

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**Quality of Care in Nursing Homes:
An Overview**



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Inspector General**

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OFFICE OF INSPECTOR GENERAL

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EXECUTIVE SUMMARY

PURPOSE

To describe general conditions in nursing homes and assess the overall capacity of systems designed to monitor and improve quality of care.

This report is based primarily on recent studies conducted by the Office of Inspector General (OIG) on quality of care in nursing homes. It draws additionally upon work completed by the General Accounting Office (GAO), the Health Care Financing Administration (HCFA), and others. The report summarizes steps taken recently and now underway to address weaknesses in the system. It also provides a long term program of action and research needed to assure nursing home care meets government standards for quality of care.

BACKGROUND

While some studies indicate that changes in law and regulations may have had a positive effect on improving the environment and overall health care of nursing home patients, recent reports by HCFA and GAO have raised serious concerns about patient care and well-being. The Senate Special Committee on Aging held hearings in the summer of 1998 on these reports. At the same time, the OIG undertook a series of studies aimed at assessing the quality of care in nursing homes.

Various systems are in place to monitor and promote quality of care in nursing homes. These include the State survey and certification system, the State Long Term Care Ombudsman Program, State resident abuse safeguards, law enforcement, and legislative reforms established by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987).

We used multiple methods for this report. They consist of an analysis of national nursing home program data, a review of written program procedures, structured telephone interviews, an examination of nursing home survey results availability, a literature review, and an analysis of nursing home legislation.

FINDINGS

Serious Quality of Care Problems Persist in Nursing Homes

An analysis of currently available program data reveals that problems with quality of care continue to exist in nursing homes. First, according to survey and certification data, 13 of

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25 “quality of care” deficiencies have increased in recent years. They include a lack of supervision to prevent accidents, improper care for pressure sores, and lack of proper care for activities of daily living. At the same time, ombudsman complaints have been steadily increasing since 1989 and complaints about resident care, such as pressure sores and hygiene, have been particularly prevalent. Since 1995, the OIG has excluded 668 nursing home workers from participation in the Medicare/Medicaid programs as a result of a conviction related to patient abuse or neglect. On a related note, approximately one percent or more of nursing home residents have had an experience serious enough to register an abuse complaint. Lastly, survey and certification data, as well as discussions with survey and certification staff and ombudsmen, reveal that some nursing homes are chronically substandard.

Experienced officials with inside information based on onsite visits to nursing homes, including State survey directors, surveyors, ombudsmen, and State Aging Unit Directors, express some reservations about relying exclusively on program data to gauge conditions in nursing homes. Nevertheless, they confirm that problems persist in nursing homes, such as malnutrition, abuse, pressure sores, and over-medication. The problems they identify are similar to the problems highlighted in their program reporting systems.

Evidence Suggests Inadequate Levels of Nursing Home Staff Contribute to Quality of Care Problems

In all 10 sample States, survey and certification staff, State and local ombudsmen, as well as State Aging Unit Directors identify inadequate staffing levels as one of the major problems in nursing homes. Most believe these staffing shortages lead to chronic quality of care problems, such as failure to adequately treat and prevent pressure sores.

The type and extent of survey deficiencies and Ombudsman program complaints also suggest that nursing home staffing levels are inadequate. Common personal care problems such as lack of nutrition and poor care for incontinence suggest that staffing is inadequate to provide the level of care needed to avoid these problems. Furthermore, specific complaints about nursing home staff are some of the most common types of Ombudsman program complaints in 1997.

Survey and Certification Agencies are Following Required Standard Protocols but Weaknesses in the Survey System Itself Limit Their Effectiveness

State survey and certification agencies monitor nursing home care with timely and standard surveys, complaint procedures, and other State procedures. However, the survey and certification system has several weaknesses, such as the predictability of surveys. Although all States use unannounced surveys, State directors and surveyors believe that nursing homes can anticipate their survey date and modify their procedures to avoid being cited for

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deficiencies. The system is also limited by weak enforcement, including inadequate follow-up and common inaction on abuse complaints. State directors and surveyors believe that the current process allows deficient facilities too many opportunities to avoid enforcement action. Lastly, survey and certification agencies have some staffing constraints and do not always effectively coordinate with ombudsmen.

While the Ombudsman Program is Well Designed, Inadequate Resources Limit Its Capacity

The Ombudsman program has several functions to promote and monitor quality of care in nursing homes, including identifying and resolving complaints, making regular visits to nursing homes, and engaging in a variety of different advocacy activities. While lacking enforcement and regulatory oversight, ombudsmen act as independent advocates and work solely on behalf of residents to ensure they have a voice in their own care. However, the Ombudsman program is limited by inadequate resources, including inadequate staffing. Only 1 of 10 States in our sample had a paid ombudsman to bed ratio higher than the standard suggested by the Institute of Medicine. This lack of adequate staffing is particularly evident in the limited extent to which ombudsmen make regular nursing homes visits. The program is further constrained by the lack of a common standard for complaint response and resolution, inconsistent advocacy efforts, a lack of support, and limited collaboration with surveyors.

State Systems to Safeguard Nursing Home Residents from Abuse are Inconsistent and Unreliable

Based on findings from a recent OIG audit, “Safeguarding Long Term Care Residents,” A-12-97-0003, it appears that some weaknesses exist in State efforts to safeguard nursing home residents from abuse. This audit revealed great diversity in the way States systematically identify, report, and investigate suspected abuse, and it found that there was no assurance that individuals who posed a risk of abuse were systematically identified and barred from nursing home employment. Additionally, a more in-depth audit of Maryland examined eight nursing homes in the State and found that five percent of employees in those homes had criminal records.

Public Awareness and Access to Nursing Home Survey Results is Limited

Public awareness of nursing home survey results is limited and these results are not always readily available. Two-thirds of 155 families interviewed in eight sample cities did not know that the results of Federal and State nursing home inspections are available on request. Additionally, half were unaware such inspections are required, and only 15 had ever requested a copy of survey results. Of the 11 who obtained a copy, 6 said the results were not based on the most recent survey. Furthermore, when staff from the OIG visited

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the 32 sampled nursing homes, most did not fully meet the requirements for making survey results available. The HCFA has established a more easily accessible version of nursing home survey results with an internet site entitled *Nursing Home Compare* which appears promising.

New Initiatives Based on Law Enforcement Approaches are Being Considered

Initiatives that use the False Claims Act and other law enforcement approaches as a way to strengthen nursing homes are relatively new. National task forces comprised of representatives from the Department of Justice, HCFA, OIG, and others are being formed at the local, State, and national levels. These groups will examine the full range of enforcement issues and develop corresponding action plans for each. By targeting key strategic areas and coordinating among the various agencies responsible for nursing home enforcement, these initiatives appear promising. However, it is too soon to determine their full impact.

Nursing Home Reforms Established by OBRA 1987 Have Not Been Systematically Assessed

The nursing home reforms created by OBRA 1987 impacted both nursing home systems and nursing home care. The OBRA 1987 mandated that residents be given certain rights and services and also added several administrative standards that nursing homes are required to meet. It further changed enforcement and survey procedures. While it has now been more than a decade later since this legislation was passed, there has been no systematic assessment of its extensive agenda and no methodical evaluation of whether the reforms it intended are actually working. While some studies have attributed positive changes to OBRA 1987, the lack of a systematic review makes it difficult to determine if this major legislation has been successful in improving nursing home care.

