

# Nursing Home Quality Initiative Overview

Updated 1/20/04

## Background

About 3 million elderly and disabled Americans received care in our nation's nearly 17,000 Medicare and Medicaid-certified nursing homes in 2001. Slightly more than half of these were long-term nursing home residents, but nearly as many had shorter stays for rehabilitation care after an acute hospitalization. About 75 percent were age 75 or older.

The care of nursing home residents is a high priority for the Bush administration, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS). CMS began enforcing new nursing home regulations as an outgrowth of the Omnibus Budget Reconciliation Act (OBRA) of 1987. In particular, the Nursing Home Oversight Improvement Program addresses weaknesses in federal and state nursing home oversight.

In November 2001, HHS Secretary Tommy G. Thompson announced the Nursing Home Quality Initiative to continue to improve quality of care in nursing homes. Working with measurement experts, the National Quality Forum and a diverse group of nursing home industry stakeholders, CMS adopted a set of improved nursing home quality measures. In April 2002, CMS launched a six-state pilot in Colorado, Florida, Maryland, Ohio, Rhode Island and Washington. The NHQI Pilot Evaluation Report is available on the [www.cms.hhs.gov/quality/nhqi](http://www.cms.hhs.gov/quality/nhqi). The national Nursing Home Quality Initiative was launched on November 12, 2002, and continues to be a broad-based initiative that includes CMS's continuing regulatory and enforcement systems, new and improved consumer information at 1-800-MEDICARE and [www.medicare.gov](http://www.medicare.gov), community-based nursing home quality improvement programs, and partnerships and collaborative efforts to promote awareness and support.

In January 2004, the Nursing Home Compare website is being updated with an enhanced set of fourteen quality measures.

## Quality Strategy

The quality initiative, an important component of CMS's comprehensive strategy to improve the quality of care provided by America's nursing homes, is a four-prong effort that consists of:

- regulation and enforcement efforts conducted by state survey agencies and CMS;
- improved consumer information on the quality of care in nursing homes;
- continual, community-based quality improvement programs designed for nursing homes to improve their quality of care; and
- collaboration and partnership to leverage knowledge and resources.

## **Regulation and Enforcement**

CMS designed regulation and enforcement activities to assure the public that Medicare and Medicaid nursing homes comply with regulatory requirements for patient health and safety, and quality of care. CMS monitors data that nursing homes report (the Minimum Data Set) and administrative data from the Online Survey, Certification, and Reporting System. CMS uses these aggregated data sets to provide a comprehensive view of the individual receiving care in the nursing home. State Survey and Certification Agencies focus on the quality of care furnished to residents as measured by indicators of medical, nursing and rehabilitative care, dietary and nutrition services, activities and social participation, and sanitation, infection control, and the physical environment. Surveys also include a review of compliance with residents' rights, written plans of care, and an audit of the residents' assessment.

The core of the nursing home survey process is a four-to-five day onsite visit to see that a nursing home is meeting federal health and safety requirements. The standard survey takes a "snapshot" of the care given to beneficiaries at the time of the survey. Nursing home surveys are unannounced and, by law, must take place based on a statewide average of once every 12 months, but no longer than once every 15 months. The survey process also requires States to conduct surveys within prescribed time frames any time a serious problem is alleged. Survey results and complaint data are available on Nursing Home Compare.

## **Consumer Information on Quality of Care**

The fourteen quality measures are an additional resource to help consumers compare the quality of care in nursing homes. CMS is promoting consumers' use of quality measures through an integrated communications campaign including paid advertising and publicity, as well as grassroots outreach through Medicare's Quality Improvement Organizations and other health care intermediaries. To reach caregivers, CMS is working closely with physicians and nurses, discharge planners, community organizations and the media. The campaign attempts to cultivate an environment, in cooperation with nursing home industry leadership, which will promote improvement in the quality of care.

Informational advertisements (English and Spanish) were run in 71 major daily newspapers on November 13, 2002 to help raise awareness of the quality initiative throughout the country. These one time national advertisements highlighted the availability of the nursing home quality measures and showed consumers how to obtain that information. Consumers can call 1-800-MEDICARE or visit [www.medicare.gov](http://www.medicare.gov) for the quality measures, or obtain a copy of Medicare's Guide to Selecting a Nursing Home as an additional information source.

