Achieving Nursing Home Quality: Reaching for the stars

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NH quality, industry wide, remains elusive and progress has been slow.

Recent OIG report: in each of the past 3 years >91% NHs surveyed were cited for deficiencies.

<table>
<thead>
<tr>
<th>Type of Nursing Home</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>Percentage Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>For-profit</td>
<td>7.0</td>
<td>7.4</td>
<td>7.6</td>
<td>9.8%</td>
</tr>
<tr>
<td>Not-for-profit</td>
<td>5.1</td>
<td>5.6</td>
<td>5.7</td>
<td>13.1%</td>
</tr>
<tr>
<td>Government</td>
<td>5.5</td>
<td>6.0</td>
<td>6.3</td>
<td>14.1%</td>
</tr>
<tr>
<td>Multifacility</td>
<td>6.6</td>
<td>7.2</td>
<td>7.3</td>
<td>10.9%</td>
</tr>
<tr>
<td>Single-facility</td>
<td>8.1</td>
<td>8.5</td>
<td>8.7</td>
<td>10.4%</td>
</tr>
</tbody>
</table>


*Percentage change may vary because of rounding.
Long-term care is not cheap

109.3 Billion Medicaid dollars in 2006

Who Pays for Long-Term Care?

- Medicaid: 47%
- Out-of-Pocket Spending: 21%
- Medicare and Other Public Programs: 19%
- Other Private Spending: 13%

Source: Georgetown University 2004.
35% of Medicaid spending goes to LTC

$21.8 billion for Nursing Homes

We expect value for dollar!
Challenges increase

• Shortfalls in MA funding for NH care
  – Average shortfall estimated to be $12.48/MA resident/day

• MC cross-subsidization of MA plays an important economic role in sustaining NH care however, on average, the combined margin from the two payer sources is still negative

• Heightened competition for $MA among all LTC services as states redirect funds to HCBS
• NH residents are getting frailer and sicker
• Post-acute care admissions to NHs on the rise
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Many facilities operate right on the cusp of insolvency

• CT: 3 small chains of NHs filed for bankruptcy last year
• IA: 3 NHs closed because their MA census was too high; more are on the brink
• ME: 7 NHs placed in state receivership because of evidence of corporate financial mismanagement
What does this mean for residents and staff?

In the 7 Maine NHs:

- Vendors had stopped delivering food and supplies because of unpaid bills;
- Food couldn’t be cooked when propane ran out;
- Parts of the building were unheated for lack of fuel oil;
- Residents were loosing significant amounts of weight;
- Vehicles used to transport residents to medical appointments or ERs were repossessed;
- Phone and internet services were shut off;
- NHs were unable to meet payroll;
- Workers comp and liability insurance policies were cancelled for non-payment;
- Employees threatened with a 20% pay cut;
- Employee’s personal credit cards routinely used to buy food, fuel, supplies and restore phone service.
NH administrators: the key to quality

• Leadership: process in which one engages others to set and achieve a common goal
• Management: process of accomplishing predetermined objectives through the effective use of human, financial, and technical resources

Distinction: Leadership is concerned with setting large goals while management is concerned with the execution of actions to achieve these goals
Leadership style

- Patient outcomes – quality of care e.g. adverse events, complications
- Staff outcomes – retention, commitment
- Management outcomes – productivity, effectiveness and staff effort to meet organizational goals
Commitment to improving quality

Receptivity to quality improvement and person-centered care
Levers for change

- Federal/state regulatory system of survey and enforcement
- Quality Improvement Organizations
- Advancing Excellence
- The culture change movement
The regulatory process

• What is its purpose?
  – Sets a threshold for performance
  – Holds providers accountable to at least meet the minimum
  – Culls out the really bad apples

• What was it NOT designed to do?
  – Foster an ethos of quality improvement
  – Distinguish gradations of “good”
  – Assist providers to achieve high performance
  – Reward outstanding accomplishment
Strengthen and improve the SSA’s

- Full staffing to ensure successful, timely completion of all required tasks
- Ensure professional diversity on survey teams
- Give surveyors better training
  - Latest advances in geriatrics
  - Evidence based NH best practices
  - Legal information for enforcement proceedings
- Give equal balance to QOL and QOC requirements
Relative priority surveyors place on quality of care, quality of life, and residents’ rights deficiencies: results of a survey of NH administrators in RI
How would you describe level of trust between your staff and the SSA in terms of inquiring about and making changes that could result in more resident-centered care?
QI O’s:

• NHs first included in 7th SOW (2002-’05)
  – Focused on CMS’s publicly reported NH QMs (15)
  – Offered information on systems based approaches to improvement of the QM topics

