

# Survey Needs Improvement: GAO

## Written Guidance Should Be Simplified, Clarified

The Government Accountability Office (GAO) has released the second of two reports analyzing how the Centers for Medicare & Medicaid Services (CMS) and state survey agencies could improve the reporting of serious care problems in the nation's nursing facilities.

The report, "Nursing Homes—Addressing the Factors Underlying Understatement of Serious Care Problems Requires Sustained CMS and State Commitment," follows a May 2008 GAO report that identified the extent of nursing facility understatement found during regular surveys.

"In the course of our work, we regularly found significant variation across states in their citations of serious deficiencies—indicating inconsistencies

in states' assessment of quality of care," GAO wrote to the senators. "We also found evidence of substantial understatement—that is, state inspections that failed to cite serious deficiencies or that cited serious deficiencies at too low a level."

In compiling the report, GAO analyzed data collected from two GAO-administered Web-based questionnaires: one to nursing facility surveyors and the other to state agency directors.

What GAO found was that a substantial percentage of both state surveyors and directors identified general weaknesses in the nursing facility survey process, namely, the survey methodology and guidance on recognizing deficiencies.

Overall, investigators came up with

seven recommendations for CMS to act on, of which the agency agreed with the first five and deferred the last two.

The GAO proposals are that CMS:

- Make sure action is taken to address concerns with the new Quality Indicator Survey methodology;
- Clarify and revise existing CMS written guidance to make it more concise, simplify its application in the field, and reduce confusion;
- Evaluate the current training programs and division of responsibility between federal and state components to determine the most cost-effective approach to provide initial surveyor training to new surveyors and support the continuing education of experienced surveyors;

■ Set an expectation through guidance that states have a supervisory review program as part of their quality-assurance processes that includes routine reviews of deficiencies at the level of potential for more than minimal harm and that provides feedback to surveyors regarding changes made to citations;

■ Reestablish expectations through guidance to state survey agencies that noncitation practices, official or unofficial, are inappropriate, and systematically monitor trends in states' citations;

■ Consider establishing a pool of additional national surveyors that could aid state survey teams or identify other approaches to help states with workforce gaps; and

■ Establish expectations through guidance to state survey agencies to communicate and collaborate with their CMS regional offices when they experience significant pressure from legislators or the nursing facility industry.

To read the GAO-10-70 report, go to [www.gao.gov/new.items/d1070.pdf](http://www.gao.gov/new.items/d1070.pdf).

—Patrick Connoles

## Antipsychotic Prescribing Tied To Facilities

A new report sheds some light on unexplained variations in the prescribing patterns for antipsychotic drugs at nursing facilities, an increasingly serious safety concern as the volumes of such prescriptions increase and the effects remain uncertain.

The study, published in a recent issue of *Archives of Internal Medicine*, assessed antipsychotic prescribing across a nationwide, cross-sectional population of 16,586 newly admitted nursing facility residents in 2006.

Researchers found that residents entering nursing facilities with the highest facility-level antipsychotic rates were 1.37 times more likely to receive antipsychotic drugs relative to those

entering the lowest-prescribing-rate facilities.

"Future research is needed to determine why such a prescribing culture exists and whether it could result in adverse health consequences," the report said.



The elevated risk associated with facility-level prescribing rates was apparent only for nursing facility residents with dementia but no psychosis and residents without dementia and psychosis.

The report noted that more than 29 percent of study residents received at least one antipsychotic medication in 2006. Of the antipsychotic medication users, 32 percent had no identified clinical indication for this therapy.

—Patrick Connoles