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# Advancing Excellence in America's Nursing Homes

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As America's population ages and the first wave of the baby boomers turns 60, improving the quality of care for people living or recuperating in nursing homes is being addressed by a broad range of organizations and leaders. The Advancing Excellence in America's Nursing Homes (AEANH) campaign, launched last September at a national Nursing Home Quality Summit in Washington, DC, is a coalition-based 2-year campaign to improve the quality of care and quality of life in America's nursing homes. The campaign is organized by the Centers for Medicare and Medicaid Services (CMS), an agency of the US Department of Health and Human Services (HHS), with key stakeholders—long-term care (LTC) providers, caregivers, medical and quality improvement experts, and others. The voluntary campaign targets 8 measurable clinical quality and organizational improvement goals on which nursing homes can work to improve their quality of care. Efforts to reach these goals focus on creating a culture of person-centered, individualized care and an empowered workforce in nursing homes. Consumers are also invited to join the campaign. Registration and information are available at the campaign Web site, [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org). As of June 20, 2007, 5396 nursing homes, nearly one third of the total number of nursing homes in the US, and 634 consumers are participating in the campaign.<sup>1</sup>

## Guidance from LANEs

Participating nursing homes agree to work on at least 3 of the 8 goals, and progress on the chosen goals is monitored on a regular basis (Table 1). Local Area Networks for Excellence (LANEs), which are groups of local leaders that help drive and coordinate nursing home improvement, provide assistance and guidance to the nursing homes. Consumers help to create greater awareness of quality care and the currently available resources, and encourage nursing

homes to participate in the campaign. The 8 goals and the percentage of the 5396 nursing homes working on each goal are listed below<sup>1</sup>:

- Reduce high-risk pressure ulcers: 68%
- Reduce the use of daily physical restraints: 42%
- Improve pain management for longer-term residents: 53%
- Improve pain management for short-stay, post-acute residents: 40%
- Establish individual targets for

improving quality: 29%

- Assess resident and family satisfaction with the quality of care: 65%
- Increase staff retention: 39%
- Improve consistent assignment of nursing home staff: 31%

## Building on Success

The AEANH campaign builds on the success of other quality initiatives such as CMS's Nursing Home Quality Initiative (NHQI) begun in November 2002. Working with measurement experts, the National Quality Forum, and nursing home industry stakeholders, CMS adopted a set of improved nursing home quality measures that had been piloted in 6 states. Since the inception of NHQI, CMS has helped improve nursing home quality through continuing regulatory and enforcement systems, improved consumer information that includes a 1-800-Medicare help line and Web site, and partnerships and collaborative efforts to promote awareness and support.<sup>2</sup> CMS also publishes quality measures data on every Medicare- or Medicaid-certified nursing home and aggregate data by state and for the country as a whole.<sup>3</sup> These comparative data assist consumers to make informed decisions about nursing home care.

## Nursing Home Quality Measures

The nursing home quality measures are calculated from the Min-

imum Data Set (MDS), a standardized resident assessment instrument that collects detailed demographic and clinical information, as well as information on treatments. Since 1991, CMS has required that all nursing homes complete the MDS for every resident at admission and periodically thereafter. MDS version 2.0 contains over 300 data elements, including demographic variables and a core set of screening, clinical, and functional status elements in areas such as activities of daily living (ADLs) and cognitive functioning.<sup>3</sup> The 4 clinical quality measures targeted by the AEANH campaign are part of the MDS data.

The AEANH campaign is one of a number of quality initiatives in which CMS is involved. CMS has made a major commitment to quality improvement in nursing homes, home health agencies, hospitals, and physician offices through the Quality Improvement Organization (QIO) Program.<sup>3</sup> Across the US and its territories, 53 QIOs operate under contracts, called Scopes of Work (SOWs), with CMS. The SOWs outline the quality-improvement work to be performed during a 3-year period. Currently, the QIOs are implementing the Eighth Scope of Work (8th SOW), which details quality-improvement activities to be implemented from August 2005 through July 2008 (see *Medicare's QIO Program: 8th Statement of Work* in the November/December 2006 issue of *MPM* at [www.medicarepatientmanagement.com/issues/01-06/MPM01-06\\_QIO.pdf](http://www.medicarepatientmanagement.com/issues/01-06/MPM01-06_QIO.pdf)).

