



Current Initiatives to Try to Improve Nursing Homes

Overview

The Long Term Care Professional Leadership Council (LTCPLC) offers this statement to summarize the numerous initiatives that try to improve the quality of care in nursing homes. The LTCPLC also supports a collaborative approach to analyzing systems and improving the quality in the skilled nursing facility.

Quality initiatives

Quality initiatives fall into several categories:

- 1) Legal and regulatory (e.g., new or revised regulations and surveyor guidelines, changes in enforcement, government investigations)
- 2) Governmental non regulatory (e.g., QIOs)
- 3) Industry initiated (e.g., campaigns such as Advancing Excellence)
- 4) Research and grant related (e.g., studies and projects)
- 5) Reimbursement related (Medicare and Medicaid reforms, pay for performance).

At this time of great challenges (including health care), it is important to take a careful, thoughtful look at issues that impact the delivery of quality care. Effective problem solving depends on understanding an issue and identifying root causes. It is useful to reconsider current assumptions and conventional wisdom. This includes critiquing ideas about what needs to be corrected and how to do so.

The LTCPLC proposes that many of the principles of *providing* clinical care are equally applicable to initiatives that focused on *improving* that care; for example:

- ✓ The *pertinence* of interventions is more important than their number.
- ✓ The goals and objectives of specific initiatives must be consistent with the overall agenda to improve care quality.
- ✓ The best solutions come from defining the issues carefully and thoroughly and understanding root causes.

Quality initiatives generally improve results indirectly when they successfully influence systems, processes, and practices so that the right thing is done consistently in the right way. In this case, that means answering the question, “How will the proposed project or activity improve the systems, processes, and practices that most directly relate to outcomes?”

The LTCPLC believes that the long-term care population is growing increasingly frail and complex. Also, there is increasing use of nursing homes to provide postacute care. Thus, a major

focus for improvement of care quality activities should be the support for effective, competent care processes and practices. This includes:

- ✓ A focus on improving clinical education and training of the various disciplines that provide care and those who manage the facilities. Efforts should emphasize implementation in real-life situations, including emphasis on making effective clinical and management decisions in complex situations that often deviate from textbook circumstances.
- ✓ Initiatives to help consumers assess nursing facilities should help consumers understand and assess a facility's approaches to making decisions, not just the results.
- ✓ Proposed home and community based alternatives should demonstrate how to improve patient selection and ensure that comparable care is provided for comparable needs.
- ✓ Quality measures and data infrastructure initiatives should show how these will improve practices and processes in order to improve results.

In any setting, initiatives to measuring performance and results are important to provide feedback that helps set direction to improve performance. Initiatives to measure results are useful. However, these initiatives must be kept in context. Measuring results does not in itself provide the means or the guidance to improve actual performance and practice. Results must be analyzed for pertinence and applicability to performance improvement initiatives. Considerations include:

- ✓ There are many things that have to be done right, regardless of whether they can be readily measured.
- ✓ Measurable data should not just derive from a readily available dataset such as the MDS. Many measures of specific outcomes are influenced by multiple simultaneous causes and complications, as is often the case with the nursing home population;
- ✓ Process measurement is as important as outcome measurement in improving performance.

Pertinent initiatives have certain features. They:

- ✓ Recognize the importance of enduring and universal care principles and processes;
- ✓ Respect precedent and existing evidence;
- ✓ Provide evidence to support any claims that new research is needed or that existing knowledge does not already address the issues;
- ✓ Get ample input from those who have actual clinical and managerial experience in long-term care settings and an understanding of related issues;
- ✓ Acknowledge the essential roles, responsibilities, and prerogatives of the key professional disciplines that are essential to the effective operation of long-term care facilities;
- ✓ Recognize that desirable geriatric, gerontologic, medical, nursing, and other related practices have been identified for many of the conditions and situations relevant to the long-term care population;
- ✓ Recognize the relevance and the limitations of both voluntary and mandatory attempts to oversee the care; for example, regulatory compliance surveys and quality improvement activities and programs.

The LTCPLC recommends priorities for implementing Quality Initiatives. To:

- ✓ Seek ways to improve the basic skills and clinical capabilities of staff and practitioners who provide care;

- ✓ Better align financial and reimbursement incentives to giving coordinated, resident-centered care;
- ✓ Improve the environment in which staff and practitioners function;
- ✓ Improve the application of existing evidence and knowledge in care and management;
- ✓ Show how to overcome implementation challenges and face the complex situations that often arise;
- ✓ Improve the incentives for adequately trained physicians and other practitioners and professionals to work in nursing homes;
- ✓ Help the public understand more about appropriate expectations and a more effective role in attaining desired outcomes;
- ✓ Emphasize common principles across all settings and conditions (for example, pressure ulcers prevention, pain management, and fall programs), as well as specific settings and diseases or conditions.

