

American Health Care Association

Guide to the Nursing Home Quality Initiative

The purpose of this Guide is to explain details of the Nursing Home Quality Initiative (NHQI) being introduced by the federal Health and Human Services and the Centers for Medicare and Medicaid Services (CMS). All nursing facilities will be required to participate in the NHQI which involves reporting to the public on standardized “quality measures” (QMs) that capture meaningful aspects of nursing facility care outcomes.

The American Health Care Association, with affiliates in 47 states and the District of Columbia, is a supporter of the NHQI as this is an important effort to improve the quality of patient care outcomes and provides consumers, for the first time, with relevant, comparative information for making decisions regarding choosing a facility.

CMS will roll out the NHQI nationally on November 12, 2002. This follows a six-month pilot project of reporting care outcomes at nursing facilities in six states (CO, FL, OH, MD, RI and WA). The purpose of the NHQI project is to improve care outcomes in nursing facilities and publicize the data. QMs do not encompass all the clinical conditions found in a nursing facility, just eight.

Discussing the QMs can be very technical and hard to follow. One key point is that measurements are risk-adjusted--that is a statistical term CMS uses--to reflect the actual patient situation in each nursing facility. Risk adjustment is an attempt to avoid penalizing nursing facilities that specialize in a certain type of care and therefore have a higher measurement for this condition and for a patient’s condition upon entering a facility. The quality measures, divided into two categories—Chronic Care and Post-Acute Care measures, are:

Chronic Care Quality Measures

Patients in facilities for 90 days or more

- ***Patients with pressure ulcers (2 scores reported);***
- ***Patients with infections;***
- ***Patients with pain;***
- ***Facility use of physical restraints; and,***
- ***Patients who need more help doing daily activities.***

(There is no calculation of quality measures for a Chronic Care condition if a facility has less than 30 patients on which to base the measure.)

Post-Acute Care Quality Measures

Patients in facilities less than 90 days

- ***Patients with delirium (2 scores reported);***
- ***Patients with pain; and,***
- ***Patients who improve in walking.***

(There is no calculation of quality measures for a Post-Acute Care condition if a facility has less than 20 patients on which to base the measure.)

NOTE: The CMS website (www.cms.gov) includes a section on QMs.

Reports for each facility will include the statewide average for the same measure. When a facility's quality measures are compared to the state average, a deviation may be considered an indication of better or poorer quality—or it may be that the measure itself does not capture the true patient mix at the facility.

The bottom line is that the NHQI is ONE tool a consumer can use in choosing a facility. Generally, you will not be able to make broad generalizations about a facility using just the NHQI. It is still necessary to get recommendations on facilities, visit them and discuss care outcomes with the administration, and to look at the facility's last survey completed by the state's survey agency.

A New Component

As part of the NHQI, each state's Quality Improvement Organization (QIO), formerly called Peer Review Organizations (PROs), have contracted with CMS to help the public understand and use the quality measures and will provide nursing homes with materials and the technical support needed to improve their clinical and organizational systems. Information will include guidelines for proper care, methods for improving care, and sample policies and protocols for assessing care.

It is generally expected that each state's QIO will hold a news conference to announce the NHQI in their state. For a state-by-state list of QIOs and additional information, visit the following web site: www.ahqa.org.

A state's QIO and State Survey Agency (SSA) have distinct and separate missions. QIOs seek to promote improvement in care outcomes. The QIO mission does not include inspection and enforcement around regulatory standards. SSAs seek to ensure that facilities meet federal and state regulatory standards and, thus conduct yearly on-site inspections and respond to complaints.

Quality Measures and Risk Adjusters

Minimum Data Set Quality Measures

The eight quality measures used in the NHQI have been collected by CMS on an ongoing basis and are derived from the Minimum Data Set (MDS), which is simply a required patient assessment form. Besides patient assessment, the MDS is used for care planning, billing and statistical research. The facility sends information collected on the MDS electronically to the State government and to CMS. For chronic care patients, the MDS assessment is completed on the 14th day after admission and quarterly thereafter for the duration of the patient's stay. For post-acute care patients, a new MDS is generated on the 5th, 14th, 30th, 60th and 90th days of their stay. In the interim, a facility completes a new MDS whenever a patient has a significant change in condition.

