



MEETING'S
PROCEEDINGS

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American Academy of Nursing Policy Dialogue

The Quality of Care in Nursing Homes



Hosted by the Expert Panel on Informatics & Technology
in collaboration with the Expert Panel on Aging

The Quality of Care in Nursing Homes

Dialogue Occurred

**AUGUST
2022**

Hosted by the Expert Panel on Informatics & Technology in collaboration with the Expert Panel on Aging

INTRODUCTION

In August 2022, the American Academy of Nursing (Academy) hosted a policy dialogue on “The Quality of Care in Nursing Homes.” The Academy’s Expert Panel on Informatics & Technology, in collaboration with the Expert Panel on Aging, convened this dialogue to discuss policy issues for nurses resulting from the National Academies of Sciences, Engineering, and Medicine (NASEM) report on the quality of care in nursing homes, *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*.^[1]

Gregory Alexander, PhD, RN, FACMI, FIAHSI, FAAN, the moderator for this session, shared with participants that the “enormous toil that the COVID-19 pandemic had on nursing home residents, their families, and staff has brought renewed and heightened attention to the longstanding shortfalls that continue to plague nursing homes today.” The NASEM report provided an opportunity for dialogue on policy-setting agendas for the nation’s 15,632 nursing homes, the long-term care provided in those settings, and the critical need for reforms. Participants in this dialogue were able to explore the NASEM report’s key policy recommendations to support nurses working in nursing homes, residents, staff, and caregivers, and addressed the strategies needed to support the critical reforms.

This document contains highlights of the event, including:

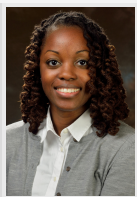
- Summaries of the main session guest speaker content, as well as the three breakout discussion panels;
- Key take-aways; and
- Recommendations for nurses to engage with policies that support nursing homes, residents, and caregivers.

ABOUT THE AMERICAN ACADEMY OF NURSING

The American Academy of Nursing serves the public by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 3,000 Fellows, the Academy represents nursing’s most accomplished leaders in policy, research, administration, practice, and academia.

Expert Panels are one of the major forces within the Academy for developing new knowledge to transform health policy. Through consensus building and collaboration, Academy Expert Panels advance evidence-based solutions to the most complex health care challenges. By hosting Policy Dialogues, Expert Panels lead engaging discussions to further enhance awareness and develop policy proposals that work to achieve the Academy’s vision of healthy lives for all people.

Featured Speakers



Jasmine Travers

PhD, MHS, RN,
AGPCNP-BC
Assistant Professor
*New York University
Rory Meyers College of Nursing*



David Grabowski

PhD
Professor of Health
Policy
Harvard Medical School



Marilyn Rantz

PhD, RN, FAAN
Curators' Professor
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Main Session Summary

Jasmine Travers PhD, MHS, RN, AGPCNP-BC
Assistant Professor, *New York University Rory Meyers College of Nursing*

The career trajectory of Dr. Travers has been focused on designing and conducting research to improve health outcomes and reduce health disparities in vulnerable older adult groups. In her remarks, Dr. Travers discussed the NASEM report's policy implications and recommendations for person-centered care, health disparities, and the nursing home workforce (Goals 1 and 2).[1] She shared that systemic inequities have long perpetuated health disparities in the nursing home setting.[2],[3] Compared to their white counterparts, Black and Latino nursing home residents are more likely to experience adverse health outcomes such as falls and ulcers.[4] They are also more likely to be ordered restraints,[5] and less likely to receive pain medications[6] or preventative care such as vaccinations.[7] Limited training among clinicians on the health care needs of populations with dementia or LGBTQ residents, for example, affects the care that these populations receive.[8] Inequitable care experiences also result from a lack of training on cultural sensitivity and from a lack of linguistically appropriate services.

