Achieving Quality in Nursing Homes

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The Status of Nursing Home Quality

- Varying measures of quality
  - Deficiencies, QIs, hospitalizations
- Improvements in past decade
- Serious and ongoing issues
- Quality of life and care; raising the bar
- A long way to go……..
Nursing Home Care Quality Problems

- Unnecessary hospitalizations
- Unrelieved pain
- Poor end of life care
- Missed change in condition
- Preventable outcomes
- Preventable functional decline
- Poor quality of life
Reasons for Quality Problems

- High turnover
- Insufficient capacity
- Workforce composition
- Staffing Levels
- Working to capacity/role clarity
- Organizational culture
- Technology
- Ineffective transitions
- Funding/resources
- Orientation/Education
## Turnover Rates

<table>
<thead>
<tr>
<th>Worker Type</th>
<th>Average Annual Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA</td>
<td>85-105%</td>
</tr>
<tr>
<td>LPN</td>
<td>45-60%</td>
</tr>
<tr>
<td>RN</td>
<td>55-70%</td>
</tr>
<tr>
<td>DoN</td>
<td>40-50%</td>
</tr>
<tr>
<td>NHA</td>
<td>53%</td>
</tr>
</tbody>
</table>
Consequences of Turnover

• Relationships with staff are significant resident quality indicator

• Familiarity with residents improves care quality

• Residents are more satisfied with committed workers (Bishop et al, 2008)

• Infection and hospitalization rates

• Agency staff use

• Turnover
Causes of Turnover

• Lack of training/mentoring
• Low wages (80%)
• Lack of Opportunities
• Higher education
• Medicaid census
• Supervisors (most important)
## Turnover Rates by Leadership Type

*(Donoghue, Castle, 2009)*

<table>
<thead>
<tr>
<th>Leadership Type</th>
<th>Shareholder</th>
<th>Autocrat</th>
<th>Consultative</th>
<th>Consensus</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>44.3</td>
<td>18.5</td>
<td>8.4</td>
<td>6.5</td>
</tr>
<tr>
<td>LPN</td>
<td>57.1</td>
<td>26.0</td>
<td>13.7</td>
<td>5.4</td>
</tr>
<tr>
<td>NA</td>
<td>74.3</td>
<td>71.4</td>
<td>56.8</td>
<td>47.4</td>
</tr>
</tbody>
</table>
The Importance of Supervisors

• Impact on work stress and health of staff
• Turnover, most important factor
• Capacity building of staff
• Implementation of new practices
• Preparation to supervise
Staff Mix

• Inconsistent evidence
  – Overall staffing related to outcomes
  – RNs are associated with better outcomes
    • Functional level/ADL
    • Mortality
    • Infections
    • Pressure Ulcers
  – Trends decreasing RNs
Advanced Practice and LTC

- Decreased hospitalizations 50%
- Falls
- Behavioral symptoms
- Activity level
- Pressure ulcers
- Staff development
- Recommended by IoM report
Staffing Levels

• "...sufficient nursing staff to attain or maintain the highest practicable ... well-being of each resident..." HCFA, 2001

• Many states have minimum
• Minor increases in staffing levels, drop in RN
• IoM report, 90% insufficient levels
Quality areas most affected by Staffing

- Independence in ADLs
- Toileting
- Walking
- Pressure ulcers
- Catheter use
- UTIs
Capacity

• “Adequacy is not just a number, it is capability” (IoM, 1986)

• Basic geriatric knowledge (preparation)

• Communication effectiveness (families, physicians, each other)

• Supervisory skills

• Ongoing education

• CQI experience and training
The Organization

- Resources
- Use of CQI
- Decision making participation
- Supervisor/manager support
- Team work
- Safety culture
- Support for serious/end of life care
- Learning culture
CQI in Nursing Homes

• Lag behind hospitals

• Adopters
  – Responding to regulations
  – Had information systems
  – Flexible use of personnel
  – Manager had CQI training
  – Improvement orientation
  – Rantz study of adopters
  – APNs
Safety Culture
(Handler, et al, 2006)

