

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**Quality Assurance Committees in  
Nursing Homes**



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# EXECUTIVE SUMMARY

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## OBJECTIVE

To assess nursing home compliance with federal requirements pertaining to quality assessment and assurance committees and to describe the committees.

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## BACKGROUND

Quality assessment and assurance committees (QA committees) represent key points of accountability for ensuring both quality of care and quality of life in nursing homes. The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) required nursing homes to maintain QA committees that meet at least quarterly and identify and correct quality deficiencies and improve care. The Centers for Medicare & Medicaid Services (CMS) determines whether nursing homes meet those requirements through the survey and certification process.

This inspection is based on 384 responses to a mail survey of nursing homes, analysis of data from CMS' Online Survey Certification and Reporting (OSCAR) system, site visits to 3 nursing homes, and 33 stakeholder interviews.

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## FINDINGS

The OBRA 87 mandates that nursing homes maintain QA committees as vehicles for improving quality of care and life in nursing homes. Our assessment shows that nearly all nursing homes meet CMS' requirements for QA committee membership and frequency of meetings. Furthermore, QA committees have an array of data sources to help target problem areas in their nursing homes. However, a lack of knowledge on conducting QA committee work, as well as staff shortages and turnover, challenge QA committees.

**Overall, nursing homes are in compliance with QA committee requirements but face some barriers.**

**Nursing homes meet requirements for QA committee membership.** From 1997 to 2001, 99 percent of nursing homes met CMS' requirements for QA committee membership. In 80 percent of the nursing homes that we surveyed, QA committees consisted of 7 or more members from several areas of their nursing homes.

**Nursing homes meet requirements for frequency of QA committee meetings.** From 1997 to 2001, 99 percent of nursing homes met CMS' requirements for quarterly QA committee meetings. Additionally, 61 percent of nursing homes indicated on our survey

that their QA committees meet more frequently than required by regulation.

**The QA committees use an array of data sources to target problem areas in their nursing homes.** The QA committees reported relying on an average of eight sources of information to assess the care their nursing homes provide as well as other aspects of the nursing home's operations. These sources include CMS' quality indicators, certification survey results, and staff and resident input.

**However, knowledge deficits impede QA committees.** While QA committees have an array of information to help them pinpoint problems in nursing homes, knowledge of how to use this information to execute projects remains a key barrier.

**Staff shortages and turnover challenge QA committees.** On our survey, 53 percent of nursing homes reported that not having enough staff was a barrier to a more effective QA committee, and 47 percent of nursing homes cited general staff turnover, such as among certified nursing assistants, as a barrier.

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## CONCLUSION

Our review shows that nearly all nursing homes meet CMS' two requirements for QA committees. The QA committees also have many sources of information available to them. However, a lack of knowledge on how to use this available information impedes QA committees. Additionally, staff shortages and turnover in nursing homes are further barriers to QA committees. These fundamental challenges can impede the work of even the most diligent QA committee.

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# INTRODUCTION

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## OBJECTIVE

To assess nursing home compliance with federal requirements pertaining to quality assessment and assurance committees and to describe the committees.

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## BACKGROUND

### **OBRA 87 and Quality Assessment and Assurance Committees**

Concerns about substandard care and resident quality of life as well as inadequate oversight of substandard nursing homes led to a landmark 1986 study by the Institute of Medicine (IOM). Among its findings, the IOM wrote that “more effective government regulation can substantially improve quality in nursing homes.”<sup>1</sup> In response to the report, Congress passed a number of nursing home provisions as a part of the Omnibus Budget Reconciliation Act of 1987 (OBRA 87).

OBRA 87 instituted substantial reforms in nursing homes to improve quality of care and quality of life, and to protect residents’ rights. Quality assessment and assurance committees (QA committees) represent a vehicle mandated by OBRA 87 to achieve those improvements. Specifically, OBRA 87 requires nursing homes to “maintain a quality assessment and assurance committee, consisting of the director of nursing services, a physician designated by the facility, and three other members of the facility’s staff.” The committee must meet “at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary, and develop and implement appropriate plans of action to correct identified quality deficiencies.”

