

**Recommendations for Developing a  
Nursing Home Report Card for Detroit Nursing Homes**

Prepared by:  
Tameshia A. Bridges, MSW  
PHI

For:  
Detroit Area Agency on Aging

**February 2010**

## Introduction

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Finding a nursing home can be a stressful time for many elders, people living with disabilities and their families. Often, the decision to transition to a nursing home occurs when time is of the essence and a decision needs to be made quickly: an imminent hospital discharge; the need for more services than what a family caregiver can provide; extreme caregiver stress<sup>1</sup>. Though the decision most directly impacts the elder, it is often made by family members or loved ones who are forced to navigate an unfamiliar and complicated care system. Consumers need complex quality information presented in a useful format to help them navigate the long-term care system and choose a nursing home for themselves or a loved one.

Currently, there is a variety of information to help make health care services decisions. Much of that information is subjective – the experience of family and friends, advertising, and media reports and exposes. Aside from the limitations present in these sources, many current information sources do not provide enough information on nursing homes options for informed decision making in different individual situations. And, much of the current informational resources do not provide good data on the quality of services provided. This is particularly true for nursing home care.

In the health care industry, report cards can provide standardized, accurate information to the general public on a variety of health care services ranging from health insurance plans to hospitals. Report cards are considered a valuable tool in helping consumers navigate the array of health care services and provide information to help make informed decisions. In addition, when report cards are regularly updated, they can measure quality over time, spot trends, and provide data for decision-making beyond the initial placement or decision. Report cards are also believed to have an impact on how the health care market and individual providers operate. Making quality information transparent to individuals and families “shopping” for services will spur competition among providers, resulting in increased quality of services once providers see how their services compare to one another.

Report cards have only become popular in the nursing home industry over the last decade with federal and state quality initiatives such as the Centers for Medicare and Medicaid Services’ (CMS) Nursing Home Compare and several state-based nursing home report cards. Though these are important tools, all have received mixed reviews related to their ability to provide easy to understand information in a timely manner. In addition, existing cards have received considerable criticism from the nursing home provider communities about how quality is measured and reported.

Recognizing the challenges of existing report cards, the Detroit Area Agency on Aging (DAAA) is interested in developing their own report card of nursing homes in the City of Detroit. PHI believes the best approach to this endeavor is to learn from the strengths and weaknesses of existing report cards and to understand how consumers use a wide range of information to make health care decisions and what information is most important to consumers when choosing a nursing home. This report provides an overview of existing nursing home report cards and other tools, background on informed choice theories, and the identified information that consumers and their family value in

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<sup>1</sup> Buhr, G.T., Kuchibhatla, M. Clipp, E.C. (2006). Caregivers’ reasons for nursing home placement: Clues for improving discussions with families prior to the transition. *The Gerontologist*, Vol. 46: 52-61.

nursing home care. The report offers recommendations to DAAA for the content and development of a nursing home report card program to serve the agency's service area.

## Review of Existing Report Cards

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In 2002, CMS launched Nursing Home Compare (NHC). NHC was designed to help consumers and families choose a nursing home by providing standardized quality information on every nursing home in the United States. It reported basic federal inspection data and findings from the inspection (survey) process conducted by state regulatory agencies, staffing data, and residential physical and clinical measures gathered from the federal minimum data set (MDS) tool. All this information (survey findings, staffing rates, and clinical measures of the overall resident population within each home) was merely listed on a national website, with little explanation of why these elements and findings were important measures of quality or how nursing facilities compared to one another.

Initial studies of NHC indicated that consumers' response to NHC was mixed. NHC was initially considered to be a necessary tool to help people understand nursing home quality; however, opinions shifted as consumers used the tool<sup>2,3</sup>. The most consistent findings among various studies are that consumers were unaware of NHC and that consumers found the information presented difficult to understand. For many consumers, NHC was simply not accessible at the time when they were making placement decisions. These challenges are not surprising given, the web-based nature of NHC, the timing when families make the decision about nursing home care, the difficulty in promoting the tool, and the complexity of quality measures.

In 2008, CMS added the Five Star Quality Rating System (Five Star) to NHC. The purpose of this change was to provide consumers and their families with a more user friendly way to measure and understand nursing home quality and compare nursing homes within a community. Five Star rates nursing homes on a scale of 1 to 5 – with 5 stars being the best – on each of the three domains (inspection findings, staffing, clinical outcomes) reported in the NHC. Based on the individual ratings of each nursing home on the three domains described below, CMS then calculates an overall quality rating for every nursing home<sup>4,5</sup>. Below is a brief explanation of the information that is used by CMS to determine how a nursing home rates on each domain.

- The **Health Inspection** rating is based on survey and certification and complaint inspection findings from the last three years. The most recent year's findings are given more weight than the other two years to determine the final rating.
- The **Staffing Level** rating is based on reports directly from nursing homes on their staffing hours for staff that has most contact with consumers – registered nurses, licensed practical

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<sup>2</sup> Shugarman, LR, Brown, JA (2006). Nursing home selection: How do consumers choose? Findings from focus groups of consumers and intermediaries. Washington, DC. U.S. Department of Health and Human Services. Available on-line at:

<sup>3</sup> Castle, NG (2009). The Nursing Home Compare Report Card: Consumers' use and understanding. *Journal of Aging & Social Policy* 21:187-208.

