Introduction

As providers of medical direction we insist on monthly quality assurance (QA) meetings, exceeding the federal standards of quarterly meetings for skilled nursing facilities. These meetings are organized with the assistance of a licensed nurse familiar with the long-term care setting and in the collection and analysis of data.

Method

We reviewed the survey results for the facilities that we have consulted with over the past several years looking at total deficiencies and then dividing them into all subcategories that are available by on-line inquiry on www.medicare.gov. We tabulated these results into a table; for analysis we counted total deficiencies and medical direction.

Results

Our overall findings were that by enforcing monthly QA, the total number of deficiencies decreased and there was a significant decrease in the non-environmental deficiencies. For most facilities the greatest decline in deficiencies occurred in the first year. There are two facilities for which we do not have data indicating their deficiencies or rating when medical direction began. These are indicated on the left side of the graph. For the facilities under our medical direction we have historical data to demonstrate the improvement in surveys as a result of monthly QA monitors. The exceptions are: in one case the number of non-environmental deficiencies fluctuated up and down, and in one other case the total number of deficiencies rose by one above the starting number. The monthly QA has also resulted in an improvement of ratings for the facilities that we have been involved with. For all applicable survey-years (look back of up to 3 years), the percent of satisfactory or higher ratings has been 100%; the percent of excellent ratings for all applicable years was 90%.

Conclusion

Our study demonstrates that active medical direction, including monthly quality assurance meetings, can improve the quality of care in skilled nursing facilities.