

## Institute of Medicine Study of Nursing Home Survey Process

**Issue:** In 1986, the Institute of Medicine (IOM), the health arm of the National Academy of Sciences, published a report *Improving the Quality of Care in Nursing Homes* which was the foundation for the nursing home reform provisions contained in the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) and for the nursing home survey and enforcement system that remains in effect today.

There has been little systemic evaluation or review of the effectiveness of the nursing home survey and enforcement process in measuring and improving the quality of nursing home care since the enactment of the OBRA '87 nursing home reform provisions. Indeed, a task force of not-for-profit long-term care (LTC) providers and attorneys issued a report in June 2008 which labeled the nursing home survey and enforcement system "broken and beyond repair." In response to that report and to the lack of credible evidence-based studies of the nursing home survey and enforcement system, former Senator Russ Feingold introduced S. 3407, the "Improving the Quality of Care in Nursing Homes Act of 2010."

S. 3407 directed the Secretary of the U.S. Department of Health and Human Services (DHHS) to enter into an agreement with the IOM to conduct a study of the nursing home survey and enforcement process and to submit a report to the DHHS Secretary and to Congress no later than 18 months after the effective date of the bill which contains a description of the results of the study and the conclusions and recommendations of the IOM regarding changes in regulatory policies and procedures "to enhance the ability of the regulatory system to assure that nursing home residents receive quality care."

**LeadingAge Wisconsin Position: Support the introduction and adoption of legislation similar to S. 3407 which would direct the IOM to conduct a study of the nursing home survey and enforcement system.**

### Arguments in Support of LeadingAge Wisconsin Position:

- The OBRA '87 nursing home reform provisions created a survey and enforcement system with two laudable goals: 1) To ensure "sustained compliance" of federally-certified nursing facilities with a set of carefully designed regulations; and 2) To foster high quality of care and high quality of life for residents who live in these homes. Those goals remain as laudable today as they were when they were established nearly 24 years ago. But in that time, no one has attempted to determine whether those laudable goals actually are being met. No one has carefully scrutinized whether the survey and enforcement system created under OBRA '87 and still in effect today is the optimal quality assurance system for nursing home residents in the 21<sup>st</sup> century. No one has simply asked: "Can we do better?"

- In late 2006, our national affiliate, the American Association of Homes and Services for the Aging (now known as LeadingAge), which represents not-for-profit LTC providers, created a task force of member providers and attorneys to look into the nursing home survey and enforcement system.

In June 2008, that task force issued the report *Broken and Beyond Repair: Recommendations to Reform the Survey and Certification System* (for a copy of the report, go to: [www.wahsa.org/surveyrfm.pdf](http://www.wahsa.org/surveyrfm.pdf)). The report concluded that the nursing home survey and enforcement system is "broken and beyond repair," that it fails to meet the OBRA '87 goals described above, that it is punitive in nature rather than collaborative and that it focuses on paper compliance rather than quality improvement. The report found the current system to be complex, needlessly adversarial and is destroying the morale of compassionate caregivers, many of whom are leaving their positions because of the stress of the survey/enforcement process and the feeling that their work is not appreciated. Numerous reports of the Government Accountability Office (GAO) have found the nursing home survey/enforcement process to be inadequate, with a recent GAO report noting that even state regulators find the process "overwhelming."

- **The position of LeadingAge Wisconsin members is basically the current nursing home survey and enforcement system isn't working and if you don't believe us, why don't you ask the IOM?** S. 3407 asked the IOM, the entity which fostered today's nursing home survey and enforcement process, to evaluate whether the system in operation today bears any resemblance to the system envisioned by the IOM in 1986. The bill was neither pro- nor anti-nursing home but rather was to determine whether the concerns of those who question the effectiveness of the current system are justified. **LeadingAge Wisconsin members are simply seeking an objective opinion from the IOM on whether today's nursing home survey and enforcement process is fostering high quality of care and high quality of life for our nation's nursing home residents and any recommendations they might offer to improve the current system. Our nursing home residents deserve nothing less.**

