
In Phase II of HEW's Long Term Care Facility Improvement Campaign, appraisers are making monthly assessments of some 3,000 patients in 162 skilled nursing and intermediate care facilities.

A Nationwide Study to Evaluate the Care of Patients in Nursing Homes

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THE OFFICE OF LONG TERM CARE is currently embarked on a demonstration project to appraise the care of patients in nursing homes in 19 States. On October 15, 1976, appraisers in 162 nursing homes began recording monthly data on approximately 3,000 patients for a period of 1 year. This longitudinal record will be used periodically to monitor and measure the outcome of care that nursing home patients receive.

The project has three objectives. The first one is to test the feasibility of applying the patient appraisal and care evaluation (PACE) instrument in selected skilled nursing and intermediate care facilities throughout the nation. The second is to determine those observations and measurements of patients that are most effective and reliable in enabling personnel in nursing homes to plan appropriate care for patients. The third objective is to test a method of evaluating care by measuring the achievement of time-limited goals.

This survey of patient care is part of Phase II of the Long Term Care Facility Improvement Campaign, launched by the Department of Health, Education, and Welfare in June 1974. During Phase I of the campaign a fact-finding survey of skilled nursing facilities was undertaken by professionally trained experts. Answers to three questions were sought in this earlier survey: Who are the patients? How are the nursing homes managed? How good is patient care?

The complete report of the survey, published in 1975 (1), contains specific findings about patient characteristics, facility management, and patient care. However, one finding, that the survey-certification process focuses on the institutional framework within which care is provided rather than on the patient, led to Phase II of the campaign and the survey now in progress.

Development of PACE

The PACE forms that appraisers are using have been carefully developed to yield comprehensive data. The process of designing PACE began with an evaluation of existing patient assessment instruments. Fifteen of these were selected on the basis of their specific patient and assessment orientation. A contract was awarded to the Harvard Center for Community Health to review the existing instruments and analyze the items that should be incorporated into PACE. The items in the 15 instruments were tested against set criteria. The items had to be patient-oriented, objective, multidimensional, relevant, field tested, and applicable to a continuum of care. They also had to elicit data that could be expressed in terms that could be measured consistently by the appraiser—for example, the numbers, sizes, and stages of decubitus ulcers or the ability to carry out a specific function or to perform a specific motion, rather than expressed in phrases

such as "mobility is increased" or "the patient appears less apprehensive."

Throughout the development of the PACE instrument, joint working groups provided input to assure that the instrument comprehensively covered all areas of patient status and care. These groups included staff members of the Department of Health, Education, and Welfare at both Central and Regional Office levels as well as outside consultants representing consumers and representatives of leading national professional groups and of nursing homes and other long-term care provider associations.

Selection of Facilities

Approximately 250 facilities throughout the country volunteered to carry out the survey. Of these, 162 were finally chosen to participate—59 skilled nursing facilities, 32 intermediate care facilities, and 71 facilities that provide both skilled and intermediate care.

Since the efforts of the State agencies that survey facilities and services for participation under Medicare are of great importance to this endeavor, the cooperative assistance of these agencies in selecting the facilities was actively sought. Willingness to participate was a major factor in deciding which States, and within these, which nursing homes would participate. It was necessary to have the State accept the task, since the State survey agencies were being asked to monitor the nursing homes in their States.

The facilities finally chosen to participate in the demonstration survey are located in 19 States and in all 10 HEW Regions. Each facility agreed to take part in the survey for 1 year and to provide the time and expenses for two members of its staff to be trained in the use of the PACE instrument. These persons, the appraisers, will assess each month a selected sample of no more than 20 patients who are receiving Medicare or Medicaid benefits in that home.

Training

In preparation for the demonstration project, persons to train the appraisers were interviewed and selected primarily on the basis of their professional discipline (most were nurses), their teaching expertise, and their experience in the field of long-term care. A 1-week orientation session to train these trainers began last August 2. This session gave them an opportunity to review the PACE instrument thoroughly, to understand its overall content, and to establish techniques to be used in

training the appraisers from the nursing homes.

Later, in August and early September, 12 trainer teams conducted a week of training for the nursing home appraisers as well as for Regional and State personnel at some 49 local sites. Onsite training was considered essential because of the nature of study. Therefore, in each small grouping of nursing homes, one home was selected as the training site. Approximately 500 persons have been trained in the use of the PACE instrument—nursing home appraisers, Regional and State monitors, administrators of the facilities, and other officials who observed the training because they will later be giving assistance as needed.

