

Usefulness of Nursing Home Quality Measures and Quality Indicators for Assessing Skilled Nursing Facility Rehabilitation Outcomes

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Decreasing Hospital LOS and Increasing Shift of Rehabilitation to SNFs

- 16% reduction in LOS from 1983 to 2002
- 46% of 1999 Medicare beneficiaries discharged to SNF, compared to 37.4% in 1986
- Rising hospital and Medicare costs has expanded SNF mission from a nursing home to a rehabilitation center
- Scope of SNF treatment objectives has expanded beyond slowing decline and preventing harm—to encompass improved functional independence and return to lifestyle




Tools Available to Help Consumers Make Informed Post-acute SNF Decisions

- Web-site posted Quality Indicators (QIs) and Quality Measures (QMs)
- Survey results
- Tours
- Informal inquiries and recommendations



Quality Indicators (QIs) and Quality Measures (QMs)

- QIs were introduced in the late 1990s to:
 - Assist nursing home administrators and surveyors identify and address threats to quality of care
- Nursing Home Quality Initiative in November 2002 introduced the QMs to:
 - Help consumers differentiate among nursing homes and, ostensibly, make better, more informed placement decisions
- Three quality measures were designated specifically for short stay, post acute patients:
 - Delirium, pain, pressure ulcers



The QIs and QMs attempt to address consumers', legislators', and regulators' concerns about nursing home quality deficits:

- (1) Omissions, errors, or deficits in providing safe residential environments and necessary nursing/medical care;
- (2) Resident functional decline; and
- (3) Prevalence and incidence of various health or medical problems.



Research Objective

- To examine the usefulness of the Nursing Home Indicators (Quality Indicators and the Quality Measures) for differentiating between providers from a rehabilitation outcomes perspective.



Methods

- Retrospective design
- 211 Skilled nursing facilities across the US
 - 7,837 SNF patients were included in the study
 - 67% female
 - Average age was 76.6 years old
 - The 1,203 patients who were emergently transferred to a hospital were excluded from the study



Measures

- Quality Indicator (QI) and Quality Measure (QM) reports (referred to as Nursing Home Indicators, or NHIs)
 - All measures with the exception of “residents who lose too much weight”
- Functional independence outcome was assessed with the FIM motor scale
 - Residual change scores were used to measure admission to discharge progress



Analyses

- Pearson correlations to examine the relation between the NHIs and rehabilitation outcomes, and among the rehabilitation outcomes
- 3 rehabilitation outcomes were used
 - FIM motor gain
 - Community discharge
 - Prepared to manage care at home



Results

- No significant correlations were found between the Quality Measures and the rehabilitation outcomes
- Residualized FIM motor gain score did not correlate with any Quality Indicator or Quality Measure
- Community discharge correlated positively with QI22 (prevalence of physical restraints) ($r = .251$, $P < .000$), but negatively with QI2 (prevalence of falls) ($r = -.165$, $P < .017$)



Results

- Prepared to manage care at home correlated negatively with incidence of decline in range of motion (QI18) ($r = -0.181$, $P < .009$)
- FIM motor score correlated with both community discharge ($r = 0.27$, $P < .000$) and prepared to manage care at home ($r = 0.215$, $P < .002$)



Conclusions and Policy Implications

- Hospital discharge planners should advise consumers that their choice of a post-hospital, SNF-based rehabilitation facility is a critically important decision
- Consumers should approach this decision as if they were choosing a rehabilitation center, not a nursing home
- They must identify qualified, experienced, and successful rehabilitation teams with the expertise and resources to maximize patients' recovery toward highest practicable level
- The Nursing Home Quality Indicators and Quality Measures are not useful for this purpose



Funding Should Support SNF-based Collection and Use of Rehabilitation Outcome Measures

- Drive internal quality improvement
- Give consumers and referrers evidence of programmatic success and commitment to rehabilitation excellence.
- Enable outcomes and cost-effectiveness analyses across levels of care.