*LeadingAge Wisconsin, formerly WAHSA, is a statewide membership association of not-for-profit organizations principally serving seniors and persons with a disability. Membership is comprised of 188 religious, fraternal, private and governmental organizations which own, operate and/or sponsor 185 nursing homes, 9 facilities for the developmentally disabled (FDD), 182 assisted living facilities, 114 apartment complexes for seniors, and over 300 community service agencies which provide programs ranging from Alzheimer's support, adult and child day care, home health, home care, and hospice to Meals on Wheels. LeadingAge Wisconsin members employ over 38,000 individuals who provide compassionate care and service to over 48,000 residents/tenants/clients each day. For more information, please contact John Sauer ([jsauer@LeadingAgeWI.org](mailto:jsauer@LeadingAgeWI.org)), LeadingAge Wisconsin President/CEO, Tom Ramsey ([tramsey@LeadingAgeWI.org](mailto:tramsey@LeadingAgeWI.org)), LeadingAge Wisconsin Vice President of Public Policy & Advocacy, or Brian Schoeneck ([bschoeneck@LeadingAgeWI.org](mailto:bschoeneck@LeadingAgeWI.org)), LeadingAge Wisconsin Vice President of Financial and Regulatory Services, at (608)-255-7060.*

111TH CONGRESS  
2D SESSION

# S. 3407

To improve the quality of care in nursing homes, help families make informed decisions, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MAY 25, 2010

Mr. FEINGOLD introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To improve the quality of care in nursing homes, help families make informed decisions, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving the Quality  
5 of Care in Nursing Homes Act of 2010”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The Institute of Medicine published the  
9 1986 report Improving the Quality of Care in Nurs-  
10 ing Homes, which laid out recommendations for pol-

1        icity and regulatory changes for Federal oversight of  
2        nursing homes.

3            (2) The Omnibus Budget Reconciliation Act of  
4        1987 incorporated many of those recommendations  
5        as part of the amendments made by subtitle C of  
6        title IV of such Act.

7            (3) Since the enactment of the Omnibus Budget  
8        Reconciliation Act of 1987, there has been little sys-  
9        tematic evaluation or review of the effectiveness of  
10       the survey and certification system in measuring and  
11       improving the quality of care for nursing home resi-  
12       dents as well as ensuring compliance with the re-  
13       quirements of participation by nursing homes par-  
14       ticipating in Medicare or Medicaid.

15 **SEC. 3. STUDY AND REPORT BY THE INSTITUTE OF MEDI-**  
16 **CINE.**

17        (a) IN GENERAL.—The Secretary of Health and  
18        Human Services shall enter into an agreement with the  
19        Institute of Medicine to conduct a study on the following:

20            (1) The current structure and methods for sur-  
21        veying and evaluating nursing homes.

22            (2) The nature of the relationship between the  
23        Centers for Medicare & Medicaid Services and nurs-  
24        ing homes and how it affects efforts to improve qual-  
25        ity.

1           (3) The relationship between the Centers for  
2 Medicare & Medicaid Services and State agencies.

3           (4) The methodology used by the Centers for  
4 Medicare & Medicaid Services to survey and evaluate  
5 nursing homes.

6           (5) An evaluation of how the States and the  
7 District of Columbia implement the Federal require-  
8 ments and the resulting variations and differences.

9           (6) The objectivity and accuracy of the survey  
10 process and criteria used to assess nursing homes.

11           (7) The effectiveness of the current enforcement  
12 system in promoting and encouraging systemic orga-  
13 nizational change leading to measurable and sus-  
14 tained quality improvement within the nursing home.

15           (8) Whether the current system effectively un-  
16 derstands and measures nursing homes that are un-  
17 dergoing or have completed culture change activities.

18           (9) Whether the current system effectively al-  
19 lows states and other stakeholders to engage in inno-  
20 vative ways to pursue quality improvement.