AN AGENDA FOR CONTINUING IMPROVEMENT IN NURSING HOME CARE

Since OBRA 1987 was first passed, real improvements have been made in nursing home care. More recently, considerable attention has been paid to addressing persisting concerns about nursing home conditions and systems. In particular, we commend the Health Care Financing Administration (HCFA) for its extensive nursing home initiative since it addresses many of these persisting problems. This initiative includes many individual action items which should result in positive changes. Additionally, the Administration on Aging (AoA) has been taking steps to enhance the Ombudsman program, including improving the program reporting system and conducting annual training of ombudsman staff.

The problems we describe in this report will require continuing attention, possibly for

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several years. The broad outline of an effective strategy would include actions to:

- ▶ enhance the survey and certification process;
- ▶ strengthen the Ombudsman program with increased resources;
- ▶ improve nursing home staffing levels; and,
- ▶ improve coordination between State survey agencies and ombudsmen.

We also believe that further evaluation and progress measurement would make an important contribution to efforts to advance nursing home care. We specifically suggest:

- ▶ a systematic assessment of OBRA 1987 and
- ▶ the creation of a periodic report card on conditions in nursing homes.

We have incorporated action items from HCFA's nursing home initiative, AoA's ombudsman activities, recommendations for additional steps to be taken, current OIG work, and areas requiring further evaluation into one comprehensive, long term agenda to continue improvements in nursing home care. This agenda consists of a three stage approach of immediate action, research and evaluation, and continued progress measurement. The full agenda can be found on page 28.

AGENCY COMMENTS

This report is based primarily on a series of recent studies conducted by the Office of Inspector General on nursing home care. They are:

Nursing Home Survey and Certification: Deficiency Trends, OEI-02-98-00331;
Nursing Home Survey and Certification: Overall Capacity, OEI 02-98-00330;
Long Term Care Ombudsman Program: Complaints Trends, OEI-02-98-00350;
Long Term Care Ombudsman Program: Overall Capacity, OEI-02-98-00351;
Public Access to Nursing Home Survey and Certification Results, OEI-06-98-00280; and
Safeguarding Long Term Care Residents, A-12-97-0003.

We received detailed comments from HCFA, AoA, and the Assistant Secretary for Planning and Evaluation on the above reports. We made modifications in each report to respond to the comments received and to reflect the actions already being taken to improve nursing home conditions. This overview report also incorporates many of these modifications. We encourage everyone to read the individual reports and the comments we received on them. The comments are included in each report.

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INTRODUCTION

PURPOSE

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BACKGROUND

While some studies indicate that changes in law and regulations may have had a positive effect on improving the environment and overall health care of nursing home residents, recent reports by HCFA and GAO have raised serious concerns about residents' care and well-being. The Senate Special Committee on Aging held hearings in the summer of 1998 on these results. The OIG subsequently undertook a series of studies aimed at assessing the quality of care in nursing homes. This report looks at both the general state of nursing home care as well as the systems designed to oversee that care.

Generally, a nursing home is a residential facility offering daily living assistance to individuals who are physically or mentally unable to live independently. Residents are provided rooms, meals, assistance with daily living, and in most cases, some medical treatment. In 1989 Medicare paid \$2.8 billion to nursing homes, an amount totaling 4.7 percent of the Medicare budget. In 1996 this amount had increased to \$10.6 billion, totaling 9 percent of the Medicare budget. Medicaid expenditures for nursing homes in 1996 totaled \$24.3 billion.

In 1986, the Institute of Medicine conducted a study on nursing home regulations and reported prevalent problems regarding the quality of care for nursing home residents, as well as the need for stronger Federal regulations. Just one year later, GAO reported that over one third of nursing homes were operating below Federal minimum standards. These reports, along with widespread concern regarding nursing home conditions, persuaded Congress to pass the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987). As a part of OBRA 1987, Congress passed the comprehensive Nursing Home Reform Act (PL 100-

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203). These actions expanded requirements that nursing facilities had to comply with in order to obtain Medicare certification. The Nursing Home Reform Act also strengthened the rights to nursing home residents, such as the right to be free of physical or mental abuse, and the right to be free from chemical and physical restraints. It additionally altered the enforcement of Federal standards for nursing home care.

Medicare Nursing Home Requirements

The Health Care Financing Administration (HCFA) has the responsibility to act as a “prudent purchaser” by ensuring that nursing homes participating in Medicare and/or Medicaid meet certain requirements for quality environment and services. These requirements are found at 42 Code of Federal Regulations (CFR) Part 483, Subpart B. The Nursing Home Reform Act added to these requirements by introducing an increased focus on the quality of life and care, the importance of the individual resident, the need to help residents reach the “highest practicable level” of functioning, and the requirement that residents be interviewed and assessed.

Nursing homes must “conduct standardized, reproducible assessments of each resident’s functional capacity...” within 14 days of admission. Additionally, periodic assessments must occur throughout the duration of a patient’s stay in order to continually address their fluctuating needs. With the Nursing Home Reform Act, HCFA developed the Minimum Data Set (MDS) which is comprised of core elements and common definitions used in conducting resident assessments. The Minimum Data Set collects data through resident assessment measures, with subsequent progress or decline documented in electronic format.

The Nursing Home Reform Act additionally established new enforcement provisions, which were enacted when the State Operations Manual (SOM) became effective on July 1, 1995. The HCFA had several process goals during the implementation of these new provisions: promoting consistency through extensive training; linking appropriate remedies to deficiencies; and avoiding unnecessary procedures. Congress recognized that one enforcement response would not be appropriate for all deficiencies. It therefore established enforcement policies that gave HCFA the license to impose a variety of corrective measures for noncompliant facilities. These include: temporary management; denial of payment for new admissions; civil money penalties; termination of the facility; and State monitoring of the facility. States are responsible for establishing their own remedy guidelines.

Following the implementation of the State Operations Manual, HCFA also imposed a number of administrative changes on enforcement procedures. In June 1995, HCFA enacted a temporary moratorium on the collection of certain lower-level money penalties (CMPs). This moratorium preceded HCFA’s decision to alter the State Operations Manual in December of 1996. “Civil monetary penalties are now limited to situations of immediate jeopardy or to nursing facilities that are poor performers or have serious deficiencies that

are not corrected at the time of a revisit.” Additional changes by HCFA redefined the scope of deficiencies, permitted States to avoid revisits in facilities that have lower level deficiencies, and established new terms to define facilities that are not in substantial compliance.

Nursing Home Systems

Survey and Certification. All nursing homes participating in Medicare and/or Medicaid must be certified in meeting certain Federal requirements. The Nursing Home Reform Act defines the State survey and certification process for determining nursing home compliance with these Federal standards. The HCFA is responsible for certifying Medicare and dually-eligible facilities, while States are responsible for Medicaid only facilities. Nursing home certification is achieved through routine surveys, and HCFA contracts with States to perform such surveys for Medicare and dually-eligible nursing homes, in addition to those they perform for Medicaid nursing homes.

State surveys determine the compliance or noncompliance of nursing homes. When a nursing home fails to meet a specific requirement, surveyors give it a deficiency or citation. Generally, there are 20 principles that are considered in the citation of deficiencies on the HCFA-2567. Surveyors also provide the reasons justifying any resulting enforcement action and the record on which to defend that action in the appeals process. State survey teams generally consist of multi-disciplinary professionals and must include a registered professional nurse. Other professionals who may be on the survey team include social workers, therapists, dieticians, pharmacists, administrators, and physicians.

