The care of frail elders and vulnerable other residents of long term care (LTC) facilities is a sacred trust. The immense ethical, economic, and social implications to society make the concept of oversight indisputable. The issue thus becomes one of how to best serve those residents through this monitoring. The American Medical Directors Association (AMDA) believes any survey process must be objective and consistent, and that establishment of an adversarial relationship between surveyor and facility always creates a losing situation for the resident.

Despite the best of intentions by all involved in resident care, regulatory “success” has subtly evolved to the attainment of the minimum standards of care that will allow nursing facilities to remain in business. The hijacked goal of each nursing facility then becomes the achievement of minimum standards of care rather than seek the best level of care possible. Each facility then tends to celebrate not excellence of care, but mediocrity of outcomes. This is antithetical to the well-accepted concept of quality improvement, where the goal is to relentlessly get better rather than simply attempt to meet benchmarks.

AMDA supports a survey dedicated to the highest practical level of functioning for individual residents. In concert with this AMDA goal, the current process is dedicated to attain the highest practicable level for each individual inhabiting long-term care facilities. However, the ideal survey process must acknowledge that by its very nature, the one immutable truth of the long-term care population is that decline is inevitable, often despite the best efforts of the caregivers. Additionally, surveyors must be provided guidance on how to evaluate for inevitability. This is antithetical to the well-accepted concept of quality improvement, where the goal is to relentlessly get better rather than simply attempt to meet benchmarks.

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A key role of the survey should be advancement of knowledge. The survey should identify system problems or failures and help inform facilities of appropriate protocols, practices, and management approaches that may improve current care systems. The AMDA vision of this survey function has found voice in the recent F-tags such as urinary incontinence and pressure wounds. Although not all agree on content of these tags, the conversation is crucial to elevate care. F329 on unnecessary drugs seeks to attain the next level of the potential teaching function. This F-tag describes what a system of medication management designed to safely deliver medication should contain. Surveyors can compare this to the current facility medication management system, and nursing facilities. The survey process can be a learning tool to improve drug usage as much as a tool to determine compliance.

AMDA advocates a regulatory process that celebrates and rewards facilities embracing good care rather than only focusing on the negatives of regulation. Outstanding facilities or processes should be used as examples for others to emulate, and the surveyors employed as emissaries of this excellence. The tenets of quality improvement reserve punitive action only toward those whose poor performance is singularly egregious or persistent despite attempts at improvement.

Federal regulations (F-Tag 501) state that medical directors are responsible for implementing resident care policies and coordinating medical care in the facility. AMDA advocates the role of the medical director as a key component in the care of frail elders and recognizes the ethical responsibility for the health and safety of the nursing facility residents inherent in that position. The Center for Medicare and Medicaid Services (CMS) now recognizes the potential of the medical director as envisioned by AMDA. The clarification of F501 enacted November 2005, describes and prescribes the clinical leadership role. No one is better suited to positively affect quality of care in this unique and vulnerable population than the knowledgeable, committed medical director. Furthermore, the medical director can interact knowledgeably with both surveyors and the facility while remaining a full-time advocate for the resident throughout the process.

The need for an oversight in an industry as critical as long-term care is self-evident. Poor-performing facilities tarnish the profession of caring, and should be challenged, changed, or ceased from operating. However, we have fallen short of the potential of that oversight to deliver the maximum quality of care for this frail, dependent population. AMDA now puts forward thoughts to drive the national dialogue necessary to achieve this potential, and pledges its energy to assist in that worthy effort.