Selection of Patients

The PACE instrument is not being used for all patients in a nursing home, since this project is considered not a randomized study but a feasibility test of PACE's practicability and applicability. A small sampling of patients were therefore selected in each nursing home. Although several criteria for selection were considered, it was believed that, particularly for the intermediate care facilities, too rigid criteria might result in too few patients being selected to be a valid example. Three criteria were employed in choosing patients: first, that they are recipients of Medicare or Medicaid or both; second, that they are neither terminally ill nor about to be discharged from the facility within 30 days; and third, that they have been in the facility less than 5 years.

The administrator of each participating facility was given instructions about how to use random sampling techniques to select from an alphabetical roster of patients in the home. No more than 20 patients or residents per facility were identified. They are being followed for at least 1 year, or as long as they remain in the home if they are discharged within the year.

A signed consent form for participation in the study was necessary from all patients initially selected. At the discretion of the nursing home administrator, other patients or residents may be

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reviewed, using the PACE instrument, but these patients are not included in the study per se. To assure confidentiality, all information which would identify the patient is blocked out on the forms submitted to the contractor responsible for data analysis. All data generated in this study will be available in accordance with the provisions of the Freedom of Information Act.

Conducting the Appraisals

The PACE instrument encompasses not only an appraisal of the patient's characteristics, needs, and services received, but also the development of plans for care that are directed toward the needs revealed in the appraisal. Care given will be assessed the following month by reapplying the PACE form. This step will determine whether the planned services have indeed been given and whether the goals that had been established the previous month have been achieved totally, partially, or not at all.

Reasons for achievement or nonachievement of the goals and the new appraisal data serve as the basis for revision of the care plan and a re-examination of whether it is achieving its goals the following month. This cycle of appraisal, care planning, and care evaluation occurs monthly. Monitors from the State survey agency will visit the facility periodically and review onsite the completed PACE instruments. The monitors will assist the appraisers in care planning and evaluation techniques and provide necessary consultation for the duration of the study. The HEW Regional Office personnel responsible for coordinating the several States within their Region will also be present during these onsite visits. State and Regional personnel will be available to answer questions in the intervals between visits.

Sometime in March 1977, 4 months after the start of the project, progress to that point will be evaluated. To accomplish this evaluation, a debriefing session will be held for all persons conducting appraisals and for the State and Regional personnel involved in monitoring and coordinating the activities as well as the national advisors and Central Office personnel responsible for data collection and analysis.

At the debriefing session the PACE instrument will be reviewed, and the problems encountered discussed. If it is determined that revisions of the PACE instrument are necessary, these will be made and the expansion of the study considered. Later in 1977, consideration will be given to establishing an ongoing program using the final PACE instrument.

Periodic reports will be issued concerning the results of the study, including analysis of the nationwide data. The available data will permit analysis of the following categories of information:

1. Characteristics of patients in both skilled nursing and intermediate care facilities, and a comparison of these two groups of patients;
2. Determination of the kinds of care required, according to the characteristics of patients; and
3. The success or failure in achieving the goals established through the patient appraisal and care planning process—in essence, evaluation of the quality of care provided to the selected patients.

In addition, continuing status reports, including conclusions as to the effectiveness of PACE and future plans for Phase II activities, will be available as the project progresses.

Implications

The patient appraisal system will have important implications for the provision of long-term care facilities and for general administrative practices in nursing homes. The Office of Long Term Care expects that the PACE will be a helpful tool in defining the needs of patients, in planning for their care, and in using resources most efficiently and effectively.

PACE may be a possible approach to costing out the care of patients on the basis of their needs and the services rendered. Finally, an important objective of Phase II is the development of a survey and certification process that will be based on the quality of care provided rather than the capability of facilities to provide care.

Evaluation of the pilot study is a necessary preliminary to further stages of Phase II, in which all agencies of HEW will continue to have inputs. Following the evaluation, standards in the present Medicare (title XVIII) and Medicaid (title XIX) programs will be assessed to identify those standards that relate to the improvement of facilities and those that are essential to provide an evaluation of patient care. The reimbursement mechanisms in Medicaid and Medicare will also be assessed with the view of developing reimbursement procedures in which incentives are linked to performance, that is, based on the services actually provided and the outcomes of such care.

Reference

1. Long-term care facility improvement study: introductory report. DHEW Publication No. (OS) 76-50021, U.S. Government Printing Office, Washington, D.C., July 1975.