
Measuring Quality in Nursing Homes

David J. Farrell, MSW, LNHA

Director of Organizational Development

SnF Management

Omnibus Budget Reconciliation Act (OBRA)

- 1987 – OBRA

- Standardize regulations

- Step-up enforcement

- Intended to improve the Quality of Life

- “Provide care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”

OBRA Twenty Years Later

Good news:

- Physical restraint use declined
- Psychotropic medications declined
- RN hours, total staffing hours increased
- Certification of nursing assistants
- Decline in immediate jeopardy and actual harm

OBRA Twenty Years Later

“...improvements appear to have reached a plateau.”

- 93% of all facilities receive deficiencies
- 20% are cited for actual harm or immediate jeopardy
- 230,000 complaints to Ombudsman in 2005
 - Significant increase in complaints about staffing
- Many facilities are chronically understaffed

Measurement Components

- Structural measures – the *capacity* to provide quality care
 - Process measures – *performance* necessary to achieve quality of care
 - Outcome measures – the *result*
-

Institute of Medicine

- Quality of care depends on the performance of the workforce
- Staffing levels are necessary
- Other key factors:
 - Education
 - Supervision
 - Job satisfaction
 - Turnover
 - Leadership
 - Organizational culture

Structural Measure of Quality

- Staffing level
 - Total nursing hours per patient day (PPD)
 - RN hours PPD
 - Evidence-based
 - Availability – OSCAR database, cost reports
 - Recommendation – quarterly updates
-

Staffing Measures

- Staff turnover
 - Collected annually by OSHPD
 - Total departures/average number of staff
 - Staff retention
 - Staff with one year of service/avg. number of staff
 - Evidence-based
 - Availability – OSHPD, cost reports
-

High Turnover = Low Quality

- Physical restraints
- Catheter use
- Contractures
- Pressure ulcers
- Psychoactive drug use
- Quality-of-Care deficiencies

Castle et al., 2005
Castle, 2007

Structural Measure of Quality

- Staff Satisfaction
 - Overall satisfaction
 - Recommendation to others
 - Evidence-based
 - Availability – limited
 - Recommendation – quarterly updates
-

Power of Staff Satisfaction

Influences

- Staff turnover
- Quality of life
 - Relationships - co-workers, residents, families
- Quality of care
- Regulatory compliance

Higher Employee Satisfaction

- Fewer resident falls
- Fewer pressure ulcers
- Fewer catheters
- Less nurse turnover and absenteeism
- Less CNA absenteeism
- Higher occupancy rates

Staff Satisfaction = Family Satisfaction

- Satisfied employees report:
 - Better supervision
 - Better training
 - Better work environments
- Satisfied families report:
 - Quality of life
 - Quality of care
 - Quality of service

Drivers of Workforce Satisfaction

- Management cares about employees
- Management listens to employees
- Help with job stress
- Fair evaluations
- Staff respect for residents
- Workplace is safe
- Supervisor cares about you as a person

Process Measure of Quality

- Consistent Assignment
 - Evidence-based
 - Availability – none
 - Recommendation – quarterly updates
-

Staffing Models

Consistent Assignment =

Consistently assigning the same caregivers to the same nursing home residents every day

Rotating Assignment =

Rotating caregivers from one group of residents to the next after a period of time

Support for Consistent Assignment

Results from **13** research studies:

- Improve teamwork
- Enhance relationships
- Improve attendance
- Improve staff, resident, family satisfaction
- Lower turnover
- Improve screening and assessments
- Improve clinical outcomes
- Improve quality of life

Facilitates person-centered care

Outcome Measures of Quality

- Measures –
 - State survey compliance
 - Clinical outcomes of care
 - Quality of life - resident and family satisfaction scores
 - Evidence-based
 - Availability – all but satisfaction scores
 - Recommendation – quarterly updates
-

State Survey Results

- Measure –
 - Escalating weighted scale based on F-tags and scope and severity for each deficiency cited provides a performance score
 - Currently utilized by CMS
 - Represent the minimum federal standards
 - Annual inspections
 - Snap shot of quality at the time of survey
 - Availability - OSCAR database
-

Quality Measures

- Measures -19 clinical outcome measures
 - Posted by CMS NH Compare
 - 14 long-stay measures, 5 short-stay
 - Driven from MDS assessments of residents
 - Some measure change, most measure prevalence
 - MDS data is readily available
-

Restraints QM

NUMERATOR

- Residents who were physically restrained daily on the target assessment
 - Used on a daily basis in last 7 days
 - P4c = Trunk restraint
 - P4d = Limb restraint
 - P4e = Chair prevents rising

DENOMINATOR

- All residents with a valid target assessment

Exclusions - the target assessment is an admission assessment

Quality of Life Measures

- Family member and resident satisfaction
 - Overall satisfaction
 - Recommendation to others
 - Meaningful information for consumers
 - Critical component of quality is quality of life
 - Availability - limited
 - Not a widespread practice in CA
-

Drivers of Consumer Satisfaction

- Competency of staff
- Care (concern) of staff
- Nursing care
- Respectfulness of staff
- Nursing assistant care
- Safety of facility
- Meeting choices/preferences

Limitations of Satisfaction Surveys

- All providers need to use one tool
 - My InnerView being used by 7,000 in U.S.
 - 250 providers in CA
 - Integrity of data
 - Administration
 - Response rates
-

High Performing Nursing Homes

Three Common Elements -

- Culture – person-directed care
- Workforce commitment
 - Clinical systems
 - Equipment
- Leadership practices

All three are interdependent

Grant, L. 2008

Results are Interrelated

- Implement principles of culture change
 - Enhanced leadership practices
- Employee Satisfaction
- Workforce performance
 - Low turnover, high retention, low absenteeism
- Consumer satisfaction
- Clinical outcomes
- Regulatory compliance

Better Policy/Better Performance

- Tying payment to workforce measures and family and residents satisfaction could be profound
 - Foster sustained change and continuous improvement
 - Drive evidenced-based practices that enhance quality of care and quality of life
 - Validate superior performance
-

Contact Information

David Farrell, MSW, NHA

Director of Organizational Development

SnF Management

(510) 725-7409

Summary

■ Element and Source

- ❑ Staffing level (OSCAR and cost reports)
- ❑ Staff turnover (OSHPD and cost reports)
- ❑ Staff satisfaction (limited availability)
- ❑ Consistent assignment (not available)
- ❑ State Survey results (OSCAR)

■ Change

- ❑ Quarterly update
 - ❑ Quarterly update
 - ❑ Select uniform tool; quarterly update
 - ❑ Develop method; quarterly update
-

Summary

- Element and Source
 - Clinical Outcomes (Minimum Data Set)
 - Quality of life – patient and family satisfaction
 - Changes?
 - MDS 3.0?
-