<sup>4</sup> Formula for calculating individual ratings is explained here:

<http://www.cms.hhs.gov/CertificationandCompliance/Downloads/usersguide.pdf>. Formula for calculating overall rating is available here: <http://www.cms.hhs.gov/CertificationandCompliance/Downloads/consumerppt.pdf>

<sup>5</sup> More information on the elements of Nursing Home Compare: Five Star Quality Rating System is available at: [http://www.cms.hhs.gov/CertificationandCompliance/13\\_FSQRS.asp#TopOfPage](http://www.cms.hhs.gov/CertificationandCompliance/13_FSQRS.asp#TopOfPage)

nurses, and certified nursing assistants. The staffing level is used to gauge how well the nursing home is able to provide care – the home’s capacity to deliver services. All nursing homes self-report staffing hours from a two-week period prior to their health and safety inspection. CMS then converts the reported figure to a number that represents the number of staff hours per resident, per day. Although all nursing homes report the figure the same way there is no system in place to verify the accuracy of the information reported by the home.

- The **Quality** rating is based on 10 clinical and physical measures of nursing home residents, such as changes in mobility, presence of pressure sores or urinary tract infections, which every nursing home collects quarterly as a part of the MDS. CMS uses the MDS data on these 10 measures from the three most recent reported quarters.

The response to Five Star leaves many questions about its usefulness to consumers and how it is received in the provider and advocate communities. Feedback prior to implementation and after from consumer and provider organizations on Five Star has been mixed. Comments prior to implementation noted that Five Star would be more user-friendly than NHC, but included concerns that there was not a section to report consumer experiences in the nursing home<sup>6</sup>. Other comments noted that a negative finding on inspections or quality measures would impact the nursing home even after the issue has been resolved.

Since implementation there has been significant feedback from consumer and provider organizations and state agencies. Organizations representing the nursing home industry continue to push for changes in Five Star and feel that it does not provide an accurate picture of nursing home quality and is not a user friendly tool<sup>7,8</sup>. NCCNHR, a national consumer advocacy organization, issued a letter to CMS in response to a call from state attorneys general to suspend Five Star, stating the system should continue and it is the best means currently available to evaluate nursing home quality. Even with this statement of support, NCCNHR noted that Five Star is a tool to be used in conjunction with other tools to choose a nursing home and agreed with some industry calls for changes in the methodology<sup>9,10</sup>.

At a more localized level, some states are also providing different information and other tools to help consumers identify nursing home quality. Some states have report cards, other states make the *state and federal* survey and certification findings public, as required by law<sup>11</sup>. At least 19 states have

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<sup>6</sup> CMS (2008). *Summary of Public Comments on Nursing Home Compare: Five Star Quality Rating System*. Available on-line at: <http://www.cms.hhs.gov/CertificationandCompliance/Downloads/publiccomments.pdf>

<sup>7</sup> AAHSA (2008). “CMS Five-Star Rating System is Premature and Poorly Planned.” Press Release. Available on-line: <http://www.aahsa.org/article.aspx?id=6196>

<sup>8</sup> AHCA/NCAL (2009), “CMS Five Star Quality Rating System Does Not Provide Consumers with Useful Information” Fact Sheet. Available on-line: [http://www.ahcancal.org/advocacy/issue\\_briefs/Issue%20Briefs/CMS%20Five%20Star%20Quality%20Rating%20System.pdf](http://www.ahcancal.org/advocacy/issue_briefs/Issue%20Briefs/CMS%20Five%20Star%20Quality%20Rating%20System.pdf)

<sup>9</sup> NCCNHR (2009). Letter to Secretary Kathleen Sebelius Regarding Five Star. Available on-line: <http://www.nccnhr.org/node/177>

<sup>10</sup> States Attorneys Generals (2009). Letter to Secretary Kathleen Sebelius Regarding Five Star. Available on-line: [http://www.nslc.org/areas/long-term-care/Nursing-Facilities/30-state-attorneys-general-request-suspension-of-federal-5-star-rating-system-for-nursing-facilities/at\\_download/attachment](http://www.nslc.org/areas/long-term-care/Nursing-Facilities/30-state-attorneys-general-request-suspension-of-federal-5-star-rating-system-for-nursing-facilities/at_download/attachment)

<sup>11</sup> NHC and Five Star do not incorporate inspections findings for violations of state nursing homes requirements. For example, Michigan has specific staffing ratio requirements. Non-compliance with these state staffing requirements will not show up in either NHC or Five Star.

report cards that are web-based and use state and federal survey and certification findings and/or the MDS<sup>12</sup>.

Many states and advocacy organizations have developed checklists to guide consumers in identifying quality issues in nursing homes when visiting a nursing home<sup>13,14</sup>. These checklists provide consumers with a list of questions to ask and observations to make when touring nursing homes. These checklists are often in a more user friendly format than report cards. They define quality in understandable and meaningful terms for consumers and help them identify their specific needs in a nursing home. The drawback to these tools is that it makes the consumer collect quality information directly. Some consumers are reluctant asking these questions out of a concern that the nursing home will feel offended or uncomfortable with the questions.

