



Progress in Nursing Home Quality



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The Department of Health and Human Services has had the responsibility for holding nursing homes accountable for assuring the quality of care provided by the nation's nursing homes since the inception of Medicare and Medicaid in 1965, beginning with enforcement of the federal requirements of standard conditions of care. That has evolved from a predominately paper process to an outcome process where care to residents is observed, medical records reviewed and surveyors communicate with families, residents and nursing home staff. Those surveys, conducted annually, on average, are now being complemented with the collection and reporting of standard quality measurements. Public reporting of survey results and the quality measures has provided nursing homes with an incentive to improve the quality of care provided to their residents. Although there is much more work to do, improvements that CMS has made in communicating with consumers, identifying and addressing nursing home noncompliance with Federal quality standards, building an infrastructure to track and monitor quality, and working through partnerships to improve communication among stakeholders have had marked results.

Consumer Awareness & Assistance

The availability of relevant, timely information can significantly help nursing home residents, their friends and family members improve the quality of care they receive. This information can also increase their ability to hold the health care system accountable for the quality of services and support that should be provided. To that end, CMS is providing an increased array of easy to get and easy to understand information.

1. **Nursing Home Compare** -- CMS has expanded its efforts to inform consumers about the care available in the nation's nursing homes through the Nursing Home Compare Web site at www.medicare.gov. Nursing Home Compare Web allows consumers to search by state, county, city, zip code, or by facility name for information on any of the 16,000 Medicare- and Medicaid-certified nursing homes. The Web site includes data on the facility's care record for both regular and complaint surveys, staffing levels, number and types of residents, facility ownership, and Quality Measure scores in comparison to state and national averages. Over the last two years the number of clinical topics covered by the publicly reported Quality Measures has increased from eight to fifteen. Nursing Home Compare is one of the most popular sites on www.medicare.gov, receiving an average of 13 million page views in 2004.

2. **Investigating Options for Collecting Better Staffing Information** – CMS is working to collect more accurate staffing data and help to make sure that consumers understand how that data relates to improving quality of care.
3. **New Quality Measures at www.medicare.gov** - CMS began publicly reporting the weight loss quality measure – Percentage of Residents Who Lose Too Much Weight, in November, 2004. The measure, endorsed by the National Quality Forum, identifies unplanned, unexpected, and unhealthy weight loss in chronic care residents. The measure may reflect important care issues such as, a facility's nutrition program, whether residents are being fed properly, and the appropriate monitoring and management of resident's medical care.

Survey, Standards, and Enforcement Processes

CMS establishes and oversees quality of care standards and conditions of participation for nursing homes, home health agencies, hospitals and other providers that receive payment from Medicare and Medicaid. These requirements highlight key areas of quality and convey basic, enforceable expectations that nursing homes must meet to provide a level of care. More than 6000 federal and state surveyors conduct on-site reviews of every nursing home at least once every 15 months (and about once a year on average). In the past five years, CMS and the states have made progress in holding nursing homes accountable for meeting health and safety standards and improving care by revising the survey process.

1. **Improved Detection of Abuse and Quality of Care Issues** – CMS revised its survey process to improve detection of abuse, malnutrition, dehydration, pressure ulcers and ineffective drug use. Inspectors are directed to review quality indicators or quality measures as well as compliance history prior to the start of a survey to assure that problem areas were addressed during the survey. CMS also developed and distributed nutritional alert cards to nurse aides to help them identify those residents at risk of dehydration and malnutrition. CMS continues to monitor these issues and does not have any significant findings at this time.
2. **Complaint Tracking System** -- CMS built a national, automated complaint tracking system (ASPEN Complaints/Incidents Tracking System - ACTS) and implemented it nationwide on January 1, 2004.

For the first time in history, this national electronic system will ensure proper tracking and management of complaints filed against nursing homes. By creating this tracking system, CMS, state survey agencies, Quality Improvement Organizations and the homes themselves can identify areas to focus resources to reduce complaints and improve care. More information about ACTS implementation is contained in our letter to the implementing state agencies (S&C-04-09). This letter may be found at (www.cms.hhs.gov/medicaid/survey-cert/letters.asp).

3. **Preventing Abuse and Neglect** -- CMS developed and disseminated the "Abuse and Neglect Detection and Prevention Training Manual." The training curriculum provides surveyors and reviewers with suggested guidelines for identifying and assessing a provider's approach to program assessment, planning, implementation, monitoring, and quality improvement for the detection and prevention of abuse and neglect. Since this training was instituted, survey data shows nearly a 50% decline in deficiencies in these areas. The decline mostly likely represents a real decline in deficiencies cited for abuse and neglect and an artifact of measurement.
4. **State Performance Standards** -- CMS instituted performance standards for state survey agencies in key areas such as the frequency and number of conducting nursing home inspections, and accuracy of survey findings. Another standard focuses on complaint investigations. CMS regional office evaluation of survey agencies includes a review of sampled intakes to determine if the survey agency appropriately triaged the intake. The regional office determines if the survey agencies investigate the most serious intakes (immediate jeopardy, actual harm) in accordance with CMS policy. Since 2000, CMS has reduced the average interval between surveys from 13 months to 12 months. Currently 98% of all nursing homes are surveyed within 15 months, up from 91% in 2000.
5. **FOSS Process** – CMS developed and implemented the Federal Observational and Support Surveys (FOSS) protocol to use observational surveys to oversee the ability of states to conduct surveys on behalf of the Federal government. As a result of this initiative CMS has raised the number of oversight surveys from 4.3% in 2001 to 5.2% in 2003, exceeding the statutorily required number of surveys.

