Quality of Care in Nursing Homes

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Abstract

In 1986, the Institute of Medicine (IOM) revealed deficiencies in the quality of care in nursing homes. After passage of the Omnibus Budget Reconciliation Act (OBRA) of 1987, which set standards of care for nursing homes, approximately 92% of facilities were still not staffed at a level sufficient to provide adequate physical, medical, and mental health care; 33% were cited for abuse violations; and 20% of nursing homes were cited for actual harm of residents. There were also significant deficiencies in food sanitation, fall prevention, protection against pressure sores, and prescribing appropriate medications (Government Accountability Office (GAO) reports).

Nursing Home Staffing Act of 2003/S. 1988/H.R. 3355 would have mandated increased staffing levels, but a 2004 review in Health Services Research concluded a number of other essential nursing staffing practices influence quality of care, including reasonable wages, benefits, low turnover, improved training, opportunities for advancement, flexible work hours, less stressful working conditions, and consistent supervision. In response to the continuing concern about the quality of care, CMS began the Nursing Home Quality Initiative (NHQI) in April of 2002 to identify, collect, and publish nursing home quality of care information to the general public. Since implementation of the NHQI, the percent of residents in restraints and the percent reporting moderate to severe pain have significantly decreased.

I recommend that the NHQI should be continued and expanded to increase its visibility and availability to the general public and it should add additional quality of care indicators that would increase information presented to the general public.