>4. Explain there are two different points in time that you'll need to import the TC's data.</p> <p>5. Explain the FOQIS scoring system.</p>
Slide 19	<p>Now we are on Step 10 in the FOQIS Procedures. The RO assesses all of the State's team meetings. The Transition Meeting and the Stage 2 Analysis and Decision Making meeting are evaluated separately.</p> <p>Attendance at all of the meetings provides you with multiple opportunities to determine whether the State identifies all of the concerns that you identify. It also ensures you are informed of the issues that the State is investigating.</p>

Slide 20

First, we'll give an overview of the scoring which is Step 22. Then I'll specifically talk about the scoring for Measure 1.

Each Measure has probes to help guide your investigation and assist in determining the score of the State for each measure. The probes address the outcomes for each measure. The probes are based on the criteria used in the skills assessment, but altered to match federal oversight needs.

You should refer to the probes when evaluating each measure to ensure there is consistency and objectivity between ROs. You will document any concerns on the applicable measure scoring sheet under the applicable probe. If there are no concerns with a particular probe or a probe is not applicable, you do not have to document anything for that probe. Once you have finished evaluating a measure using the probes to help guide your investigation, a score is given based on the description provided for each score. The scoring sheet is the document that will be sent to the State so you should ensure all concerns have been documented on the Scoring Sheet.

There are three possible scoring levels (Met, Partially Met and Not Met). The scoring system follows the principles of the scope and severity grid. When scoring a team you will consider the impact the concern has on the resident. The goal in using this scoring method is to increase consistency in how each RO scores a State team. To score each measure, review all of the team's failures for each individual measure and decide what the most severe level of impact the failures had on the resident. Based on the most severe level of impact to the resident, a score is determined.

A score of Met is similar to Severity Level 1, failures resulting in the potential for no more than minimal harm.

A score of Partially Met is similar to Severity Level 2, failures resulting in the potential for more than minimal harm. A score of Partially Met means the team passed the measure. To pass a measure, the failure cannot be any worse than the potential for more than minimal harm.

A score of Not Met is similar to Severity Level 3 or 4, failures resulting in actual harm, Substandard, or IJ. Any time the team fails to identify harm, SQC or IJ for a particular measure, the team will not pass that measure.

Each measure is scored individually; there is not an overall or aggregate score for the entire FOQIS nor are the individual probes scored. You can add additional documentation to support a score, as necessary.

Any concern should be provided to the SA manager so the State can follow-up internally.

<p>Slide 21</p>	<p>Now let's discuss the probes that help guide your investigation for Measure 1.</p> <p>There are 7 probes included under Measure 1 (team meetings). They include:</p> <ol style="list-style-type: none"> 1. If IJ was present, whether the team discussed IJ. 2. If harm was present, whether the team discussed harm. 3. Whether the state discussed pertinent findings for resident and facility tasks 4. Whether the team discussed all pertinent concerns from general observations of the facility and its residents. 5. During Stage 2 team meetings, whether the surveyors discussed the need to substitute or supplement the Stage 2 sample. 6. Whether the SA team discussed possible situations of SQC during the Stage 2 team meetings and expanded the sample to confirm or rule out SQC. 7. Whether you had to provide guidance and education to correct the State's team meetings. We'll discuss guidance and education later.
<p>Slide 22</p>	<p>Let's discuss the scoring levels for Measure 1 (team meetings).</p> <p>If the surveyors discussed all pertinent findings or those that were not discussed, had the potential for no more than minimal harm to the resident, then you would give the team a Met score. Similar to the Severity Level 1.</p> <p>If the surveyors failures had the potential for more than minimal harm, you would give the team a Partially Met score. Similar to the Severity Level 2.</p> <p>If the surveyors failed to discuss IJ, SQC or harm situation concerns, then you would give a Not Met score. Similar to the Severity Level 3 and 4.</p> <p>Use the probes on the Measure 1 Scoring Sheet to guide your investigation. Document any concerns with the team's discussion on the Measure 1 Scoring Sheet and enter notes for particular probes, as applicable. Once you are finished evaluating all of the team meetings, provide a team score for Measure 1 based on the performance of all surveyors and provide additional comments as needed to explain the score.</p> <p>(Show the electronic scoring sheet. Show them how to use the Bookmark to easily navigate to measures. Show the Measure 1 scoring and explain where they would document concerns for the probes. Point out that the scoring descriptions will always follow the probes and show where they can add additional notes to explain a score in the Additional Notes section.)</p> <p>Any questions?</p>
<p>Slide 23</p>	<p>We are now on Step 12 in the FOQIS Procedures. During Stage 1 you will determine whether the SA team completes the resident interviews and observations in accordance with QIS procedures and whether the team effectively identifies concerns for Stage 2 investigations.</p> <p>Let's discuss the logistics:</p> <p>Step 11 indicates that you will request a copy of the Census Sample Report after the team has made Stage 1 assignments so you know which residents are assigned to each surveyor.</p> <p>You will complete a resident interview and observation for each surveyor, regardless of whether the surveyor is an outlier. Observe the same resident for both interview and observation. For planned</p>

