

# **Section 5**

## **USING THE REPORTS**

## Steps in the Facility QI/QM Review Process

**Step 1** - Review the QI/QM reports and select a group of measures to review.

Consider:

- The percentile rank and comparison group/facility percentages
- Clinically linked quality indicators
- Previous regulatory survey results (i.e., deficiencies)

**Step 2** - Select a separate sample of residents for each QI/QM that will be reviewed for potential problems. *Some residents may be in more than one sample.*

Choose:

- Residents from every unit
- Residents with many and few flagged QIs/QMs
- Residents with a similar pattern of flagged QIs/QMs
- The number of residents necessary to establish whether or not a problem exists;
  - \* Select at least 5 residents, if possible, to determine if there is a pattern of inaccuracy.
  - \* Select more residents for QIs/QMs that commonly have a higher prevalence such as incontinence or little or no activities.

**Step 3** - Review the care for each sampled resident related to the QI/QM being reviewed. (See the protocol below titled, "Resident Level Review.")

**Step 4** - Make conclusions about the quality of care for each resident for each QI/QM being reviewed.

**Step 5** - Decide if there is a facility-wide problem with the QI/QM after reviewing the care for each resident in the sample. (See the section below titled, "Facility Level Review.")

**Step 6** - Discuss the conclusions of the QI/QM investigation with the Quality Assurance Committee and plan improvement initiatives. (See the section below titled, Recommendations and Follow-up.)

**Step 7** - Evaluate the effectiveness of the improvement plan based on subsequent QI/QM reports after determining if the resident population is the same.

Facilities may use any protocol for reviewing areas of concern identified on the QI/QM reports. An example protocol is provided below.

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**Resident Level Review**  
**(Apply the following protocol to each resident in the sample)**

**Assessment - Accuracy and Decision-Making**

Does the MDS accurately reflect the status of the resident during the assessment period?

- For each resident in the sample, the MDS should contain all of the items necessary to match the QI/QM definition (see Appendix A the *QI/QM Reports Technical Specifications: Version 1.0*).
- The resident's condition can be verified by evidence other than the MDS.

Is the assessment information accurate? If inaccurate, is the inaccuracy of a nature or a degree that it affects the quality of care for **this** sampled resident?

- Decide if the interdisciplinary team has used the assessment information to make sound decisions about the care that the resident needs related to the QI/QM being reviewed.
- Is there a problem with the synthesis of assessment information and the care plan decision for this resident related to the QI/QM?

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**Care Planning**

Has the condition represented by the QI/QM been addressed in the resident's plan of care if the interdisciplinary team has concluded from the assessment information that interventions are necessary? (Note: This is dependent on the quality of the decision-making process.)

Is there a problem with the development of a plan of care for this resident related to the QI/QM?

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**Implementation**

Is staff knowledgeable about the plan of care and providing the care and services described in the care plan?

Is there a problem with the provision of care related to this QI/QM as described in the plan of care for this resident?

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**Evaluation and Monitoring**

Has staff responded to changes in this resident's condition related to the QI/QM? Have the effects of the care plan goals, interventions, and implementation been reviewed and modified as necessary to promote the best outcome for the resident based on an accurate and current assessment?

Is there a problem with the monitoring and evaluation of the outcomes of the care and services provided for this resident related to the QI/QM?

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## Conclusions

Were the resident's condition (related to the QI/QM) correctly assessed, reasonable interventions planned, the plan implemented, and the effectiveness evaluated?

As a result of your investigation of this QI/QM and this sampled resident, were problems with care identified?

Was the quality problem described for this sampled resident and related to this QI/QM of sufficient magnitude to conclude that there was a quality of care problem for the facility?

As a result of the investigation of this QI/QM and this resident, did you identify other quality problems for either this or other residents? Were there problems related to other QI/QMs that were potentially problematic?

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## Facility Level Review

Was there a pattern of inaccuracy with this quality indicator/measure?

Considering the entire sample or the severity of one or more cases, do you believe that there is a problem across the facility with the issue identified by this QI/QM?

Can the problem related to this QI be isolated to a specific area of the care process?

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## Recommendations and Follow-up

- **Can the improvement plan be targeted to one primary cause of the care problem?**  
Improvement plans may focus on:
  - Changes in policy and procedures.
  - Training with a certain piece of equipment or with a particular procedure.
  - Re-training staff having difficulty.
- **Did the problems with care stem from a variety of unrelated causes?**  
Improvement plans may focus on:
  - Supervision.
- **Were problems with care related to general problems with one or more areas of the care process?**  
Improvement plans may focus on:
  - Education for all staff on the Resident Assessment Instrument or in specific areas of the care process.
- **Is there a need for referrals or further review before final decisions about the development of improvement plans can be made?**  
For example:

- The consulting pharmacist and medical director need to review the problem more extensively before a plan of improvement can be developed.
- The new dietitian may look at the patterns of weight loss that were found during the investigation before an improvement plan can be developed.
- **Were problems found other than with the QI/QM under review? Are they urgent problems that need immediate attention?**
- **Were there issues of regulatory non-compliance found during the review that need to be corrected?**

### **Use of QI/QM Reports in the Survey Process**

The CHSRA QIs were originally developed for surveyor use in the survey process. With the addition of the QMs and the national implementation of the QI/QM reporting system, surveyors will have access to QI/QM and other reports for the facilities within their state. These reports (See Appendix B) will include:

- **Facility Characteristics and Facility Quality Measure/Indicator Report** used to target specific potential facility problem areas that need investigation during the survey to determine if actual problems exist. Surveyors will concentrate on potential problem areas likely identified by facility percentile rankings.
- **Resident Level Quality Measure/Indicator Reports** used to select appropriate residents for resident samples to address areas of potential concern for investigation. Surveyors will initially choose their Phase 1 survey sample directly from this report during their Offsite Survey Task. Surveyors will have the ability to replace residents in this pre-selected sample based on initial onsite findings especially from the facility tour.