Each State is also required to maintain written procedures and adequate staff to investigate complaints of violations at nursing homes. States must review all allegations of resident neglect and abuse, and misappropriation of resident property. All allegations, regardless of source, must be reviewed in a timely manner. If an allegation is found to have occurred, the State must notify, in writing, the individuals implicated and the administrator of the nursing home where the incident transpired.

A new survey and certification process was implemented in 1995. All nursing facilities are now subject to an unannounced standard survey “no later than 15 months after the date of the previous standard survey.” Since the Statewide average interval between standard surveys “must be 12 months or less,” this creates a Federal standard survey window between 9 and 15 months. Each standard survey includes a stratified case mix of nursing home residents, and measures their medical, nursing and rehabilitative care, dietary and nutrition services, activities, social participation, sanitation, infection control, and physical environment. Written plans of care are reviewed to determine their adequacy and an audit of residents’ assessments are conducted to determine the accuracy of such assessments. There is also a review of facility compliance with residents’ rights.

In addition to regular surveys, States also conduct “special” and “extended” surveys. Special surveys may be conducted within two months of any change in ownership, administration, management, or director of nursing to determine if the change is having an effect on the quality of care in the nursing home. Extended surveys are performed immediately or within two weeks after the standard survey completion, on those nursing homes found to have provided substandard quality of care. The survey team reviews the policies and procedures that produced the substandard care, expands the size of the sample of resident’s assessments, reviews staffing, in-service training, and if necessary, contracts with consultants.

Within two months of the State survey, HCFA conducts validation surveys on a representative sample of nursing homes in each State utilizing the same survey procedure as the State agency. Recently, some HCFA regional offices have chosen to conduct these validation surveys simultaneously with the State. The HCFA must survey at least five percent of the number of facilities surveyed by the State each year, and this number must never be less than five surveys a year.

In order to improve the survey process, the State Agency Quality Improvement Program (SAQIP) was developed to establish a process for State agencies and HCFA regional offices to work together to develop the State’s individual quality improvement plans (IQIPs). The regional office will assist the State by providing training, technical assistance, and support as necessary and appropriate. These individual plans are tailored to the specific needs and circumstances of each State, and are revised and improved based on changing needs. The SAQIP is designed to promote quality and ongoing improvement in survey and certification activities, and applies to all aspects of the survey and certification process.

The HCFA’s Online Survey Certification and Reporting System (OSCAR) came online in October 1991. The HCFA uses OSCAR in its survey of Medicare and Medicaid providers to monitor State agency and provider performance. The OSCAR contains data for the current and 3 previous surveys. Some of the data is overwritten as new information is entered (e.g. number of beds, address, and employment information), but deficiency data remains and is tracked historically. The HCFA recently began tracking the scope and severity of deficiencies historically as well. Part of the OSCAR data is self-reported information by the nursing homes about the facility and its’ patients. The remaining data is information generated by the surveyors and is based on deficiencies. The Federal regulations detailing survey requirements are classified into 17 major categories. The specific survey requirements within these categories were consolidated from 325 individual items to 185 items on July 1, 1995.

Ombudsman Program. In response to growing concerns about poor quality care in nursing homes and to protect the interests of residents, the State Long Term Care Ombudsman program was established in 1978 in the Older Americans Act. The ombudsmen advocate on behalf of residents of all long term care facilities, including nursing

homes, to ensure residents have a strong voice in their own treatment and care.

The Ombudsman Program operates in all fifty States, the District of Columbia, and Puerto Rico, and in hundreds of local communities, and uses both paid and volunteer staff. The program receives funding from Federal, State and local levels, and is overseen by the Administration on Aging (AoA). Most State ombudsmen operate within the State Unit on Aging, some of which are independent while others are part of a larger State umbrella agency. The remaining State Ombudsman programs are contracted out and administered by an entity separate from the State Unit on Aging. These programs are operated by non-profit organizations, legal services agencies, or by freestanding Ombudsman program agencies.

State Ombudsman programs have multiple functions that are mandated by law, many of which are closely tied to ensuring quality care for long term care residents. They include:

- identifying, investigating, and resolving complaints;
- protecting the legal rights of patients;
- advocating for systemic change;
- providing information and consultation to residents and their families; and
- publicizing issues of importance to residents

States have recently started to collect and report data under a new system. In FY 1995, States began to systematically collect and report data under the National Ombudsman Reporting System (NORS). Prior to NORS, States reported data to AoA, which was of limited use due to the lack of common definitions for key data elements. The NORS was created in response to earlier recommendations made by the General Accounting Office and the Office of Inspector General, and was developed by the ombudsmen themselves. It includes more specific data elements than were reported before NORS. For example, it separates complaints by type, distinguishes between complaints and complainants, counts unresolved complaints, and reports program funding streams. Twenty-nine States reported under NORS in 1995 and all States did so annually beginning in 1996.

Resident abuse safeguards. Federal regulations require States to establish a registry of nurse aides that includes information on any aide found guilty of abuse or neglect. Regulations also mandate that nursing homes not employ individuals who have been found guilty of abusing or neglecting nursing home residents. States are additionally required to provide criminal information to the OIG national database, which is then used to publish a monthly exclusion list. However, there is no Federal requirement to conduct criminal background checks of all current or prospective employees of Medicare and/or Medicaid participating nursing homes.

Other procedures have also been established to coordinate the reporting of resident abuse allegations. Each State is required to designate a coordinator with central State authority to receive complaints of mistreatment or neglect of nursing home residents. While this individual or entity may be located in any number of State agencies or within a designated complaint unit, the responsibility is often assigned to an employee of the State survey and certification agency.

Families. Families are in the best position to help choose a nursing home and to monitor the care provided in that home. To do this, they need accurate and timely information about the quality of care in the nursing home they choose. A nursing home's most recent annual survey results are, theoretically, ideally suited for this purpose. Various laws and regulations are intended to make these results available to the public, including the requirement that nursing homes post a notice giving the location and availability of its most recent survey results.

Law enforcement. Several different agencies have responsibility for nursing home law enforcement, including the Department of Justice, the OIG, and State agencies such as the State Attorney General. The local police force also plays an enforcement role. A nursing home facility, owner, or other employee (such as a nurse aide or administrator) may be excluded from participation in Medicare and Medicaid after appropriate enforcement action is taken.

Recently, poor quality of care has been the basis of a prosecution under the False Claims Act. When providers submit claims for reimbursement, they certify either explicitly or implicitly that the services provided meet professional standards; if they "knowingly" present a claim for substandard services, they could be liable under the False Claims Act. Thus, under appropriate circumstances, the Government can use the False Claims Act to prosecute a provider who knowingly presents false or fraudulent claims to the government for substandard care in nursing homes. The two major cases where the False Claims Act has been used involve grossly deficient diabetes monitoring, pressure sore care, and other nursing care. In both the landmark 1996 case against Geriatric & Medical Cos., Inc. and its Tucker House facility and the 1998 case against the Chester Care chain of four nursing homes, the OIG obtained civil settlements for \$500,000 each. As part of the settlement agreements, the companies were required to develop comprehensive compliance programs. In addition, in the Chester Care case, the company was required to pay for a temporary manager and monitor to oversee provision of care.

Legislative reforms (OBRA 1987). As previously noted, the OBRA 1987 legislation and ensuing regulations established a framework for nursing home reform. It specifically provided an agenda for nursing home care by mandating that residents be given certain rights and services, and adding several administrative standards that nursing homes were required to meet. It also established new survey and enforcement requirements, including making surveys more resident focused and augmenting existing enforcement options.

