

THE NATIONAL IMPERATIVE TO IMPROVE NURSING HOME QUALITY

Honoring Our Commitment to
Residents, Families, and Staff

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Study Sponsors

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Committee Members

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- **Reginald Tucker-Seeley**, ZERO-The End of Prostate Cancer; and University of Southern California
- **Rachel M. Werner**, University of Pennsylvania Leonard Davis Institute of Health Economics; and Crescenzo Veterans Affairs Medical Center

Study Context

- Unique role of nursing homes
- *Improving the Quality of Care in Nursing Homes* (IOM, 1986)
- OBRA '87
- COVID-19

“The pandemic has lifted the veil on what has been an invisible social ill for decades.”

- *Daughter and caregiver of two parents with dementia who needed nursing home care*

Statement of Task

- **Examine how our nation delivers, regulates, finances, and measures the quality of nursing home care.**
- **Delineate a framework and general principles for improving the quality of care in nursing homes.**
- **Consideration of COVID-19 pandemic.**

The Committee's Process

- 5 full committee meetings
- Multiple ad hoc meetings
- 6 public information-gathering sessions
- Online submission of narratives on resident, family, and nursing home staff experiences
- Literature review and synthesis of findings and conclusions
- External peer-review by 16 experts in variety of disciplines

Overarching Conclusions

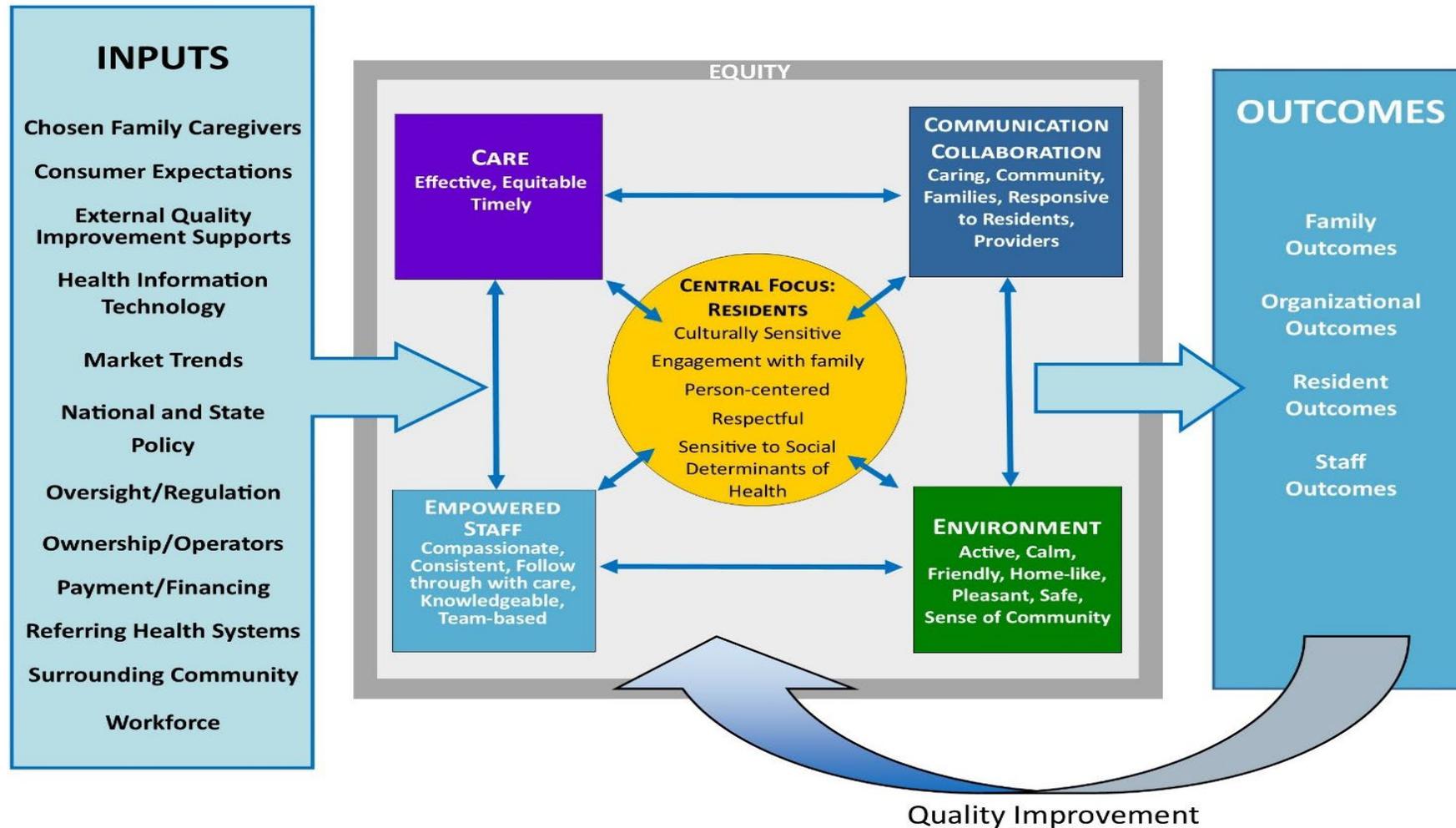
1. The way in which the United States finances, delivers, and regulates care in nursing home settings is **ineffective, inefficient, fragmented, and unsustainable**.
2. Immediate action to **initiate fundamental change** is necessary.
3. Stakeholders need to **make clear a shared commitment** to the care of nursing home residents.
4. Ensure that quality improvement initiatives are implemented using strategies that **do not exacerbate disparities** in resource allocation, quality of care, or resident outcomes.

