

## [The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff](#)

### **Context for The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff Report**

For many decades, the quality of care in nursing homes has suffered as a result of underinvestment. Four reports produced by the Institute of Medicine, now the National Academies of Science Engineering and Medicine (NASEM), have had some relevance to improving care delivery in nursing homes. The last time a report focused entirely on the nursing home setting, however, was in 1986. [In this landmark report](#), several recommendations were made to improve the care delivered to residents in nursing homes, but these have yet to be realized. Indeed, the way the United States finances, delivers, and regulates care in nursing home settings continues to be ineffective, inefficient, fragmented, and unsustainable.

In 2020, a 17-expert committee was convened to examine how our nation delivers, regulates, finances, and measures quality of nursing home care, including the long-standing challenges brought to light by the COVID-19 pandemic. The committee was tasked with making bold but actionable recommendations for effecting the change that we desire in nursing homes. The committee's vision was for nursing home residents to receive care in a safe environment that honors their values and preferences, meets goals of care, promotes equity, and assesses the benefits and risks of care and treatments. Recommendations can be found in [The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff Report](#), released on April 6, 2022. [They covered seven themes.](#)

First, to ensure that nursing homes deliver comprehensive, person-centered, equitable care that ensures residents' health, quality of life, and safety, promotes autonomy, and manages risk, residents' and families' preferences, goals, and values must be prioritized to help develop innovative approaches, such as small-home models. The report also emphasized the importance of strengthening emergency preparedness so that our country never has a repeat of the past two years.

Second, there is a need to ensure a well-prepared, empowered, and appropriately compensated workforce by putting in place competitive wages and benefits, enhanced minimum staffing standards, and increased training that comprehends diversity, equity, and inclusion, along with education on geriatric syndromes, financial management, and leadership, for example.

Third, too many nursing home corporations use complex ownership structures to [siphon dollars away from resident care](#). To increase financial transparency and accountability by nursing homes, policymakers must collect, audit, and make available detailed,

facility-level data, in a readily usable database, on the finances, operations, and ownership of all nursing homes at any given time.

Fourth, the report provides a strategy for moving toward a federal, long-term care benefit that adequately covers comprehensive nursing home care. Medicaid is currently the default payer of nursing home care, but eligibility is limited by income and asset tests, and it is constantly subject to state budget constraints.

Fifth, a more effective and responsive system of quality assurance is needed for nursing homes. State agencies currently [survey nursing homes](#) under the direction of the Centers for Medicare and Medicaid Services to ensure they are complying with the requirements to receive payments from Medicare and Medicaid. The survey process often fails to identify or correct serious care problems, to prevent recurring problems, and to investigate complaints in a timely manner. Additionally, there is insufficient oversight of, or transparency in, the survey process. As such, state survey agencies must be given adequate resources to increase monitoring of survey performance and of strategies to improve quality assurance.

Sixth, it is essential to expand and enhance the measurement of nursing home quality and the assessment of quality improvement programs. Quality measures that reflect what residents and families experience and want from nursing homes must be developed and reported. The quality of care is particularly concerning for several high-risk populations, such as minoritized and LGBTQ+ people, who experience significant disparities in care. Recommendations for the development of a health equity measure are also included in the report.

Seventh and finally, financial incentives must be used to support the adoption of health information technology in all nursing homes, which can contribute to increased efficiency in care delivery, enhanced care coordination, improved staff productivity, promotion of patient safety, and reduced health disparities.

### **General Consistency between the Administration Proposals for Nursing Homes and the NASEM report**

President Biden [recommended](#) several reforms for nursing homes that were very similar to the committee's recommendations. These included:

- Sufficient number of staff who are adequately trained
- Establishing a minimum nursing home staffing requirement
- Accountability of poorly performing nursing homes
- Improved transparency for the public on nursing home conditions
- Adequate funding of inspection activities
- Increased scrutiny of the poorest performers
- Provision of technical assistance to nursing homes

- Transparency of ownership of nursing homes
- Affordable nurse aide training
- Support of state efforts to improve staffing and workforce sustainability
- Launching a national nursing career pathways campaign
- Enhanced requirements for pandemic and emergency preparedness

Although Biden's reforms provide a start for improving care in nursing homes, much more comprehensive and system-level action is necessary to transform the situation. The committee's report provides this comprehensive detail.

### **How the Report Supports the Need for Change**

The report emphasizes that federal and state governments, nursing homes, providers, payers, researchers, the public, and others need to demonstrate a shared commitment to the care of nursing home residents. Concurrently, all relevant federal agencies need to have authority and resources from the United States Congress to implement the recommendations of this report. In the implementation, extreme care needs to be taken to ensure that initiatives intended to improve quality do not in fact exacerbate disparities in resources, quality of care, or resident outcomes, as has typically been the case. The committee additionally highlights that high-quality research in a number of topic areas (e.g., minimum staffing standard, systemic barriers to improve staff recruitment, effective care delivery models, and policies to address disparities) is needed to advance the quality of care in nursing homes.

To facilitate the process of implementing these recommendations, the committee categorized each of the components of the recommendations into an [estimated implementation timeline](#). For instance, we categorized recommendations that could be implemented immediately (e.g., documentation of residents' preferences), short-term (e.g., minimum education and national competency requirements for all staff), intermediate (e.g., incentives to support innovative, smaller, home-like designs), and long-term (e.g., promising pathways to reduce or eliminate disparities). The committee was also explicit about the actors who we believed should be responsible for implementing specific recommendations.

In conclusion, it is the belief among the committee members that implementing the committee's recommendations will go a long way toward making high-quality, person-centered, and equitable care a reality for all nursing home residents, their chosen families, and the nursing home workforce.