

THE NATIONAL
IMPERATIVE TO
IMPROVE NURSING
HOME QUALITY
*Honoring Our
Commitment to
Residents, Families,
and Staff*

Expand and Enhance Quality Measurement and Continuous Quality Improvement

The primary purpose of quality measurement is to improve quality of care and outcomes. However, several key aspects of high-quality care, such as resident and family satisfaction and experience, are not directly measured in public reporting efforts. Furthermore, the existence of racial and socioeconomic disparities in nursing homes is well known. Finally, the successful implementation of quality improvement initiatives depends, in part, on an organization's readiness to change and the capacity to implement change.

The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff examines the complex and multifaceted challenges nursing homes currently face and outlines goals and recommendations to improve the overall quality of nursing home care. Expanded and enhanced efforts to improve quality measurement and continuous quality improvement will help distinguish quality of care among individual nursing homes, address disparities in quality, and enable nursing homes to acquire the expertise and resources needed to improve quality.

RECOMMENDATIONS

Quality Measurement

The Centers for Medicare & Medicaid Services' (CMS's) website Care Compare provides public reporting of quality measures for nursing homes. However, it does not directly report on a key aspect of high-quality care—resident and family satisfaction and experience. The lack of inclusion of measures of resident and family satisfaction and experience impedes the ability of individuals and their families to make fully informed choices about providers and facilities. It also disadvantages nursing homes, which cannot benefit from using consumer reports of their experiences to improve services and care delivery. CMS should annually collect and add the Consumer Assessment of Healthcare Providers and Systems' measures of resident and family experience to Care Compare.

Care Compare also needs to expand and enhance existing publicly reported quality measures by facilitating the ability to see quality performance

across facilities that share common ownership or management company and by improving the validity of reported measures. Care Compare publishes a five-star composite rating for each nursing home based on three domains: inspections, staffing, and quality measures. However, the current rating is unable to distinguish modest increments in quality. Needed improvements include increasing the weight of the staffing domain and conducting additional testing to better distinguish among nursing homes with average ratings, and not just at the extremes. Finally, the U.S. Department of Health and Human Services (HHS) should fund the development and adoption of new nursing home measures to Care Compare, including measures of palliative care and end-of-life care, implementation of the resident's care plan, receipt of care that aligns with the resident's goals and the attainment of those goals, staff well-being and satisfaction, psychosocial and behavioral health, and various structural measures.

Health Equity

The quality of nursing home care is particularly concerning for several high-risk populations that experience significant disparities in care. For example, nursing homes in low-income neighborhoods with high numbers of minority residents have lower quality-of-care ratings. However, the lack of robust data specific to race and ethnicity in nursing homes makes it difficult to document the true extent and impact of disparities in care. HHS should develop an overall health equity strategy for nursing homes that includes defining, measuring, evaluating, and intervening on disparities in nursing home care. This strategy should include the development of new measures of disparities in nursing home care, including disparities related to race, ethnicity, LGBTQ+ populations, and sources of payment; these measures need to be developed both within and across facilities at the national, state, and ownership levels and included in a national report card. As a first step, a minimum data set to identify and describe disparities should be established with the data collected at least annually and made publicly available.

Quality Improvement

All skilled nursing facilities are required to implement quality assurance and performance-improvement programs in order to be reimbursed by Medicare and Medicaid. However, the extent to which individual facilities engage in quality improvement and the effectiveness of such activities is unknown. Furthermore, many facilities lack adequate expertise and resources for effective quality improvement. Nursing homes can benefit from the availability of technical assistance from individuals at the state (or even local) level who are most familiar with their specific communities and challenges, have specific expertise in nursing home quality, and whose focus is exclusively on quality improvement in nursing home settings. CMS should allocate funds to state governments for grants to develop and operate state-based, nonprofit, confidential technical assistance programs that have an ongoing and consistent focus on nursing homes. These programs should provide up-to-date, evidence-based education and guidance in best clinical and operational practices to help nursing homes implement effective, continuous, quality-improvement activities to improve care and nursing home operations.

CONCLUSION

Quality measures in the nursing home setting can be used in several critical ways to improve the quality of care for residents. Ultimately, quality improvement has to involve all of the interdisciplinary team in nursing homes—leadership, direct care workers, nurses, social workers, and all staff delivering services to residents. In addition to this team effort, quality improvement requires a persistent, long-term commitment to examining and improving all aspects of the nursing home operation.

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