The LTCPLC recommends that it would be useful for organizations to take stock of the current quality activities.

- ✓ It would help to have more discussion of the overriding strategies and goals behind these diverse initiatives;
- ✓ It is essential to make credible and meaningful recommendations that will address root causes and materially improve results;
- ✓ It would help to reconsider whether these initiatives are really asking the right questions, defining the issues correctly, considering the right information, or talking with the right people. For example, legitimate challenges to quality measures and pay for performance should be considered openly, and not downplayed or overlooked;
- ✓ Payment and reimbursement initiatives cannot reform healthcare, but they can help to change incentives that will facilitate desired performance.

Conclusions

The LTCPLC asserts that it is useful to review the appropriateness and pertinence of current initiatives to improve the quality of care in nursing homes. Focusing scarce resources on well thought out initiatives will enhance the likelihood of sustained care quality improvement. Quality initiatives should be reviewed to assess whether they are defining the problems (*issues*) correctly, asking the right questions, and collecting the appropriate data. It is essential that solutions to identified problems address the root cause and are capable of producing credible results.

***** Below is a comparison chart for Quality Initiatives programs**

	Advancing Excellence <i>Started in 2006</i>	Culture Change Movement <i>Started in 1997</i>	QIO <i>Started with 7thSOW in 2002</i>	Quality First <i>Started in 2002</i>
Sponsored by:	Coalition of 28 organizations	Pioneer Network	CMS	Provider Associations
For:	All Nursing Homes	All Nursing Homes	CMS Special Focus Nursing Homes; "Outlier" Homes	All Nursing Homes
Type of participation:	Voluntary, Nursing Homes register on website and are regularly monitored for progress	Voluntary	Voluntary, Nursing Homes are recruited if they meet certain criteria	Voluntary, Nursing Homes sign a covenant to indicate a commitment to QF elements
Who can join:	Providers Consumers Workers	Providers Consumers Workers	Providers	Providers
Focus:	<ol style="list-style-type: none"> 1. Pressure Ulcers 2. Restraints 3. Pain 4. Target Setting 5. Consistent Assignment 6. Staff Retention 7. Resident Satisfaction 8. Advance Directives 	<ol style="list-style-type: none"> 1. Organizational change 2. Person-directed care 3. Workforce Issues/Staff Empowerment 4. Environmental transformation 	<ol style="list-style-type: none"> 1. Pressure Ulcers 2. Restraints 3. Transitions of Care 4. Disparities 	<ol style="list-style-type: none"> 1. Compliance with federal regulations 2. Financial integrity and preventing 3. Clinical outcomes and prevention of confirmed abuse and neglect 4. CMS Continuous Quality Improvement measures 5. Consumer satisfaction surveys 6. Employee retention and turnover rates
Measurement:	QMs/AE defined Measured by CMS/AE	Various measures for individual projects	QMs/CMS defined Measured by CMS	Demonstrable improvement by each home
Works through:	49 LANEs	33 State Coalitions	53 QIOs	50 State/AHCA and/or AAHSA Affiliates
Website:	www.nhqualitycampaign.org	www.pioneernetwork.net	Each QIO	Each Provider Association
Provides:	<ol style="list-style-type: none"> 1. Free, evidence-based Technical Assistance for each of the 8 goals 2. Technical Assistance webinars available to all nursing homes 3. Annual Conference 4. Technical assistance to LANEs 5. Robust website with national data, technical assistance, tools, and resources 	<ol style="list-style-type: none"> 1. Annual conference 2. Webinars 3. Technical assistance to state coalitions 4. Special projects to advance the movement 5. Robust website with case studies, results of special projects, blog, and other resources 	<ol style="list-style-type: none"> 1. Free Technical Assistance for participants 2. Online resources 	<ol style="list-style-type: none"> 1. Access to resources 2. Publicity to create positive visibility