21           (10) Alternatives to the current system.

22           (b) REPORT.—The agreement entered into under  
23 subsection (a) shall provide for the Institute of Medicine  
24 to submit to the Secretary of Health and Human Services  
25 and the Congress, not later than 18 months after the date

1 of the enactment of this Act, a report containing a descrip-  
2 tion of—

3 (1) the results of the study conducted under  
4 this section; and

5 (2) the conclusions and recommendations of the  
6 Institute of Medicine regarding changes in regu-  
7 latory policies and procedures to enhance the ability  
8 of the regulatory system to assure that nursing  
9 home residents receive quality care.

10 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

11 To carry out this Act, there are authorized to be ap-  
12 propriated such sums as may be necessary.

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**Broken and Beyond Repair:**  
**Recommendations to Reform**  
**The Survey and Certification System**

Task Force on Survey, Certification and Enforcement

American Association of  
Homes and Services for the Aging

June 2008

## OVERVIEW

The current survey and certification system is broken and beyond repair. The AAHSA Task Force on Survey, Certification and Enforcement agrees with the basic vision behind the “OBRA ’87” legislation, which launched the current survey process. We applaud the thoughtful effort, taken more than 20 years ago, to create an oversight system that strives to ensure “sustained compliance” of nursing homes with a set of carefully designed regulations and, at the same time, attempts to foster a high quality of care and high quality of life for residents who live in these homes. While these two goals are laudable, the original vision of OBRA has been lost and the current system does not meet either of these goals.

Only bold action can remedy this situation. Therefore, the Task Force calls on AAHSA to facilitate the creation of a broad-based national coalition of organizations, agencies and individuals who have a stake in the nation’s survey and certification system. That coalition should call for a bold, national reexamination of the process of oversight for nursing facilities. An objective and widely respected organization, such as the Institute of Medicine, should guide this reexamination process, which should tap the creative ideas and the expertise of individuals in a variety of fields. The national reexamination should strive to create a common vision for how our nation should care for its frailest citizens and should recommend a new oversight model for ensuring that this vision becomes reality in every nursing home in the country.

To improve the effectiveness of the current survey system until it can be redesigned, the Task Force also proposes 31 recommendations for immediate AAHSA advocacy. These recommendations outline action that AAHSA should take to help the Center for Medicare and Medicaid Services improve the quality of survey teams; foster effective communication among regulators, surveyors and providers; better ensure consistent application of regulations; encourage providers to strive for excellence; facilitate accurate reporting to consumers; and improve the fairness of enforcement and dispute resolution.



## CHAPTER ONE:

### The Task Force and Its Work

AAHSA members' widespread anger and acute frustration with the current survey and certification system – regarded by many to be complicated, inconsistent and ineffective – was the primary impetus for creating the association's Task Force on Survey, Certification and Enforcement in late 2006. In addition, several related developments in the field of long-term care made an examination of the current oversight system particularly timely.

Just as Task Force members were being appointed, the Center for Medicare and Medicaid Services (CMS) was concluding its own decades-long experiment to reform the survey system through implementation of a new model called the Quality Indicator Survey (QIS). AAHSA members were hopeful that the QIS would significantly improve the survey process by increasing its accuracy and efficiency, reducing its onerous nature and substantially improving consistency. They, along with CMS, anticipated that the QIS would be implemented broadly if the survey model's demonstration phase was successful. The association and its members were eager to have the Task Force monitor the progress and evaluate the impact of this promising new survey model.

AAHSA has always supported nursing home oversight and has spearheaded its own efforts to educate consumers so they are better able to make wise care choices. In light of these ongoing commitments, it had a strong desire to participate actively in any national conversation about oversight and reporting, and to make sure that conversation took place in the context of fairness and accuracy.

