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

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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*
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

INPUTS
- Chosen Family Caregivers
- Consumer Expectations
- External Quality Improvement Supports
- Health Information Technology
- Market Trends
- National and State Policy
- Oversight/Regulation
- Ownership/Operators
- Payment/Financing
- Referring Health Systems
- Surrounding Community
- Workforce

EQUITY

CENTRAL FOCUS: RESIDENTS
- Culturally Sensitive
- Engagement with family
- Person-centered
- Respectful
- Sensitive to Social Determinants of Health

CARE
- Effective, Equitable, Timely

COMMUNICATION
- Collaboration
- Caring, Community, Families, Responsive to Residents, Providers

EMPOWERED STAFF
- Compassionate, Consistent, Follow through with care, Knowledgeable, Team-based

ENVIRONMENT
- Active, Calm, Friendly, Home-like, Pleasant, Safe, Sense of Community

OUTCOMES
- Family Outcomes
- Organizational Outcomes
- Resident Outcomes
- Staff Outcomes

Quality Improvement

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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 benefit\(^1\)
- 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

\(^1\)One 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

More information can be found at:

www.nationalacademies.org/nursing-homes