### **Holding Nursing Homes Accountable for Quality Assurance**

The Centers for Medicare & Medicaid Services (CMS) implemented final regulations for OBRA 87 provisions in July 1995. Nursing homes participating in Medicare must meet these requirements. Among the requirements are two specifically about QA committees. These requirements mirror the provisions of OBRA 87. One requirement calls for the existence and specific membership of a committee, and the other calls for the committee to meet quarterly and to identify issues in the nursing home requiring QA committee activity.

The CMS determines whether nursing homes meet those requirements through the survey and certification process. Surveyors assess QA committee requirements by interview and observation. The CMS instructs surveyors to interview a facility’s administrative staff to

determine that it has a QA committee and that its required membership and frequency of meetings comply with the requirements. Surveyors do not have access to QA committee minutes due to the confidentiality of these documents mandated by OBRA 87. The CMS instructs surveyors to describe in the survey report how the facility identifies quality deficiencies and responds to the identified issues.

## Significance of QA Committees

The QA committees provide an important point of accountability for ensuring both quality of care and quality of life in nursing homes. They represent key internal mechanisms that allow nursing homes opportunities to deal with quality concerns in a confidential manner and can help them sustain a culture of quality improvement. Nursing homes are already subject to significant external oversight, such as the Medicare and Medicaid certification process and ombudsman program. However, because of their external nature, they are outside the scope of a nursing home's own control. The QA committees, on the other hand, are internal and ideally can complement the external oversight.

To date, CMS has provided limited guidance to help QA committees. Guidance on quality assurance and improvement can come from the survey process in the form of what CMS calls "information transfer." This permits the surveyor to inform the nursing home about "care and regulatory topics that would be useful to the facility for understanding and applying best practices in the care and treatment of long term care residents."<sup>2</sup> Yet, information transfer is not consultative. The CMS' State Operations Manual, which provides guidance to state agencies, states that "This information exchange is not a consultation with the facility but is a means of disseminating information that may be of assistance to the facility in meeting long term care requirements."<sup>3</sup>

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## METHODOLOGY

We selected a national, simple random sample of 601 nursing homes from CMS' Online Survey Certification and Reporting (OSCAR) system. We mailed surveys to the administrators of the sampled nursing homes to learn about the work of their QA committees. We followed up with a second mailing to those nursing homes who had not responded. We received responses from 384 nursing homes, yielding a 63.9 percent response rate. Appendix A contains additional information about the survey, including confidence intervals for key questions and a nonrespondent analysis.

In addition, we judgementally selected and visited three nursing homes to learn more about their QA committees. In each nursing home, we met with the administrator and other individuals involved in the QA committee. In one nursing home we observed a QA committee meeting. We also interviewed a judgemental sample of stakeholders from organizations with interest and expertise in nursing home quality assurance, as well as nursing home executives and CMS regional office staff. Since the data collected from

these entities were from a purposive sample, this information cannot be generalized to the population.

We analyzed nursing home data from the OSCAR system to identify the frequency of deficiencies for QA committee survey requirements from 1997 to 2001. We also reviewed relevant literature, laws, regulation, and other documents.

We conducted this inspection in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.



# FINDINGS

Our assessment shows that nearly all nursing homes meet CMS' requirements for QA committee membership and frequency of meetings. Furthermore, QA committees have an array of data sources to help target problem areas in their nursing homes. However, a lack of knowledge on conducting QA committee work, as well as staff shortages and turnover, challenge QA committees. The OBRA 87 mandates that nursing homes maintain QA committees as vehicles for improving quality of care and life in nursing homes. Our review is based on 384 responses to a mail survey of a national random sample of nursing homes; site visits to 3 nursing homes; 33 interviews with stakeholders with expertise and interest in nursing home quality; data from CMS' OSCAR system; and relevant literature, laws, regulation, and other documents.