Faced with these opportunities and challenges, AAHSA charged the Task Force on Survey, Certification and Enforcement with four duties:

1. To articulate specific issues related to the survey and certification system and the origins of those issues, including public reporting of survey data.
2. To identify short-term and long-term solutions to the issues and problems thus identified.
3. To develop strategies for implementing these short- and long-term solutions.
4. To identify enforcement issues and develop strategies for resolving problems.

### **The Task Force Process**

AAHSA chose 20 individuals, who have extensive experience with and knowledge of the survey system, to serve on the Task Force. Collectively the Task Force members have over 400 years of experience in the field (see Appendix A for brief descriptions of the Task Force members' experience). These members were recruited from the highest levels of their organizations and included presidents and chief executive officers of AAHSA-affiliated state associations, skilled nursing facilities, continuing care retirement communities, regional health and/or geriatric care systems, geriatric education and training institutes and law firms. Several members of the Task Force had previously served with state survey agencies as members of survey teams and in other capacities, including State Agency Director.

AAHSA made a deliberate effort to ensure that the Task Force was as diverse a group as possible. Recognizing that survey issues are national issues, members were recruited from 18 states in every region of the country, including Pennsylvania, South Carolina, Michigan, Wisconsin, Georgia, Connecticut, New Jersey, Missouri, Ohio, Kansas, Texas, Illinois, Indiana, Iowa, Florida, New York, Minnesota and Kentucky. The group consisted of an equal number of men and women. Members represented organizations

that were affiliated with religious groups or denominations as well as organizations with no such affiliations.

While the bulk of the Task Force's work took place during seven multi-day meetings held over 14 months, members also worked in small groups, between meetings, to explore specific aspects of the survey system. Every facet of the group's work was supported by thorough fact-finding initiatives, including a review of the literature by Task Force members, testimony of experts who offered presentations during Task Force meetings, and original research conducted by individual Task Force members and AAHSA staff. Through those research efforts, the Task Force sought the input of AAHSA-affiliated state associations as well as representatives of state survey agencies in seven states, who were interviewed in June 2007. The Task Force also conducted surveys among a variety of stakeholders on such topics as the Information Dispute Resolution process and qualifications for survey personnel. (See the Appendices for results of these special surveys.)

The Task Force relied on all of these resources, as well as its own experiences with the survey system, to develop a cohesive understanding of the challenges that the current system poses to all its participants. It then assessed the system's capacity to ensure that nursing homes comply with federal regulations and provide the highest quality of care and services.

## **A Flawed System**

When Task Force members arrived in Washington, D.C. in February 2007 for their first meeting, it quickly became abundantly clear why providers were so angry and frustrated with the survey system. Task Force members brought to that first meeting a plethora of personal stories about the survey process – stories that were hauntingly similar, given members' geographic diversity. Hailing from such distant and diverse states as Florida and Wisconsin or Ohio and Oregon, providers described in detail the dilemma they faced

at least annually when surveyors appeared at the doors of their nursing homes. Despite their deliberate and ongoing efforts to provide high-quality care and services to their residents – efforts that were often mandated by the mission statements guiding their organizations – these providers found themselves, year after year, embroiled in negative and adversarial encounters with surveyors who seemed bent on “finding something wrong.” By the end of each survey, providers reported that they were frequently angry and fed up – and their staffs were demoralized and ready to quit.

***Punishment, not quality improvement.*** The adversarial atmosphere created during many surveys seemed particularly difficult to accept for providers who have always believed strongly in the value of an effective oversight system. Clearly, the majority of nursing home facilities are not resistant to government oversight. On the contrary, many of these facilities are already involved in long-standing initiatives to monitor and improve the quality of their own care and fully recognize the importance of productive external evaluation. Sadly, what the current survey offers instead is a complex and punitive process that often resembles an interrogation rather than an effective communication between surveyors and providers, and leaves facility staff members feeling as if they have been deemed guilty of negligence until they can prove otherwise.