Prior Studies and Recent Initiatives

Several studies have been completed which have examined the survey and certification process. One recent study entitled “The Regulation and Enforcement of Federal Nursing Home Standards,” written by Charlene Harrington and published in March of 1998, details problems with nursing home certification. She challenges the declining State deficiency averages by raising the notion that the enforcement process may be weakening rather than nursing facilities improving quality of care.

Furthermore, “The National State Auditors Association Joint Performance Audit on Long-Term Care,” completed in May of 1998 by the Louisiana Office of the Legislative Auditor, compiled information from ten States regarding survey and certification concerns. Issues discussed include licensing, inspection, sanctions, complaints, and reimbursement. The audit findings conclude that States should vary the timing of inspections, evaluate how aggressively they are imposing State sanctions on facilities with deficiencies, and avoid delaying the investigation of complaints.

Many studies have also reported on the progress and impact of the Ombudsman Program. One of the most recent, “Real People, Real Problems,” published in 1995 by the National Academy of Sciences’ Institute of Medicine, looked at the Ombudsman program overall. This study reported on State compliance, conflicts of interest, effectiveness, resources, and the need for future expansion of the program. It found that, overall, the Ombudsman program is effective. It also reported lack of access to ombudsman services by residents and their families, disparities in ombudsman visitation patterns and service provision, and uneven legal services available to ombudsmen.

Additionally, the Inspector General issued several reports on the Program in 1991 and 1992. First, “Successful Ombudsman Programs,” (OEI-02-90-02120), the main report in a series of reports on the Ombudsman program, found that successful programs are highly visible and obtain adequate funding and support. Furthermore, “State Implementation of the Ombudsman Requirements of the Older Americans Act,” (OEI-02-91-01516), found, among other things, that State program staffing and long term care facility visitation varies significantly. It also found that ombudsmen use many methods to increase their visibility.

In July, 1998, the President announced a new nursing home care initiative to provide enhanced protections and to target needed improvement in nursing home care. Proposed actions include checking criminal backgrounds of nursing home workers, establishing a national registry of employees convicted of abusing patients, targeting nursing home chains with poor records, cutting off inspection funds to States with poor records of citing substandard quality of care, publishing annual nursing home surveys on the Internet, increasing Federal oversight of State inspections, providing additional training to State officials, changing the survey schedule to make them more unpredictable, and increasing the

number of night and weekend surveys.

In conjunction with the President’s nursing home initiative, the Secretary released a report to Congress in July of 1998, a “Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System,” indicating that significant improvements in the quality of care had been made since 1995. These improvements included more appropriate use of physical restraints, anti-psychotic drugs, anti-depressants, urinary catheters, and hearing aids. However, the report did find a need for further improvements by States, nursing homes, and others. Additional steps will be taken to address the problems identified in the report and include tougher enforcement of Medicare and/or Medicaid rules. Efforts will be aimed at preventing instances of pressure sores, dehydration, and nutrition problems. The following are new approaches aimed at improving quality of care: facilities that have repeat offenses will face sanctions without a grace period; inspections will be conducted more frequently for repeat offenders without decreasing inspections at other facilities; inspections will be staggered; a set amount of inspections will be conducted on weekends; and efforts will be focused on facilities within chains that have a record of non-compliance. One week after the President’s initiative, the General Accounting Office (GAO) published a report examining the quality of care in 1,370 California nursing homes that were inspected from 1995 to 1998. They found 30 percent of the homes had violations that caused death or life-threatening harm to residents, or had understated the frequency of poor care by falsifying medical records. As a result of this report, the US Senate Special Committee on Aging held hearings in July 1998 to discuss the findings on the quality of care in nursing homes.

METHODOLOGY

Multiple methods were used for this report. They include an analysis of national nursing home program data, a review of written program procedures, structured telephone interviews, a literature review, and an analysis of nursing home legislation.

Description of nursing home conditions

Data Analysis

Survey and certification data. We used a purposive sample of 10 States which represent 55.8 percent of total skilled nursing beds nationally. These States are New York, California, Texas, Ohio, Illinois, Pennsylvania, Massachusetts, Florida, New Jersey, and Tennessee. The OSCAR contains data for the current and 3 previous surveys and categorizes deficiencies into 17 major categories. Using the most recently available OSCAR data (from August 4, 1998), 3 of the 17 categories which could determine poor quality of care were analyzed. These are: 1) resident behavior and facility practices,

including the areas of restraints, abuse and staff treatment of residents; 2) quality of life, including the resident's ability to make decisions about his or her daily activities and the nursing home's accommodation of his or her needs; and 3) quality of care, including the technical ability of the nursing home to prevent and treat the medical conditions of its residents. Substandard quality of care deficiencies repeated over the last four surveys and abuse complaint data were also examined.

Ombudsman data. Using the same purposive sample of 10 States, we analyzed 2 sets of Ombudsman program data. For 1996 and 1997, data from the National Ombudsman Reporting System (NORS) was examined; from 1989 to 1994, data from the pre-NORS reporting system was used. Data from 1995 is not analyzed due to a lack of comparable data elements for that year. For both pre-NORS and NORS data, figures for both total complaints and broad complaint categories are presented; for NORS data, 125 specific complaint types were also looked at. Finally, data on Ombudsman program staffing, visitation rates, advocacy activities, and coordination with survey and certification agencies was also examined.

Abuse complaints. Using a fax survey, we obtained data from all 10 States on the numbers and types of nursing home resident abuse complaints. We specifically analyzed data on four types of complaints selected as key indicators of recent abuse trends: physical abuse, inappropriate use of restraints, physical neglect, and medical neglect.

OIG convictions. We reviewed data from the Office of Inspector General on nursing home convictions relating to resident abuse or neglect, from 1995 to 1998.

Literature review

We examined findings on nursing home conditions from several studies, particularly the recent GAO report entitled "California Nursing Homes: Care Problems Persist Despite Federal and State Oversight."

Assessment of nursing home systems

Procedures review

Survey and certification procedures. For the eight States that have their own survey guidelines which they use in addition to HCFA guidelines, we obtained and reviewed their written program procedures and other related documents. The remaining two States had no survey requirements of their own.

Ombudsman procedures. Written procedures for all 10 sample State Ombudsman programs were obtained and reviewed. Using a structured review guide, these procedures were reviewed to determine the different processes used by ombudsmen to monitor and

promote quality of care in nursing homes. Standards mandated for these processes, such as complaint response times, were also looked at.

Interviews

Survey and certification telephone interviews. A total of thirty structured telephone interviews were conducted. In each of the 10 sample States, one interview was conducted with the State survey and certification director (or designee) and two State surveyors. The two State surveyors were selected randomly from a list of at least 10 surveyors submitted by the State director. During these interviews, information was obtained about the State survey and certification program structure, the processes utilized to monitor quality of care, how deficiencies are addressed, and the satisfaction of State survey and certification directors and surveyors with the process. Information provided by the directors was compared to that provided by surveyors, and special attention was given to consensus within and among the groups.

Ombudsman telephone interviews. A total of 30 structured telephone interviews were conducted. In each of the 10 sample States, one interview was conducted with the State ombudsman, one local program ombudsman, and the State Aging Unit Director or designee. In selecting ombudsmen from local programs to interview, individuals from a variety of local program structures were chosen. These three groups of respondents were selected to obtain their different perspectives of the program and consensus among the groups was particularly noted while analyzing the interviews.