These measures are just one more piece of the information available to help consumers make informed decisions about their nursing home care. The measures are also intended to motivate nursing homes to improve their care and to inform discussions about quality between consumers and clinicians.

## **Community-based Quality Improvement**

Experience tells us that targeted quality improvement initiatives improve the quality of care. Medicare Quality Improvement Organizations (QIOs), formerly known as Peer Review Organizations or PROs, have been leaders in this type of improvement work. The QIOs have worked with providers, hospitals and others on improvement activities in the past, and have seen providers achieve a 10-20% relative improvement in performance.

As part of this initiative, QIOs are working with nursing homes to improve performance on the published measures and to develop and implement quality improvement projects. For example, QIOs help interpret and communicate data to nursing homes, which can motivate homes to improve. When mistakes or errors occur, QIOs help the nursing home do “root cause analyses” to learn what went wrong and put systems in place to prevent recurrence. QIOs are helping nursing homes to review and assess their current organizational and clinical processes of care, identifying those areas that the NH is already doing well and offering strategies to become more effective, by introducing quality improvement concepts and tools through both individual and group consultation. QIOs also work with community, health care, and business organizations, and with the local media. Together they provide quality information to the public and encourage nursing homes to use the information to improve care.

## **Collaboration and Partnership**

The importance of the fourth prong of the nursing home quality strategy, collaboration and partnership, was highlighted during the spring 2002 pilot. In order to be effective, the quality initiative has truly become a collaborative effort including federal and state agencies, quality improvement organizations, independent health quality organizations, consumer advocates, and nursing home providers. The initiative is designed to improve communication among all parties in order to positively impact quality of care. By creating partnerships to expand our knowledge and resources, we can achieve greater and more immediate improvements in the quality of nursing home care.

## **What Are the Nursing Home Quality Measures?**

The nursing home quality measures come from resident assessment data that nursing homes routinely collect on the residents at specified intervals during their stay (the Minimum Data Set). These measures assess the resident’s physical and clinical conditions and abilities, as well as preferences and life care wishes. These assessment data have been converted to develop quality measures that give consumers another source of information that shows how well nursing homes are caring for their residents’ physical and clinical needs.

The quality measures developed under CMS contract to Abt Associates and a research team led by Drs. John Morris and Vince Mor have been validated and are based on the best research currently available. These quality measures meet four criteria. They are important to consumers, are accurate (reliable, valid and risk adjusted), can be used to

show ways in which facilities are different from one another, and can be influenced by the provision of high quality care by nursing home staff.

### **What Are the Enhanced Nursing Home Quality Measures?**

From the beginning of this Initiative, CMS has said that the quality measures are dynamic and will continue to be refined as part of CMS's ongoing commitment to quality. In the Fall 2003, the National Quality Forum (NQF) recommended a final set of measures endorsed by their consensus process that will become the enhanced set of publicly reported quality measures available on Nursing Home Compare starting January 22, 2004. The National Quality Forum is a voluntary standard setting, consensus-building organization representing providers, consumers, purchasers and researchers.

The enhanced *chronic care* measures that will be posted on Nursing Home Compare are:

- ◆ Percent of residents whose need for help with daily activities has increased
- ◆ Percent of residents who have moderate to severe pain
- ◆ Percent of residents who were physically restrained
- ◆ Percent of residents who spent most of their time in bed or in a chair
- ◆ Percent of residents whose ability to move about in and around their room got worse
- ◆ Percent of residents with a urinary tract infection
- ◆ Percent of residents who have become more depressed or anxious
- ◆ Percent of high risk residents who have pressure sores
- ◆ Percent of low risk residents who have pressure sores
- ◆ Percent of low risk residents who lose control of their bowels or bladder
- ◆ Percent of residents who have/had a catheter inserted and left in their bladder

The enhanced *post-acute care* measures that will be posted are:

- ◆ Percent of short stay residents who had moderate to severe pain
- ◆ Percent of short stay residents with delirium
- ◆ Percent of short stay residents with pressure sores

Of the eleven chronic care measures listed above, four of the measures are clinically related. These four measures have been grouped into two pairs. If one of the measures in a pair is selected, the other measure will also be displayed on the Nursing Home Compare web site. The first set of paired measures is the percent of low risk residents who have pressure sores and the percent of high risk residents who have pressure sores. The second set of paired measures is the percent of low risk residents who lose control of their bowels or bladder and the percent of residents who have/had a catheter inserted and left in their bladder.