Generally, the information collected on the MDS reflects the patient's condition in the 7 days just before the assessment.

As stated above, MDS data are used to derive the QMs. The MDS has proven to be a useful tool, however it does have shortcomings including:

- Absence of a pain scale or a pressure ulcer scale for healing ulcers;
- Lack of data elements specifically appropriate for the chronic and post-acute patient population,
- Lack of assessment protocol for patients at or near the end-of-life, and,
- Assessment questions that are too subjective and confusing.

Development of the QMs

Under contract with CMS, an organization called the National Quality Forum (NQF), was charged with selecting a core set of quality measures relevant to the care of long term care patients and important to consumers for making decisions about nursing facility care. To accomplish this task, the NQF convened a steering committee made up of providers, researchers, clinicians and consumer advocates. The steering committee met several times and recommended a core set of 9 measures for chronic care patients and 4 measures for post-acute care patients; the majority of these measures have been in existence for several years and used by facilities in their quality improvement process. Ultimately, after examining results of the CMS validation study on quality indicators, the NQF chose to delay releasing their final set of core measures. The NQF steering committee will reconvene this winter to complete their final selection. In the interim the national roll out will use all but one of the quality measures used in the six state pilot with some measures calculated with both a patient level and facility level risk adjustment.

Visit the NQF Web site at www.qualityforum.org

Risk Adjusters

Risk adjustment—not a health care term—was deemed essential to provide greater accuracy in compiling and reporting quality measures. In a complex formula, CMS applies facility and patient risk adjusters to the quality measures (prevalence of restraints has no risk adjustment) to account for a facility's admission practices or profile. That is, if a facility specializes in wound care, this specialization is taken into consideration. A high prevalence of, for example, pressure ulcers may be adjusted somewhat to reflect a facility's admission profile.

End Pieces

CMS plans a publicity campaign to promote the NHQI. CMS will run at least one paid ad in each state. *The ads will include only three of the eight different QMs.* The ads are meant to draw attention to the NHQI, not provide information from which decisions about a facility can be made. In each state and region, only 50 facilities--those facilities with the greatest number of beds--will be included in the ads. For those facilities, the ads will include the QM scores and the corresponding state average.

Additional information concerning the NHQI may be found at www.cms.hhs.gov/providers/nursinghomes/nhi. Expect that there will be substantial changes to the current QMs in the spring of 2003.

CHRONIC CARE QUALITY MEASURES

Chronic Care QM

Patients with Pressure Ulcers:

The skin of elderly patients is fragile, and this measure includes any skin breakdown caused by pressure on the hip, heels, ankles, etc. Pressure ulcers can also be caused by rubbing and friction such as with the mask of a patient receiving oxygen; even a shoe can cause a pressure ulcer on a person of any age. Pressure ulcers are generally found on areas that receive constant pressure such as the hip or tailbone. There is a higher incidence of pressure ulcers among incontinent patients, especially those with both bowel and bladder incontinence.

Nutritional matters can hasten the development of pressure ulcers or undermine the ability to heal them. For instance, a range of conditions that suppress appetite or prevent swallowing contribute to the development of pressure ulcers. Special diets, medications or even diseases such as diabetes all affect pressure ulcers. Ultimately, patients may refuse to eat or drink and choose to forego clinical intervention. While nursing facilities have a responsibility to treat pressure ulcers, treatment does not always result in rapid or complete healing. Patients nearing or at the end of life have a higher risk of developing pressure ulcers and may have trouble healing them.

Chronic Care QM

Patients with Infections:

The measure includes patients who have or had an infection during the seven-day period from their last assessment. The measure does not distinguish between types of infections and may not reflect patients with multiple infections simultaneously. This measure also includes seasonal viral infections such as the flu. Since infection may occur at any time during the patient's stay, a facility-level risk adjustment provides no value to this measure unless the facility specializes in the treatment of infectious diseases such as HIV.