• 8th SOW (‘05-’08)
  – Narrower range of clinical topics but encouraged target setting
  – Promoted culture change and reductions in turnover

• 9th SOW (’08-’11)
  – Using cross-cutting “themes” e.g. transitions, safety
  – Work intensively with facilities on the “List of 4,000”
Advancing Excellence: the NH Quality Campaign

- A voluntary, national campaign to help nursing homes become good places to live, work and visit
- It is unique
  - NHs must select at least 3 goals areas to work on
  - Must set performance targets and track progress
  - Isn’t just about NH - staff and consumers can join too
- A website rich with “how-to” materials

www.nhqualitycampaign.org
8 Goal Areas

- Increase staff stability: decrease turn-over
- Utilize consistent assignment: how many CNAs care for a resident over the course of a month?
- Decrease pressure ulcers
- Decrease use of physical restraints
- Manage pain more effectively
• Advance care planning: involve residents and family in the care planning process not just “sign an advanced directive”
• Conduct a satisfaction survey of residents or their families using a validated tool
• Conduct satisfaction surveys of staff: better satisfaction is associated with lower turnover and better quality
Culture Change: transforming NHs as we know them

• Shaped by shared consumer policymaker and provider concerns

• 1985: A Consumer Perspective on Quality of Care: The Resident’s Point of View

• QOC and QOL inseparably linked

• Post-OBRA’87 the Pioneer Network emerges and has taken the lead in promoting “resident-” or “person-centered” care (www.pioneernetwork.net)
VALUES AND PRINCIPLES

- Know each person
- Each person can and does make a difference
- Relationship is the fundamental building block of a transformed culture
- Respond to spirit, as well as mind and body
- Risk taking is a normal part of life
- Put person before task
- All elders are entitled to self-determination wherever they live
- Community is the antidote to institutionalization
- Do unto others as you would have them do unto you
- Promote the growth and development of all
- Shape and use the physical, organizational and psychosocial/spiritual potential inherent in the environment
- Practice self-examination, searching for new creativity and opportunities for doing better
- Culture change and transformation are always works in progress
Adoption of Culture Change by Nursing Homes, 2007

Categories of Nursing Homes, by Extent of Culture Change Adoption

Culture change definition* describes nursing home only in a few respects or not at all, and leadership is not very committed to adopting culture change

- Culture Change Adopters: 31%
- Traditional: 43%
- Culture Change Strivers: 25%

Culture change definition* completely or for the most part describes nursing home

* Culture change or a resident-centered approach means an organization that has home and work environments in which: care and all resident-related activities are decided by the resident; living environment is designed to be a home rather than institution; close relationships exist between residents, family members, staff, and community; work is organized to support and allow all staff to respond to residents' needs and desires; management allows collaborative and group decision making; and processes/measures are used for continuous quality improvement.

Only One in Ten Nursing Homes Have at Least Seven Culture Change Initiatives Underway; The Majority Have Four or Less

Number of culture change initiatives currently being implemented (percent of nursing homes)

- 1 or fewer initiatives: 24%
- 2 to 4 initiatives: 41%
- 5 to 6 initiatives: 24%
- 7 or more initiatives: 12%

Amy Elliot, Ph.D.
(Pioneer Network, 2007)
Average Change in Operating Margin from 1996 to 2003

- Early Adopter
- Comparable non-adopter

Amy Elliot, Ph.D.
(Pioneer Network, 2007)
How supportive of culture change and resident-centered care is the survey agency (SSA) in your state?
“I used to think that it was a good thing when I’d go into a NH at 7:00AM and see all the residents dressed and lined-up in front of the dining room. Now I realize it means they don’t have any choice about when to get up or when to have breakfast.”

Surveyor from RI
Silo approach: choose 1

- Regulatory process
- QIO program
- Advancing Excellence
- Culture change
A continuum of means: Choose all that apply
Link everything

- Regulatory process
- Culture change
- QIO program
- Advancing Excellence
Integrate them

**Regulatory process:**
- New Guidance for Surveyors
- CMS Artifacts of culture change
- CMS OCSQ on AE Steering Committee
- Surveyor training and partnership with the QIO pilot in RI

**Culture change movement:**
- Collaborating with CMS on symposia and training
- Part of the AE steering committee

**QIO program**
- On AE steering committee and many are LANE conveners
- Sit on culture change coalitions
- Partnered with the SSA in RI

**Advancing Excellence:**
- Goals track SSA and QIO priority areas
- Pilot to reduce disparities in NHs, a QIO 9th SOW theme
- Tools to improve performance