	<p>interviews or formal observations, ensure the surveyor knows to notify you of the time and location of the interview/observation. Reference the Resident Interview and Observation form to know the exact questions the surveyor should be asking and what observations should be completed, and to record negative responses. Be sure to include the resident’s name with the negative response since one form is used for all surveyors.</p> <p>Some ROs have used a form for each surveyor. You can use one form or if you want a form for each surveyor. Again, you do not have to answer every question. You just have to mark any negative response given by the resident.</p> <p>Document observations of the resident while the surveyor conducts the resident interview. Multiple observations must be conducted of the resident throughout Stage 1 to adequately answer some of the questions (e.g., whether the resident is being repositioned, staff interaction with the resident, incontinence, pain or positioning issues). However, observations made concurrently with the surveyor are not always feasible; so some observations of residents may be conducted without the surveyor. Document concerns, including the date and time of the observations, on the Resident Interview and Observation form for later comparison with the surveyor’s responses. When determining whether the surveyor identified the same observational concerns, determine whether the surveyor could reasonably have been expected to make the same observations, and bear this in mind when scoring the measure. For example, if you observe a resident leaning to one side in his w/c for 40 minutes and then you observe a staff reposition the resident in an upright position. The State wasn’t there to make the same observation and the resident was properly positioned the rest of the time. You would not count the missed concern against the surveyor since it isn’t reasonable that the surveyor could’ve made the same observation. However, if you observe the resident over 2 days with long, jagged and dirty nails and the surveyor missed the concern it is reasonable to have expected the surveyor to identify the same concern and this missed concern would be marked against the surveyor.</p>
Slide 24	<p>The FOQIS procedures allow for on-going dialogue between you and State surveyor. During the overview of FOQIS you will let the State know upfront that you will be asking them throughout the survey if they identified any concerns following each joint activity. So immediately following an interview or any joint observation, when you ask the State surveyor if they had any concerns with the interview or observation, the surveyor will be expecting the question. For example, following a resident observation, you will ask the surveyor if they had any concerns. You want to ask this immediately to determine whether the surveyor identified the same issues as you.</p> <p>Throughout the survey, make general observations of the facility and all residents to compare to those identified by the State surveyors.</p>
Slide 25	<p>Use the following probes included under Measure 2 (Stage 1 preliminary investigations) to guide your investigation:</p> <ol style="list-style-type: none"> 1. Identified IJ 2. Whether the surveyor asked all questions as written and, if needed, provided a clear explanation of the intent of a question. These questions are the ones on the Resident Interview and Resident Observation form you are following along on and documenting concerns on. 3. Whether the surveyor asked all questions. That is, the surveyor did not skip any of the questions. 4. Whether the surveyor conducted multiple observations of the resident throughout Stage 1.