*Quality* means services that re-

**In recent years nursing homes have significantly improved their care, according to national and state averages for many of the publicly reported quality measures.**

spect the individual's needs and choices, improve the likelihood of achievable clinical outcomes, and are consistent with evidence-

based knowledge.<sup>1</sup> In the 8th SOW, QIOs work with nursing homes to improve performance on publicly reported quality measures that are tracked using MDS data for the clinical care of short- and long-stay residents relating to pressure sores, delirium, pain, mobility, depression, restraint, urinary tract infections, bladder control, weight loss, and immunization. The quality measures are listed in Table 2 with their clinical significance.<sup>3</sup>

**Quality Improvement Organizations**

The QIOs work at the local level with nursing home stakeholders and providers to<sup>3</sup>:

- Assist staff in improving their care-delivery systems

**Table 1. AEANH Program Updates\***

**Participating nursing homes:**  
5396

**Percentage of participating nursing homes<sup>†</sup>:**  
34%

**Percentage of nursing homes that selected each goal<sup>‡</sup>:**

- Goal 1 = 68%
- Goal 2 = 42%
- Goal 3 = 53%
- Goal 4 = 40%
- Goal 5 = 29%
- Goal 6 = 65%
- Goal 7 = 39%
- Goal 8 = 31%

**Participating consumers:**  
634

**Progress by State** can be found at:  
[www.nhqualitycampaign.org/star\\_index.aspx?controls=states\\_map](http://www.nhqualitycampaign.org/star_index.aspx?controls=states_map)

\*Update as of June 20, 2007; <sup>†</sup>based on the latest available count of Medicare/Medicaid nursing homes; <sup>‡</sup>goals are listed at: [www.nhqualitycampaign.org/star\\_index.aspx?controls=goals](http://www.nhqualitycampaign.org/star_index.aspx?controls=goals)

**Table 2.****Quality Measures of the 8th SOW**

<b>Quality Measures*</b>	<b>Clinical Significance</b>
<b><i>For short-term residents</i></b>	
With pressure sores	Pressure sores are skin wounds that usually develop on bony parts of the body. They may be painful and take a long time to heal, or they may cause other complications like skin and bone infections.
With delirium	Delirium is a mix of short-term problems in focusing or shifting attention or being confused. Immediate medical attention is needed.
Who had moderate to severe pain	Residents in pain may become depressed or have an overall poor quality of life. In most cases, a resident in pain can be made more comfortable.
Given influenza vaccination during flu season	Residents should be given a flu shot during the flu season (October through March). People aged 65 or older are at higher risk for developing serious life-threatening medical complications from the flu.
Who were assessed and given pneumococcal vaccination	Residents should be asked if they have been vaccinated for pneumonia; if not, a pneumococcal shot should be given unless there is a medical reason for not doing so. The pneumococcal shot may help prevent or lower the risk of becoming seriously ill from pneumonia caused by bacteria.
<b><i>Long-stay residents</i></b>	
Given influenza vaccination during flu season	Residents should be given a flu shot during the flu season (October through March). People aged 65 or older are at higher risk for developing serious life-threatening medical complications from the flu.
Who were assessed and given pneumococcal vaccination	Residents should be asked if they have been vaccinated for pneumonia; if not, a pneumococcal shot should be given unless there is a medical reason for not doing so. The pneumococcal shot may help prevent or lower the risk of becoming seriously ill from pneumonia caused by bacteria.
Whose need for help with daily activities has increased	Because most residents value being able to take care of themselves, it is important for nursing home staff to encourage residents to do as much as they can for themselves. This includes self-feeding, moving from one chair to another, and going to the bathroom alone.
Who spent most of their time in bed or in a chair	Even when residents develop limited mobility due to their medical conditions, they can benefit from being out of their bed and room. Bedfast care should focus in large part on preventing complications of immobility (such as joint stiffness and increased risk for falls and depression) by encouraging residents to take part in physical and social activities as much as possible.
Who have become more depressed or anxious	Depression is a medical problem of the brain that can affect how a person thinks, feels, and behaves. Anxiety is excessive worry and can include trembling, muscle aches, and irritability. Nursing home residents are at high risk for developing depression and anxiety for many reasons, such as loss of a spouse, separation from family members, illness, chronic pain, difficulty adjusting to the nursing home, and frustration with memory loss.
Whose ability to move about in and around their room got worse	Immobility can become a serious problem because it can cause limitations in completion of activities of daily living (ADLs) and increase the risk of pressure ulcers, constipation, circulatory and respiratory problems, and musculoskeletal disorders. Nursing home staff should create interventions that promote resident participation in physical and social activities such as restorative care and activity programs that help prevent mobility decline.
Who have moderate to severe pain	Residents in pain may become depressed or have an overall poor quality of life. In most cases, a resident in pain can be made more comfortable.

\*Quality measures are calculated as the percentage of patients with these problems.

(continued)

