

# Taking the Initiative with Nursing Home Quality

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by Sue Mitchell, RHIA

When the Department of Health and Human Services (HHS) issued its highlights of 2002, the listing of significant accomplishments included the department's efforts to improve quality of care. Discussion of quality improvement efforts focused on the department's initiatives in measuring and reporting quality of care information to the healthcare consumer, including public reporting of national nursing home quality measures.

Nursing homes are the first provider group that HHS' Centers for Medicare & Medicaid Services (CMS) worked with in testing and implementing the reporting of quality measures to the public. This article will focus on the results of its efforts to implement these quality-reporting measures and where to find the results.

## Focus on Quality

HHS' Nursing Home Quality Initiative, announced in November 2001, focuses on:

- providing the consumer with user-friendly, comparative information on quality care for informed decision making in selecting a nursing home
- providing nursing homes with resources to assist in their efforts to improve their quality of care

The publication of quality information is intended not only to assist the consumer, but to bring market pressure on poorly performing providers to increase efforts to improve their quality of care. Quality Improvement Organizations (QIOs, formerly Peer Review Organizations) have been charged with developing and implementing programs to provide long-term care facilities in their state with ready access to information on clinical best practices and effective quality improvement processes.

Pilot testing of 10 nursing home quality measures capped a five-year project to identify and validate measures of quality care in nursing homes. The pilot test was conducted from April through September 2002 in Colorado, Florida, Maryland, Ohio, Rhode Island, and Washington. Quality measures (QMs) were tested for both short-stay residents (Medicare Part A residents) and "chronic" residents (residents with stays of three months or longer) using data from the federally mandated Minimum Data Set (MDS).

## Refining the System

Pilot test findings, stakeholder input, and finalized reports on the validation of the measures led to modification of the QMs and refinement of provider education and public reporting processes. CMS launched the national rollout of public reporting of 10 nursing home quality measures in November 2002.

QM scores were posted on the Nursing Home Compare Web site ([www.medicare.gov/nhcompare/home.asp](http://www.medicare.gov/nhcompare/home.asp)) for each Medicare- and Medicaid-certified nursing home. In addition, full-page ads were published in 65 key newspapers around the country to report QM scores for the 50 largest nursing homes in that geographic area.<sup>1</sup>

Facility QM scores in the initial release were based on data from MDS assessments with reference dates from April to June 2002 (chronic measures) or January to June 2002 (post-acute measures). At press time, scores were to be re-calculated and re-posted in January to report results based on data from MDS assessments with reference dates from July to September 2002 (chronic measures) or April to September 2002 (chronic measures). The intent is to update reporting of facility QM scores on a quarterly basis.

Facilities are provided the opportunity to preview their scores prior to updated publication. Facility scores, in addition to reports listing which residents met the criteria for each QM, can be accessed from the CASPER reporting (Online Reports) link found on the MDS home page when facilities connect to the state MDS data servers.<sup>2</sup>

## Making Quality Public

The nursing home publicly reported quality measures are described in “[Quality Measures Reported to the Public](#)” below. It is important for long-term care providers to remember that QMS are a separate and distinct reporting process from quality indicators (QIs). Surveyors will continue to use QI reports to identify areas of focus during the survey and certification process.

Providers need to understand that differences in record selection procedures, definitions of the measures, and risk adjustment processes (QIs use stratification, QMs use regression analysis) typically result in different scores between QIs and QMs for the same topic and time period.

A helpful comparison table of QIs versus QMs and descriptive technical manuals are available from the CMS Nursing Home Quality Initiative Web site. CMS has also launched the nursing home component of a new Web-based resource called the Medicare Quality Improvement Clearinghouse (MedQIC). This Web site ([www.medqic.org/content/nationalpriorities/topics/projectdes.jsp?topicID=413](http://www.medqic.org/content/nationalpriorities/topics/projectdes.jsp?topicID=413)) has helpful resources related to the QM system and a comprehensive collection of clinical information related to each quality measure topic.

Quality Measures Reported to the Public	
Title	Description
<b>Chronic Measures</b>	
Percentage of residents with loss of ability in basic daily tasks	The percentage of residents who have decreased independence in their ability to perform four activities of daily living (ADL). The ADLs measured in this item are level of independence in eating, ability to move in bed, ability to move from one chair to another, and ability to go to the bathroom independently
Percentage of residents with infections	The percentage of residents with a new infection such as pneumonia, a urinary tract infection, or infection of a wound since being admitted to the facility
Percentage of residents with pain	The percentage of residents with either a moderate level of pain occurring every day or excruciating pain at any frequency on the target assessment
Percentage of residents with pressure sores	The percentage of residents who are reported to have one or more pressure sores on the OBRA full or quarterly assessment
Percentage of residents with pressure sores (with an additional level of risk adjustment)	The percentage of residents who are reported to have one or more pressure sores on the OBRA full or quarterly assessment, adjusted for facility admission patterns
Percentage of residents in physical restraints	The percentage of residents who are restrained daily
<b>Post Acute Measures</b>	
Percentage of short-stay residents with delirium	The percentage of short-stay residents who have symptoms of acute confusion
Percentage of short-stay residents with delirium (with an additional level of risk adjustment)	The percentage of short-stay residents who have symptoms of acute confusion, adjusted for facility admission patterns
Percentage of short-stay residents with pain	The percentage of short-stay residents who have moderate pain daily or excruciating pain at any time
Percentage of short-stay residents who walk as well	The percentage of short-stay residents whose ability to or better walk unassisted or with limited assistance has

improved

## Leading the Way

The Nursing Home Quality Initiative has paved the way for quality disclosure in other healthcare settings. In December 2002, HHS and hospital trade associations announced that efforts were under way to have all hospitals voluntarily report outcomes related to 10 measures of quality care and to pilot test the most effective ways to provide consumers with information on hospital quality.

While the methods and processes of measuring and reporting quality are still evolving, HHS is committed to having quality disclosure become a robust and helpful element throughout the healthcare system.

## Notes

1. Copies of all ads can be accessed from the CMS Nursing Home Quality Initiative Web site at [www.cms.hhs.gov/providers/nursinghomes/nhi/](http://www.cms.hhs.gov/providers/nursinghomes/nhi/).
2. Instructions on accessing the preview data are available on the CMS Nursing Home Quality Initiative Web site under “Data Preview Reference Materials” at [www.cms.hhs.gov/providers/nursinghomes/nhi/](http://www.cms.hhs.gov/providers/nursinghomes/nhi/).

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**Article citation:**

Mitchell, Sue. "Taking the Initiative with Nursing Home Quality." *Journal of AHIMA* 74, no.3 (2003): 56-58.

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