Providers are not the only ones who would prefer a survey system that—while recognizing the role of compliance determination and enforcement-- is more productively positive and collaborative, rather than relentlessly critical and adversarial. High-level staff working in survey agencies in seven states, who were interviewed in June 2007 by Task Force members and staff of relevant state affiliates, overwhelmingly supported a more consultative role for their survey teams (see Appendix B). Staff in several states recommended that consultation be built into the survey system, either by scheduling regular consultation visits by surveyors or by mandating ongoing consulting for poor-performing facilities. One survey staff member summed up his colleague’s comments by suggesting, “providers could learn strategies from surveyors if a consultative process was permitted.”

***Complexity breeds inconsistency.*** The punitive nature of the typical survey is furthered by extensive and highly detailed regulatory guidelines that challenge both surveyors and providers. In one of the very few objective, scientific evaluations conducted on the implementation of one of these numerous guidelines—the revised federal guidance for incontinence care—researchers found substantial problems among both survey teams and nursing home staff and concluded “The revised guidance will be unlikely to improve the quality of urinary incontinence care in nursing homes.”<sup>1</sup> This overwhelming complexity is exacerbated by the fact that no standardized qualifications or training requirements exist to ensure that surveyors have the knowledge and skills they need to fully understand the system and its requirements or to conduct objective surveys. For their part, state survey agencies also seem troubled by the nature of the survey system they are charged with implementing. Survey staff interviewed in the 7 state sample expressed frustration at being saddled with a process that is developed and/or periodically changed by federal regulators who have little or no survey experience. Some state employees lamented the fact that process changes are not field tested by providers and surveyors before implementation. Others said they were challenged by requirements that they carry out new survey tasks without additional funding. Many agency staff members called for increased flexibility so they could use their limited survey resources where they felt they could be most effective—i.e., in troubled facilities in need of close oversight and intervention.

Not surprisingly, providers observed that inadequately prepared and overtaxed surveyors tend to make subjective assessments of facility operations – assessments that are often based on the surveyors’ own, idiosyncratic interpretation of CMS guidelines, rather than the regulations themselves. The result is an alarming inconsistency in how surveyors interpret and apply requirements and cite deficiencies. This perception is supported by a

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<sup>1</sup> Catherine DuBeau, Joseph Oustlander, and Mary Palmer. 2007. “Knowledge and Attitudes of Nursing Home Staff and Surveyors about the Revised Federal Guidance for Incontinence Care,” *The Gerontologist*, 47:4.

number of independent evaluations of the system, in which analysts confirm substantial inconsistencies in rule application and call for various solutions to the problem.<sup>2,3,4,5,6</sup>

One recent study, for example, concluded that state-by-state differences in the patterns of deficiency citations could not be blamed on underlying differences in quality:

*“...[T]he average facility in California was cited for about 13 violations in 2004, but only about five percent of facilities in the state were cited for causing actual harm or immediate jeopardy. On the other hand, New Hampshire averaged only a bit more than five deficiencies per facility, but more than 15 percent of facilities were cited for causing actual harm or placing patients in immediate jeopardy. While there may be some difference in the absolute underlying level of quality of facilities in these two states, it is unlikely that this difference is sufficient to fully explain the different patterns of deficiency citations”<sup>7</sup>*

Provider comments to the Task Force provided additional, albeit anecdotal, evidence that surveyor inconsistency and subjectivity can also plague individual facilities. These providers told stories about specific facility practices, unchanged from one year to the next, which were essentially approved by one survey team and cited as deficient by the next team. While the Informal Dispute Resolution (IDR) process is intended to help providers question such deficiencies, many providers who have used the IDR process

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<sup>2</sup> Institute of Medicine. 2001. *Improving the Quality of Long-Term Care*. Washington, D.C.: National Academy Press.

<sup>3</sup> Walshe, K. 2001. “Regulating U.S. Nursing Homes: Are We Learning From Experience?” *Health Affairs*, 20:6.