Continued

Overarching Conclusions *(continued)*

5. **High-quality research** is needed to advance the quality of care in nursing homes.
6. The nursing home sector has suffered for many decades from both **underinvestment in ensuring the quality of care** and a **lack of accountability** for how resources are allocated.
7. All relevant federal agencies need to be granted the **authority and resources** from the U.S. Congress to implement the recommendations of this report.

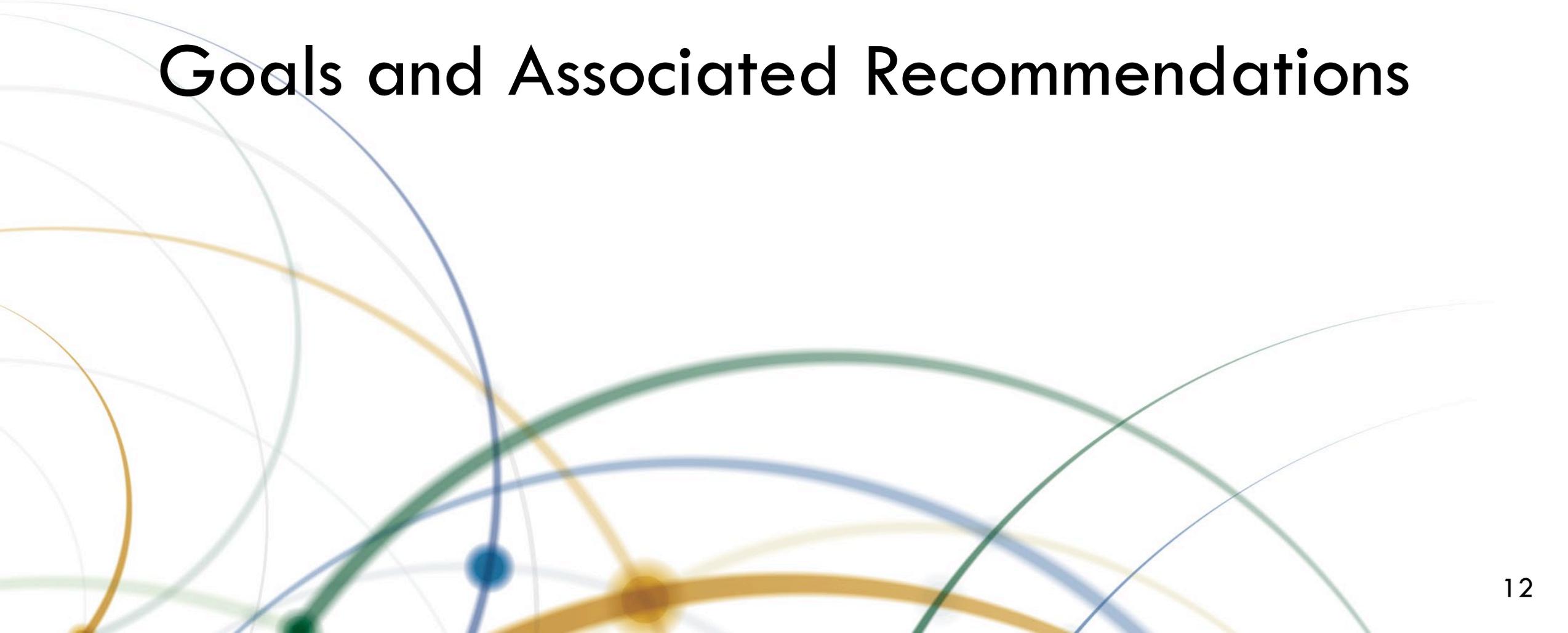
Conceptual Model of Nursing Home Quality