## Overall, nursing homes are in compliance with QA committee requirements but face some barriers.

### Nursing homes meet requirements for QA committee membership.

Data from CMS' OSCAR system show that from 1997 to 2001, 99 percent of nursing homes met CMS' requirements for QA committee membership. At a minimum, the QA committee must include the director of nursing, a physician, and three other members of the nursing home's staff. However, nursing homes include a variety of staff on their QA committees, including a core of key personnel (see Table 1). In 80 percent of nursing homes we surveyed, QA committees consisted of 7 or more members from several areas of their nursing homes. Committee members identified by respondents include directors of dietary services, activities, and housekeeping departments; business office managers; minimum data set coordinators; medical records coordinators; and environmental and maintenance staff. Many QA committees also include individuals who are not on their staff. For example, 70 percent of nursing homes reported that pharmacy consultants regularly participate in committee meetings.

**Table 1**

**Participation of nursing home staff in QA committees**

|                                  |     |
|----------------------------------|-----|
| <i>Director of nursing</i>       | 99% |
| <i>Administrator</i>             | 96% |
| <i>Social services manager</i>   | 93% |
| <i>Medical director</i>          | 90% |
| <i>Infection control manager</i> | 82% |

*Source: OIG survey of nursing homes.*

Nursing home stakeholders we spoke with noted that including a broad membership on the QA committee helps to ensure that the committee represents all areas of the home. One nursing home administrator we spoke with includes all department managers on her nursing home's QA committee. The committee members are responsible for both

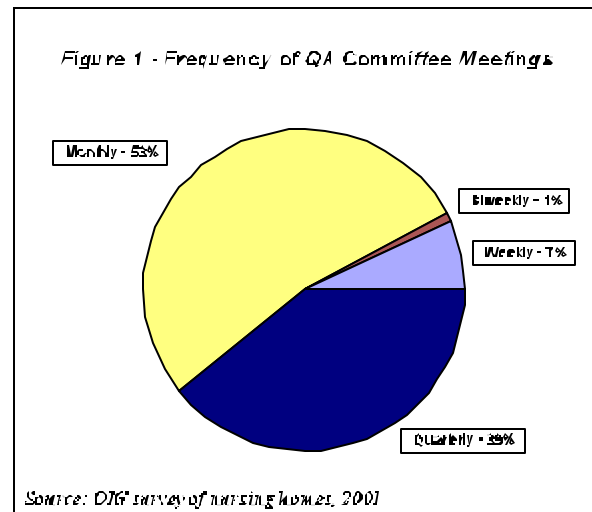
handling committee work and communicating to their staff about what happens in each QA committee meeting.

The QA committees, however, typically do not include certified nursing assistants (CNAs) as regularly participating members. On our survey, just 24 percent of nursing homes reported that CNAs regularly participate on their QA committees. Nursing home professionals we spoke with stressed the value of including CNAs in QA committees. As the CNAs are the primary caregivers in a nursing home, they possess a wealth of knowledge about a home's residents, as well as knowing which processes and products work best in caregiving. One director of nursing told us, "CNAs know 90 percent of the answers." Nursing home professionals with whom we spoke who do not have CNAs participate on the QA committee cite time and staff shortages for the exclusion. When CNAs participate in a committee meeting, they are taken away from caring for residents. If a nursing home has a staffing shortage, as most do, taking time away from caregiving is a tradeoff that few nursing homes can afford.

### Nursing homes meet requirements for frequency of QA committee meetings.

Data from OSCAR show that from 1997 to 2001, 98 percent of nursing homes met CMS' requirement for quarterly QA committee meetings. Additionally, 61 percent of nursing homes indicated on our survey that their QA committees meet more frequently than required by regulation (see Figure 1). The more frequently a QA committee meets, the more visible the committee is likely to be in the nursing home. Frequent meetings also can give attention to issues in a timely manner.

While time pressures and other priorities may make it difficult for the QA committee to meet often, nursing home professionals with whom we spoke affirmed the importance of frequent meetings. As one nursing home stakeholder said, "Does anyone think that meeting once a quarter is going to improve quality?"