<sup>4</sup> Walshe, K. and Harrington, C. 2002. “Regulation of Nursing Facilities in the United States: An Analysis of Resources and Performance of State Survey Agencies.” *The Gerontologist*, 42:4, 475–486.

<sup>5</sup> Winzelberg, G.S. 2003. “The Quest for Nursing Home Quality.” *Archives of Internal Medicine*, Nov. 24, 2003.

<sup>6</sup> Miller, E.A. and Mor, V. 2008. “Balancing Regulatory Controls and Incentives: Toward Smarter and More Transparent Oversight in Long-Term Care.” *Journal of Health Politics, Policy and Law*, 33:2, April 2008.

<sup>7</sup> *Ibid.*

characterized it as a “kangaroo court” that values expediency over fairness, frequently denying providers the opportunity to fully present relevant evidence or information. Some survey agency staffers in the states where we conducted interviews agreed that the process is often marred by a loose structure and an inability to change the scope and severity of deficiencies.<sup>8</sup>

*Inconsistency signals deeper flaws.* At the outset, Task Force members identified lack of consistency as one of the most corrosive features of the current survey system and began to explore steps that might help improve the situation. However, the more Task Force members examined the root causes of these inconsistencies, the more they became convinced that incremental changes would only contribute to a modest amelioration of the problem. The Task Force came to believe that the system’s lack of consistency is only one symptom of fundamental flaws in the structure of the survey system. Essentially, these flaws guarantee that neither nursing homes nor surveyors can succeed within the system because, in the words of Dr. Jack Schnelle of Vanderbilt University, that system is built on mythology.

According to Dr. Schnelle, a professor in Vanderbilt’s School of Medicine and a staff member at its Center for Quality Aging, the survey system inevitably leads to inconsistent results and poor feedback regarding real quality issues because it is characterized by:

*“unrealistic expectations about how many recommended care processes can be measured; poor definition of measures and methods of measurement; confusing rules linking measures to deficiency statements; and a survey culture that depends on expert judgment.”<sup>9</sup>*

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<sup>8</sup> The IDR process varies from state to state. See Appendix D for a summary.

<sup>9</sup> Schnelle, J.F. 2007. Presentation to Task Force on Survey, Certification and Enforcement.

The *Interpretive Guidelines* – the extensive CMS guidance to surveyors contained in the State Operations Manual (SOM) that attempts to clarify and/or explain the intent of regulations – stands at the heart of the survey system. The publication contains page after page of discussion about quality care processes. Dr. Schnelle’s research shows that, despite all of this “guidance,” nursing homes find it virtually impossible to carry out all of the recommended processes. Likewise, surveyors continually fall short in their attempts to measure compliance systematically.

During a presentation at one Task Force meeting, Dr. Schnelle outlined several steps he believes would fundamentally reshape the survey system to address these problems. His recommendations call for using the existing *Interpretive Guidelines* to develop and test standardized investigative protocols that would focus on a realistic set of quality measures. Dr. Schnelle emphasized that sufficient resources must be allocated to implement the protocols, which must be communicated clearly to nursing home staffs to obtain consensus.

While the Task Force did not specifically incorporate Dr. Schnelle’s formula for reforming the survey system into its recommendations, the group found his analysis compelling and is convinced that creative thinking and solid research like his should play an integral role in any serious effort to reform the survey process.

***Regulations and quality improvement.*** In addition to concerns about consistent interpretation of regulations, providers and state survey staff alike also expressed deep concerns about the substance of some federal regulations governing nursing homes. For example, providers who have invested considerable time and energy in culture change initiatives often feel thwarted and hamstrung by regulations that either don’t encourage or don’t allow certain person-centered innovations. In addition, both providers and surveyors questioned whether enforcement mechanisms associated with the survey system are really helping to improve quality of care and quality of life. Survey agency leaders, in particular, questioned whether written plans of correction brought about real



change or simply added to a facility's paperwork burden; whether the oversight system was overly dependent on fines as the enforcement mechanism of choice; and whether the two-year ban on nurse aide training programs triggered automatically under certain conditions of noncompliance encourages quality improvement or actually serves as a barrier to quality improvement..