6. **Special Focus Facilities** – CMS kicked off the Special Focus Facility initiative where two nursing homes in each state were identified for more intense monitoring, including two standard surveys per year. Building on this concept, in 2004 the state Quality Improvement Organizations partnered with the state survey agencies to try to develop even more effective ways to help the Special Focus Facilities improve their performance. Together, QIOs and state survey agencies in 18 states across the nation have identified one to six nursing homes in each state, many of which are designated as Special Focus Facilities that would benefit from quality improvement assistance from the QIO. Thus far, 40 nursing homes have begun working closely with their state's QIO on targeted quality improvement projects as a result of this project.

Quality Improvement

In addition to enforcing quality of care standards and conditions of participation, CMS has embarked on a number of quality improvement strategies to improve the quality of care in our nation's nursing homes.

1. **Enhanced Guidance on Quality of Care Requirements** – CMS is working to improve Long Term Care surveyor guidance for selected key regulatory requirements. The project includes the convening of expert panels to work with CMS to produce the following products for each selected requirement: enhanced interpretive guidelines based on current standards of practice; specific investigation protocols; and guidance to determine the severity of deficiencies where problems are found. By clarifying regulatory requirements based on current practice and the investigation of those requirements, this project should result in greater consistency in finding deficiencies and enforcing requirements in nursing homes across states
2. **Satellite Training** – Since 1996 CMS has conducted 27 satellite broadcasts for providers and state agencies on topics such as pressure sores, incontinence, oral health, mental illness in nursing homes and quality of life issues.
3. **GPRA Goals** – CMS has set two goals in the Government Performance and Results Act (GPRA) in nursing homes. One is to reduce the number of pressure ulcers in nursing homes. The second is to reduce the number of unnecessary restraints in nursing homes. For 2004, the physical restraint goal is 7.2% and the pressure ulcer goal is 8.9%.

4. **Progress in the publicly reported QMs posted to Nursing Home Compare** -- Statistically significant progress has been made in improving the national and state averages for many of the publicly reported QMs over the last two years. Three examples are:
- a. **Long-term (chronic) care prevalence of pain:** This QM has improved every quarter for the last two years. The national average QM improved, but every state average also improved. On average, nursing homes decreased the prevalence of pain in long stay residents by 38%. Nursing homes working intensively with their QIO improved even more, on average by 49%.
 - b. **Use of Physical Restraints:** This QM has improved every quarter for the last two years. Statewide averages have improved in 92% of states. On average, nursing homes have decreased their prevalence of use of physical restraints by 23% over two years. Nursing homes working intensively with their QIO improved even more, on average by 33%.
 - c. **Short-stay (post acute) prevalence of pain:** This QM has improved in 96% of states. On average, nursing homes have decreased the prevalence of pain in short stay residents by 11%. Nursing homes working intensively with their QIO improved even more, on average by 18%.

Quality Through Partnerships

CMS and quality experts agree that no single approach or actor can fully assure quality. It takes the coordination and mobilization of everyone involved in a resident's care, including the resident, to assure and improve care. While the differences in the responsibilities of the Quality Improvement Organizations, state survey agencies and others remain, their distinct roles are being better coordinated to achieve better results than can be achieved by any actor alone.

Much of the successes of the nursing home quality initiative can be attributed to the support received from both national and state organizations involved with nursing homes. The national organizations involved in the initiative included representatives from the nursing home industry (the American Association of Homes and Services of the Aging and the American Health Care Association), professional associations representing nursing home health care providers (American College of Health Care Administrators, American Medical Directors Association, National Association of Directors of

Nursing/Long Term Care, American Association of Nurse Assessment Coordinators, and National Association of Geriatric Nurse Assistants), advocacy organizations (National Citizen's Coalition for Nursing Home Reform, National Ombudsmen Program, and National Hospice and Palliative Care Organization).

A Technical Expert Panel and Advisory Council composed of experts from many of these groups meet frequently to advise CMS on the NHQI. This helped ensure alignment of the QIO program activities with ongoing national programs as well as the identification of new opportunities needed to assist nursing homes improve their quality. At the state level, the QIOs created Steering/Advisory committees with representation from state trade associations, professional associations and advocacy groups. These local committees were instrumental in helping not only promote NHQI but ensuring the integration of QIO activities with state and local programs.

In October 2004, the National Quality Forum announced the formation of another new partner, the National Commission for Quality Long-Term Care. This Commission, co-chaired by former Senator Bob Kerrey and former House Speaker Newt Gingrich will work with CMS to unite the nursing home profession in a push to transform the nature of nursing home care delivered in this country.