### The QA committees use an array of data sources to target problem areas in their nursing homes.

On our survey, QA committees reported relying on an average of eight sources of information to assess the care their nursing homes provide as well as other aspects of the nursing home's operations. Of these sources, 73 percent of nursing homes reported that

CMS' quality indicators (QIs) were a major influence on the work of the QA committee. In 1999, CMS introduced the QIs as a new means for nursing homes to pinpoint quality-of-care issues with data. The QIs encompass 11 areas of care: accidents, behavior/ emotional patterns, clinical management, cognitive patterns, elimination/incontinence, infection control, nutrition/eating, physical functioning, psychotropic drug use, quality of life, and skin care. One nursing home administrator commented, "They are the pulse of our residents' quality-of-care issues."

Nursing homes reported that they systematically review and use the QIs, with 68 percent reviewing QIs monthly. Some nursing homes review their QIs even more often; 17 percent reported reviewing them weekly or more frequently. Almost 80 percent detected concerns through their review of QIs and launched projects to further examine these areas. Of these, the most common areas of the QIs in which projects were undertaken were accidents (77 percent), skin care (76 percent), nutrition/eating (71 percent), and elimination/incontinence (63 percent).

Some nursing homes also rely on clinical indicators other than QIs that are created specifically by the nursing home or their corporate or parent office. On our survey, 65 percent noted that such indicators had a major influence on the work of their QA committees. One nursing home we visited uses its own indicators. It created them to target certain problem areas that they had, both clinical and nonclinical, such as medication transcription errors and resident activity participation.

**Using established agendas ensure systematic detection of problems**

*Such an agenda identifies topics and establishes the frequency of their review. For example, the agenda could require that falls be reviewed weekly, while resident satisfaction surveys be reviewed annually. This institutionalizes the agenda.*

*Source: OIG survey of nursing homes and stakeholder interviews, 2001-2002.*

Committees also use results from surveys to target their work. For example, 81 percent of nursing homes reported that results from certification surveys were a major influence on the work of their QA committees. Surveys review a nursing home's entire operation, from quality of care to administration to safety. The results of the survey and the deficiencies found alert the committee to areas of concern, which they then may address.

Lastly, QA committees also rely on input from staff and residents to detect problems in the nursing home. On our survey, 66 percent of nursing homes reported that staff input and 55 percent reported that resident input had a major influence on committee work. One nursing home that we visited also conducts focus groups with residents and their families. As this nursing home has an ethnically diverse population, these focus groups have allowed the committee to make changes in the nursing home, especially in dining and activities, that better reflect the residents' needs.

## However, knowledge deficits impede QA committees.

While QA committees have an array of information to help them pinpoint problems in nursing homes, the QA committee’s knowledge of how to use this information to execute projects remains a key barrier. On our survey, we asked an open-ended question regarding what additional steps CMS could take to help increase the effectiveness of QA committees. The top response, reported by 39 percent of nursing homes, was a call for more guidance and examples about how to best use their QA committees. Additionally, in its 2001 report examining the quality of nursing home care, the IOM found that “most nursing homes, even highly motivated ones, may lack the technical expertise and resources—including but not limited to staffing levels—necessary to translate...quality improvement systems into practice.”<sup>4</sup>

Nursing home stakeholders with whom we spoke reflected those findings and also noted that nursing homes are well behind the curve in going beyond traditional quality assurance—finding problems and fixing them without necessarily identifying their core causes—to continuous quality improvement. Some nursing homes do carry out quality improvement projects, which involve measuring baseline performance, collecting appropriate data and information, implementing an intervention based on the data, and monitoring the results over time. However, it is a more analytic and intensive approach, requiring knowledge of systems and principles of measurement, which nursing homes are hard-pressed to meet, and with which they have limited experience.

Nursing homes reported struggles with knowledge on how best to use their QA committees on our survey. Thirty-three percent reported a lack of knowledge about how to conduct QA committee work as a barrier to the committees’s overall effectiveness and 29 percent reported unclear guidelines and regulations concerning QA committees as a barrier. One particular area in which QA committees have a knowledge deficit is with CMS’ quality indicators (QIs). While most nursing homes use the QIs, 35 percent of nursing homes reported that their lack of knowledge on how to use these indicators has been a barrier to using them more effectively.