The measure is limited only to in-state comparison because 18 states, plus the District of Columbia and the Virgin Islands, currently use one form that only provides input for urinary track infections (UTIs) while all other states use another form that provides input for up to 12 infections in addition to UTIs. Those states using the shorter form are: **AL, AK, AZ, CA, CT, DE, DC, HI, MA, MD, MI, NM, OK, OR, RI, SC, TN, VI, WI and WY.**

Chronic Care QM

Patients Who Need More Help with Daily Living Activities:

A lower measure is better. Facilities that accept a high number of patients near or at the end of life will generally have higher percentages. It is important to remember that some people will be able to do less than before even when care is appropriately provided. This is more likely for people with terminal conditions, advanced Alzheimer's or those experiencing illnesses during the assessment period. The quality measure is based on patient Activities of Daily Living (ADL) decline noted from one assessment to the next.

Chronic Care QM
Patients with Pain:

There are two key words to remember: assessment and subjective. First, measuring pain is a matter of assessment and often the facility with solid pain management protocols will record a higher incidence of pain among patients. Pain research reveals that over 60% of individuals, age 65 and older, will experience frequent or chronic pain and pain in elderly patients is expected. Second, describing pain or the level of pain is subjective and can be influenced by a caregiver and a patient's culture, religion or by the patient's own personal decision. Subjectivity can also arise in the assessment of pain. If a nurse observes a patient who seems to have pain but will not or cannot describe its level (or even that they have pain), the nurse must in any case record a level they believe is appropriate.

Nursing home staff should always check for pain and treat it. Considering this, it is important to remember that some patients refuse measures like pain medication to maintain a sense of self-control. Cultural and spiritual values of the patient can influence pain management decisions. These considerations regarding pain are important issues and the rights of patients to choose care should be respected by nursing facility caregivers.

Chronic Care QM
Patients and Physical Restraints:

The fact is many elderly persons enter a nursing facility because they are at great risk of falling at home and a facility tries to protect that patient from certain dangers. In looking at this measure, it is helpful to know a facility's restraint reduction history, the current prevalence of restraint use and policies regarding use of restraints (e.g., medical necessity and medically supervised). Depending on your state, it may also be useful to be knowledgeable about any controversy surrounding half bed rails and the whole topic of restraints vs. enablers (many devices may enable certain types of activities while protecting the patient from harm).

Restraint devices include bed rails, certain walkers and special types of vests or chairs with lap trays often used for safety; however, the quality measure does not distinguish this. This measure includes only the percent of patients who are or may have been using physical restraint devices. The QM on restraint use is problematic since much controversy exists over what devices are actually physical restraints, thus coding practices may vary state-to-state and even within a state.

POST-ACUTE CARE QUALITY MEASURES

Post-Acute Care QM
Short-Stay Patients Who Improved in Walking:

The measure pertains to improvements in the ability of post-acute care/short stay patients (expected to stay 90 days or less) to walk. The short period measured can affect percentages if a short stay patient, who is expected to improve, becomes a chronic patient with a declining condition. Unlike all the other measures, a higher measure is positive.

Post-Acute Care QM

Short-Stay Patients with Pain:

The measure covers incidents of very bad pain at any time or moderate pain every day during the seven-day period before the assessment, which is a one-week period every 30 days for short stay patients (expected to stay 90 days or less). The patient's condition may predispose him or her to pain. For example, a patient who enters a nursing home after hip replacement surgery typically experiences heightened pain. Certain kinds of rehabilitative therapy and treatments cause temporary pain even though the aim of rehabilitation and therapy is to restore strength, physical functioning and independence. Even with pain medication, therapy often results in some pain and discomfort that cannot be avoided. Like all treatments, patients have the right to refuse pain medication. (Some patients may choose less pain medication and accept a certain level of discomfort in order to stay alert.).

It is possible that a facility would have a higher percentage due to the condition of the patients rather than the care provided by the facility.

