Quality Healthcare in Nursing Homes: Falls, and the Trap of Benchmarks
By Steven Fuller, DO, PhD

Go to any nursing home website, and you will discover a prominent theme: quality. But what is meant by quality and how is it measured? Just saying that a nursing home provides “quality” is abstract and empty unless it can be tangibly demonstrated. One common way to demonstrate quality is to link it with measurements, including the collection of metrics and whether these metrics have achieved pre-determined benchmarks. The assumption is that when a facility’s metrics compare favorably to their benchmarks, this reflects good performance and thus quality.

The Trap and the Gap
Trap: Nursing homes turn their attention away from a rather vaguely defined term like “quality” to a much more easily understood term: a metric. And so they chase after the metric, preferring to focus on a number and then assuming that number represents quality.

Gap: This process loosens the link between quality and the metrics used to reflect it. Thus, a gap is created as quality and metrics drift farther apart.

To illustrate, let’s look at a few common traps that lead to the gap.

Trap No. 1: Tunnel Vision
Benchmarks give you tunnel vision. They cause you to focus on a number while losing sight of quality. They make the alluring promise that so long as you are meeting a benchmark, you are doing great and providing great quality. If you falter, there is little motivation to improve because you have hit your benchmark. And since you have not been flagged for substandard performance overall, you receive no penalties.

Here’s an example. A nursing home resident falls and breaks his hip, causing him great suffering and forever changing his quality of life. However, the nursing home where he resides has hit its “Falls With Major Injury” benchmark. Among all the other pressures that confront nursing homes these days, they have little incentive to implement the new processes needed to prevent falls like his from occurring again. The nursing home continues to focus on other more tangible and pressing needs, and nothing about falls really changes.

What is not usually considered is this: a fall with major injury is often preceded by multiple falls without major injury. He may already have fallen five times in four days. Because the first four falls were without major injury, they were not even recorded with this metric. It could be the fifth fall that was not recorded, which resulted in a life-altering broken hip — that the falls with major injury metric was finally triggered.

The outcome of this perverse approach? A person’s life and the life of his family have been forever changed. But the nursing home has met its arbitrary benchmark, so the same approach to falls will likely continue the next day and the next and the next. And this resident, as well as the other residents, will remain at risk. Nothing changes.

So what has been learned from this resident’s life-altering event? Is the quality of care and safety in this nursing home any better after the fall than before the fall? Or has the pursuit of achieving a benchmark actually impeded improvement? Has the distracted focus on quality now been hijacked to meet an arbitrary benchmark as a misdirected proxy for quality? The reader can decide.

Trap No. 2: Bias
People are inherently biased, and there is ample opportunity for subjectivity to create inaccuracies when recording nursing home health care data. As an illustration, one of the most common and important sources of data that reflect quality in a nursing home is the Minimum Data Set (MDS). A nursing home’s inherent vested interest in achieving a certain benchmark can skew the recording of MDS data in favor of that benchmark, especially with so much at stake in today’s highly competitive post-acute market. I have seen instances where simply changing the person who is doing the recording and reporting of MDS data can cause a dramatic shift in the reported results, even when no procedural changes have occurred in the nursing home.

McKnight’s Long-Term Care News recently highlighted an insightful study that documented this trap (Jan. 2, 2020; https://bit.ly/382YAGh). Researchers from the University of Chicago and Harvard Medical School matched the data from 150,828 inpatient health care claims of patients who had fallen with major injury in nursing homes with the MDS data those nursing homes had reported to the Centers for Medicare & Medicaid Services. Falls with major injury were chosen because falls are a leading cause of death and suffering among older adults. In addition, falls are largely preventable, so they are an important metric tightly linked to quality.

The researchers found that nursing homes underreport falls with major injury on the MDS nearly half the time! This indicates that the falls with major injury data that nursing homes report to CMS is highly inaccurate and bears little resemblance to what actually happens.

Their study suggests that nursing homes are using falls with major injury as an unreliable and inaccurate proxy for quality. The result? Nursing homes that achieve their falls benchmarks may believe they are delivering quality when in fact they are not.

“Don’t Let Metrics Undermine Your Business”
A recent article in the Harvard Business Review reminds us that “an obsession with numbers can sink strategy” (Sept.–Oct. 2019; https://bit.ly/38bETSY). This is because of the tendency to mentally replace strategy, often vaguely and poorly defined, with metrics that are more concrete and easily understood. The authors cite examples of major U.S. companies that suffered huge losses when their attention to strategy was misdirected into achieving a certain metric. The consequences for those companies, who created a gap between strategy and metrics, was devastating and even destroyed their quality and value.

The same trap occurs when we believe the vague concept of quality care in nursing homes is reflected in easily understood, concrete metrics. Nursing homes that have made media headlines for lapses in quality care have often been 4 or 5 star facilities who met or exceeded their quality care metrics.

Solutions: Closing the Gap Between Quality and Metrics
• Ensure that your strategy to achieve quality is not defined solely by numbers. Numbers are only a guide.
• State your specific strategy to obtain quality with absolute clarity. It should be easily understood, easy to remember, and supported by everyone in the organization.
• Look for bias in each of your metrics, and get rid of it.

And finally, remember the people whose lives you affect. An older adult who falls and injures himself in your nursing home will never, ever be the same again. Your numbers, no matter how good, are no comfort and no consequence to this person. For him, you did not deliver quality. And without him, and others like him, you would not exist.

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