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**NICHE**  
Nurses Improving Care for Healthsystem Elders

NICHE Section

## Elevating nursing staff's knowledge and skills to improve nursing home's five-star quality rating performance

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In 2002, the Centers for Medicare & Medicaid Services (CMS) began publicly reporting nursing home quality data on the Nursing Home Compare website. The agency enhanced Nursing Home Compare 6 years later when they implemented the Five-Star Quality Rating System. The Five-Star Quality Rating System supports consumers in making informed decisions about Medicare- and/or Medicaid-certified nursing homes by providing them with information about nursing home quality. Additionally, through public reporting regarding quality, the system incentivizes nursing home providers to improve their performance.<sup>3,5</sup> In this article, I review the three domains of health inspections, staffing, and quality measures (QMs) used to calculate each nursing home's rating and discuss how Nurses Improving Care for Healthsystem Elders – Long-Term Care (NICHE-LTC) can support nursing home providers to improve performance in each of the three domains. For complete details of the rating methodology and associated updates, nursing home providers and other interested parties should monitor the CMS Five-Star Quality Rating System web page (<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html>).

### Domain 1: Health inspections

On an annual basis, each of the over 16,000 Medicare- and/or Medicaid-certified nursing homes in the United States have an unannounced, comprehensive health inspection (i.e., survey). During each comprehensive survey, a team of healthcare professionals determines the nursing home's compliance with federal requirements, including those requirements related to quality of care and life, infection control, abuse prevention, food service, nursing staffing, environment, administration, and more. In addition to these annual surveys,

nursing homes are subject to complaint inspections, which are abbreviated surveys. During these abbreviated surveys, surveyors examine provider compliance with select regulations pertinent to the complaint under investigation. To create the rating for the first domain of the Five-Star Quality Rating System and form the basis of each nursing home's overall star rating, CMS assigns points to each nursing home based on the number, scope, and severity of deficiencies resulting from these survey activities as well as any resulting revisits when the provider has not yet achieved compliance.<sup>3</sup>

Beginning in February 2018 and due to changes in the inspection process commencing November 28, 2017 combined with a new set of federal regulations, CMS temporarily refined how the agency calculated the health inspection rating. CMS recently announced that, effective April 2019, the agency returns to their prior methodology used to calculate the health inspection rating. This methodology uses the three most recent comprehensive health inspections and deficiencies stemming from complaint investigations occurring in the prior 36 months, including survey activity prior to and after the November 2017 survey process changes. The most recent inspection activity (i.e., the most recent comprehensive inspection and the most recent 12 months of complaint inspections) has a weighting factor of 1/2. The prior rating cycle, consisting of second most recent comprehensive inspection and complaint investigations from 13 to 24 months prior, has a weighting factor of 1/3, and the second prior rating cycle, consisting of the third most recent comprehensive inspection and complaint investigations from 25 to 36 months prior, has a weighting factor of 1/6. CMS then calculates a total weighted health inspection for each facility, with a lower score indicating better performance, and assigns each facility a star rating within a state. For facilities with less than three survey cycles, CMS applies different scoring methodologies detailed in the *Five-Star Quality Rating System: Technical Users' Guide*.<sup>3</sup>

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## Domain 2: Staffing

Federal regulations for nursing homes require that they “have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”<sup>1</sup> The regulations also require that certified nursing assistants (CNAs) competently and safely meet the needs of the residents in their care. In April 2018, CMS (2018),<sup>2</sup> began basing this important domain on verifiable data reported through the Payroll-Based Journal (PBJ) system. The staffing rating is based on measures of registered nurse (RN) staffing per resident day and total nurse staffing, including RN, licensed practical nurse (LPN), and nurse aide hours, per resident day. While data regarding other staff types (e.g., social workers, therapists) are collected via the PBJ system, these data are not used to calculate the staffing rating. CMS gathers the census and case-mix information from Minimum Data Set, Version 3.0 (MDS 3.0) assessments for use in the staffing ratings. CMS assigns staffing ratings for RN and total nurse staffing based on preset staffing thresholds and then combines these two ratings to assign an overall staffing star rating.

## Domain 3: Quality measures

The final domain of the Five-Star Quality Rating System is the QM domain. The data used in this domain is a mix of MDS- and Medicare claims-based data. Currently, CMS reports over 30 QMs on Nursing Home Compare; the Five-Star Quality Rating System uses 17 of these, including 10 short-stay QMs and seven long-stay QMs.<sup>3</sup> Implementing evidence-based nursing care protocols and developing nursing staff knowledge regarding care of older adults supports improved performance in the QMs. For example, nurses and CNAs can improve their ability to prevent and manage resident pain (thereby improving their nursing home's pain QMs) by implementing evidence-based pain assessment and management protocols and enhancing caregiver knowledge with education regarding age-related changes in health, comfort needs, frailty, pain management function, palliative care, and person-center care. Similarly, education regarding decision-making, delirium, function, medications, and pain and associated evidence-based tools and resources can support quality improvement related to the re-hospitalizations, emergency department visits, and discharge to community QMs.

Federal regulations require evidence-based, person-centered, and high-quality care for nursing home residents. Using their federally required facility assessment, conducted at least yearly, nursing home leaders must identify necessary staff competencies, and they must ensure staff with the skills and knowledge to meet residents' needs.<sup>1</sup> Furthermore, the robust quality assurance and performance improvement (QAPI) regulations require that nursing homes involve all levels of staff in their QAPI activities and continuously perform QAPI activities. QAPI programs are required to both identify and correct deficiencies and promote and sustain improvements. Common themes throughout the revised federal regulations include performing evidence-based, person-centered care and developing a well-trained workforce prepared to meet the complex needs of nursing home residents.<sup>1</sup>

## NICHE long-term care program

NICHE is an evidence-based practice model that builds organization-wide capacity to provide high quality nursing care to older adults. NICHE-LTC offers nursing staff in nursing homes evidence-based clinical resources and education to position nurses as leaders in their clinical practice. NICHE-LTC is a cost-effective means to provide staff with opportunities to develop clinical competencies in geriatrics and provides nursing home leadership teams with the opportunity to implement a career ladder program for CNAs, LPNs, and RNs. Further, NICHE helps to prepare RNs to take the American Nurses Credentialing Center's (ANCC's) Gerontological Nursing Certification exam and provides licensed nurses with ANCC-approved continuing education contact hours.

Developing an effective QAPI program is a complicated process that requires a systematic approach. Therefore, CMS highly encourages nursing home providers to utilize evidence-based programs to assist them in developing and implementing a QAPI program. The NICHE Long-Term Care (NICHE-LTC) program does just this through supporting nursing home teams to meet the federal requirements. Additionally, NICHE-LTC aligns with the federal requirements to engage all levels of staff in QAPI as it prepares various levels of nursing staff to lead clinical practice change aimed at improving the quality of care provided to older adults in nursing homes.

In addition to offering these and many other evidence-based education and clinical practice tools, NICHE-LTC supports nurses to use data, such as the QMs, to identify opportunities for improvement in their facilities and on their individual nursing units. Taken together, NICHE-LTC provides nursing staff with opportunities to learn and grow in their practice, which is linked to higher rates of job satisfaction and retention.<sup>4</sup>

NICHE-LTC can help nursing home teams improve all domains included in the Five-Star Quality Rating System. Much more information, including details regarding calculating each domain and the overall rating for the Five-Star Quality Rating System, is available in the Technical User's Guide, and more information regarding NICHE-LTC is available on the NICHE website ([www.nicheprogram.org](http://www.nicheprogram.org)) or by emailing [support@nicheprogram.org](mailto:support@nicheprogram.org).

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