Because equity is so critical to each of the aspects affecting disparities in nursing homes, Dr. Travers highlighted that equity was a key component threaded throughout the NASEM report. The report emphasizes that all older adults must be treated equitably and receive quality care regardless of race, ethnicity, geographic location, socioeconomic status, diagnosis, culture, disability, or sexual orientation. Regarding care planning and patient-centered care, Dr. Travers shared that care team members should identify and accurately document the goals, values, and preferences of older adult patients to ensure they are honored in coordination with the patient and their chosen families. On access to quality long-term care, Dr. Travers discussed the need for the development of a comprehensive federal benefit. Currently, nursing home care is most accessible to those who are wealthy enough to afford it through private pay or to those with Medicaid. Care for individuals with low or middle income is often not as accessible.

All older adults must be treated equitably and receive quality care regardless of race, ethnicity, geographic location, socioeconomic status, diagnosis, culture, disability, or sexual orientation.

Furthermore, Dr. Travers discussed the NASEM report's recommendation for ensuring nursing homes are accountable for the total cost of care and poor care delivery through alternative payment models. Processes that incentivize quality of care and equitable care while being intentional about unintended consequences are important to address disparities. Additionally, models of care that involve the community and broader health care systems should be promoted. Finally, Dr. Travers highlighted the recommendation that nursing homes develop a health equity strategy to be implemented that includes defining, measuring, evaluating, and intervening to mitigate disparities in nursing home care.

Equity is also a factor for those working in nursing homes due to pay disparities, suboptimal work environments, and a lack of opportunities for career advancement. Many of those working in nursing homes do not receive a living wage and are un- or under-insured. Dr. Travers shared that a team approach that ensures all team members are fairly compensated and equipped and empowered with the tools they need to care for older adults is needed. Furthermore, the report recommends training on equity, diversity, and inclusivity with respect to cultural sensitivity for all staff to address incidences of racism, bias, and microaggressions in the nursing home setting.

David PhD
Grabowski Professor of Health Policy, Harvard Medical School

As a professor of health policy and member of the Medicare Payment Advisory Commission, Dr. Grabowski has focused on the economics of aging with an emphasis on post-acute and long-term care financing, organization, and delivery of services. In his remarks, Dr. Grabowski discussed the financing and regulation of nursing homes in relation to Goals 3, 4, and 5 of the NASEM report.[1]

"In the twenty-plus years that I've studied nursing homes, I have continually heard how poorly the system is working. I've heard this from residents, and most importantly today, from their caregivers, nurses, and nursing home staff."

David Grabowski

He added that nursing homes have been ignored and that policy action on payment and regulation is long overdue. The COVID-19 pandemic shed light on this critical situation and offers an opportunity to reset the policies guiding nursing homes. The report committee concluded that the financing and regulation of nursing homes in the United States are ineffective, inefficient, fragmented, and unsustainable. Accountability, payment, and regulation are issues that must be addressed through policy.

The NASEM report outlined a goal of increasing transparency and accountability in the financing, operations, and ownership of nursing homes. While the Centers for Medicare and Medicaid Services (CMS) makes some ownership information available, these data are often incomplete and difficult to use. Comparisons on quality are not easily drawn, even among facilities owned by the same entity. Furthermore, there is a lack of transparency in the practice of some nursing homes to contract with other organizations under the ownership of the same corporation. To fully evaluate how Medicare and Medicaid payments are spent and how ownership and spending models impact care, more transparency and accountability measures are needed. The NASEM committee recommends collecting and auditing detailed facility-level data on finances, operations, and ownership. These data should be made publicly available.

A second goal outlined by the NASEM committee was to create a more robust and rational financing system. The current approach to financing nursing home care is highly fragmented, with Medicaid paying for long-stay care, Medicare paying for post-acute care, and hospice covered under a separate Medicare benefit. A federal long-term care benefit is recommended to ensure that financing is available more readily. Such a benefit should be studied and tested at the state level prior to implementation at the federal level. Dr. Grabowski highlighted that while states are required to provide assurance that Medicaid payments are adequate to provide access to high-quality care, nursing home payments are not subject to such a requirement. To ensure adequate investment in long-stay nursing home residents, the NASEM committee recommends the use of detailed and accurate financial information and the designation of a specific share of Medicare and Medicaid payments for direct care services.

