Author's response to reviews

Title: Approaches to Quality Improvement in Nursing Homes: Lessons Learned from the Six-State Pilot of CMS's Nursing Home Quality Initiative

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Sophy McHugh  
BMC Journals

To Sophy McHugh:

Thank you for the opportunity to revise this manuscript, ‘Approaches to Quality Improvement in Nursing Homes: Lessons Learned from the Six-State Pilot of CMS’s Nursing Home Quality Initiative,’ based on the comments of your journal’s reviewers. As suggested by the reviewers, we have added greater detail in the text as well as in Tables 2, 3, and 4. At the recommendation of Reviewer 2, we also discuss two additional references, a report from the General Accounting Office and a report from the Centers of Medicare & Medicaid Services, which provide background information and another perspective to the six-state pilot of the Nursing Home Quality Initiative. Although these changes increase the length of the paper, we feel that the additional descriptive detail enhances the manuscript commensurately.

In the attached pages, I have outlined each change made to the manuscript in response to specific comments (italicized here) from both reviewers. These changes are included in the revised manuscript that I have submitted with this letter.

Thank you again, and I look forward to your response.

Sincerely,

Stephanie Kissam  
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Revisions to ‘Approaches to Quality Improvement in Nursing Homes: Lessons Learned from the Six-State Pilot of CMS’s Nursing Home Quality Initiative’ based on comments from Reviewer 1 and Reviewer 2:

Reviewer 1

Comment:
One compulsory revision I would require is to delete “quality assurance” argument on paragraph 3 of section “Convert regulatory culture to quality improvement culture.” Suggest replacing "QA" with "compliance with regulation" to be consistent with earlier arguments made in this section. QA is not defined or set up to argue against QI to the reader.

Changed this paragraph as underlined:
One of the greatest challenges to the national implementation of the Nursing Home Quality Initiative may be in changing the nursing home mindset from one of compliance with regulation through a system of quality assurance (focused on retroactively examining outcomes) to a mindset of quality improvement (focused on proactively improving processes and systems).

We also modified (as underlined) the relevant heading in the Results section to “Convert Regulatory Compliance Culture to Quality Improvement Culture”.

Reviewer 2

Comments:
1. As a general comment, more detail is needed. Many comments are provided that are not yet supported. More detail is given below.

We have given more examples in the section on physician involvement in Table 2. We added examples of quality improvement concepts and terms that are not well received by nursing home staff in the following sentence (second paragraph under “Teaching Quality Improvement” in the Results section):

Quality improvement theory was not well understood by nursing home staff when general quality improvement concepts and terms (such as flow-charting and root-cause analysis) were presented without using nursing home care processes as examples, or were presented only with examples from manufacturing or other health care settings.

We have added Table 3 of types of practical tips that nursing homes shared with each other.
We have added examples of perceived conflicts between regulations and quality improvement principles in Table 4.
2. A further general comment is that the recent GAO report on NHC should be referenced. It provides a good background to your study.

We have added a paragraph in the Background section (page 2 of the revised manuscript) about the GAO report referenced by the reviewer.

3. The authors also do not provide any limitations. The GAO report cites several of these for NHC. Some also exist for QI - for example you mention using quality measures for QI, are these alone adequate to improve nursing home care? Or is it simply the case for many nursing homes that any QI would be better than what currently exists.

We have addressed the limitations to the six state pilot of CMS’s Nursing Home Quality Initiative raised by the GAO report, cited above. However, we did not, as the reviewer states, imply that using these publicly reported quality measures in quality improvement would be adequate to improve nursing home care. We hope that the reorganization of the Background section clarifies our assertion that public reporting of quality measures, not these specific quality measures themselves, is one component of the Nursing Home Quality Initiative that is spurring nursing homes to take advantage of QIO assistance with quality improvement initiatives on clinical topics related to set of Quality Measures.

We have added this sentence to the end of the second paragraph in the Background section:

The Nursing Home Quality Initiative pilot built on nursing home providers’ desire to deliver high quality care by adding another incentive to improve (the public release of Quality Measure data) and by providing consultative services, clinical education, and technical support from QIOs to aide in that improvement.

4. Methods: "education on pain and pressure ulcers" - why these two areas and not others. Who provided the education?

We have revised the first paragraph in the Methods section to read:

In the pilot, QIOs provided quality improvement assistance related to two of the clinical topics covered by the publicly reported Quality Measures, pain management and pressure ulcer prevention and treatment. These two topics were selected from the entire set of publicly reported measures because nursing home providers regard improvement in these areas as a high priority, and because the QIOs in the pilot states wanted to test and refine methods and materials for quality improvement assistance on just two topics before developing them for all topics associated with the publicly reported Quality Measures.

5. Methods: "education on quality improvement techniques." - what techniques, how much education, how many sessions. Was this a particular "type of QI", e.g., rapid QI?
Additionally, QIOs provided to these nursing homes clinical materials and educational workshops on pain management and pressure ulcer prevention and treatment, as well as education on quality improvement strategies such as team building, brainstorming, root-cause analysis, and rapid-cycle improvement. While we can identify the types of assistance that QIOs provided to participating nursing homes, we did not have a tracking system in place during the pilot to quantify the amount of assistance provided by state, and each QIO utilized a unique combination of strategies to assist nursing home providers in its state. Therefore, the activities as they are described here should be viewed as representative examples of approaches used in nursing home quality improvement.

6. Methods: "the database was queried." - this tells the reader little. What was queried, how many times, etc. Any statistical tests used, any frequency of observations recorded?

We have revised the last sentences of the second paragraph in the Methods section to read (significant change is underlined):

The authors reviewed the database entries and analyzed the recorded lessons learned for common themes in order to summarize the following recommended approaches to assisting nursing homes with quality improvement.