The consistent message about existing report cards is that they do not make information understandable or accessible. To ensure that DAAA does not encounter the same pitfall with its report card, understanding how people process information is critical.

### **Guidelines for Successful Report Cards**

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In order for a report card to be useful to people making health care decisions, it is important to understand two things: (1) how people use information to arrive at a decision, and (2) the optimal ways to present or share health care quality information for consumers.

One of the main goals of a report card is to help consumers to make an informed choice about the health care services they receive. To reach an informed choice, consumers need information that is easy to understand, in an accessible format, and provided in a timely manner. The informed choice model outlines that the information presented must also do three things<sup>15</sup>:

- Minimize the time and effort people have to put in to understand the information presented
- Help people understand what it is like to make a choice
- Emphasize the meaning of the information presented

In addition to the informed choice model, researchers have identified six guidelines to make health care report cards a tool that helps consumers understand complex health information<sup>16</sup>. Though originally designed to apply to health plan report cards and other tools that help people choose a health care plan, these guidelines have been adapted to nursing home report cards<sup>17</sup>. These guidelines provide concrete ways that information can meet the requirements set forth in the informed choice model. Below is a description of each of the guidelines in relation to the informed choice model.

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<sup>12</sup> Castle, NG, Lowe, NG (2005). Report cards and nursing homes. *The Gerontologist*, 45 48-67.

<sup>13</sup> Michigan Department of Community Health. *Checklist for Choosing a Nursing Home*. Available on-line at: [http://www.michigan.gov/documents/mdch/bhs\\_nursing\\_home\\_checklist\\_221898\\_7.pdf](http://www.michigan.gov/documents/mdch/bhs_nursing_home_checklist_221898_7.pdf)

<sup>14</sup> Citizens for Better Care. *When Looking for a Nursing Home: Fact Sheet*. Available on-line at: [http://www.cbcmi.org/index.php?module=pagemaster&PAGE\\_user\\_op=view\\_page&PAGE\\_id=170](http://www.cbcmi.org/index.php?module=pagemaster&PAGE_user_op=view_page&PAGE_id=170)

<sup>15</sup> Hibbard, JH, Peters E (2003). Supporting informed consumer health care decisions. Data presentation approaches that facilitate the use of information in choice. *Annual Review of Public Health*, 24 413-433.

<sup>16</sup> Harris-Kojetin, L.D, McCormack, L.A, Jael, E.F, Sangl, J.A, Garfinkel, S.A (2001). Creating more effective health plan quality reports for consumers: Lessons from a synthesis of quality testing. *Health Services Research*

<sup>17</sup> Castle, 2005

## **Minimize the time and effort that consumers have to put in to understand information presented**

- *Guideline #1 - Present information in a short, clear, and easy to understand language.* – To achieve this, report cards should state early the intent and structure of the information that will be presented and repeated throughout the report.
- *Guideline #2 - Help consumers understand the basics of long-term care and nursing facilities.* Many consumers are not familiar with the long-term care system before they have to make a placement choice. Providing a primer on long-term care and nursing homes will help consumers navigate the report card without stumbling over questions regarding terminology or the system. Laying out the basics will keep them engaged in the material and not leave them frustrated trying to understand the information presented.
- *Guideline #3 - Provide information in a short, readable format.* Report cards should be formatted in a way that is easy to read; this includes using blank space, larger fonts, bulleted points, lists, charts, and a basic, not overly complex design.

### **✓ Help people understand what it is like to make a choice**

- *Guideline #4 - Address the interest and knowledge diversity among users* – Report cards should provide varying layers of information to meet the unique needs of users. Some consumers will be interested and able to digest detailed and complicated information on a nursing home, while others may not be interested or able to do so. By providing a means for consumers to review more detailed material or websites separate from the basic report card, the needs of both types of users are met.
- *Guideline #5 - Help consumers reveal and prioritize their preferences.* Sometimes consumers have a hard time naming their preferences when presented with a lot of choices and the identifying the differences between among them all. It is important for consumers to differentiate the elements/choices in choosing a nursing home that best meets their most important needs or preferences. For example, is it more important to have a home located near a particular relative or a home that has bi-lingual staff? One way to help in this process is to provide a self-test or a way to for them to rank and prioritize what matters most in selecting a nursing home.

### **✓ Emphasize the meaning of the information presented**

- *Guideline #6 - Help consumers understand how to use quality information.* Quality indicators need to connect to consumers experience and current needs for using nursing home services. Consumers need to have a clear understanding of how the information in the report card relates to their experience or current needs, or that of a loved one's, in a nursing home. For example, if a home's report shows problems in its separate dementia unit, that information may not be as important to an elder who does not have dementia.

These guidelines are the basis for PHI's recommendations to the DAAA on the format and content for their report card for nursing homes within the city of Detroit. Next, we will recommend domains to be covered in the report card, and how the report card can be used in the community.

Applying these guidelines and recommendations will help DAAA offer a user-friendly format and information for consumers and their families to use when making a decision about nursing home care.

