



# **1199SEIU Training and Employment Funds**

## **Measuring and Improving Quality in Long Term Care Facilities**

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## Development of Quality Measures in Nursing Homes

- 1900s – “old age homes” small, unregulated, supported by charitable, religious organizations
- 1935 – Social Security Act – guaranteed financial support
- 1946 – Hill-Burton Act – funding for building hospitals; nursing homes
- 1965 – Medicare & Medicaid – nursing homes design and regulations follow hospital medical model



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## Nursing Home Scandals

- 1960's – US Senate hearings on NH conditions
- 1970's – NY State scandals – fiscal & care abuse; Moreland Commission – stronger health code
- 1975 - “*Why Survive*” – Robert Butler
- 1983 – “*Unloving Care*” – Bruce Vladeck
- 1987 – OBRA: “...provide care so that patients can attain or maintain the highest practicable physical, mental & psychological well-being”



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## Standards for Nursing Home Quality

- Federal Nursing Home Code – 50 separate state codes
- Standards for staffing, physical environment, food preparation, activities, care planning, etc.
- Life Safety Code
- National Fire Protection Association
- Centers for Disease Control
- Medicare 5-Star Rating System (inspections, staffing, quality measures)



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## NH Quality Measures

- 21 items – endorsed by CMS & National Quality Forum
- Data obtained from the MDS 3.0 assessment form
- % Patients who experience falls
- % Patients who received flu and pneumonia vaccines
- % Residents with urinary tract infections
- % Residents who report moderate-severe pain
- % of high-risk patients with pressure ulcers
- % residents who were physically restrained
- % residents with unexplained weight loss



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## Minimum Data Set 3.0

- Federal form – 38 pages; completed for each resident several times a year
- Informs care planning, survey, reimbursement
- Collects data re: clinical status, cognitive patterns, mood, behavior, functional status, diagnoses, nutrition, oral health, skin conditions, pain, medications,
- New: “Person-centered” data – Customary Routines, Resident/Family Interviews



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## MDS 3 Interview Questions

*“How important is it to you to:*

- Choose what clothes to wear?”*
- Choose your bedtime & bath time?”*
- Have books, newspapers, etc to read?”*
- Be around animals such as pets?”*
- Participate in religious services?”*



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## Quality Indicator Survey

- National, uniform approach phased into NY 2011
- Minimize bias, increase objectivity, fairness
- Focus based on MDS 3 data & observations
- NEW: Includes interviews with residents and direct-care staff (*“Do you feel the staff treats you with respect and dignity?” “Does staff listen and help when you request assistance?”*)



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## Support & Resources for Quality Measures

### 1. Advancing Excellence:

- National coalition (30 orgs) of stakeholders working together to help nursing homes improve care
- Provides free, practical, evidence-based resources to support quality improvement
- Commits support to frontline staff
- Open communication & transparency among families, residents, nursing home staff



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## Advancing Excellence Goals:

- Staff Turnover
- Consistent Assignment
- Restraints
- Pressure Ulcers
- Pain
- Advance Care Planning
- Resident & Staff Satisfaction



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## My Innerview Surveys

- National organization – surveys for nursing home staff, residents, families to assess satisfaction
- What's most important to residents: value staff who are caring, competent & respectful; having choices & preferences honored; responsive management



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## My Innerview Surveys

- What's most important to staff: caring management; assistance with job stress; a safe workplace; quality resident-centered training
- Almost 50% of all nursing homes in the country utilize MIV surveys
- Anticipated that resident and family surveys will be required for ALL nursing homes within next 2 years



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## Pioneer Network

- National organization that supports deep systems change based on principles of person-centered, person-directed care
- Grassroots movement that began in NY State 10+ years
- Grown to be an international movement; partners with CMS, state coalitions, advocates, elders
- Impact on CMS regulations & survey process
- “Artifacts of Culture Change” – on-line assessment tool



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“Getting Better All The Time”

Unit-Based Performance Improvement Guide

- Create a continuous learning environment for all staff
- Involvement of all stakeholders – welcome multiple perspectives
- Moves from Quality Assurance to Performance Improvement



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“Getting Better All the Time”

1. What are we trying to accomplish?
2. What changes can we make to bring about an improvement?
3. How will we know whether the change is an improvement?



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Four Step Process: (P D S A)

1. Plan – What are you trying to improve?
2. Do – Pilot change; collect data
3. Study – Evaluate impact; what was learned?
4. Act – Expand intervention? Try something else?  
On-going monitoring

*Communicate --- Communicate --- Communicate*



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## Resources

- Medicare 5-Star Ratings/Quality Measures: [www.Medicare.gov](http://www.Medicare.gov)
- QIS: [www.nursinghomequality.com](http://www.nursinghomequality.com)
- Advancing Excellence; [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
- My Innerview: [www.myinnerview.com](http://www.myinnerview.com)
- Pioneer Network; [www.pioneernetwork.net](http://www.pioneernetwork.net)
- “Getting Better All The Time”: [www.cobblehill.org](http://www.cobblehill.org) or [www.isabella.org](http://www.isabella.org)