REGINALD CARTER

Connecting The Dots In Search Of Quality

Compiling data is only the first step in assessing the causes of quality in long term care.

IN ITS RECENTLY RELEASED REPORT, the National Commission on Terrorist Attacks Upon the United States—the commission investigating the Sept. 11 attacks on the World Trade Center and the Pentagon—cited a number of factors that, taken together, could theoretically have prevented the tragedy from occurring. But though there were many clues detected prior to the attack, the commission reported, the totality of evidence was never assembled into a cogent picture that might have triggered an appropriate warning. In short, authorities had failed to "connect the dots," because there was apparently no system in place for doing so.

The concept of connecting the dots can just as easily be applied to long term care.

For example, a recent body of research conducted by the Health Care Association of Michigan (HCAM) produced a broad spectrum of data about the 450 skilled nursing facilities in the state. But the data do not provide a definitive picture of what constitutes a quality facility and what are the causes of quality in skilled nursing. To approach this problem, one must look at the data and try to piece together a picture—or connect the dots.

An excellent research lesson is to always let the data do the talking. A close examination of the data should reveal the basic trends. A common error is to make assumptions about trends and then to force the numbers to conform to expectations.

In connecting the dots to solve a specific problem—in this case, what are the causes of quality—it is helpful to break the problem down into stages, such as the following:

- Resolving which definition of quality is best.
- Deciding which facilities can be defined as quality facilities.
- Deducing which characteristics are common among these facilities.
- Deciding which characteristics are causing quality.
- Resolving what are the implications of connecting the dots.

Which Definition Is Best?

There is good news and bad news when it comes to defining quality in long term care. The bad news is that there is no established definition of a quality facility. The good news is that it doesn't seem to matter, because the same facilities come up on any list of quality facilities regardless of criteria.

One of the reasons why there are multiple definitions of quality is that there are multiple consumers in long term care, including patients, families of patients, Medicaid and Medicare third-party payers, professional advocates, oversight organizations, and providers of care. Yet, there should only be one customer—the patient. All others are proxies for the patient. The patient's satisfaction should be the only important measure of quality. It assumes the highest medical care and the highest quality of life possible.

There should be only one customer: The patient's satisifaction should be the only important measure of quality.

But if one were to rank all 450 facilities in Michigan on the basis of quality, it is probable that the same facilities would rank highest, regardless of which criteria were used.

Using family satisfaction and survey results as criteria for quality, HCAM researcher Bob Orme tested the relationship between family satisfaction scores and survey citations in all facilities for which he had such information. He found a moderate correlation in the expected direction: The higher the satisfaction the lower the number of survey citations

Defining Quality Facilities

For the purposes of this discussion on connecting the dots, quality facilities

REGINALD CARTER is president and chief executive officer of the Health Care Association of Michigan.

are defined by a listing of the top 50 Michigan facilities with the highest family satisfaction scores and the lowest number of survey citations. Both measures are one-point-in-time indicators and, like all research, the information is always dated and has limitations.

Many of the top 50 facilities on the HCAM list share the following characteristics: rural, small, high longevity of administrator and director of nursing (DON), higher-than-average Medicaid reimbursement, owner-administered, nonprofit, and strong community involvement.

Great Lakes Marketing, which conducts family satisfaction research for HCAM, finds that size and location are key factors in family satisfaction. Facilities with the highest percentage of families reporting being satisfied are generally small (50 beds or less) and in the rural part of the state. Facilities with the lowest percentage of family satisfaction are generally large and located in urban southeast Michigan.

Characteristics Of Quality

The difficult job in "connecting the dots" is the distinction between a correlate and a causal factor. A correlate is a common characteristic but not necessarily a causal factor.

For example, many hospital-based skilled nursing facilities receive a higher Medicaid rate and are small facilities in rural areas. Are these common characteristics of quality or causal factors to explain quality?

A good theory is that rural communities are often the most stable work environments to attract and retain committed staff. This stability allows the development of a culture of quality and a staff's personal commitment to care for their relatives and neighbors. Nursing facilities in these communities are often one of the largest and most stable employers.

Quite possibly a higher Medicaid reimbursement rate provides a way to offer an employee benefits package that also attracts and retains committed staff. This stability again allows the development of a culture of quality and personal commitment.

High community involvement, which refers to the number and frequency of volunteers and visitors, also seems to correlate with facilities in the top 50, according to HCAM research. This ever-present outside community oversight is the best way to ensure that high quality is maintained consistently. Such transparency is important because if there are unacceptable care practices, the volunteers will let the community know. The owner/adminis-

trator is aware of this type of volunteer stewardship and has a personal stake in maintaining a positive image.

Based on available data, it is fair to assume that certain conditions are necessary to develop and maintain a culture of quality: small, rural, adequate Medicaid rate to stabilize staff, and a committed leadership that establishes a culture of quality.

Implications Of Connecting The Dots

If connecting the dots represents the causes of quality, there are several important implications for public policy, Medicaid reimbursement, and management practices.

If the best facilities are in rural areas, then the greatest concentration of poor facilities is probably in the large, urban areas where there is not the committed or trained labor force to care for relatives and neighbors. Many staff members in such large facilities do not know their neighbors in the same intimate way as in small, rural communities, where everyone knows what everyone is doing and keeps track of them to adhere to a community standard, including nursing facility care.

This could lead to the following inferences about quality facilities:

■ Large, urban providers need to create small, community-based facilities in select neighborhoods with a strong church-related commitment to find staff and volunteers to encourage a culture of quality and then to monitor and enforce this standard.

■ Large, urban facilities need to receive the greatest amount of public resources to help them increase their commitment to quality.

■ Churches, hospitals, religious organizations, and fraternal organizations are often the financial basis for supplementing inadequate Medicaid funding. These organizations need to continue to commit to this mission.

■ A higher Medicaid reimbursement system is necessary, and it needs to be dedicated not as a wage pass-through but as a benefits pass-through. The health benefit package must be for the whole family, not just the employee. Single moms will commit themselves to an employer who appreciates their contribution and provides health benefits for their children. In addition, the higher Medicaid rate needs to be linked to a new reimbursement system that rewards high quality. The current system rewards costs at or below the 80th percentile; it doesn't reward costs that cause quality.

■ DONs and administrators should stay in their jobs and develop a plan of quality. Longevity tells staff that key people are in it for the long run. ■