## **Recommended Report Card Format**

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Based on research and feedback on existing report cards and the guidelines for a successful report card discussed above, it is clear that consumers need complex quality information presented in a useful format to help them navigate the long-term care system and choose a nursing facility for themselves or a loved one. Recognizing this, **PHI recommends that DAAA develop a Detroit Nursing Home Selection Guide (Guide) that includes: a report card; a fact sheet; and a primer on long-term care services in the city of Detroit. Below are descriptions of each section of the Guide.**

- **Report card should be in a checklist format (Guidelines 1, 3, and 5)** – PHI recommends that DAAA use a checklist format for their quality report card and include accompanying materials to further describe nursing home quality. An example of what the report card could look like is available in the **Appendix**. We recommend making this Guide available on-line and in print format. Distribution of the Guide will be discussed later in this report.

Nursing home report cards that offer a grade or rating have been shown to be challenging for consumers to understand and difficult for providers and advocates to fully embrace. To move away from this format and not confuse the community, a checklist format will minimize confusion with existing report cards and best serve the needs and interests of consumers, the DAAA, and nursing home facilities.

- For consumers, it can capture pertinent consumer-based information important to choosing a nursing home (discussed in the next section) and allow them to quickly gauge and compare between nursing facilities.
  - Moving away from a traditional report card with grades or rankings will also help DAAA maintain its role as an information broker and advocate for quality long-term care. A report card format, with ratings would alter this role to that of an authority on nursing home standards, judging the adequacy of one nursing home over another.
  - Finally, facility administrators may more readily embrace a checklist format that allows them self-report relevant domains and quickly gauge how their home compares to others in the Detroit area. In addition, this format may open opportunities for collaboration where nursing home providers in Detroit can learn from another to improve quality for all the city's residents.
- **Create a one-page “fact sheet” on each nursing home (Guideline #4)** - Consistent with the guideline to make more in-depth information available to consumers who are interested in that level of detail, a fact sheet can meet this need. PHI recommends including a fact sheet in the Guide that would summarize descriptive information that nursing homes provide regarding certain domains captured on the checklist. This can include more detail on facility staffing ratios, ongoing or specialized training, or specialized services that they offer.

- **The Guide should include a brief description of Michigan’s long-term care system (Guideline #2)** – To ensure that consumers have an understanding of the long-term care system in Michigan, and in Detroit in particular, the Guide needs to include basic information on the full array of long-term care services and the role that nursing homes play. In addition to presenting this information in the Guide, PHI also recommends conducting on-going public forums in the community and information sessions with other professionals. This outreach work will be discussed in more depth in later sections of this report.

### **Recommended Report Card Domains or Content**

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In order for the report card to be useful, it needs to provide both information that meets the individual needs and preferences of consumers and their families and important quality measures. Both types of information need to be understandable and relatable to a diverse audience. Some of the characteristics that have been identified in research as important to consumers in choosing a nursing facility for themselves or their family include<sup>2</sup>:

- Location of facility
- “Good care” from facility staff
- Language(s) spoken by staff
- Religious affiliation of facility or availability of religious/spiritual services
- Condition of the facility and individual resident rooms– cleanliness, age, private room availability, adequate space, closets, etc.
- Availability of activities appropriate for consumer’s age, physical, or cognitive skill level
- Affordability
- Safety of the grounds and neighborhood
- Ability to keep consumers safe from wandering

Some of these characteristics, such as neighborhood safety and condition of the facility, are subjective and will be difficult to measure and report in terms of quality. But, most of these characteristics relate to important quality measures. PHI recommends capturing these quality measures in five domains on the DAAA Guide: workforce stability, workforce training, family engagement, quality activities, and consumer experience. Recommendations for collecting information and reporting these domains are described below.

- The **Workforce Stability** and **Workforce Training** domains deal specifically with the hands-on workforce. Workforce, for the purpose of this checklist, refers to the frontline nursing staff that provides care and support to residents – registered nurses (RN), licensed practical nurses (LPN), and certified nursing assistants (CNA). A nursing home’s ability to attract and keep frontline nursing staff and the training they offer staff are key indicators of the quality of care that they provide.
- The **Family Engagement** domain help determine whether a consumer’s specific health care or cognitive needs will be met and the family’s ability to interact with the facility. One of the most common ways that families and residents can interact with the nursing facility and have a voice is through family and resident councils.

- The **Quality Activities** domain recognizes that every home should be involved in quality improvement. It introduces consumers and their family to the opportunities that a home can take to improve quality.
- The **Consumer Experience** domain recognizes the importance of providing information about quality from a consumer perspective. This domain will capture first-hand experience from current consumers and their families about in the nursing home.

Finally, the report card will also capture the following demographic information to assure that each of the characteristics identified immediately above in the Shugarman research is provided:

- Location of the home, including cross streets and proximity to bus lines Nursing home size , including , number of private, semi-private, wards (3 or more beds); number of dining rooms; number of other “common rooms”
- Language(s) spoken by staff
- Affiliations with hospice agencies
- Ownership and leadership—owners, administrators, DON
- Profit status,
- Payment types accepted: Medicare, Medicaid, VA, private
- Percentage of residents using Medicaid funding.

