

# QIO Support for Better Nursing Home Care

QIOs work under contract to the Centers for Medicare & Medicaid Services (CMS) to improve care in nursing homes in every U.S. state, territory, and the District of Columbia. During the current three-year contract with CMS (2005-2008), QIOs are helping nursing homes improve on publicly reported clinical quality measures, adopt person-centered care models, and implement workforce retention strategies. Clinical assistance focuses on reducing pressure ulcers, physical restraints, and chronic pain.

## Background

The QIO work with nursing homes began nationwide in 2002 with the launch of the CMS Nursing Home Quality Initiative. In late 2004, CMS data showed that the initiative had resulted in improved chronic pain management in nursing homes in every state. The 2,500 nursing homes that worked closely with QIOs showed even greater improvement on pain control and reduced use of physical restraints.

### Chronic pain:

- 38% average reduction in prevalence of chronic pain
- 49% reduction in prevalence of chronic pain in homes working intensively with a QIO

### Post-acute pain:

- 11% average reduction in post-acute pain for short stay residents
- 18% reduction in post-acute pain for short stay residents in homes working intensively with a QIO

### Use of physical restraints:

- 23% average reduction in use of physical restraints
- 33% reduction in use of physical restraints in homes working intensively with a QIO

## Strategies for Change

QIO assistance is based on four key strategies designed to help nursing homes make major changes in the way they deliver care:

- **Transform Organizational Culture:** Empower staff to identify quality issues, make changes to improve processes, and assess performance; create a person-centered work environment with management support for open communication and teamwork.
- **Redesign Care Processes:** Help leadership and staff design processes to deliver care that is safe and efficient and to effectively transfer healthcare information across settings of care.
- **Adopt Health Information Technology:** Utilize technology systems to set clinical targets and identify trends in nursing home care systems that will focus attention on areas in need of improvement.
- **Measure and Report Performance:** Help facilities identify opportunities for improvement and track progress on clinical outcomes, evidence-based practices, and resident and staff experience surveys.

## **QIO Assistance**

QIOs assistance is coordinated with the quality improvement efforts of nursing home industry groups, nursing home consumer advocacy groups, federal and state nursing home regulators, long-term care ombudsman offices, university research groups, and others in each state. QIOs offer nursing homes a quality improvement curriculum to:

- Improve health care processes to ensure that nursing home staff consistently provide quality care.
- Provide nursing home staff with guidelines-based clinical information and training.
- Set quality improvement targets for physical restraints and pressure ulcers on an annual basis and collect information on resident and staff satisfaction with care.
- Encourage nursing home administrators and directors of nursing to promote a culture of quality improvement that improves resident and staff satisfaction leading to reduced staff turnover and more consistent staff-resident assignment.

### **Visit Nursing Home Compare:**

[www.medicare.gov/nhcompare/  
home.asp](http://www.medicare.gov/nhcompare/home.asp)

## **Measuring Quality of Care**

Quality measures for nursing home care are publicly reported on the Medicare Nursing Home Compare web site. These measures, selected by CMS with input from the National Quality Forum, reflect high-priority areas of care for nursing home residents.

The measures are designed to be easily understood by consumers and to reflect areas of care that nursing home staff can control.

The nursing home quality measures are calculated from the Minimum 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 upon admission and periodically thereafter. The quality measures for each facility are reported as the percentage of nursing home residents in that facility with the clinical condition measured (e.g., percentage of residents with pain, pressure ulcers, etc.).

QIOs work with local media to publicize and explain nursing home quality information. QIOs also promote nursing home quality information to health care providers, physicians, discharge planners, and social workers who assist consumers in choosing a nursing home. Finally, QIOs collaborate with nursing home trade associations, long-term care ombudsmen, and consumer advocates to help consumers understand nursing home quality information and to help nursing homes use the information to improve the care they provide.

*The American Health Quality Association represents the national network of Quality Improvement Organizations (QIOs) that work to encourage the spread of best clinical practices and improve systems of care delivery. Learn more about AHQA and the QIOs at: [www.abqa.org](http://www.abqa.org).*