	<ol style="list-style-type: none"> 5. Whether you and surveyor had the same negative responses for the interview and observation. 6. Whether the surveyor correctly identified harm. Determination that a situation presents a high likelihood of rising to the level of harm, when a State investigation has not yet taken place, requires the judgment and discretion of each of you. 7. Whether the surveyor documented all relevant findings for resident interview and observation responses with negative implications. 8. Whether the surveyor identified all concerns during general observations of the facility and its residents. <p>Again, if there are any concerns identified with any of these probes, document the concern on the Measure 2 scoring sheet under the applicable probe.</p> <p>If the team fails to identify a Stage 1 concern, determine whether there is a relationship between the unidentified concern with the DAR-RO (Item 2 and Item 5). For example, the DAR-RO indicates the State has a low triggering rate for Skin Conditions. Onsite, you determine the State team failed to identify Stage 1 concerns with Skin Conditions. Your identified concerns with the State performance will provide the State one explanation for the low outlier on the DAR-RO and will help the State with their internal QA process. When a relationship between a low triggering rate on the DAR-RO and onsite concerns with that same care area are identified, documents this relationship on the Measure 2 Scoring Sheet under the Additional Notes section.</p>
Slide 26	<p>Now we will discuss scoring for Measure 2.</p> <p>Once you are finished evaluating the measure, provide a score for the team. The overall score for Measure 2 will be based on the entire team’s performance. That is, the entire team gets one score for Measure 2 – there won’t be an individual Measure 2 score for each surveyor.</p> <p>If the surveyors identified all resident interview, resident observation, and general observation concerns or those that were not identified had the potential for no more than minimal harm to the resident, then you would give the team a Met score.</p> <p>If the surveyors failed to identify concerns that had the potential for more than minimal harm/discomfort to the resident, you would give the team a Partially Met score.</p> <p>If the surveyors failed to identify IJ, SQC or harm situation concerns, then you would give a Not Met score.</p> <p>Any questions? (Take a 10 minute break)</p>
Slide 27	<p>We are now on Step 15 in the FOQIS Procedures. Measure 3 is the Transition Meeting. During Measure 3, you assess whether the State correctly identifies issues and residents for Stage 2 investigation.</p> <p>Let’s discuss the logistics.</p> <p>After the TC first calculates QCLIs, you are going to import the TC’s data. This is the first of two imports that will occur during the FOQIS. By having the Stage 1 and QCLI data, you can follow along during the State discussion.</p>
Slide 28	<p>You are going to import the TC’s data using an ASE to ASE file transfer using a crossover cable. You do not use the ASE-Q synchronization steps to get the State’s data. Let’s discuss the difference between importing data versus synchronizing data.</p>

	<p>When you are an observer of the State which is what you are considered when you conduct a FOQIS, you will always import the TC's data in ASE. You can think of importing data as taking a mirror image of the TC's data. You will see exactly what the TC has for the survey at that time. Every time you import a file, it overwrites the previous file.</p> <p>When you are doing a comparative, the team members will always synchronize the data within ASE-Q. When you synchronize data within the QIS Tool the TC is either pushing data out to the team or the TC is pulling data into their computer from the team members. This push or pull transfers very specific data.</p> <p>Again, talk to the ROs in your region to see if have encountered issues or workarounds with the import process.</p>
Slide 29	<p>When the transition meeting starts, you will know what negative response differences there are with each surveyor. Only negative responses that were missed by the surveyor are marked against the surveyor.</p> <p>During the transition meeting, you will resolve any Stage 1 differences with the surveyors. You will closely monitor the State discussion of QCLI findings and the finalization of the Stage 2 sample. You will not reconcile differences with the State until the State is ready to make Stage 2 assignments. Delaying reconciliation ensures that the State has the opportunity to identify all areas and residents for inclusion in the Stage 2 sample. For example, you identify that two surveyors did not recognize the same positioning concerns. The State is ready to make Stage 2 assignments and neither surveyor realized or acknowledged the missed concern during the transition meeting discussion. You would stop the team before they made Stage 2 assignments and reconcile the difference by telling the State what you observed and determine whether the State's response changes the negative response difference. You will reconcile every negative response difference you had with the State. If they reach an acceptable conclusion for the differences do not count the concern against the team.</p> <p>Before the team makes their Stage 2 assignments, you will determine whether a situation warrants re-direction.</p>
Slide 30	<p>For the FOQIS, you may provide re-direction to the team for certain missed Stage 1 concerns. The goal of allowing you to re-direct the team is to ensure all areas of concern are investigated by the team by the end of the survey. Let's discuss the two situations where you might have to re-direct the team.</p> <p><i>Failure to Trigger a Care Area or Task</i></p> <p>You will provide re-direction when the negative responses missed by the State team would have caused a care area or task to trigger. You will reference the QCLI Results screen in ASE-Q, which displays the prevalence rate and thresholds, to determine whether a care area or task would have triggered. This is when you'll need your calculator – since you will add the residents that the surveyor missed to the numerator and figure out the new prevalence rate to see if the care area now exceeds the threshold. If the care area now exceeds the threshold with the inclusion of the missed residents, you will provide re-direction to ensure that the State team investigates the resident and care area in Stage 2. You will direct the team to 1) initiate the applicable care area and at least three residents for a Stage 2 investigation and 2) document this decision in relevant findings. This documentation provides an audit trail of the re-direction. When you provide re-direction, it is essential that you have specific evidence, such as the date and time of an observation, to present to the team.</p> <p>If the surveyor disagrees with your findings, you and the surveyor will attempt to reconcile your differences during Stage 2. If during Stage 2, the State determines that your finding was incorrect and</p>