To collect information on each of these domains, PHI recommends that DAAA survey each nursing home in the city of Detroit annually. The survey will ask nursing homes to provide standardized and verifiable data and descriptive information on each domain. In addition to the annual survey, nursing homes should be encouraged to report changes as they occur. Below are further descriptions of each domain and recommendations on how survey questions should be framed. . We also discuss additional domains and topics that DAAA may want to include in the report card that need further exploration, beyond the scope of this report.

### **Domain Descriptions**

The following five domains, or content areas, represent quality standards that DAAA has been and should continue to encourage within the Detroit nursing home community. In addition to collecting and reporting this data, this is an also an opportunity for DAAA to serve as an important resource to nursing homes in meeting the standards. PHI recommends that DAAA explore ways to offer workshops or trainings to providers on the domains presented.

#### *Workforce Stability*

One of the things that nursing home consumers and their families value most is the hands on care that they receive from staff in the facility. Often, the satisfaction with this care is based on the relationship developed with individual staff members; a relationship that can only be developed over time with stable and consistent staffing.

The two ways to measure the stability of the workforce in a nursing home is to look at the staff turnover and staff vacancy rates of the facility<sup>18</sup>. These two measures have gained increasing

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<sup>18</sup> Edelstein, S., Seavey D. (February 2009). *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*. Prepared for the Direct Service Workforce Resource Center. Available on-line at: [www.dswresourcecenter.org](http://www.dswresourcecenter.org).

attention through several national initiatives seeking to improve quality care in nursing homes specifically, and in all long-term care services<sup>19</sup>. Turnover rate refers to the level at which staff, particularly frontline caregiving staff, leave employment at the facility for any reason in a specified time frame. The vacancy rate refers to the number of open positions within the nursing home in a given time.

To collect turnover and vacancy data for the report card the survey will ask nursing facilities to calculate their turnover and vacancy rates for nursing staff (RN and LPN) and CNAs. The turnover and vacancy rate will be reported on the report card. There are several ways to calculate these rates; therefore, PHI recommends that nursing facilities participating in the report card to provide their turnover and vacancy rate for a specified period of time using the following calculations<sup>20</sup>.

- **Standard Turnover Calculation** - **Calculate** the total number of separations (for any reason, voluntary or involuntary) over a 12-month period by job title. Then, **divide that number** by the total number of employees with in that job title at the end of the same 12-month period.
  - **Example:** Oak Grove Nursing Home had a total of 83 CNAs, 20 RNs and 13 LPNs leave employment from February 2009 to February 2010. In that period, the facility had 132 CNAs, 47 RNs and 25 LPNs employed. The turnover rates for each job title are: CNAs – 62% (75/132); RN - 42% (15/47); LPN – 52% (13/25).
- **Standard Vacancy Calculation** – **Divide** the number of vacant positions on a specific date in each relevant job title **by** the total number of positions on the same date in each relevant job title.
  - **Example:** Oak Grove had a total of 15 CNA, 9 RN and 4 LPN vacancies on February 3, 2010. The total number of positions was 153 CNA, 62 RN, and 37 LPN. The vacancy rate for each job title is: CNA – 9% (15/153); RN – 14% (9/62); and LPN – 10% (4/47).

In addition to asking facilities to calculate these figures, the survey will also ask nursing homes to describe what measures (i.e., use of a retention specialist, staff satisfaction survey, flexible schedules, training for supervisors) they are taking to retain current workers and attract new ones. This descriptive information will be reported on the nursing home fact sheet of the Guide.

### *Workforce Training*

Research shows that providing on-going training that address specific issues that staff encounter within the home is most beneficial for staff and can improve staff satisfaction<sup>21</sup>. CNAs and licensed nursing staff have initial training and education to earn their occupational credentials. Federal law requires 12 hours of in-service training annually for CNAs from the nursing homes; both RNs and

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<sup>19</sup> Two recent initiatives focusing on the stability of the workforce include the Advancing Excellence campaign and the work of the DSW Resource Center. Advancing Excellence ([www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)) has laid out 8 goals that nursing homes across the country can choose from to set for their facilities. One of these goals is staff turnover, and AE provides a toolkit to help nursing homes measure and track their progress towards reducing staff turnover. The DSW Resource Center ([www.dswresourcecenter.org](http://www.dswresourcecenter.org)), an initiative of the Centers for Medicare and Medicaid Services (CMS) is encouraging states to collect data on their long-term care workforce, including the turnover and staffing levels.

<sup>20</sup> Edelstein, S. and Seavey, D.

<sup>21</sup> Margaret Blenker Research Institute (June 2006). *Tailored and Ongoing Training Can Improve Job Satisfaction*. Available online at: <http://www.benrose.org/inc/Research/BetterJobsBetterCareSummary.pdf>

LPNs have continuing education requirements for renewal of their licenses. Many nursing homes use the CNA in-service training requirements and the nursing CEUs to address the unique needs of the residents of their home.

Dementia care, person-centered planning, and abuse and neglect are areas that have gained increasing attention in Michigan's long-term care community. With support from the Michigan Department of Community Health (MDCH), training curriculum has been developed by various stakeholder groups for these topics. All long-term care providers in the state are encouraged to use these free tools to train their staff. Highlighting these topics on the DAAA checklist will help further raise the visibility of these curriculums and let consumers and their families know that there is special training available in these areas.