Examination of nursing home survey results availability

To examine the availability of survey results, we used a different sample and methodology. We selected a purposive sample of eight cities, each one having a regional Office of Evaluations and Inspections (San Francisco, Atlanta, Chicago, Boston, Kansas City, New York, Philadelphia, and Boston). We then combined five methods to assess the availability of survey results: telephone interviews with 155 family members; a simulation by OIG staff of families' access to nursing home results; telephone requests to HCFA and State officials for survey results; a review of HCFA's new internet site for survey results; and a review of Federal rules and procedures regarding access to survey results.

Literature review

We also conducted a literature review of recent nursing home studies which assessed nursing home systems. We particularly used an OIG report entitled "Safeguarding Long Term Care Residents."

Legislation review

Finally, we reviewed nursing home legislation, particularly OBRA 1987. We identified each of the individual reforms outlined in OBRA 87 and determined which ones had been assessed for impact and outcome. Lastly, we reviewed the mission statement and agenda

for recent nursing home law enforcement initiatives.

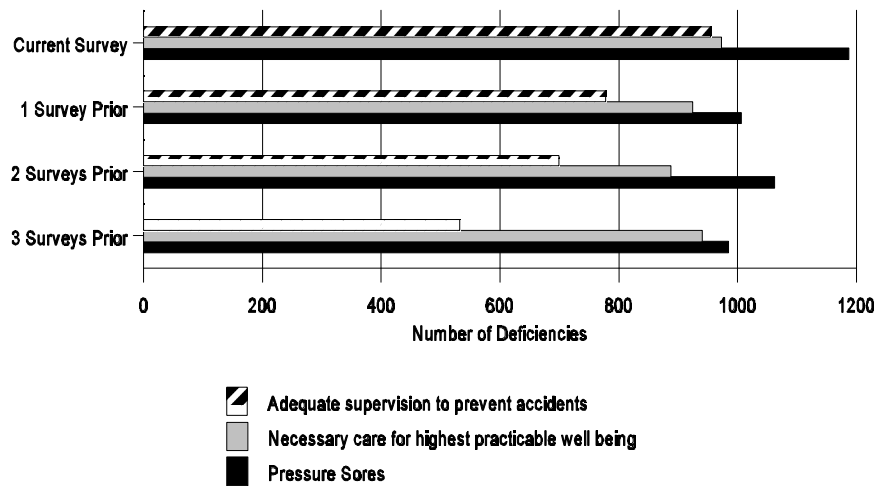
This inspection was conducted in accordance with the **Quality Standards for Inspections** issued by the President's Council on Integrity and Efficiency.

FINDINGS

Serious quality of care problems persist in nursing homes

Survey and certification deficiencies. An analysis of survey and certification deficiencies indicates that problems with quality of care continue to exist in nursing homes. Deficiencies are grouped into one of three main categories, and while two of these categories have been decreasing, many deficiencies in the “quality of care” category have actually been increasing. More specifically, 13 of the 25 deficiencies that make up this category are higher now than they were on the last 3 surveys. These 13 deficiencies were cited 6,413 times on the current survey, compared to 5,246 times three surveys prior, an increase of almost 25 percent. They include a lack of adequate supervision to prevent accidents, a lack of appropriate care for activities of daily living, and improper care for pressure sores. Graph A below shows how some of these serious deficiencies have grown over the prior 3 surveys.

Graph A
Some Serious Quality of Care Deficiencies Have Been Increasing



Deficiencies often lead to further medical problems or indicate other issues. For example, pressure sores could be an indication that residents also have other problems, such as urinary incontinence, malnutrition, or dehydration. Table 1 below shows the nature and extent of the top 10 substandard quality of care deficiencies from the latest standard survey in the 10 sample States.

Table 1
**The Top 10 Substandard Quality of Care Deficiencies
 Include Some Serious Problems**

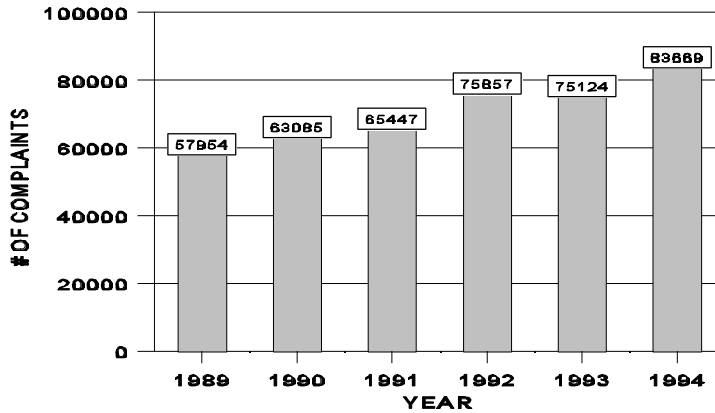
| Deficiency | # of Sample State Deficiencies | % of Sample State Facilities |
|--|--------------------------------|------------------------------|
| Proper treatment to prevent or treat pressure sores | 1186 | 16% |
| Facility free of accident hazards | 1164 | 16% |
| Facility promotes care that maintains/enhances dignity | 1115 | 16% |
| Housekeeping and maintenance | 1023 | 14% |
| Provides necessary care for highest practicable well-being | 972 | 14% |
| Right to be free from physical restraints | 958 | 13% |
| Should have policies that accommodate needs | 787 | 11% |
| Drug regimen free from unnecessary drugs | 768 | 11% |
| Appropriate treatment for incontinence | 750 | 10% |
| “Activities of daily living” care provided for dependent residents | 699 | 10% |

In its recent report entitled “California Nursing Homes: Care Problems Persist Despite Federal and State Oversight” the GAO examined the quality of care in 1,370 nursing homes in California. It found that 30 percent had violations that caused death or life-threatening harm to residents, or had understated the frequency of poor care by falsifying records. Among the problems it reports are poor nutrition, dehydration, and improper care of incontinent and immobile residents which leads to pressure sores.

Ombudsman complaints. Ombudsman nursing home complaints have also been steadily

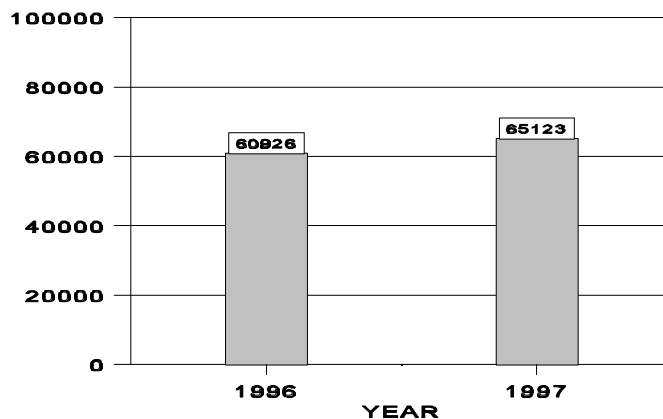
increasing, as illustrated in graph B below. Based on data from 1989 to 1994, total complaints in the 10 sample States grew from 57,954 to 83,669, an increase of 44 percent. (Due to the transition to a new data system in 1995, we do not have comparable complaint rates for that year).

Graph B
At the Same Time, Ombudsman Program Complaints
Increased from 1989 to 1994



Beginning in 1996, a new Ombudsman program reporting system was used that counted complaints differently from the prior system. Data from 1996 and 1997 also show that complaints increased seven percent between these two years, from 60,926 to 65,123, as illustrated in Graph C below.