Concluding with Goal 5 of the NASEM report, Dr. Grabowski discussed the recommendation for the design of more effective and responsive systems of quality assurance. The implementation of inspections and sanctions varies considerably among facilities. Current surveys also often fail to identify serious care problems, correct and prevent future recurrence of problems, and investigate complaints in a timely manner. Survey agencies must have adequate resources and oversight.

**Marilyn
Rantz**

PhD, RN, FAAN
Curators' Professor Emerita, University of Missouri Sinclair School of Nursing

Dr. Rantz's career has centered on improving the quality of care for older people, particularly those living in nursing homes. With expertise in quality measurement and nursing home practice, Dr. Rantz is a Living Legend of the Academy and a member of the National Academy of Medicine. In her remarks, Dr. Rantz focused on the quality of care delivery in relation to the NASEM report's Goal 6 of expanding and enhancing quality measurement and improvement.[1] Current efforts in quality measurement are majorly lacking and additional indicators are needed in order to have quality in reported data and outcomes. The NASEM committee recommends increasing several measures to be reported as part of CMS's Care Compare,[9] most importantly, a resident and family experience measure. The experience reported by residents and families should be collected nationally, analyzed, and reported annually. Additionally, Dr. Rantz discussed examining the performance

across facilities with common ownership and reevaluating the 5-star composite rating which tends to only measure in extremes (very good or very poor) and makes it difficult for consumers to evaluate facilities. Palliative and end-of-life care, staff satisfaction, psychosocial well-being, and other structural measures should be implemented and evaluated as well.

Like Dr. Travers, Dr. Rantz highlighted that quality of care is especially concerning for high-risk populations who experience significant disparities in care. The NASEM committee recommends an overall health equity strategy that includes a minimum dataset, national report card, and tailored interventions in policy. Dr. Rantz highlighted that many facilities lack adequate expertise in quality improvement. The NASEM committee recommends the development of technical assistance programs at the state and local levels. In relation to Goal 1 on comprehensive person-centered care, Dr. Rantz shared that making care more person-centered is also central to improving quality and outcomes for nursing home residents. Care planning is essential and a recommendation included calling for immediate and consistent compliance with existing regulations for care planning. Furthermore, the COVID-19 pandemic demonstrated that nursing homes do not have adequate preparedness resources in place for emergencies and bolstering of these resources is recommended. Finally, Dr. Rantz discussed the aspects of the physical environment that the NASEM report recommends addressing to improve the quality of life for residents, including smaller, private, more home-like settings for care.

The COVID-19 pandemic demonstrated that nursing homes do not have adequate preparedness resources in place for emergencies.

Gregory Alexander PhD, RN, FAAN, FACMI
Professor, Columbia University School of Nursing

As an internationally-recognized nursing informaticist, Dr. Alexander's clinical program of research is focused on technologies used to support patient care delivery with an emphasis on aging populations. In his remarks, Dr. Alexander discussed Goal 7 of the NASEM report related to the adoption of health information technology (HIT) in nursing homes.[1] HIT can contribute to increased efficiency in care delivery, enhanced care coordination, staff productivity, promotion of patient safety, and reduce health disparities.[10] During the COVID-19 pandemic, when nursing home residents were acutely isolated from their families and communities, technology helped bridge that divide. Additionally, many residents have complex care needs across various health settings which underscores the need for comprehensive, accurate electronic health records (EHRs) that can transfer across settings.

While previous federal programs offered incentives for health systems to adopt EHR technologies, nursing homes were ineligible for those incentives and have therefore lagged in the successful adoption of this technology. The NASEM committee recommends the implementation of programs with financial incentives to encourage nursing homes to adopt EHR technology. Furthermore, in order to understand the efficiency of use in HIT in nursing homes, Dr. Alexander shared that more research in barriers and facilitators in HIT use must be conducted. Training of nursing home leadership and staff in HIT use is imperative. As HIT is implemented, ongoing implementation evaluation studies should be completed as well to monitor for innovative uses of HIT and understand the disparities in HIT adoption and use in nursing homes.

