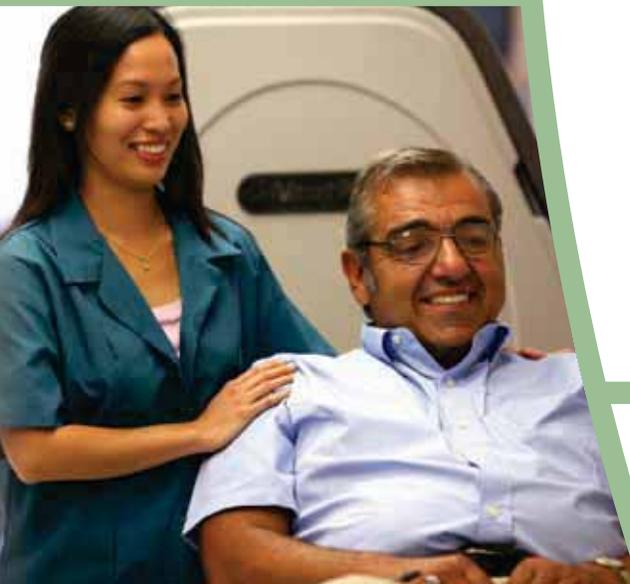


2010 Annual Quality Report

A Comprehensive Report on the Quality of Care in America's Nursing and Rehabilitation Facilities

Measureable improvement has occurred in 16 quality indicators between 2000 and 2009.



What the experts are saying:

AVALERE HEALTH

*Analysis of Nursing Facilities:
Focus on Quality*

As nursing facilities treat diverse patients, policymakers may consider how to measure quality based on a patients' needs, rather than setting of care.

Improvements in community discharge rates coincided with a period of increasing acuity suggest that nursing facilities are effectively managing an increasingly complex post-acute care patient population and providing therapeutic and rehabilitative services that enable patients to return to their homes.

More refined quality measures may foster greater consistency in state surveys and inspections as well as better target processes and outcome measure to more accurately reflect the care provided by type of patient.

Data suggests that nursing facilities represent the lowest-cost institutional setting...indicating that nursing facilities may provide policymakers with an opportunity for lowering program payments.

Payment rates and quality are also linked, which may reflect the effect of payment levels on the intermediate variable, staffing.

Hospitalizations and the average number of survey deficiencies by facility, while imperfect metrics, are increasing, while the percentage of facilities cited for substandard quality of care are decreasing.

LESLIE A GRANT, PH.D.

*Improving Performance through
Person-Centered Care*

Research suggests that person-centered care is associated with improved organizational performance, higher residents and staff satisfaction, better workplace performance and higher occupancy rates.

The major theme that underlies culture change across acute-care inpatient hospitals, short-stay facilities and long-stay nursing facilities is improving the client's experiences in the healthcare setting whether the client is a family member, patient or resident.

Findings suggest that facilities adopting more person-centered care practices perform better on some of these metrics, but not on others.

To better align financial incentives, reimbursement systems should take into account person centered care practice and/or performance metrics that are sensitive to culture change.

An accumulating body of empirical research supports the value of person-centered care as a viable strategy to improve organization performance.

QUALITY PARTNERS OF RHODE ISLAND

*Large-Scale Approaches to
Improving Quality Nursing Home
Care*

Voluntary participation in collaborative and campaigns, such as Advancing Excellence in America's Nursing Homes has proven an effective strategy for improving quality of care in nursing homes.

Although improvement comes slowly, it can be meaningful and fostered on much larger scales through collaborative and campaigns. These approaches can provide the focus and energy to improve both bedside processes and system level changes despite the increasingly difficult environment nursing homes operate.

Staffing shortages and staff turnover not only threaten to reduce the time invested in quality improvement, but also to lose the institutional knowledge about quality improvement processes when seasoned staff members leave.

Maintaining (let alone improving) care in nursing homes has proven difficult due to the constantly increasing acuity of new residents entering facilities.

Facilities participating voluntarily in the community-wide quality initiative, Advancing Excellence in America's Nursing Homes, improved at a greater rate in clinical areas than non-participants.

Rate of quality improvement was found to be dependent on voluntary participation, goal selection and aggressive target setting.


American Health Care Association


The Alliance
For Quality Nursing Home Care

To access a full copy of the 2010 Annual Quality Report, visit www.ahca.org or www.aqnhc.org