- **Dementia Care** – It is estimated that 55% of individuals in nursing homes in Michigan have Dementia. With such a high numbers, it is likely that staff will come in contact with consumers with dementia. Ensuring that they are trained to understand the disease and know how to provide care and support to these residents is essential for quality care. The “Developing Meaningful Relationships with People with Dementia” is a training that teaches staff necessary skills and competencies for working with consumers with dementia and their families using a person-centered approach<sup>22</sup>. Though it is designed for workers across the long-term care spectrum it can be used for training CNAs and other staff in nursing homes. This nine-session training is available for free on the MDCH website and is designed to be delivered by training staff at the nursing home.
- **Adult Abuse and Neglect Prevention (AANP)** – The AANP training program was developed with a CMS grant to MDCH in 2004. This training helps all staff that has contact with residents prevent, identify, and report abuse and neglect. It builds on existing abuse and neglect training by teaching staff self- awareness and self- management skills and focusing on personal strategies to help them to prevent abuse and neglect. Federal law requires nursing homes to conduct an annual in-service on abuse and neglect. Nursing homes should be encouraged to use this free curriculum to meet this requirement. Although the training is available for download on the MDCH website and can be delivered by training staff at the nursing facility, it can also be provided by individuals specifically trained to deliver the curriculum.

To collect this information, PHI recommends asking nursing homes to indicate whether they provide these specific trainings to their staff or connect them to trainings sessions available in the community and the frequency of those trainings. In addition to gauging the availability of training on these specific topics, nursing homes should also be asked if they provide at least 12 hours of CNA in-service training to comply with federal requirements.

#### *Family and Resident Engagement*

Federal law ensures that families and consumers have a right to organize and participate and provide input into the quality of life in the nursing home<sup>23,24</sup>. Though nursing homes are not required to

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<sup>22</sup> Skills and competencies addressed in this training include: the basics of Alzheimer's and other dementia disorders, provides guidelines for person centered care when caring for people with dementia, and strengthens communication skills and problem solving,

<sup>23</sup> 42 CFR 483.15(c)

have a family council, if one is organized or requested, the home is required to provide a private meeting place and to listen and to act upon the issues, concerns, and recommendations raised by resident or family councils. These councils serve as a source of support, empowerment, and advocacy for family members and residents and improve the quality of care in a nursing facility<sup>25,26</sup>.

To assess whether Detroit nursing homes have family and/or resident councils and the quality of such councils, PHI recommends that DAAA ask whether nursing homes have a resident/family council, how often it meets, and what actions or recommendations have they taken from the council.

### *Quality Activities*

There are several state and national initiatives that nursing homes can participate in to help improve quality of care. These initiatives also provide an opportunity to network and collaborate with state and national experts as well as other providers. The two initiatives that PHI recommends be considered are MPRO quality improvement projects and the Advancing Excellence in America's Nursing Homes Campaign.

One program is MPRO, the quality improvement organization (QIO) designated to address quality in organizations serving Medicare beneficiaries, including nursing home consumers. QIOs offer a variety of opportunities, such as providing technical assistance and hosting workshops, with nursing homes to improve the quality of care and safety of residents. QIOs are particularly focused on reducing the rates of pressure ulcers and use of physical restraints in nursing homes and hospital readmissions.

Another quality initiative is Advancing Excellence (AE). AE is a voluntary national campaign focused on quality in eight specific clinical and organizational outcomes<sup>27</sup>. The campaign provides tools and support to help nursing homes implement quality initiatives and measure their progress in improving quality. Homes must choose three of the eight goals, set targets, and report data that measures progress towards those targets. As of February 2010, the most frequently selected goals selected by Michigan nursing homes are, in order, pain management, pressure ulcers, resident/family satisfaction, and staff satisfaction. Over 40% of Michigan's nursing homes have joined the campaign, including some Detroit nursing homes.

PHI recommends DAAA asking nursing homes whether they are participating in the described quality initiatives. If they participating in MPRO initiatives, nursing homes will be asked to describe the specific quality improvement activities they have participated in. If they are involved with AE, nursing they will be asked to describe what campaign goals they have selected.

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<sup>24</sup> NCCNHR (2008). The Rights of Family Councils in Nursing Homes: Fact Sheet. Available on-line at: [http://www.nccnhr.org/sites/default/files/family-member/councils/fact\\_sheet\\_-\\_Family\\_Council\\_Rights.pdf](http://www.nccnhr.org/sites/default/files/family-member/councils/fact_sheet_-_Family_Council_Rights.pdf)

<sup>25</sup> Curry, L.C, Walker, C, Hogstel, M.O., Walker, M.B. (2007). A study of family councils in nursing homes. *Geriatric Nursing*, 28:4, 245-253.