Despite their struggle with executing QA committee work, a number of resources exist for nursing homes. For example, some nursing homes have formed alliances to share such information (see box at right for an example). The parent organizations of some nursing homes have quality processes and systems that can guide the work of QA

### ***Wellspring: sharing innovations among nursing homes***

*Nursing homes that are a part of Wellspring Innovative Solutions have the benefit of collaborative relationships they can use to help each other solve their problems. Wellspring is a cooperative alliance of independent nursing homes, established in 1994, that came together to enhance quality, promote culture change, and provide efficient and caring services to elders.*

*A key element of Wellspring is that all nursing homes collect and use best practices. As staff from all levels in Wellspring homes participate in teams that look at data, these teams are able to consult staff in other Wellspring homes on their experiences. This way, each nursing home is able to benefit from the knowledge of the other nursing homes.*

*Source: OIG stakeholder interviews, 2001.*

committees. The American Association for Homes and Services for the Aging published a guide for its member nursing homes on steps to a successful quality assurance program and has held training courses on using the guide. Other organizations, such as the American Medical Directors Association, conduct training seminars on using the QIs for quality improvement projects. Furthermore, some states have initiatives aimed at helping nursing homes with quality assurance and improvement work.

The extent to which nursing homes and their QA committees take advantage of these resources is unknown. Some suggest that CMS needs to exert leadership in this capacity. As discussed below, staff shortages and time constraints can impede QA committee work. As a result, QA committees may be hard pressed to take full advantage of such resources.

### **Staff shortages and turnover challenge QA committees.**

Because members of QA committees handle committee work on top of their regular tasks in the nursing home, staff shortages and turnover remain a key barrier to the QA committee's work. On our survey, 53 percent of nursing homes reported that not having enough staff was a barrier to a more effective committee, and 47 percent of nursing homes cited general staff turnover, such as among certified nursing assistants, as a barrier. As a recent national study has reported that 9 out of 10 nursing homes are seriously understaffed, these barriers to effective QA committees may frequently occur.<sup>5</sup>

Staff shortages and turnover can impede QA committees in many ways. With such shortages, resident care will take a priority over QA committee work. Turnover also challenges a nursing home's ability to have a QA committee that can effectively follow-up and be accountable for ensuring improvements in the home. With a continual influx of new staff and their needs for orientation and training, getting staff up to speed with what is happening in a home's QA committee may not be a priority. Turnover of QA committee members may especially impede the committee, as the person's knowledge and expertise about committee work leave the nursing home with the person.

Turnover at the leadership level of a nursing home further impedes the QA committee. Leadership commitment to quality improvement is vital for instilling a culture that can promote accountability for quality. As an executive from one nursing home told us, "Having a (QA) committee is one piece, but it is not the answer...it has to permeate your organization." According to stakeholders, having someone champion quality at the helm can promote buy in for quality efforts throughout the home. However, the reality for many homes is that turnover in key leadership positions makes that culture elusive. On our survey, 27 percent cited turnover in such positions as a barrier to a more effective QA committee. In some cases, nursing homes responding to our survey were unable to answer basic questions about their QA committee, noting a recent turnover in leadership positions. In fact, filling leadership positions are becoming increasingly difficult as fewer candidates are being attracted to the administrator's position: from 1997 to 2000, the number of candidates taking the long-term care administrator's exam declined by 37 percent.<sup>6</sup>

# CONCLUSION

Our review shows that nearly all nursing homes meet CMS' two requirements for QA committees. The QA committees also have many sources of information available to them. However, a lack of knowledge on how to use this available information impedes QA committees. Additionally, staff shortages and turnover in nursing homes are further barriers to QA committees. These fundamental challenges can impede the work of even the most diligent QA committee.

## Methodology

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### Survey of Nursing Homes

We mailed a survey to administrators of a national simple random sample of nursing homes in November 2001 and sent a follow-up mailing in December 2001 to those who had not responded. We preceded our survey mailing with a cover letter that was sent in October 2001 informing the nursing home administrators about the survey and this inspection.

