



## INSURING QUALITY LONG-TERM NURSING CARE

*The oldest members of the Baby Boom generation born between 1946 and 1964 will turn sixty-five in 2011.<sup>1</sup> As the size of our senior population increases over the next few decades, so will their health care needs. In the early decades of this century, the proportion of elderly citizens in our total population is expected to steadily rise from the present level of approximately 12 percent to an estimated peak of 20 percent in 2030.<sup>1</sup> The needs are great. Researchers, health care professionals, and interested citizens must find ways to care for the growing senior population in ways that meet the elders' needs and insure the quality of the nursing care received.*

policy brief

### AGING IN PLACE:

- **Independent Living.** Long-term nursing care must respect the independence and judgment of residents. Aging in place is dedicated to maintaining and supporting independent living as long as possible. This model encourages a host of community services and resources to support seniors living in their own homes such as Meals on Wheels and home health services. Not only is aging in place a cost-effective way to manage the upcoming surge of seniors needing such services, it also supports what many seniors want most: independent living.
- **Aging in Place.** The aging in place model has led to new ways to conceptualize long-term nursing care that respect the needs of the residents. A centralized senior living community that supports independent living where seniors live in private apartments is one such model. Seniors are provided nursing care when the need arises; thereby avoiding painful separations from familiar environments when full-time nursing care is required. The University of Missouri's [Tiger Place](#), a senior living community, is an example of this concept. Many traditional nursing homes have also embraced the aging in place concept and are striving to create personal and homelike environments for residents.

### INSURING QUALITY CARE:

- **Quality Measurement Initiatives.** As the demand for senior services will grow in the years ahead, so will the demand for quality nursing care. The Centers for Medicaid and Medicare Services (CMS) actively sponsors ways to assess nursing home quality and make that information available to nursing facilities for quality improvement programs and to consumers looking for good, reliable nursing care. Missouri is ahead with a clinical consultation service to nursing homes, the Quality Improvement Project for Missouri. Nurses from the University of Missouri assist nursing home staff to develop quality improvement programs for their facilities and improve care to their residents.<sup>2</sup>
- **Making Quality Measurement Information Available.** A foundation of public and private resources is already in place for sharing information of interest to nursing home consumers, several of which are cited here. The federal government publishes citation and compliance information for each Medicaid- and Medicare-certified nursing facility in the country at the [CMS Website](#), and each state has an Ombudsman to handle consumer complaints and ethical issues as they arise. Quality measurement researchers at the University of Missouri have published materials for interested lay people in addition to their formal academic articles and reports and are continuing these efforts to make this information accessible to long-term care consumers.<sup>2</sup>

## Insuring a Quality Workforce in Long-term Care:

- **Reducing High Worker Turnover Rates:** In addition to the nursing and health care professional shortage of nearly 100,000 for long-term caregivers, the turnover rate is 49 and 71 percent respectively for RNs and CNAs.<sup>3</sup> Ensuring a stable, committed workforce is essential for providing personalized care that meets the unique needs of individual residents. This care is intimate and personal and frequently taxes the physical and emotional reserves of workers. This is the backbone of quality care, and a number of proposals are on the table that addresses these issues.
- **Proposals:** In anticipation of the upcoming surge in the senior population and the current emphasis on quality long-term nursing care, policy makers and health care professionals are looking at ways to reduce staff turnover and insure a stable workforce. One proposal is to require facilities to report staffing and staff retention information quarterly and post that information on a web site for consumers. Others are aimed at increasing the job satisfaction and status of nursing assistants. One proposal sets up a system of “wage pass-throughs” in which a portion of a state’s long-term care reimbursement increase is specifically earmarked for worker wage increases.

## Paying for Long-Term Care:

- **Public Debate Has Already Started:** Both government and private sector policy makers are already at work devising programs to meet the increased costs of senior care in the early decades of this century. The demands will be great. In 2000, Americans spent \$137 billion dollars from both the public and the private sector for long-term nursing care.<sup>4</sup> Projections vary, but most experts believe that number will increase two-and-a-half to four times over the next few decades.<sup>5</sup> Obviously, keeping the Social Security system viable is central to this debate. This is an area of very active interest.

## Policy Recommendations:

- **Support the Aging in Place Model of Long-Term Nursing Care:** Continue to fund and support projects such as the US Department of Health and Human Services Aging in Place project that sponsor partnerships between the federal, state, and private sectors that put this concept into action. The University of Missouri’s Tiger Place is one such project. Several states have put together innovative programs for long-term senior care. Maine has been particularly successful in reducing the number of residents in long-term care facilities and substantially increasing public funding for home health services to keep seniors in their own homes as long as possible.<sup>5</sup> The Texas Wellspring Quality Improvement Program is another such effort that is driven by the quality improvement model.<sup>6</sup>
- **Support Quality Improvement:** CMS is currently sponsoring the Nursing Home Quality Initiative that has made quality improvement one of the agency’s top priorities. One of its stated goals is to report quality measures for nursing homes all over the country. Missouri needs to continue its support of the Quality Improvement Project for Missouri.<sup>2</sup> The workforce is an essential element of quality long-term care; support candidates, policies, and long-term care facilities that recognize this fact.
- **Support informal care networks such as home calls, mail monitors, and other volunteer efforts.** The financial impact of volunteer support for informal care for seniors is enormous. The impact on quality of life is even larger. Support of the informal care networks that so many seniors depend on is essential.

<sup>1</sup> Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2008: Key indicators of well-being*. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. March 2008.

<sup>2</sup> QIPMO (Quality Improvement Program for Missouri’s Long-Term Care) website. Joint project of MU Sinclair School of Nursing and the Missouri Department of Health and Senior Services. Retrieved April 19, 2008 from <http://www.nursinghomehelp.org>

<sup>3</sup> Decker, F. H., Gruhn, P., Matthews-Martin, L., Dollard, K.J., Tucker, A. M., & Bizette, L. (2003). *2002 ACHA Survey of nursing staff vacancy and turnover in nursing homes*. America Health Care Association. Retrieved April 19, 2008 from [http://www.ahcancal.org/research\\_data/staffing/Documents/Vacancy\\_Turnover\\_Survey2002.pdf](http://www.ahcancal.org/research_data/staffing/Documents/Vacancy_Turnover_Survey2002.pdf)

<sup>4</sup> Walker, D.M. (2002) *Long-term care: Aging baby boom generation will increase demand and burden on federal and state budgets*. United States General Accounting Office (GAO-02-544T). Retrieved April 19, 2008 from <http://www.gao.gov/new.items/d02544t.pdf>

<sup>5</sup> Agency for Health Care Policy and Research (2000). *Systems that meet needs*. U.S. Department of Health and Human services. Retrieved April 19, 2008 from <http://www.ahrq.gov/news/ulpltc/ulpltc4.htm>

<sup>6</sup> Agency for Health Care Policy and Research (2000). *Transforming the workplace*. U.S. Department of Health and Human services. Retrieved April 19, 2008 from <http://www.ahrq.gov/news/ulpltcwork/ulpltcw3.htm>

(Compiled by Marilyn Rantz & Karen Dorman Marek, 2002; Updated April 2008)

***For more information, contact the Center for Family Policy & Research***

The Center for Family Policy & Research is housed in the Department of Human Development & Family Studies at the University of Missouri. The Center’s mission is to create and disseminate research-based analyses to promote the well-being of families through informed public policy & programs. Visit us on the web at <http://CFPR.missouri.edu>