• Lowest scores
  – Nonpunitive culture
  – Open communication
  – Feedback related to errors
  – Organizational learning/improvement

Low commitment to detecting errors and developing systems
## Hospitals and Nursing Homes: Culture of Safety

*(Handler et al, 2006)*

<table>
<thead>
<tr>
<th></th>
<th>NH</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openness of communication</td>
<td>41.7%</td>
<td>61%</td>
</tr>
<tr>
<td>Feedback</td>
<td>38%</td>
<td>52%</td>
</tr>
<tr>
<td>Non Punitive</td>
<td>10.6%</td>
<td>43%</td>
</tr>
<tr>
<td>Organizational learning</td>
<td>54%</td>
<td>71%</td>
</tr>
</tbody>
</table>
## Shared Decision Making

*(Scott-Cawiezell, 2006)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse leaders use input</td>
<td>4.5%</td>
</tr>
<tr>
<td>Expectations clear</td>
<td>10.9%</td>
</tr>
<tr>
<td>Not necessary to check accuracy of information</td>
<td>1.5%</td>
</tr>
<tr>
<td>Good cross shift communication</td>
<td>3.0%</td>
</tr>
</tbody>
</table>
IMPROVING QUALITY IN NURSING HOMES
OBRA 1987 Nursing Home Reform Act

- Quality of life
- Maintain and improve functioning
- Resident assessment and care plan
- Freedom from restraint
- CNA training and certification
- Resident councils
- Inspections and new ‘remedies’
IoM, 2001

- Increase RN cover to 24 hours
- Adjustment of pay to support RN hours
- Use of geriatric specialists in direct care and leadership positions
- Enhanced training for CNAs
- DoN education
Culture Change in Long Term Care

• Focus of initiatives
  – Person centered
  – Relationships
  – Environment
  – Clinical care
  – Worker empowerment

• Pioneer network 1997
• Eden Alternative 1997
• Wellspring Alliance 1998
• Action Pact
• Green House
Person Centered Care

• Resident choice and autonomy
  – Time to wake
  – Time to bed
  – What, where, when and with whom to have a meal
  – Leaving the building
  – Amenities
  – Caregivers
  – Activities
Relationships

• Relationships with staff (CA)
• Relationships with other residents
• Continuation of past relationships
  – Family
  – Friends
Environment

- Community
- Relationship fostering
- Home like environment
- Neighborhood
- Small house
Empowering Direct Care Staff

• Prevent turnover
• Decision maker closest to the resident
• Participant in decisions about care
• Self directing in most activities
  – Need skill development to function effectively
Pioneer Network

- Group of nursing homes with common values
- Elder at center
- Relationship focused
- More home like
- Many models of care
- Strong and expanding movement
Eden Alternative

• Bill Thomas
• Bring life into the home
• Warmth and caring
• Improved clinical outcomes
Wellspring

- 11 nursing homes in Wisconsin
- Improved clinical care
- Advanced practice nurse consultants
- In house champion
- Empowered staff
- Clinical teams
- Workshops on clinical topics
Green House

- Small house
- Home environment
- Guide supervising direct care staff
- Self managed teams
- Nurse consultant
- Family meals
- Private rooms and baths
- Workers assigned to house
Culture Change and Quality

- Staff turnover down
- Absenteeism down
- Familiarity increased (GH example)
- Collaboration between nurse and direct care staff increased
- Quality of life, choices up
- Meals more social/weight gain
- More family visiting
- Less ADL decline
Improving Long Term Care

- Blend of quality of life and care quality
- Appropriate skills of staff
- The right mix of providers
- Leadership/supervisory skills
- New job skills for direct care staff
- Educational preparation of new nurses
Advancing Excellence

• National Campaign
• Wide range of stakeholders
• Local Area Networks for Excellence
• Quality improvement goals and support
• 41% of Nursing homes
Advancing Excellence
Goals

• Reduce turnover
• Increase consistent assignment
• Decrease restraint use
• Improve pain management
• Improve advance care planning
• Improve resident and staff satisfaction
• Improve staff satisfaction