Graph C
Ombudsman Program Complaints Also Increased from 1996 to 1997



Ombudsman complaints about resident care have been particularly prevalent. Of the five main Ombudsman program complaint categories, the resident care category increased the most from 1996 to 1997, growing by 13 percent. This category includes specific complaints about personal care (such as pressure sores and hygiene), lack of rehabilitation, and the inappropriate use of restraints. On a more specific level, 12 complaints had increases of 24 percent or more from 1996 to 1997. Two of these -- staff turnover and lack of staff training -- may indicate other problems with resident care.

In 1997, the majority of all Ombudsman program complaints (63 percent) fell into 2 of 5 categories -- resident care (32 percent) and residents' rights (31 percent). The top 10 complaints for that year include 3 related to inadequate nursing home staffing, as well as specific complaints about poor quality of care, such as poor hygiene, physical abuse, and improper handling and accidents.

Resident abuse complaints. Data obtained from nursing home abuse complaint coordinators in the 10 sample States lack common definitions and are therefore inconsistent. Furthermore, these complaints are not always substantiated. Among the 10 States, there are no obvious trends in reported complaints; some States have upward trends and others downward trends. Nevertheless, approximately one percent or more of nursing home residents in the 10 States have had an experience serious enough to register an abuse complaint.

Additionally, since 1995 the OIG has excluded 668 nursing home workers from participation in the Medicare or Medicaid programs as a result of a conviction related to patient abuse or neglect. The excluded workers were primarily nurses and nurse aides.

Chronically substandard homes. Some nursing homes appear to be chronically substandard. Data from OSCAR show that some are repeatedly deficient; 463 nursing homes have been cited with the same deficiencies over their last past four surveys, representing 6 percent of all homes in the 10 sample States. State directors and surveyors also report that between 1 to 20 percent of nursing homes in their State have chronic quality of care problems. Finally, three-fourths of ombudsmen say there are some homes (10 percent or fewer) that routinely treat residents poorly.

Insiders' perspectives. Survey and certification staff and ombudsmen express some reservations about relying exclusively on program data to identify nursing home problems. While generally satisfied with OSCAR data, more than half of State directors and surveyors believe it is not a true indicator of nursing home quality of care since it only portrays the situation of the nursing home at the time surveyors are physically conducting the survey. Ombudsmen also say that higher complaint rates do not always indicate more problems, pointing out that higher complaint rates could be due to a greater presence of Ombudsman staff in nursing homes.

Nevertheless, in all 10 sample States, State surveyors and survey directors, State and local ombudsmen, and State Aging Unit Directors confirm that problems with care persist in nursing homes. These are many of the same problems reported in program data. State surveyors and survey directors say the biggest problems they see are resident abuse, failure to treat incontinent patients, and improper medication distribution. Ombudsmen and State Aging Unit Directors identify malnutrition and other dietary concerns, bed sores, dehydration, poor hygiene, over-medication, toileting, and physical abuse as problems nursing home residents face.

Evidence suggests inadequate levels of nursing home staff contribute to quality of care problems

In all 10 sample States, survey and certification staff, State and local ombudsmen, and State Aging Unit Directors identify inadequate staffing levels as one of the major problems with nursing homes in their States. Most believe that these staffing shortages leads to chronic quality of care problems, such as failure to adequately treat and prevent pressure sores. They cite further concerns about the proficiency and training of nursing home staff.

The type and extent of survey deficiencies and Ombudsman program complaints also suggest that nursing home staffing levels are inadequate. Common personal care problems such as lack of nutrition and poor care for incontinence suggest that staffing is inadequate to provide the level of care needed to avoid these problems. Furthermore, specific complaints about nursing home staff are some of the most common types of Ombudsman program complaints. The top complaint in 1997 was unanswered call lights and requests for assistance, while staff attitudes and lack of respect was third and shortage of staff was ninth.

Survey and certification agencies are following required standard protocols but weaknesses in the survey system itself limit their effectiveness

State survey and certification agencies monitor nursing home care with timely and standard surveys, complaint procedures, and additional State processes. Based on OSCAR data over the last 4 standard surveys, all sample States completed 97 percent of their standard surveys in the mandated time frame of 9 to 15 months. Furthermore, all State survey directors and surveyors report following HCFA guidelines for their surveys, including starting with an entrance conference, touring the facility, interviewing residents and family members, reviewing medical records, and concluding with an exit conference. They also report having a complaint process to address complaints about nursing home practices. Seven States have their own survey guidelines which they use in addition to HCFA guidelines, and some have additional databases and information sources.

Despite following standard procedures, however, the survey and certification system has several weaknesses, including the predictability of surveys. Although all States use unannounced nursing home surveys, almost all directors and surveyors believe that facilities can anticipate the survey start date. They say that facilities often modify their normal daily procedures to reduce potential deficiencies, such as increasing staff on certain shifts. In most States, surveyors also do not begin or continue standard surveys on the weekend or in evening hours. State directors and surveyors therefore voice concerns about whether standard surveys represent an accurate reflection of quality of care in nursing homes.

The survey and certification process is also limited by weak enforcement, including inaction on abuse complaints. From January 1997 to July 1998, OSCAR data reports 4,707 abuse complaints (involving almost one third of all nursing homes) in the 10 sample States. Two-thirds of these were unsubstantiated and the remaining third were substantiated. Over 90 percent of both substantiated and unsubstantiated complaints concluded with no action, plans of correction, or other remedy. Furthermore, half of the State directors and three-fourths of surveyors indicate that current enforcement measures are questionable. They express concern that civil monetary penalties do not compel nursing homes to observe Federal regulations, are insufficient to influence nursing home chains, and are not imposed immediately, allowing facilities to remain non-compliant for longer periods of time. Others believe that current enforcement process allows deficient facilities far too many opportunities to avoid enforcement action.

Finally, survey and certification agencies have a number of staffing constraints. The overall number of surveyors varies by State, thereby affecting the number of standard, follow-up, and complaint surveys each team can conduct. For example, the number of standard surveys on the 10 States ranges from 12 to 26 per year. State directors also express concern about high staff turnover rates, difficulties replacing staff once they leave, and limited surveyor training. They additionally report weaknesses in coordination between their staff and ombudsman staff. Surveyors received 13 percent of all Ombudsman program abuse complaints per month in 1997.

While the Ombudsman program is well designed, inadequate resources limit its capacity

The Ombudsman program has several functions to promote and monitor quality of care in nursing homes, including identifying and resolving complaints, making regular visits to nursing homes, and engaging in a variety of different advocacy activities. Discussions with State and local ombudsmen, as well as State Aging Unit Directors, emphasize the uniqueness of this program. In contrast to other programs, ombudsmen lack enforcement and regulatory oversight authorities. As independent advocates, they work solely on behalf of residents and are often the only voice residents have in their own care. An ongoing, routine nursing home presence is therefore essential to the ombudsman role. In fact, most

State ombudsmen (6 of 10) believe this presence is the most important part of their program. This presence provides ombudsmen with the opportunity to develop personal and confidential relationships with residents and enables them to identify and address individual issues before they become larger, systemic problems.