**Poor communication.** Underlying and aggravating all these problems is the fact that communication between providers and surveyors is often strained during the survey and is virtually nonexistent between surveys. Far from fostering open dialogue as a way to achieve superior results, the system's communication barriers encourage all participants to be distrustful of one another and to carefully guard their words for fear of open conflict or retribution. State surveyors acknowledged these problems and several described actions they have taken to improve communication between themselves and providers. These improvements included quarterly meetings between surveyors and providers in Illinois and Connecticut, a Surveyor/Provider Forum in Oregon, and the publication of a regulatory update newsletter (in addition to annual meetings for providers) in Missouri.

## **One Primary Recommendation**

The Task Force on Survey, Certification and Enforcement ended its 14-month evaluation of the survey system by coming to a single, striking consensus:

*The current survey and certification system is broken and beyond repair.*

Given this consensus, the Task Force decided that it could not offer, as its primary recommendation, a collection of incremental "fixes" for the current survey system. The more the Task Force learned, the more strongly its members believed that the time for these "fixes" has passed.

The Task Force agrees with the basic concept behind the “OBRA ’87” legislation, which launched the current survey system. We applaud the thoughtful effort, taken more than 20 years ago, to create a system with two laudable goals: (1) to ensure “sustained compliance” of federally-certified nursing facilities with a set of carefully designed regulations; and (2) to foster high quality of care and quality of life for residents who live in these homes.<sup>10</sup> However, the original vision of OBRA has been lost and the current system meets neither goal. Essentially, the system has failed us as providers and regulators, and worse, has failed the frail and elderly people whom we serve.

Only bold action can remedy this situation. Therefore, the Task Force on Survey, Certification and Enforcement calls for a broad-based, national effort that will take a completely new look at the entire survey process and boldly redesign that system so that it supports and facilitates the original vision on which it was based. Chapter 2 of this report describes in more detail the Task Force’s primary recommendation which reads as follows:

*AAHSA should facilitate the creation of a broad-based national coalition of organizations, agencies and individuals who have a stake in the nation’s survey and certification system. That coalition should call for a bold, national reexamination of the system that provides oversight of nursing facilities. An objective and widely respected organization, such as the Institute of Medicine, should guide this reexamination process, which should tap the creative ideas and the expertise of individuals in a variety of fields. The national reexamination should strive to create a common vision for*

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<sup>10</sup> CMS describes its belief about what the current survey measures in the following manner: “... findings of inspections do not present a complete picture of the quality of care provided by the nursing home. The inspection measures whether the nursing home meets the minimum standard for a particular set of requirements. If a nursing home has no deficiencies, it means that it met the minimum standards at the time of the inspection. However, this information cannot be used to identify nursing homes that provide outstanding care” (<http://www.medicare.gov/NHCompare/Static/Related/ImportantInformation.asp?dest=NAV|Home|About|NursingHomeCompare#TabTop>; accessed June 13, 2008).

*how our nation should care for its frailest citizens and should recommend a new oversight model for ensuring that this vision becomes reality in every nursing home in the country.*

## **Short-Term Remedies**

A national reexamination of the survey system will not be an easy task. It will take time, energy and resources to complete. In the meantime, providers and surveyors continue to struggle within a dysfunctional system. Eager to offer these providers some relief, and to improve the effectiveness of the current survey system until it can be redesigned, the Task Force also proposes 31 recommendations for immediate AAHSA advocacy in six categories. These recommendations outline action that AAHSA can take to help CMS improve the quality of the survey team; foster effective communication between regulators, surveyors and providers; ensure consistent application of regulations; encourage providers to strive for excellence; facilitate accurate reporting to consumers; and improve the fairness of enforcement and dispute resolution. These recommendations are described in Chapter 3.