Breakout Sessions

To facilitate open dialogue, participants joined three separate breakout panel discussions on how the nursing profession can best support the implementation of the NASEM recommendations.

FINANCE AND REGULATION

Participants in this breakout panel discussed the need for transparency in nursing home business functions, operations, and quality reporting. Participants shared that more data must be made publicly available on operations including whether facilities are for profit, not for-profit, private equity, or other so that the current landscape can be studied and conversations on reform can take place at the federal level. Participants also discussed education in relation to alternative payment models and ensuring nurses are aware of and active in engaging with these models. Furthermore, a need to educate the general public on the care provided in nursing homes as well as the quality measures involved was identified. Participants discussed EHR interoperability as well with a focus on incentivizing and facilitating its use effectively.



PERSON-CENTERED CARE AND HEALTH DISPARITIES

Participants in this breakout panel discussed issues surrounding access to care in nursing homes with payment and Medicaid reimbursement. Additionally, participants discussed disparities due to language barriers and identified providing linguistically-appropriate care as an area in need of reform. Improving working conditions and the nursing home environment for staff was also discussed as this could increase the number of nurses who choose to work in nursing home settings. To reflect the diverse populations nursing homes serve, participants discussed attracting a diverse workforce through avenues such as academic practice partnerships with tuition support and tax credits. Finally, participants discussed the importance of equity, diversity, and inclusivity training for staff, leaders, and nurses to empower nurses to call out biases and other harms they witness in the workplace.

QUALITY, CARE DELIVERY, AND HEALTH INFORMATION TECHNOLOGY

Participants in this breakout panel discussed the importance of having care provided in accordance with the patient's needs and preferences. In line with this conclusion, participants discussed quality as a measure of how close the care in nursing homes comes to resident goals and preferences. HIT, staff competency and education, and the implementation of age-friendly health system principles were identified as tools to help promote quality in care. Participants noted that HIT solutions will look different across systems due to varying populations served and abilities to implement technology.



Key Takeaways



Nursing Must Champion Equity, Diversity, and Inclusion Efforts

For too long, nurses and patients have been impacted by racism, bias, and microaggressions present in the nursing home setting. Nursing has an opportunity to lead culturally safe and linguistically appropriate care.



Alternative Payment Models Must be Implemented in Long-Term Care

Nurses must champion education and research regarding alternative payment models that will make long-term care funding more comprehensive.



More Data and Transparency are Needed to Guide Reforms

Current data reporting and quality measures are seriously lacking, especially in the areas of nursing home ownership and resident and family experience. These data are imperative to guide reforms and improve the nursing home environment for residents and their caretakers.



Health Information Technology and Interoperability Advancements Must be Implemented

Nursing homes would greatly benefit from systems that are better able to monitor and track patients with complex, long-term care needs. Nurses and health care leaders must implement HIT, mindful of interoperability and training for clinicians.



The Nursing Workforce Pipeline Must Consider Long-Term Care Needs

To foster greater registered nurse staffing levels in nursing homes, pathways for career advancement for licensed practical nurses and certified nursing assistants should be opened to strengthen the workforce pipeline.

Recommendations

This Policy Dialogue focused on the seven overall goals outlined in the NASEM report. Based on the discussion, the following recommendations were highlighted as key priorities for nursing to champion:

1. Fund research on alternative payment models for long-term care.
2. Implement and mandate new, comprehensive quality reporting measures that account for patient and family experiences.
3. Incentivize health information technology implementation in nursing homes.
4. Create pathways to continuing education and career advancement for licensed nurses working in nursing homes.
5. Establish equity, diversity, and inclusion training for all nursing home staff.



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Acknowledgements

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