We requested that the survey be completed by the home's Director of Nursing (a required member of the QA committee) or another individual responsible for the QA committee. Our survey solicited information on the following areas: background information on the nursing home, structure of the QA committee, work of the QA committee, committee projects, CMS' Quality Indicators, barriers to QA committee effectiveness, assessment of the QA committee, and an open-ended section for additional comments.

We chose to survey a national simple random sample of nursing homes, because the requirements for QA committees apply to all nursing homes that participate in Medicare. Our original sample comprised 671 nursing homes randomly selected from CMS' Online Survey Certification and Reporting (OSCAR) system database. We deleted 17 nursing homes from the original sample after consulting with other components of the Office of Inspector General, reducing our sample size to 654. We then were notified that 53 nursing homes had ceased operations, even though they still appeared in the OSCAR database, reducing our final sample size to 601.

We received responses from 384 nursing homes, yielding a response rate of 63.9 percent.

### Nonrespondent Analysis

To determine whether significant differences exist between survey respondents and nonrespondents, we conducted nonrespondent analyses using four variables. These variables included: average complaints per nursing home (using number of beds as the denominator), average deficiencies per nursing home (also using number of beds as the denominator), number of certified beds, and nursing home control. One nursing home that responded to our survey excluded identifying information; therefore, we based these analyses on 383 respondents.

*Complaints and deficiencies*

We obtained data for the average complaints and average deficiencies from the OSCAR complaints files. Because 492 of the 601 nursing homes in our sample had a match to the complaints file, we limited the analyses for these two variables to these 492 nursing homes. Of the 492 nursing homes, 160 did not respond, and the remaining 332 responded. We used averages for the deficiencies and complaints to allow for the difference in the size among the nursing homes.

The average number of complaints per nursing home was .0157 for nonrespondents, compared to .0155 for respondents. The average deficiencies per bed for nonrespondents was .115, compared to .0963 for responding nursing homes. No significant difference at the 95 percent confidence level existed between the average complaints, or average deficiencies, for the two groups.

*Analysis by number of certified beds and nursing home control*

The average number of certified beds in nursing homes responding to our survey was 113, compared to 100 for nonrespondents. A t-test found a statistically significant difference between the means at the 95 percent confidence level.

|                                  | <b>Sample<br/>N=601</b> | <b>Respondents<br/>N=383</b> | <b>Nonrespondents<br/>N = 218</b> |
|----------------------------------|-------------------------|------------------------------|-----------------------------------|
| Average number of certified beds | 108                     | 113                          | 100                               |
| t = - 2.07                       |                         | Degrees of freedom = 599     |                                   |

An analysis by nursing home control showed a significant difference between nonrespondents from for-profit nursing homes and not-for-profit/government-owned nursing homes. The Chi-square test was significant for the control variable, because it was greater than 3.84 at the 95 percent confidence level.

|                               | <b>Sample</b> | <b>Respondents</b>     | <b>Nonrespondents</b> |
|-------------------------------|---------------|------------------------|-----------------------|
| For-profit                    | 441 (73.4%)   | 266 (69.5%)            | 175 (80.3%)           |
| Not-for-profit/government     | 160 (26.6%)   | 117 (30.5%)            | 43 (19.7%)            |
| Total                         | 601           | 383                    | 218                   |
| Chi - square statistic = 8.33 |               | Degrees of freedom = 1 |                       |



Because of the significant differences from these analyses, we conducted further analysis to determine the effect of the relationship between the number of certified beds and response rate, and nursing home control and response rate. Assuming nonrespondents would have answered questions the same as respondents, we calculated hypothetical responses for key questions related to our findings. All calculations were within the 95 percent confidence intervals of the original estimates. Thus, we did not find statistical evidence of bias based on number of certified beds or nursing home control.