	<p>you concur, the surveyor removes the care area and documents the reasons for its removal. If you and the surveyor still disagree, you will follow the same procedures as you did in the FOSS process.</p> <p><i>Failure to Address Harm or IJ</i></p> <p>If you observe a situation that has a high likelihood of rising to the level of harm or IJ during Stage 1, and the SA team does not discuss and initiate the issue and the resident, attempt to reconcile the difference with the SA. If the differences remain, you will provide re-direction to ensure the SA investigates the resident and care area in Stage 2. You will direct the SA team to initiate the applicable care area and resident(s) and documents this decision in relevant findings.</p> <p>When you require a SA to initiate a Stage 2 investigation due to a harm or IJ concern, you will conduct a Stage 2 parallel investigation of the initiated care area and resident.</p> <p>Again, determination that a situation presents a high likelihood of rising to the level of harm, when a SA investigation has not yet taken place, requires your judgment and discretion.</p>
Slide 31	<p>Now we'll discuss the Measure 3 probes.</p> <p>Use the following Measure 3 probes to guide your investigation of the transition meeting:</p> <ol style="list-style-type: none"> 1. Whether they initiated all pertinent care areas or residents identified during Stage 1 team meetings. This is not to say that every concern identified by the team must be initiated. The expectation is that the team will discuss all of their concerns up to this point and decide whether the concern warrants an initiation. Just make sure you agree with the team's decision. 2. IJ residents were included 3. Harm residents were included 4. Whether the State made Stage 1 data changes only for entries identified as a data entry error. This would be a concern if the State started to qualify or rationalize why they were going to change a Stage 1 response. For example, the surveyor marked that the resident said they had choices issues but the resident knew they needed to follow the facilities schedule. During the transition meeting, the care area triggered because of this resident so the surveyor said well, the resident was okay following the facility schedule, so I'll change the response. That would not be a Stage 1 data change because of a data entry error and would be a concern. 5. They initiated a hospice, dialysis, PASRR and ventilator resident. 6. They assigned everything. 7. Whether there were any negative response differences between you and surveyors that affected whether a care area or task would have triggered. 8. You didn't have to provide guidance or education during the transition. <p>Again, if there are any concerns identified with any of these probes, document the concern on the Measure 3 scoring sheet under the applicable probe.</p>
Slide 32	<p>Once you are finished evaluating the measure, provide a score for the team.</p> <p>Let's discuss the scoring levels for Measure 3.</p> <p>If there weren't any issues or any issues identified had the potential for no more than minimal harm to the resident, then you would give the team a Met score.</p> <p>If the issues identified had the potential for more than minimal harm to the resident, you would give the team a Partially Met score. For any concerns identified outside of the prescribed Stage 1 sample or</p>