	Pay for Performance Initiatives	Medicaid Home and Community-Based Services (HCBS) Measures	Agency for Healthcare and Research Quality (AHRQ) <i>Started in 1999</i>	Consumer Assessment of Healthcare Providers and Systems (CAHPS) <i>Started in 1995</i>
Sponsored by:	Medicare	Medicaid	U.S. Department of Health and Human Services	AHRQ
For:	Medicare beneficiaries	Beneficiaries of all ages that are eligible	Public Professionals	Health care organizations Consumers Researchers
Type of participation:				Voluntary, anyone can purchase the data
Who can join:	Providers	Patients	N/A	Anyone
Focus:	<ol style="list-style-type: none"> 1. Quality improvement for hospitals, physicians, and nursing homes 2. Reining in health care costs so its programs can provide the best care to all beneficiaries 3. Ensuring beneficiaries receive high quality care 	<ol style="list-style-type: none"> 1. Providing services beyond the scope of Medicaid 	<ol style="list-style-type: none"> 1. Clinical information 2. Research findings 3. Quality and patient safety 4. Specific populations 	<ol style="list-style-type: none"> 1. Developing standardized surveys of patients' experiences 2. Reporting and evaluating experiences with health care
Measurement:	Care benchmarks	Financial and non-financial eligibility requirements	N/A	Survey-specific benchmarks
Works through:	CMS	CMS	U.S. Government	U.S. Government
Website:		www.hcbs.org	www.ahrq.gov	www.cahps.ahrq.gov
Provides:	<ol style="list-style-type: none"> 1. Incentive for the improvement of quality care 2. Rewards for quality care 	<ol style="list-style-type: none"> 1. Services beyond those that are covered by Medical Assistance (Medicaid) 	<ol style="list-style-type: none"> 1. Clinical information 2. Funding opportunities 3. Research findings 4. Data and surveys 	<ol style="list-style-type: none"> 1. Survey results that can be used to compare and report on performance and improve the quality of care

	Post Acute Care Payment Reform Demonstration <i>Started in 2006</i>	National Quality Forum <i>Started in 1999</i>	Assisted Living Disclosure Collaborative (ALDC) <i>Started in 2006</i>	National Committee for Quality Assurance (NCQA) <i>Started in 1990</i>
Sponsored by:	Medicare	Private	AHRQ & Center for Excellence in Assisted Living (CEAL)	
For:	Acute care hospitals LTC hospitals Inpatient rehab facilities SNFs	Providers Researchers Professionals	All Assisted Living facilities	Consumers Employers Doctors Patients Legislators
Type of participation:	Voluntary		Voluntary	Voluntary
Who can join:	Providers	Consumers Nurses Hospitals Accrediting and certifying bodies	Providers Consumers Clinicians Policy experts	Consumers Employers Doctors Patients Legislators
Focus:	1. Standardizing patient assessment information 2. Using this data to guide payment policy in the Medicare program	1. Patient and family engagement 2. Population health 3. Care coordination 4. Palliative and end-of-life care 5. Health information technology	1. To increase the value of health care for consumers	1. Improving the quality of health care
Measurement:	Standardized data collection tools	Endorsed performance measures	N/A	Statistics tracking the quality of care delivered by the nation's health plans
Works through:	CMS	National Partnerships	U.S. Department of Health and Human Services	
Website:	www.pacdemo.rti.org	www.qualityforum.org	www.ahrq.gov/research/aldc.htm	www.ncqa.org
Provides:	1. Standardized information on patient health and functional status 2. Information on resources and outcomes associated with treatment in each type of PAC setting	1. Opportunities to join committees and expert panels 2. Regular updates on NQF activities 3. Access to restricted content	1. Wide variety of services and amenities dependent on state	1. Quality standards 2. Performance measures for a broad range of health care entities 3. Guarantee of quality health care

	Physician Consortium for Performance Improvement (PCPI) <i>Started in 2000</i>	Assessing Care of Vulnerable Elders (ACOVE) Quality Indicator Project <i>Started in 2000</i>
Sponsored by:	American Medical Association (AMA)	RAND Health
For:	Organizations Individuals Medical societies	Health care organizations
Type of participation:	Voluntary	Voluntary
Who can join:	Any organization or individual dedicated to health care improvement	N/A
Focus:	1. Enhancing quality of care and patient safety 2. Development, testing, and maintenance of evidence-based clinical performance measures	1. Developing objective measures to evaluate the care of the vulnerable elderly
Measurement	PCPI performance measures	ACOVE quality indicators
Works through:	AMA	RAND Health
Website:	Ama-assn.org/ama/pub/category/2946.html	www.rand.org/health/projects/acove/
Provides:	1. Performance Measurement sets 2. Resources for physicians	1. Comprehensive information about quality medical care provided to vulnerable older Americans 2. Information on particular care needs of the elderly 3. Evaluation of medical care to elders

In addition, various governmental agencies and departments have quality components to their work including:

- Federal and State Regulations and Survey
 - Survey or guidance
 - Survey or training; joint surveyor/provider training
 - Enforcement efforts/“special focus” facilities
 - State laws and regulations governing nursing home licensure to oversee care and identify concerns
 - Annual state surveys typically combined with federal certification survey under OBRA 1987 regulations
- Department of Justice Investigations
 - Investigate nursing homes suspected of violating Civil Rights of Institutionalized Persons Act (CRIPA)
- Quality Standards and Measures (CMS)
 - Collaborate with public and private sector to measure quality, establish benchmarks, and give individual providers quality targets
 - Nursing Home Compare web site (including Five-Star Quality Rating system)
 - [<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp?version=default&browser=Firefox|3|WinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True>]