<sup>26</sup> ElderCare Online (1999). Family councils help nursing homes maintain quality. Available on-line at: <http://www.ec-online.net/Knowledge/Articles/familycouncil.html>

<sup>27</sup> More information Advancing Excellence, including a listing of the outcomes, which Michigan nursing homes are participating in the campaign, and other resource materials are available at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

### *Consumer Experience*

DAAA has developed and piloted the Participant Outcomes and Status Measures for Nursing Facilities (POSM) survey in almost all the homes in its service area. POSM captures quality of life information and measures from residents of homes. The POSM differs from other satisfaction tools because it focuses specifically on 10 quality of life indicators of residents' experience within a nursing home<sup>28</sup>. The pilot did not have sample sizes large enough to allow for conclusions to be drawn about satisfaction in individual Detroit nursing homes. PHI recommends using the POSM to assess and report consumer experience in individual nursing homes on the report card. To do this, DAAA should administer the tool more broadly, with statistically valid sample sizes in each participating nursing home and proper mechanisms to ensure consumer confidentiality. Given the sensitivity of reporting this information, PHI recommends that DAAA explore this domain in greater detail with the Detroit nursing home community to determine the best way to implement the survey and report the information in a way that is relevant and transparent to consumers.

### *Additional Domains and Topics*

As discussed previously, it is important that this Guide does not adversely impact DAAA's role as an information broker by requiring it to evaluate or judge nursing home's ability to meet the requirement of the domain. Yet, there are some domains and topics that DAAA may wish to further explore and include in the Guide that require a subjective assessment of whether a nursing home meets that domain. These include availability of dementia care services and a nursing home's approach to training. Below we will briefly discuss the benefits and challenges of identifying quality measures for these topics and suggestions for further action.

### Dementia/Alzheimer's Units

According to a recent Alzheimer's Association report, in 2009, there were just under 100,000 individuals in Michigan nursing homes with a cognitive impairment such as dementia or Alzheimer's<sup>29</sup>. The percentage of people with Alzheimer's and other dementia disorders generally doubles every five years<sup>30</sup>. To meet this current and growing demand, nursing homes are establishing special care units, often referred to as memory care, dementia, or Alzheimer's units, to provide specialized services to people with dementia, Alzheimer's or other age-related cognitive impairments. Though this specialized care is important, determining the standards for quality care in this area and measuring whether a nursing home meets them is fairly subjective, and could present a challenge for DAAA.

In Michigan, in order to establish a special unit for people with Alzheimer's, a nursing facility must go through the Certificate of Need (CON) process<sup>31</sup>. The CON process determines the number of special service "beds" that will be allowed in the State (capacity) and provides standards that a nursing home must meet in order to be designated as an Alzheimer's unit. The CON process allows for 384 "beds" for Alzheimer's disease. The CON standards cover: resident eligibility, size, physical

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<sup>28</sup> POSM indicators are: Availability of paid care/supports, relationship with support workers, activities and consumer integration, personal relationships, dignity and respect, autonomy, privacy, security, comfort, and environment/meals.

<sup>29</sup> Alzheimer's Association (2009). *2009 Alzheimer's Disease Facts and Figures*. Available on-line at:

[http://www.alz.org/national/documents/report\\_alzfactsfigures2009.pdf](http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf)

<sup>30</sup> Michigan Department of Community Health (June 2009). *Michigan Profile of Publicly-Funded Long-Term Care Services*. Available on-line at: [http://www.michigan.gov/documents/ltc/SPT\\_Final\\_Report\\_7-01-09\\_300163\\_7.pdf](http://www.michigan.gov/documents/ltc/SPT_Final_Report_7-01-09_300163_7.pdf)

<sup>31</sup> Michigan Department of Community Health (June 2008). CON Review Standards for Nursing Home and hospital Long-Term Care Unit Beds. Available on-line at:

[http://www.michigan.gov/documents/mdch/NH\\_Standards\\_204890\\_7.pdf](http://www.michigan.gov/documents/mdch/NH_Standards_204890_7.pdf)

location, security, staff training, and aesthetics (i.e. amount of light and sound) of the unit. The CON process for Alzheimer's units has met its capacity and is currently closed; meaning that no more nursing homes can be designated as an Alzheimer's unit by the state. But there remains a need for specialized care for these consumers and nursing homes continue to find ways to meet this special need.

The Alzheimer's Association has developed recommendations and guidelines for dementia care in residential settings. These Alzheimer's Associations recommendations are person-centered and based on extensive research on all aspects of the care needs of people with dementia. The recommendations focus on 7 key areas of care: food and fluid consumption, pain management; social engagement, resident wandering, falls, and physical restraint-free care.

Applying either of these standards to determine whether a nursing home offers dementia care and the quality of that care will be challenge for DAAA. PHI encourages DAAA further explore these standards for dementia care in nursing homes and consider the following options for providing information specialized dementia care in Detroit nursing homes.

- Report which Detroit nursing homes have received a CON for an Alzheimer's unit on the report card
- Develop an additional section of the Guide that presents the recommendations from the Alzheimer's Association that consumers and families can use to evaluate the level of dementia care themselves.

### Training Approaches

The training approach that a nursing home uses is an important consideration in determining whether quality training is offered to staff. Quality training provides relevant information that is retained by staff and applied in the caregiving setting. Certain approaches to training have been identified by staff and training experts as having a lasting impact on the delivery of care and support in long-term care settings.