Nevertheless, the overall capacity of the Ombudsman program is limited by inadequate resources, including inadequate staffing. Paid staffing and volunteer levels among the 10 States vary considerably, ranging from 4,618 nursing home beds per paid staff in one State to 1,115 beds per paid staff in another. While no minimum staffing ratios are required by law, a 1995 Institute of Medicine study on the Ombudsman program recommends a standard staffing ratio of 1 paid Ombudsman staff person per 2,000 long term care facility beds; only 1 in the 10 sample States, Massachusetts, meets this standard. Furthermore, a majority of State and local Ombudsmen identify insufficient program staffing and an inadequate number of volunteers as obstacles which detract from their program's effectiveness.

Inadequate program staffing is particularly evident in the limited extent to which ombudsmen make regular nursing home visits. In the nine States that make such visits, volunteers are generally assigned to just one nursing home and visit this home on a weekly basis. However, most nursing homes in the 10 States do not have volunteers assigned to them, and these homes are usually visited by paid staff just once or twice a year for no longer than one to three hours. In fact, in four States there are nursing homes that are never visited by volunteers or paid staff.

Other limitations affect the Ombudsman program's overall capacity. Lacking a common standard for complaint response and resolution, ombudsman staff in some States are not consistently handling complaints in a timely manner. Ombudsman staff also devote varying amounts of time to outreach and advocacy activities, with some spending relatively little time on community education, work with the media, work on laws and policy, and nursing home staff training. Also, half of State and local ombudsmen believe their program's lack of support in the State diminishes its capacity and limits their ability to influence nursing home policies. Lastly, they believe better collaboration is needed with the survey and certification agency.

State systems to safeguard nursing home residents from abuse are inconsistent and unreliable

Based on findings from a recent OIG audit, “Safeguarding Long Term Care Residents,” (A-12-97-0003) it appears that some weaknesses exist in State efforts to safeguard nursing home residents from abuse. This audit revealed great diversity in the way States systematically identify, report, and investigate suspected abuse. While no Federal requirement exists for criminal background checks of nursing home staff, 33 States do mandate that such checks occur. However, the methods used to identify individuals who pose a risk of abuse and the criteria followed for prohibiting employment vary widely among these States. Furthermore, not all States systematically report convictions to central databases, such as the certified nurses aide registry. It therefore appears that there is no assurance that individuals who may pose a risk to residents are systematically identified and barred from nursing home employment.

A more in-depth audit of Maryland also found problems with nursing home hiring practices in that State. In particular, this audit found that five percent of employees in eight nursing homes had criminal records. It also noted that some of these individuals were not reported in the State or Federal systems used for criminal background checks, despite the fact that they had been convicted of elder abuse.

Public awareness and access to nursing home survey results is limited

Two-thirds of 155 families interviewed in eight sample cities did not know that the results of Federal and State nursing home inspections are available on request. Half were also unaware that such inspections are required. Only 15 of the 155 individuals we interviewed had ever requested a copy of the survey results, and of the 11 who obtained a copy, 6 said the results were not based on a recent survey conducted within the past 15 months.

Most of the 32 sampled nursing homes visited by staff from the Office of Inspector General did not fully meet the requirements for making survey results available. In a majority of these homes, the notice identifying the location of the survey results was not posted and/or the survey results were in locations directly observed by staff, contrary to regulations. Staff from the OIG had to ask for the survey results in 24 of the 32 homes they visited. While most (27) did ultimately make the survey results available, the OIG staff had an advantage over other members of the public since they were aware of what to look for and how to ask for it.

The HCFA has recently established a more easily accessible version of nursing home survey results with an internet site entitled *Nursing Home Compare*. For families with access to the internet, this is a promising development. When staff from the OIG located this site, they found it easy to understand. Most of the families interviewed said it could be very helpful in providing useful nursing home information.

New initiatives based on law enforcement approaches are being considered

Initiatives to strengthen nursing home law enforcement are relatively new. Particularly noteworthy is the formation of nursing home task forces at the local, State, and national levels, comprised of representatives from the Department of Justice, HCFA, OIG, and other agencies. These groups will examine and develop action plans for several enforcement strategic areas and will address the full range of nursing home enforcement issues. They will collaborate with Medicaid Fraud Control Units, the State Attorneys General, State survey agencies, and other oversight agencies. Among the strategic areas targeted are: improving the handling of civil monetary penalty referrals; reviewing patient abuse and neglect legislation for model State legislation; recommending possible new legislation for prosecuting abuse and neglect; reviewing current services available to abuse victims; and identifying emerging quality of care and fraud problems in nursing homes.

By targeting key strategic areas and coordinating among the various agencies responsible for nursing home enforcement, these initiatives appear promising. If successful, they should strengthen enforcement of nursing home problems. However, it is too soon to determine the full impact of these enforcement initiatives. Some of the task forces and action plans will not be fully developed until early 1999, and at the earliest, preliminary results will not be available until later in that year.

Nursing home reforms established by OBRA 1987 have not been systematically assessed

The nursing home reforms created by OBRA 1987 impacted both nursing home systems and nursing home care. First, these reforms essentially changed the focus from a nursing home's *ability* to provide care to the *quality* of the care actually provided. The OBRA 87 requires nursing homes participating in Medicare and Medicaid to comply with extensive standards. These standards include ensuring various resident rights, rights related to admission, transfer and discharge, and the right to be free from restraints and abuse. The OBRA 87 also requires nursing homes to promote residents' quality of life, conduct periodic resident assessments, and provide the necessary care needed for residents to maintain the highest practicable physical, mental, and psychosocial well-being. Additionally, OBRA 87 requires nursing homes to provide certain services, including nursing, dietary, physician, rehabilitative, dental, and pharmacy services. Finally, several administrative

standards were also established, including requirements for nurse aide training, a medical director, and clinical records.

The OBRA 87 also changed nursing home enforcement and survey procedures. Among these changes are: the development of the Resident Assessment Instrument (RAI), which is a standardized assessment instrument for nursing home residents; a more outcome oriented survey that emphasizes gathering information by observing and interviewing residents; and new intermediate enforcement remedies that augment existing options for noncompliant nursing homes.

While it has now been more than a decade since OBRA 1987 was first passed, there has been no systematic assessment of its extensive agenda and no methodical evaluation of whether or not the reforms it intended are actually working. In its 1998 Report to Congress, HCFA attributes positive changes in the use and outcomes of resident assessment instruments and psycho-pharmacological medications to OBRA 87. The HCFA also concludes that new enforcement and survey regulations have been effective. Other studies have addressed additional OBRA reforms, including OIG reports on nursing home prescription drug use and resident abuse. Furthermore, data from survey and certification and Ombudsman program reporting systems suggest the OBRA requirement that residents be free from restraints is having some effect; deficiencies on restraints and ombudsman restraint complaints have been decreasing over the past several years. Nevertheless, the success of this major legislation has not yet been established. A definitive assessment of the extent to which OBRA reforms have bettered conditions in nursing homes is therefore needed.

AN AGENDA FOR CONTINUING IMPROVEMENT IN NURSING HOME CARE

Since OBRA 1987 was first passed, real improvements have been made in nursing home care. More recently, considerable attention has been paid to addressing persisting concerns about nursing home conditions and systems. In particular, we commend the Health Care Financing Administration (HCFA) for its extensive nursing home initiative since it addresses many of these persisting problems. This initiative includes many individual action items which should result in positive changes. Additionally, the Administration on Aging (AoA) has been taking steps to enhance the Ombudsman program, including improving the program reporting system and conducting annual training of ombudsman staff.

The problems we describe in this report will require continuing attention, possibly for several years. The broad outline of an effective strategy would include actions to:

- ▶ enhance the survey and certification process;
- ▶ strengthen the Ombudsman program with increased resources;
- ▶ improve nursing home staffing levels; and
- ▶ improve coordination between State survey agencies and ombudsmen.