7. Results: "new nursing home data" - does this refer to the MDS. Is this new?

The first paragraph under “Forming Partnerships” now states (significant change is underlined):

In order to raise awareness about CMS's Nursing Home Quality Initiative among nursing homes and consumers, nursing home stakeholders in the six pilot states found it effective to work together in promoting the availability of nursing home data for consumers in the form of Quality Measures, as well as to guide the improvement activities related to the Quality Measures.

8. Results: SSA were contacted. - Who was contacted, and how often?

We have added a clarifying sentence that reads:

Representatives from State Survey Agencies in most pilot states, such as surveyors, State MDS Coordinators, or department directors, participated on the steering committee of nursing home stakeholders, and made individual contact with QIOs during the pilot.
9. Results: "tried to identify a physician" - did this succeed? In how many cases was this successful, any advice on how to do this?

We did not have a tracking system in place during the pilot project to quantify the types of assistance or outreach that QIOs provided to nursing homes. However, we have modified this section to emphasize the variety of strategies that were developed during the pilot to engage the medical directors and attending physicians in nursing home quality improvement. In this case, the development of strategies is the “lesson learned.” The third paragraph under “Engaging Physicians and the Medical Director in Quality Improvement” has been replaced with the following sentence:

QIOs found several strategies to overcome noninvolvement of the physician or medical director that could be implemented by the QIO or the nursing home, as described in Table 2.

The addition of Table 2 appears at the end of the manuscript.

10. Results: “nursing homes have many practical tips to share” - these should be included in the manuscript (e.g., as Table 2). I think this is probably more important than Table 1.

We have added Table 3 – Practical Tips Shared by Nursing Home Provider Teams About Better Pain Management Practices, to give the reader some examples of the types of practical tips that nursing home provider teams have shared with each other for their mutual benefit. However, specific examples would not necessarily be applicable to a wider, non-local audience. Moreover, the “lesson learned” is that facilitating conversation among nursing home teams is a worthwhile activity to assist them in improving the quality of care they provide, because they draw ideas from each other.

The last sentences in the third paragraph under “Teaching Quality Improvement” have been modified to read:

It was apparent in the pilot that nursing homes have many practical tips to share about the effective application of widely accepted guidelines and protocols, and that the activity of sharing experiences is useful in inspiring and guiding nursing home teams in making changes to improve their processes of care. Examples of these practical tips are given in Table 3.

11. Results: "Corporate rules and protocols add another type of regulation" - I would suggest adding more detail. Do chain facilities have more support or less? It would seem that chains would be more able to help in QI activities. If this is not the case, can you explain why?

The intent of this paragraph was not to imply that facilities belonging to a multi-facility nursing home corporation have less support in quality improvement activities, as the reviewer interprets it. Rather, we are highlighting the impact of external requirements and rules on quality improvement activities within a nursing home. We have added these
last two sentences to the first paragraph under “Convert Regulatory Compliance Culture to Quality Improvement Culture” in the Results section:

Such externally imposed requirements, rules, or protocols often hinder the ability of nursing home internal quality improvement teams to implement creative solutions that may lie outside of the established rule or protocol. For example, some chain organizations prohibit the use of “standing orders” in any form. Others require corporate pre-approval for changes in programs, for the sake of internal corporate consistency.

12. Results "conflicts between regulations and QI" - again I would suggest another Table. This is a blanket statement and deserves some attention. Pinpointing these conflicts to me seems as important as the information currently given in Table 1.

We have added the following to the third paragraph under “Convert Regulatory Compliance Culture to Quality Improvement Culture” in the Results section:

One of the greatest challenges to the national implementation of the Nursing Home Quality Initiative may be in changing the nursing home provider mindset from one of compliance with regulation through a system of quality assurance (focused on retroactively examining outcomes) to a mindset of quality improvement (focused on proactively improving processes and systems). For example, nursing home providers are accustomed to designing a “thirty-day plan of correction” in response to citations given by surveyors, in which the cited system of care is quickly revised to comply with the regulation. The plan of correction is then ‘re-inserted’ into daily practice without any testing of the actual effect of the changes, but no proof of effectiveness is required. Quality improvement, however, is based on a process of making change iteratively, and demands testing prior to implementation to determine whether a change will actually result in an improvement.

We have also added Table 4 at the end of the manuscript.

13. Results: Turnover is listed as important. Did top management turnover influence your initiative in any way?

We recognize that staffing issues in the nursing home setting encompass more than high staff turnover, and have renamed this section “Addressing Staffing Issues”. We have also added one sentence to the first paragraph under this section, which reads:

In one instance, a new administrator, uninformed about the pilot program and its objectives and methods, immediately withdrew the nursing home from the program, stating that it “was too time-consuming.”
14. Table 1: many items in the Table seem self-evident (although this may be part of the point of providing this Table). How many states used each approach? How do some of these recommendations get operationalized. For example, turnover of staff?

We have added a clarifying sentence at the end of the first sentence in the Methods section to explain that we cannot quantify the activities of QIOs or nursing home providers during the pilot. It reads:

While we can identify the types of assistance that QIOs provided to participating nursing homes, we did not have a tracking system in place during the pilot to quantify the amount of assistance provided by state, and each QIO utilized a unique combination of strategies to assist nursing home providers in its state. Therefore, the activities as they are described here should be viewed as representative examples of approaches used in nursing home quality improvement.

Table 1 provides a summary of the main approaches to facilitating quality improvement in the nursing home setting. With the addition of Tables 2, 3, and 4, which provide more details for several of these approaches, and clarifying text throughout the manuscript, we expect that we have addressed Reviewer 2’s recommendation to further describe how these approaches are operationalized.