

Good Quality Care May Cost Less

Rantz, M. J., Hicks, L., Grando, V., Petroski, G. G., Madsen, R. W., Mehr, D. R., Con, V., Zwygart-Staffacher, M., Scott, J., Flesner, M., Bostick, J., Porter, R., & Meridean, Maas. (2004). Nursing home quality, cost, staffing, and staff mix. *The Gerontologist*, 44, 1, 24-38.

This study points out that good quality care may actually cost less than poor quality care in nursing homes. The researchers used outcomes measured by quality indicator usage, Medicaid cost reports and participant observation to determine and “describe the processes of care, organizational attributes, cost of care, staffing level, and staff mix in a sample of 92 Missouri homes with good, average, and poor resident outcomes.

The research revealed that in order for the basics of care, (“helping residents with ambulation, nutrition and hydration, toileting and bowel regularity, preventing skin breakdown, and managing pain”) to be accomplished that the organization attributes of “consistent nursing and administrative leadership, the use of team and group processes, and an active quality improvement program” need to be in place with group processes being done consistently.

A theoretical model was derived from the findings list, depicted in a modified pyramid style starting at the top: “Consistent Nursing and Administrative Leadership, Team/Group Focus, Active Quality Improvement Program, and Getting the Basics of Care Done!” The model further illustrates the basics of care (listed above) linked together, centered by assessment and continual follow through.

“The only facility characteristic across the outcome groups that was significantly different was the number of licensed beds, with smaller facilities having better outcomes. No significant differences in costs, staffing or staff mix were detected across the groups. A trend in higher total costs of \$13.58 per resident per day was detected in the poor-outcome group compared with the good outcome group.”

Facilities with good outcomes commonly used group or committee processes as well as having active quality improvement programs in place. Food service was appealing in choice and presentation, i.e. with plate on the table in front of the resident rather than on a tray, table and chairs at correct height for residents, use of adaptive devices to promote independence. Elders who needed to be fed were helped with a ratio of one or two residents per staff. This was made possible by organizing staff availability for meals.

Since researchers found that the smaller facilities of 60 beds were more likely to have good resident outcomes, it was suggested that larger facilities be organized into smaller clusters of units to function as small nursing homes within the larger context.

IMPLICATIONS FOR PRACTICE: This research reinforces the use of culture change practices to improve the quality of nursing home care. Consistent staffing, administrative leadership, team/group focus, continuous quality improvement, choice and independence are hallmarks of culture change practice. The pleasant surprise is that this type of service appears to cost less.