	<p>any concern that didn't trigger, you will have to decide, based on the SA's discussion, whether the concern warrants an initiation.</p> <p>If the surveyors failed to include residents in the Stage 2 sample with IJ, SQC or harm situation concerns, then you would give a Not Met score.</p> <p>Any questions?</p>
Slide 33	<p>Now we'll move on to discuss Measure 4 – Stage 2 Investigations. We are on Step 18 in the FOQIS Procedures.</p> <p>You will conduct parallel investigations to assess the surveyor's Stage 2 investigations and individual decision-making skills. Measure 4 evaluates the individual surveyor while Measure 5 evaluates team decision making related to the Stage 2 investigations.</p> <p>Let's discuss the logistics:</p> <p>Request a copy of the Stage 2 Report by Stage 2 Surveyor after Stage 2 assignments have been made, so you will know which residents and care areas are assigned to each surveyor.</p> <p>Now you are ready to prepare your Stage 2 workload.</p>
Slide 34	<p>During offsite prep, you identified all of the care areas and tasks with a low citation rate. After Stage 2 assignments have been made, make a final decision about which care areas and non-mandatory tasks to investigate, based on the areas that trigger during the FOQIS. Infection Control, QA&A, and Abuse Prohibition (Item 12) are high priority tasks per CMS. Additionally Abuse (Item 19) is a high priority care area to be investigated, per CMS. If these tasks and care areas are identified as having low citation rates they are a high priority. You may not be able to complete a parallel investigation for all of the identified areas on the DAR-RO that have a low citation rate. It is more important to thoroughly evaluate a care area or surveyor than to try to evaluate everything. Some considerations in prioritizing Stage 2 workload for evaluation include:</p> <ul style="list-style-type: none"> • Evaluation of at least one care area or non-mandatory task for all surveyors. • A mix of quality of care and quality of life care areas. • Evaluation of care areas where harm, substandard quality of care, or IJ is suspected. • Multiple evaluations of the same care area for different surveyors. <p>For any care area selected for evaluation, determine whether there is a CE Pathway for the care area. All facility tasks have a Facility Pathway. Make sure you have an electronic copy of the applicable pathways so you can refer to that pathway during your investigation to ensure the surveyor is following the probes and guidance.</p> <p>Before starting the investigation, review the QCLI Results screen for each selected area to determine the reason the care area or non-mandatory facility task triggered for the selected residents.</p>
Slide 35	<p>During Stage 2, you will conduct parallel investigations for the care area and facility task investigations that you selected.</p> <p>A parallel investigation is your investigation of the same care area or facility task that the surveyor investigates. In a parallel investigation, the expectation is that you perform a comprehensive and</p>

	<p>thorough investigation using the same pathway and guidance in Appendix P and PP as the State. Some parts of the parallel investigation are conducted simultaneously with the surveyor, while other parts are conducted independently of the surveyor. Observe formal or extensive interviews and observations simultaneously with the surveyor. Routine brief observations of the resident are a part of many Stage 2 investigations. Whenever possible, you and the surveyor should conduct routine brief observations simultaneously, even in common or public areas, so that you can better compare your observations with those of the surveyors. However, regardless of whether you can accompany the surveyor, you should conduct routine brief observations of the resident, if warranted, for the investigation. When evaluating the surveyor, you must consider whether the surveyor made, or should have made, similar observations. You will conduct clinical record reviews independently of the surveyor. The parallel investigation allows you to make an independent and supported compliance and severity decision.</p>
Slide 36	<p>(Discuss some examples of formal observations that are listed on the slide)</p> <p>You will request to be informed when the surveyor schedules any formal Stage 2 staff, family, resident interviews, and formal observations for all residents assigned to the surveyor in Stage 2 that you are evaluating. If you are unable to accompany the surveyor, the surveyor’s investigation should not be delayed. Ask the surveyor regarding the portion of the investigation that you missed. This is not ideal since you won’t know if the surveyor correctly identified concerns. The goal is for you to complete all interviews and observations simultaneously with the surveyor.</p>
Slide 37	<p>Again, you should try and accompany the surveyor on any part of the investigation that they are available for.</p> <p>(Discuss examples of routine observations listed on the slide.)</p> <p>Ensure that your investigation does not alert the facility’s staff to the investigation before the surveyor has begun his/her investigation. For example, it is inappropriate for you to ask staff for a Stage 2 resident’s missing MDS assessment until the State has requested the information from staff. Ensure your record review does not interfere with the surveyor’s access to the clinical record.</p>
Slide 38	<p>Again, the FOQIS procedures allow for on-going dialogue between you and the surveyor. You should question the surveyor about the surveyor’s plan for their investigation, conclusions, reasoning, and CE compliance decisions. You should explain to the surveyors that the expectation is that they share their planning process for the evaluated area with you. You should also inform the surveyors that you will ask each surveyor throughout Stage 2 about their conclusions (e.g., do they have any concerns following an observation, interview or record review). This will facilitate your ability to determine whether the investigation is adequate.</p>
Slide 39	<p>If you determine that the surveyor is not conducting an adequate investigation (e.g. not conducting an essential observation or interview, including asking the right questions, or not conducting a relevant document review), you should provide guidance and education.</p> <p>Additionally, if you determine that a related care area should be investigated, but the surveyor is not conducting that investigation, direct the surveyor to discuss the issue with the team and initiate and investigate the related care area. For example, you are investigating pressure ulcers and you notice a severe weight loss for the resident. You would expect the surveyor to also identify the concern, discuss the concern with the team and also investigate nutrition for the resident.</p> <p>Do not redirect the investigation or direct initiation until you are certain that the surveyor would not have taken the correct action on his/her own. You will determine that the surveyor will not take action on his or her own either through information obtained through your queries of the surveyor or if you</p>