It is important to remember that in both the Chronic and Acute Care QMs having a "high" measure on the incidence of pain may indicate that the facility has in place an aggressive pain management program whereby patients are frequently asked about pain, those responses are recorded, and the patient's pain treated.

Post-Acute Care QM

Patients with Delirium:

The measure assesses for symptoms of delirium and many patients entering a nursing facility after a hospital stay have delirium symptoms. Delirium can be a side effect of certain medications and is not "dementia" or "senility." There are established protocols for managing delirium, and facilities are required to develop an individualized plan of care for patients with symptoms of delirium.

NHQI FACT SHEET

- The goal of this important new effort, sponsored by the federal Centers for Medicare and Medicaid Services (CMS), is to improve patient care outcomes and publicly report nursing facility quality measures (QMs).
- The long term care profession is pleased to be active supporters of the new Nursing Home Quality Initiative (NHQI).
- This is only one tool in selecting a facility. Consumers need to consult with other professionals in the community and visit facilities to get a total impression of the quality and care standards of the facility.
- This information reported by NHQI will help identify clinical areas that may need improvement.
- The NHQI signals a new era that will be marked by providers, caregivers, Quality Improvement Organizations and CMS working cooperatively to provide continuous improvement of care outcomes and publicly report the results.
- The data generated by the NHQI for the first time will allow consumers to compare care outcomes between facilities.
- With several of the measures, a higher measure may indicate a potential problem; yet, with one measure--patients who improve in walking--a higher score is a positive result.
- The eight different quality measures relate to specific patient conditions, yet do not encompass all the clinical conditions dealt with in a nursing facility.
- Quality measures are derived from the Minimum Data Set (MDS) which is the standard assessment form used at all facilities nationwide for each patient on admission and thereafter on a regular basis or upon a significant change in condition.
- The NHQI is a work in process. The QMs may change in the future just as they have changed since the pilot project. The system is not perfect but it is a good first step to base quality determinations on patient outcomes rather than facility surveys.
- CMS will roll out the NHQI nationwide on November 12, 2002, and will provide:
 - ✓ **Newspaper Ads**
 - Special print ads will run in each state to report QMs. There will be at least one ad per state.
 - Of eight different conditions that will be tracked, three will be reported in the newspapers.
 - The ads will include the listed facilities' percent for the three QMs and the state average for those measures.
 - In each region of the state, up to 50 nursing facilities, those with the greatest number of beds, will have results included in the ads.

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✓ **Web Services**

- After the official roll out facility-specific information will only be provided on the <http://www.medicare.gov> website in the Nursing Home Compare section. Quality measures on the Web will be updated quarterly.

- **The CMS website (www.cms.gov) has a section on NHQI.**

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News Release

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AHCA Announces Consumer Guide and A New 800 Number

A Consumer's Guide to Nursing Facilities (12 pages) is now available from the American Health Care Association to help senior Americans and their families plan for their long term health care needs. This new consumer brochure discusses in plain language the basic types of services offered by nursing facilities, and includes key items that consumers should ask about when planning for long term health care.

Some of the topics covered in the brochure are: types of care available, such as nursing and rehabilitative care; financial considerations, including several ways to pay for long term care; medical services, including physicians plans and emergency information; and sources for finding a good facility. Included are pages of detailed questions to ask when visiting a facility or residence and extra pages for noting answers to your questions. This brochure actually guides consumers to a facility that will truly best suit their needs or those of a loved one.

Today's nursing facilities serve the young and old alike: those who need rehabilitative services and expect to recover fully and those in need of extended long term care services. The goal of care in a nursing facility is to help individuals meet their daily physical, social, medical and psychological needs and return home as quickly as possible.

Single brochures are currently available by calling, toll free, (800) 628-8140 or by visiting AHCA's Consumer Information Library at: www.LongTermCareLiving.com

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The American Health Care Association is a non-profit federation of affiliated associations representing nearly 12,000 non-profit and for-profit, sub-acute, assisted living and skilled nursing facility providers nationally. AHCA and its members believe that individuals served in the long term care community are entitled to a supportive environment in which professional and compassionate care is delivered.