Committee's Vision

The committee's vision of nursing home quality is that ***residents of nursing homes receive care in a safe environment that honors their values and preferences, addresses goals of care, promotes equity, and assesses benefits and risks of care and treatments.***

Goals and Associated Recommendations



GOAL 1

Deliver comprehensive, person-centered, equitable care that ensures residents' health, quality of life, and safety; promotes autonomy; and manages risks

Resident, Family, and Staff Perspectives

- “While the [nursing home] company website and PR touted their commitment to person-centered care and treating residents like their own family, the facility was never able to provide even the most basic, routine services uniformly and consistently.”
 - *Anonymous, St. Louis, Missouri*
- “There is no quality of care/quality of life...and worse, person-centered care is next to impossible. Aides and nurses do not want to be short/quick but residents are now just a box on the checklist to be done.”
 - *M.K*

GOAL 1: Recommendations

- Care planning
- Models of care
- Emergency preparedness and response
- Physical environment

GOAL 2

Ensure a well-prepared, empowered, and appropriately compensated **workforce**

Resident, Family, and Staff Perspectives

- “There are so many types of facilities I have been in and no matter what, staffing is what makes or breaks it.”
- K.S.
- “The reality is that the staff is underpaid, overworked, under supported, and insufficiently trained to care for residents.”
- *Family member, Wilmington, North Carolina*

GOAL 2: Recommendations

- Competitive wages and benefits
- Staffing standards and expertise
- Empowerment of certified nursing assistants
- Education and training
- Data collection and research

GOAL 3

Increase the **transparency and accountability** of
finances, operations, and ownership

GOAL 3: Recommendations

- Collect, audit, and report detailed facility-level data on the finances, operations, and ownership of all nursing homes
- Data should be publicly available in real time
- Database should be searchable in a manner that allows for the assessment of quality by common owner or management company

GOAL 4

Create a more rational and robust **financing system**

Resident, Family, and Staff Perspectives

- “My mother had a private room because she paid out of pocket, spending the last \$200,000 of my parents’ lifetime savings before depleting her bank account.”
 - *Daughter and family caregiver of two parents with dementia who needed nursing home care*

GOAL 4: Recommendations

- Study of a federal long-term care benefit¹
- Adequacy of Medicaid payments
- Specific percentage of Medicare and Medicaid payments for direct-care services
- Value-based purchasing initiatives for long-term care
- Demonstration projects on alternative payment models

¹One committee member declined to endorse this recommendation.

GOAL 5

Design a more effective and responsive system of
quality assurance

Resident, Family, and Staff Perspectives

- “Quality of care, quality of life, and fundamental resident rights to a safe and dignified existence mean very little without regulations and strong enforcement.”
 - *Kathy Bradley, Family Member and Founder, CEO, and Board President of Our Mother’s Voice*
- “We need actual regulation—surprise visits and regular visits from inspectors and real penalties for violations (and information made available to the public).”
 - *Family Member, Berkeley, California*

GOAL 5: Recommendations

- State surveys and CMS oversight
- Long-Term Care Ombudsman Program
- Transparency and accountability
- Certificate-of-need regulations and construction moratoria

GOAL 6

Expand and enhance **quality measurement and continuous quality improvement**

Resident, Family, and Staff Perspectives

- “Metrics for quality of life or wellbeing—this is critical. There need to be incentives to push care towards what matters to older adults and nursing home residents.”
 - *Physician and researcher from Amherst, MA who has worked in long-term care facilities*

GOAL 6: Recommendations

- CAHPS measures of resident and family experience
- Enhancement and expansion of Care Compare
- Development and adoption of new measures
- Health equity strategy
- Technical assistance for quality improvement

GOAL 7

**Adopt health information technology
in all nursing homes**

GOAL 7: Recommendations

- Pathways to provide financial incentives for EHR adoption
- Measures of HIT adoption and interoperability
- Perceptions of HIT usability
- Training in core HIT competencies

IN CONCLUSION

The time to act is **now**.

The urgency to reform the ways in which care is financed, delivered, and regulated in nursing home settings is undeniable.

Thank You

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www.nationalacademies.org/nursing-homes