	<p>do not hear the surveyor share relevant information during team meetings. When providing guidance, explain the rationale for the guidance and education to the surveyor.</p> <p>Providing guidance and education in the survey process is crucial to ensure the State team conducts an adequate investigation. Any time you are confident the surveyor is not conducting an adequate investigation, you must provide guidance and education to ensure the surveyor, and not just you, conducts an adequate and thorough investigation.</p>
Slide 40	<p>We'd like to discuss two examples that require your guidance and education. This scenario provides an example of when you should provide guidance and education because the surveyor's plan is not adequate. Discuss example on slide. Since you know that this needed observation is not going to occur you would provide education to the surveyor since their plan is inadequate.</p>
Slide 41	<p>This scenario provides an example of when you should provide guidance and education because the surveyor's conclusion is not adequate. Read the slide.</p> <p>The goal of the parallel investigation is that you'll always know what should be included in the surveyor's investigation. The goal of providing guidance and education is to ensure the surveyor completes a comprehensive investigation him or herself.</p>
Slide 42	<p>This is Step 13 in the FOQIS Procedures.</p> <p>If a mandatory facility task was identified as a concern from the DAR-RO, some evaluations may take place during Stage 1. You will follow the same principles as for a Stage 2 care area investigation, including completing a parallel investigation, having on-going dialogue between you and State and providing guidance and education if needed.</p>
Slide 43	<p>For any facility task or care area investigation you will document your investigation on a CMS-807.</p> <p>You will compare your CE decisions for every evaluated facility task or care area with those of the surveyor by asking the surveyor as to their CE response and severity determination. You can question the surveyor or review the surveyor's documentation to reconcile any differences in compliance determinations.</p>
Slide 44	<p>Use the following probes for Measure 4 while evaluate each surveyor's Stage 2 investigation:</p> <ol style="list-style-type: none"> 1. Identified IJ 2. You agreed on all compliance decisions for a care area's CE related to the process tags (assessment and care planning). 3. You agreed on all compliance decisions for a care area's CE related to provision of care and services. 4. You agreed on all compliance decisions for facility tasks. 5. Of the CEs where both you and the State agreed on noncompliance, there was agreement on all severity level determinations. 6. Whether the State investigated related structure, process or outcome care areas or F-tags, as applicable. This would be the example we gave before regarding the identification of weight loss during a pressure ulcer investigation. 7. Whether you had to provide guidance and education to correct the State's investigation. <p>Again, if there are any concerns identified with any of these probes, document the concern on the Measure 4 scoring sheet under the applicable probe.</p>

