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# Measuring Quality in Nursing Homes

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# 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.”

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# 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

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# 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

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# Measurement Components

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

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# 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
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# 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
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# High Turnover = Low Quality

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

Castle et al., 2005  
Castle, 2007

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# Structural Measure of Quality

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

## Influences

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

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# 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

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# 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

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# Process Measure of Quality

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

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# 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***

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# 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
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# 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
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# 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
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# 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

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# 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
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# 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

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# 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
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# 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

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# 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

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# 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
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# Contact Information

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# 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
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# Summary

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