**Table 2. Quality Measures of the 8th SOW (continued)**

Quality Measures*	Clinical Significance
<i>Long-stay residents (continued)</i>	
Who are high risk with pressure sores	Pressure sores are skin wounds that usually develop on bony parts of the body. They may be painful and take a long time to heal, or they may cause other complications such as skin and bone infections.
Who are low risk and have pressure sores	
Who were physically restrained	A physical restraint is any device, material, or equipment that keeps a resident from moving freely. Residents who are restrained daily can become weak and develop other medical complications.
With a urinary tract infection (UTI)	UTIs are one of the most common infections in the LTC setting. Nursing home staff should make sure residents have good hygiene. Finding the cause and getting early treatment of a UTI can prevent the infection from spreading and becoming more serious or causing complications like delirium.
Who were low risk and lose control of their bowels or bladder	Loss of bowel or bladder control is not a normal part of aging and can often be successfully treated in cognitively intact residents. The impact of incontinence profoundly affects residents as well as staff.
Who have/had a catheter inserted and left in their bladder	Catheters are commonly used for urinary retention, wound management, and in certain circumstances, patient comfort. Unfortunately, catheters may be used for incontinence control as a convenience rather than medical necessity.
Who lose too much weight	Elderly individuals with weight loss are at higher risk for functional decline and mortality. The approach to managing weight loss should include a thorough assessment to identify and treat the underlying causes of weight loss among the elderly which include but are not limited to cardiac and gastrointestinal diseases, depression, cancer, and medication side effects. Detecting and preventing weight loss by addressing these underlying issues are key components to ensure adequate nutritional intake.

\*Quality measures are calculated as the percentage of patients with these problems.

- Assist in setting improvement targets
- Assist in collecting and utilizing process-of-care measure data
- Improve the experience of elders by applying individualized care principles to transform living environments, workplaces, and care practices
- Collect and analyze resident and staff satisfaction information to help guide improvement efforts
- Assist in reducing workforce turnover, specifically among certified nursing assistants (CNAs)

In most states, the QIO is the lead agency or convener for the

LANE, which works with the nursing homes to improve the quality of care, as noted in the AEAH campaign.

### Progress in Nursing Home Quality

In 2004, nearly 1.5 million Americans resided in approximately 16,000 nursing homes,<sup>4</sup> and in 2005, Medicare covered services for about 1.85 million persons in more than 15,000 Medicare-certified skilled nursing facilities (SNFs) at a cost of \$19 billion.<sup>5</sup> Analysis of data from the 1997 National Nursing Home Survey showed that nearly half of all

Medicare beneficiaries discharged from a hospital were admitted to a SNF. One in 4 persons spent at least 1 year in a nursing home, and 1 in 11 was a nursing home resident for 5 years or longer.<sup>6</sup> The Institute of Medicine (IOM), Office of Inspector General (OIG), Government Accountability Office (GAO), and others have criticized the quality of care delivered in nursing homes.<sup>7-10</sup>

In recent years nursing homes have significantly improved their care, according to national and state averages for many of the publicly reported quality measures. The report, *Progress in Nursing*

## PROVIDER ACTION

### Impact to You

As the demand for nursing home beds rises, the effect will be felt mostly in increased acuity. This increase in resident needs, as well as continued focus on quality, will force nursing homes to become increasing more vigilant in their quality efforts.

### What You Need to Know

Although the 8 quality measures are currently voluntary, as has been the case historically, this program may soon become mandatory. The 8 measures include reducing high-risk pressure ulcers; reducing use of physical restraints; improving pain management for long-term residents; improving pain management for short-stay, post-acute residents; establishing targets for improving quality; increasing staff retention; and improving consistent assignment of nursing home staff.

### What You Need to Do

Quality-improvement organizations (QIOs) have been tasked with reaching out to facilities in an effort to provide support in quality improvement programs. Contact your local QIO for assistance in developing and implementing quality improvement programs in your nursing home. This collaboration will provide not only improvements in resident care but also reduction in malpractice liability.

*Home Quality*, showed dramatic decreases in chronic pain and physical restraint use in nursing homes between 2002 and 2004.<sup>11</sup> Nationally, the prevalence of pain in long-stay residents decreased by 38%, pain in short-stay residents decreased by 11%, and the use of physical restraints declined by 23%. Among nursing homes working closely with QIOs, pain decreased by 49% in long-stay residents and 19% in short-stay residents. Additionally, the use of physical restraints declined by 33% in nursing homes working closely with QIOs.

Nationwide, the percentage of patients with pressure ulcers rose slightly between 2002 and 2004, from 8.5% to 8.7%.<sup>11</sup> However, nursing homes working very intensely with QIOs showed a decrease in pressure sores from 10.1% to 9.3%.<sup>12</sup> Clearly, nursing homes working closely with their state-based QIO have shown greater improvement in resident care.

## Summary

The AEANH campaign is reinvigorating efforts to improve the quality of care and life for people living or recuperating in America's nursing homes. Additional information on the AEANH campaign is available at: [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org). Included are the 8 measurable goals, technical assistance for nursing homes, progress updates, links to other related Web sites, and lists of participating nursing homes and LANEs by state. Information on the CMS Nursing Home Quality Initiative and the quality measures can be found at [www.cms.hhs.gov/NursingHomeQualityInits/](http://www.cms.hhs.gov/NursingHomeQualityInits/). Nursing Home Compare, which provides information about the past performance of every Medicare- and Medicaid-certified nursing home in the country as well as individual and aggregate nursing home quality of care measures data, is available at: [www.medicare.gov/NHCompare/Include/DataSelection/Questions/SearchCriteria.asp?](http://www.medicare.gov/NHCompare/Include/DataSelection/Questions/SearchCriteria.asp?) **MPM**

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