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Our Mission: Helping to prepare Iowa's health practitioners to care for our growing population of elders. *E-NEWS* is one of our methods of teaching through technology.

Each month, *E-NEWS* delivers abstracts from current multidisciplinary healthcare journal articles related to a specific geriatric topic. This month's *E-NEWS* focuses on GOVERNMENT REGULATION OF NURSING HOMES: IMPROVING QUALITY OF CARE AND PREVENTING ABUSE AND NEGLECT.

GOVERNMENT REGULATION OF NURSING HOMES:
IMPROVING QUALITY OF CARE AND PREVENTING ABUSE AND NEGLECT

In this issue of the *E-NEWS*, you will find abstracts for:

- A study that examines state statutes with text addressing nursing home report and investigation of abuse.
 - A study that explores nursing home deficiencies and interstate variations in regulatory activity.
 - A study that evaluates cross-state variation in conceptions of quality of nursing facility long-term care for older adults.
 - A study that investigates the impact of state minimum staffing standards on the level of nursing home staffing and quality of care.
 - An article that discusses policy issues of elder abuse, neglect, and exploitation.
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- Daly JM, Jogerst GJ. Nursing home abuse report and investigation legislation. *J Elder Abuse Negl.* 2007;19(3-4):119-31.

Nursing home complaint investigation procedures are established by each state's respective legislation. The purpose of this study was to determine the state statutes that had text addressing nursing home report and investigation of abuse and to describe the content of that text. All states and the District of Columbia have statutes addressing the licensure and re-certification of nursing homes. Fourteen of these licensure and re-certification of nursing home state statutes have text specifically addressing the topic of abuse reports and investigation in the nursing homes. Main concepts discussed in those sections were reporting requirements, mandatory reporting, and definitions.



- Kelly CM, Liebig PS, Edwards LJ. Nursing home deficiencies: an exploratory study of interstate variations in regulatory activity. *J Aging Soc Policy.* 2008;20(4):398-413.

This study examines nursing home regulatory activity by the states, assesses interstate variations in the volume and severity of nursing home deficiencies, and explores state-level factors that may account for these differences. Nursing home deficiency citation data over a 5-year period (2000-2004) were obtained from the Centers for Medicare and Medicaid Services. We examined interstate variations in regulatory activity and identified predictors of deficiency volume and severity at the state level (demographics, elected officials, industry characteristics, etc.) using the linear mixed model. Deficiency volume remained stable across the 50 states from 2000 to 2004, while deficiency severity decreased significantly. California had the highest volume of deficiencies per nursing home; Wisconsin had the lowest. New Hampshire had the highest percentage of severe deficiencies; California had the lowest. Higher deficiency volume was found in states with lower median household income, a lower proportion of residents aged 85 and older, and a Democratic legislature. Higher deficiency severity was associated with higher median household income and a higher proportion of Medicaid nursing home residents in a state. In contrast, greater state agency funding, higher state standards for nursing home administrators, and a Democratic and more professional legislature predicted lower deficiency severity. Nursing home residents in the United States receive unequal protection from abuse and neglect, and this is partly due to their state of residence. Interstate variations in deficiency volume and severity are due to a complex set of factors beyond nursing home quality.



- Lockhart C, Giles-Sims J. Cross-state variation in conceptions of quality of nursing facility long-term care for the elderly. *J Aging Soc Policy.* 2007;19(4):1-19.

We address two issues in this exploratory study. First, to what degree do variables prominent in explaining cross-state variation in the generosity of other public assistance programs also help to explain the resources states devote to nursing facility long-term care for the elderly, a service supported largely by states' Medicaid programs? Second, to what degree do the resources that states commit to this purpose influence the quality of state nursing facility processes and, in turn, translate into state nursing facility residents' quality-of-life outcomes? We find unusual features to the pattern of factors explaining state resource levels. We also find surprises in relations among the three aspects of quality, but overall, raising resource adequacy improves nursing facility process quality, which, in turn, bolsters nursing facility residents' quality-of-life outcomes. We close with suggestions for further improvement.



- Park J, Stearns SC. Effects of State Minimum Staffing Standards on Nursing Home Staffing and Quality of Care. *Health Serv Res.* 2008 Sep 17. [Epub ahead of print]

Objective. To investigate the impact of state minimum staffing standards on the level of staffing and quality of nursing home care. Data Sources. Online Survey and Certification Reporting System (OSCAR) merged with the Area Resource File from 1998 through 2001. Study Design. Between 1998 and 2001, 16 states implemented or expanded staffing standards in excess of federal requirements, creating a natural experiment in comparison with facilities in states without new standards. Difference-in-differences models using facility fixed effects were estimated to determine the effect of state standards. Data Collection/Extraction Methods. OSCAR data were linked to the data on market conditions and state policies. A total of 55,248 facility-year observations from 15,217 freestanding facilities were analyzed. Principal Findings. Increased standards resulted in small staffing increases for facilities with staffing initially below or close to new standards. Yet the standards were associated with reductions in restraint use and the number of total deficiencies at all types of facilities. Conclusions. Mandated staffing standards affect only low-staff facilities facing potential for penalties, and effects are small. Selected facility-level outcomes may show improvement at all facilities due to a general response to increased standards or to other quality initiatives implemented at the same time as staffing standards.



- Quinn K, Zielke H. Elder abuse, neglect, and exploitation: policy issues. *Clin Geriatr Med.* 2005 May;21(2):449-57.

Elder abuse remains a rapidly growing but largely invisible national policy issue. As the number of elderly persons increases, so will elder abuse, neglect, and financial exploitation. This has implications not only for the victims and the programs struggling to protect them but also for publicly funded programs such as Medicare and Medicaid. The urgent problem is to address elder abuse on a national level in a comprehensive and informed way to prevent the untold suffering of hundreds of thousands of older persons who deserve to live their final years with dignity and security.





Next Month's Issue:

Pharmacologic Management of Behaviors in Dementia



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