Adults appreciate training that is experiential, in-depth, and allows them to interact and learn from colleagues. An adult learner-centered (ALC) approach to training meets these needs. The ALC approach differs from traditional training styles because it views learning as an active process. Instead of the trainer simply providing information to participants, students interact with each other, actively engaging and applying the information presented by the trainer<sup>32</sup>. Providing this information on the report card about the application of this training style helps consumers and their families gauge the quality of training available in nursing homes.

Evaluating whether a nursing home provides training using an ALC approach would require further exploration by DAAA of the training offered at Detroit nursing homes. If DAAA chooses to further explore this topic under the *Workforce Training* domain, PHI would suggest two approaches:

- Ask nursing homes to describe the how they provide training and evaluate and report whether it meets the standards for ALC on the report card.

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<sup>32</sup> PHI (2008). *Adult Learner-Centered Training: An Introduction to Educators in Home and Residential Care*. Available on-line at: <http://phinational.org/wp-content/uploads/2008/11/alct-guide-11-17-08.pdf>

- Conduct a workshop for nursing home training staff on the ALC approach to training that requires nursing homes to integrate this approach into their training. Report participation in the workshop on the report card and monitor implementation over time.

### **Recommended Distribution and Use of the DAAA Nursing Home Selection Guide**

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It is important that the DAAA Nursing Home Selection Guide be accessible to all people considering a nursing homes placement – elders, younger people with disabilities, and their families – and in all stages of the decision to use nursing home care. The information presented in the Guide will be not only a tool to inform individual consumers but improve the quality of discharge planning within hospitals and overall placement counseling by adult services workers at the Department of Human Services, other LTC provider agencies, private case managers and social workers, local Ombudsmen, and other DAAA staff.

PHI offers the following recommendations for distribution and use of the DAAA Nursing Home Selection Guide as a tool to primarily to educate and engage a consumers and their families identify and understand nursing home options.

- **Make the DAAA Nursing Home Selection Guide available on-line and in print** – DAAA should add a section to their website with information on choosing a nursing home. This section would prominently feature the entire Guide – the report card, fact sheet, and primer on long-term care services – as well as links to other tools. DAAA should also print copies of the Checklist and accompanying materials to make available for consumers who do not have access to the internet or are not comfortable with it. In addition, printed materials should be distributed to local community organizations and churches, as well as hospital discharge planners, aging and disability resource center staff, local Ombudsman, and others who help people understand the long-term system.
- **Use the Guide as an outreach and education tool** - Consumers and families need to be informed about their nursing home options and encouraged to plan for nursing home care. As the research shows, many consumers and families have to make a decision about nursing home care in a crisis or in a short timeframe. This does not give consumers and families adequate time to research nursing homes and determine a good fit for them. PHI recommends DAAA offer regular workshops on the basics of long-term care and how to choose a nursing home in partnership that features the DAAA Guide with local community organizations such as churches, community centers, and civic organizations.
- **Provide training on the Guide to hospital social work and discharge planning staff as well as adult services staff of the Department of Human Services (DHS)** – Many people enters into a nursing home following a discharge from a hospital. Hospital discharge planners and social workers play a critical role in providing information to help consumers and families identify a nursing home. Often, this is done by providing a lists, brochures, or pamphlets of nursing homes in the area with little guidance or recommendations of where to begin the process of identifying a quality nursing home. Some research shows that discharge staff is prohibited or hesitant to make recommendations on specific nursing

homes<sup>33</sup>. Adult services staff at DHS can also benefit from training on how to use the Guide, in their role of determining eligibility for the Medicaid program. PHI recommends that DAAA make the Guide available to hospital discharge staff and adult services staff within DHS and provide training on how to use the tool to engage consumers and families in choosing a nursing home.

## **Conclusion**

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Providing complex quality information in a useful format will help Detroit residents navigate the long-term care system and choose a nursing facility for themselves or a loved one. The recommendations provided in this report to DAAA in developing the Nursing Home Selection Guide move beyond the limitations of existing nursing home report cards. They also reflect the characteristics that consumers value and raise awareness about important quality indicators for nursing home care. It is PHI's hope that DAAA will explore these recommendations in the future and we are willing to continue working with you in the implementation of these recommendations.

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<sup>33</sup> Shugarman



*APPENDIX*  
*Example of Report Card Format*

*Report Card – Quality Domains*

	Workforce Stability		Workforce Training		Family and Resident Engagement		Quality Activities		Consumer Experience
	Turnover Rate	Vacancy Rate	Dementia Care	AANP	Family Council	Resident Council	MPRO	AE	POSM Score
<b>Nursing Home A</b>	52%	11%	Yes	Yes	No	No	No	Yes	
<b>Nursing Home B</b>	67%	13%	No	No	Yes	No	No	No	

*Report Card – Demographic Information*

	Number of Beds	Number of Dining Rooms	Languages Spoken by Staff				Profit Status	Payment Type				Percentage of Medicaid Residents
			English	Spanish	Arabic	Other		Medicare	Medicaid	VA	Private	
<b>Nursing Home A</b>	104	2	Yes	No	No	No	Non-Profit	Yes	Yes	Yes	Yes	72%
<b>Nursing Home B</b>	139	3	Yes	Yes	No	No	For Profit	Yes	Yes	Yes	Yes	62%