We also believe that further evaluation and progress measurement would make an important contribution to efforts to advance nursing home care. We specifically suggest:

- ▶ a systematic assessment of OBRA 1987; and
- ▶ the creation of a periodic report card on conditions in nursing homes.

We have incorporated action items from HCFA's nursing home initiative, AoA's Ombudsman program activities, recommendations for additional steps to be taken, current OIG work, and areas requiring further evaluation into one comprehensive, long term agenda to continue improvements in nursing home care. This agenda consists of a three stage approach of immediate action, research and evaluation, and continued progress measurement. It is outlined below.

I. Immediate Action

We believe immediate action should be taken to strengthen the capacity of systems designed to oversee nursing home care. We also believe improvements should be made in nursing home staffing levels, since this directly impacts on the care residents receive.

| Survey and Certification | |
|--|--|
| <i>Survey enforcement efforts.</i> Strengthen survey enforcement efforts by: making surveys more timely, effective, and unpredictable; increasing the number of night and weekend surveys and surveys at chronically substandard homes; focusing on specific problems, such as pressure sores; eliminating grace periods for homes with repeat serious violations; proposing new civil monetary penalties; and placing survey results on the internet. | Addressed in HCFA initiative |
| <i>Enhanced monitoring.</i> Enhance monitoring of special focus facilities. | Addressed in HCFA initiative. |
| <i>Surveyor training.</i> Provide additional training and assistance to State surveyors. | Partially addressed in HCFA initiative |
| <i>Surveyor staffing.</i> Evaluate State surveyor staffing to assure adequate staffing is available. | Action under consideration by HCFA |
| <i>Surveyor coordination.</i> Provide a forum for surveyors to meet and discuss common issues. | Action under consideration by HCFA |
| <i>Abuse.</i> Add survey task to look at provider's abuse intervention system, develop national abuse intervention campaign, and promote prosecution of egregious violators. | Addressed in HCFA initiative |
| Ombudsman Program | |
| <i>Visibility.</i> Develop guidelines for minimum levels of Ombudsman program visibility, including criteria for frequency and length of regular visits and staffing ratios. | Partially addressed by AoA through annual training |
| <i>Volunteers.</i> Formulate strategies for recruiting, training, and supervising more ombudsman volunteers. | Partially addressed by AoA through annual training and Ombudsman Resource Center |

| | |
|---|------------------------------------|
| <i>Complaint response and resolution.</i> Develop guidelines for ombudsman complaint response and resolution times. | Not currently addressed |
| <i>Reporting system.</i> Continue to refine and improve the Ombudsman program's data reporting system. | Continuing attention by AoA |
| <i>Coordination with Survey and Certification.</i> Establish ways to enhance coordination between survey and certification and Ombudsman programs. | Continuously addressed |
| Resident Abuse Safeguards | |
| <i>Employment safeguards.</i> Improve the safety of residents and strengthen safeguards against employment of abusive workers. | Addressed in HCFA initiative |
| Nursing Home Staffing | |
| <i>Staffing standards.</i> Develop staffing standards for registered nurses and certified nurse assistants in nursing homes to assure sufficient staff on all shifts to enable residents to have proper care. | Currently being studied by HCFA |
| Care Guidelines | |
| <i>Malnutrition and dehydration.</i> Develop best practice guidelines for malnutrition and dehydration care and national campaign to increase awareness of these problems. | Addressed in HCFA initiative |
| <i>Drug usage.</i> Develop guidelines and protocols for using effective drugs. | Addressed in HCFA initiative |
| Family Involvement | |
| <i>Family awareness and access.</i> Promote and facilitate greater awareness and access to survey results by strengthening existing avenues for receiving information and identifying new avenues. | Action under consideration by HCFA |

II. Research and Evaluation

We also propose the development of a research and evaluation program to assess the quality of care in nursing homes, including a systematic look at each of the legislative reforms established with OBRA 1987 and other quality of care issues. In the following table, we indicate where the OIG is conducting or planning work. As the Office of Inspector General, we have a particular interest in assuring that the standards mandated by OBRA 1987 are being met. Since we do not expect to address all of the nursing home requirements and issues we have identified, we invite others to join us in this evaluation.

| OBRA 1987 | |
|--|--------------------|
| <i>Prescription Drugs.</i> Assess the extent and appropriateness of prescription drug use by nursing home residents and describe consultant pharmacists' concerns about drug use. | OIG report issued |
| <i>Resident assessment.</i> Determine the systems used by nursing homes to conduct periodic resident assessments and plans of care and evaluate how this impacts reimbursement. | OIG study underway |
| <i>Nurse aide training.</i> Evaluate nurse aide training | In OIG workplan |
| <i>Abuse reporting.</i> Examine the extent to which States have implemented abuse reporting requirements. | In OIG workplan |
| <i>Medical director.</i> Examine the role medical directors play in assuring quality of care. | In OIG workplan |
| <i>Resident rights.</i> Assess the extent to which nursing homes are assuring resident rights. | |
| <i>Admission rights.</i> Assess the extent to which nursing homes are assuring admission, transfer, and discharge rights. | |
| <i>Restraints and abuse.</i> Assess whether rights to be free from restraints and abuse are being met. | |
| <i>Quality of life.</i> Assess whether or not nursing homes are providing care which promotes each resident's quality of life. | |
| <i>Resident well-being.</i> Determine if nursing homes are providing care and services to maintain the highest levels of residents' physical, mental, and psychosocial well-being. | |
| <i>Nursing home services.</i> Determine if nursing home staffing levels are adequate to provide required nursing, dietary, physician, rehabilitative, dental, and pharmacy services. | |
| <i>Physical environment.</i> Determine if nursing homes are maintaining a healthy and safe physical environment. | |
| Other Quality of Care | |
| <i>Resident satisfaction.</i> Determine the level of resident satisfaction with nursing home care. | OIG study underway |
| <i>Immunizations.</i> Examine the obstacles to immunizing 80% of nursing home residents against pneumococcal disease and influenza. | OIG study underway |

III. Progress Measurement

Finally, an independent, continuous assessment is needed to measure the progress made in raising the standard of nursing home care.

| Periodic Assessments | |
|---|-------------------------------|
| <i>Periodic report card.</i> Conduct periodic evaluations describing conditions in nursing homes based on deficiency trends, ombudsman complaints, resident satisfaction, and insiders' perspectives. | Under consideration by OIG |

AGENCY COMMENTS

This report is based primarily on a series of recent studies conducted by the Office of Inspector General on nursing home care. They are:

Nursing Home Survey and Certification: Deficiency Trends, OEI-02-98-00331;
Nursing Home Survey and Certification: Overall Capacity, OEI 02-98-00330;
Long Term Care Ombudsman Program: Complaints Trends, OEI-02-98-00350;
Long Term Care Ombudsman: Overall Capacity, OEI-02-98-00351;
Public Access to Nursing Home Survey and Certification Results, OEI-06-98-00280; and
Safeguarding Long Term Care Residents, A-12-97-0003.

We received detailed comments from HCFA, AoA, and the Assistant Secretary for Planning and Evaluation on the above reports. We made modifications in each report to respond to the comments received and to reflect the actions already being taken to improve nursing home conditions. This overview report also incorporates many of these modifications. We encourage everyone to read the individual reports and the comments we received on them. The comments are included in each report.