	<p>If the team fails to identify potential non-compliance, identify any relationship with the DAR-RO (Item 12 and Item 19) to help the State with their internal QA process. Your identified concerns with the State performance will provide the State one explanation for the low outlier on the DAR-RO. If a relationship is identified, document the relationship on the Measure 4 Scoring Sheet under the Additional Notes section.</p>
<p>Slide 45</p>	<p>Once you are finished evaluating the measure, provide a score for the team. The overall score for Measure 4 will be based on the entire team’s performance.</p> <p>Let’s discuss the scoring levels for Measure 4.</p> <p>If there are no issues or any identified issues had the potential for no more than minimal harm to the resident, then you would give the team a Met score.</p> <p>If any issues would have had the potential for more than minimal harm to the resident, you would give the team a Partially Met score.</p> <p>If any identified issues with the state performance caused harm, SQC or IJ to a resident, then you would give a Not Met score.</p> <p>Any questions?</p>
<p>Slide 46</p>	<p>Now let’s move on and discuss Measure 5 – team analysis and decision making which is Step 20.</p> <p>Prior to the analysis and decision making meeting, you will import the Stage 2 Data File after Stage 2 synchronization to the TC’s laptop. The import of the data file allows you to follow the analysis and decision making meeting and review the team’s Stage 2 investigation as needed. Again, talk to the ROs in your region regarding the success of the import process during a FOQIS and any steps they have used to get the import to work.</p> <p>If the wire transfer doesn’t work, there are workarounds. A workaround option that has worked successfully in the past is when the RO has asked the TC to make a print screen of all expanded Tags (so all care areas and residents are displayed under each Tag). The TC should save the screen shot(s) to a Word document and then print the information for you. Another option is to have the TC email you the data file as long as you have internet access. And the last option is to sit next to the TC and watch their screen.</p> <p>During Measure 5 you will assess the analysis and decision making. Ideally, you should remain onsite for the meeting. However, if there are extenuating circumstances (e.g., the team extends into the next week), you can assess the meeting offsite by calling in to listen. On prior pilots, the ROs that called into this meeting indicated it would’ve been more beneficial had they been onsite.</p> <p>You will determine whether the State makes correct compliance and scope and severity decisions for each F-tag on the Potential Citation screen. You will determine whether the decision not to cite an F-tag or exclude a resident is appropriate, based on the available evidence and the discussion.</p>
<p>Slide 47</p>	<p>You will use the following Measure 5 probes to evaluate the Team Analysis and Decision Making:</p> <ol style="list-style-type: none"> 1. The State included all applicable residents in each citations. 2. The State made compliance decisions for all tags. 3. Where you agreed with the compliance decision, the State made correct F-tag determinations.

	<ol style="list-style-type: none"> 4. Where you agreed with the compliance decision, the State made correct severity and scope determinations. 5. The State identified SQC at this point and expanded the sample to confirm or rule out SQC. If the team addresses SQC for the first time at this meeting, review your documentation and evaluate the Stage 2 daily team meetings to determine whether the State should have addressed SQC earlier. If appropriate, the score for Measure 1 (Team Meetings) reflects the State’s failure to discuss the possibility of SQC and expand the sample during their Stage 2 meetings. 6. Whether you had to provide guidance and education. <p>Again, if there are any concerns identified with any of these probes, document the concern on the Measure 5 scoring sheet under the applicable probe.</p>
Slide 48	<p>Once you are finished evaluating the measure, provide a score for the team.</p> <p>Let’s discuss the scoring levels for Measure 5.</p> <p>Again, if there are no concerns or the issues with the State’s performance had the potential for no more than minimal harm to the resident, then you would give the team a Met score.</p> <p>If the identified issues had the potential for more than minimal harm to the resident, you would give the team a Partially Met score.</p> <p>If the issues with the State’s performance caused harm, SQC or IJ to a resident then you would give a Not Met score.</p>
Slide 49	<p>We are on Step 21 in the FOQIS Procedures.</p> <p>Once the analysis and decision making meeting is finished, provide the team with a brief summary of their performance.</p> <p>The primary purpose of the debriefing of the team is to communicate the results of the FOQIS. During the debriefing, give the team an indication of their performance on each of the FOQIS measures, being sure to convey an impression consistent with the one the team will later receive in the written feedback. It is not necessary to provide specific scores to the team. Structure feedback around the team’s effectiveness in achieving each measure, using the probes on the scoring sheet as a basis for more specific feedback about the factors that contributed to the team’s success or lack thereof on the measure.</p>
Slide 50	<p>The Post-Survey FOQIS activities include:</p> <ol style="list-style-type: none"> 1. Evaluation of the CMS-2567. During the onsite debrief, you will request that the SA office forward the facility copy of the CMS-2567 to you for review. 2. Forward the FOQIS Scoring Sheet to the State 3. Enter FOQIS documentation in the FMS database. <p>That concludes the training. Any final questions?</p>