**Confidence Intervals for Key Questions (95 percent)**

| <b>Description</b>                                                                     | <b>Point estimate</b> | <b>Confidence Interval</b> |
|----------------------------------------------------------------------------------------|-----------------------|----------------------------|
| QA committees with 7 or more members                                                   | 80%                   | +/- 4.0%                   |
| QA committees with regularly participating CNAs                                        | 24%                   | +/- 4.3%                   |
| QA committees that meet monthly or more frequently                                     | 61%                   | +/- 4.9%                   |
| QIs are a major influence on the work of the QA committee                              | 73%                   | +/- 4.4%                   |
| Certification surveys are a major influence on the QA committee                        | 81%                   | +/- 3.9%                   |
| Nursing homes want more QA committee guidance from CMS                                 | 39%                   | +/- 4.9%                   |
| Lack of knowledge on how to use QIs is a barrier to effective use                      | 35%                   | +/- 4.8%                   |
| Lack of staff to do QA committee work is a barrier to having an effective QA committee | 53%                   | +/- 5.0%                   |
| General staff turnover is a barrier to overall effectiveness of QA committee           | 47%                   | +/- 5.0%                   |
| Leadership turnover is a barrier to an effective QA committee                          | 27%                   | +/- 4.4%                   |

**Site Visits**

We judgementally selected and visited three nursing homes in Massachusetts, New Hampshire, and Wisconsin to learn more about their QA committees. In one nursing home we observed a QA committee meeting. In each nursing home, we met with the administrator as well as key staff involved in the QA committee, including directors of nursing, other nursing staff, minimum data set coordinators, department managers, and certified nursing assistants. Since the data collected from these entities were from a purposive sample, this information obtained cannot be generalized to the population.

## Stakeholder Interviews

We judgementally selected and interviewed, either in person or by telephone, 33 stakeholders with expertise and interest in nursing home quality assurance. These stakeholders included CMS central office staff and senior nursing home surveyors in CMS regional offices. Since the data collected from these entities was from a purposive sample, this information obtained cannot be generalized to the population. We also interviewed representatives from the American Association of Homes and Services for the Aging, American Health Care Association, the National Citizens' Coalition for Nursing Home Reform, the American College of Health Care Administrators, and the Pioneer Network, as well as representatives from state affiliates of these organizations. Additionally, we interviewed executives and staff from nursing homes and nursing home corporations.

## OSCAR data analysis

We analyzed all nursing home data from CMS' OSCAR system for the years 1997 to 2001 to identify the frequency of deficiencies for QA committee survey requirements (F520 and F521). The deficiency rates presented below are for the number of deficiencies for each requirement in a calendar year divided by the number of surveys conducted in that year.

| <b>Deficiency Rates for QA Requirements for Nursing Homes, 1997 - 2001</b> |             |             |             |             |             |
|----------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| <b>Requirement</b>                                                         | <b>1997</b> | <b>1998</b> | <b>1999</b> | <b>2000</b> | <b>2001</b> |
| Committee membership (F520)                                                | 0.7%        | 0.5%        | 1.0%        | 1.2%        | 0.9%        |
| Quarterly Meetings (F521)                                                  | 2.0%        | 1.8%        | 2.0%        | 2.5%        | 2.1%        |

## Document review

We reviewed relevant federal laws and regulations, as well as chapters of CMS' *State Operations Manual* relative to the Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities. We also reviewed plans of correction completed by nursing homes and survey deficiency reports. Lastly, we reviewed articles, books, and reports relative to quality assessment and assurance in nursing homes.

## Endnotes

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1. Institute of Medicine, *Improving the Quality of Care in Nursing Homes* (Washington, DC: National Academy Press, 1986), 21.
2. Centers for Medicare & Medicaid Services, *State Operations Manual*, page P-77.
3. Ibid.
4. Institute of Medicine, *Improving the Quality of Long-Term Care* (Washington, DC: National Academy Press, 2001), 15.
5. *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Phase II Final Report* (Cambridge, MA: Abt Associates, 2001), 1-7. Accessed from [http://www.house.gov/reform/min/inves\\_nursing/nursing\\_cms\\_rep.htm](http://www.house.gov/reform/min/inves_nursing/nursing_cms_rep.htm) on April 25, 2002.
6. National Association of Boards of Examiners of Long Term Care Administrators press release, *Nursing Home Administrators: A Vanishing Profession? Third Year of Decline, Increasing Need, Signals Crisis-in-the-Making*. March 2, 2001

# ACKNOWLEDGMENTS

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