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OIG and HCCA Publish Joint Report on Quality of Care in the Long-Term Care Industry

On January 31, 2008, in furtherance of the joint goal of government and industry to improve the quality of health care, the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services (HHS) and the Health Care Compliance Association (HCCA) released a joint report entitled, "Driving for Quality in Long-Term Care: A Board of Directors Dashboard" (Report). The Report, the product of an OIG- and HCCA-sponsored government industry roundtable, addresses practical ways for boards of directors and/or other governing bodies (Boards) to monitor the quality of care issues in long-term care facilities. Although the roundtable and the Report focused on long-term care, its takeaway themes apply to all health care entities, including hospitals, hospices, home health agencies, and others. Consequently, it is a "must read" for any health care organization that is working with its board to frame an agenda for quality.

Driving for Quality in Long-Term Care: A Board of Directors Dashboard

While focused on the long-term care industry, the Report is important to all health care providers because it offers a timely roadmap for Boards on how to frame an agenda for quality in their respective health care organizations. The Report includes four distinct areas to be addressed:

1. Demonstrating and improving a commitment to quality
2. Key structural processes
3. Key outcome categories
4. Challenges and opportunities for Boards

Commitment to Quality

The Report suggests that Boards can evaluate and demonstrate their commitment to quality care in their organizations by asking and answering the following questions:

- Does the board receive regular reports on quality?
- Do board members understand the reports they receive?
- Are board members receiving training on quality?
- Is quality a part of the board's strategic and capital planning?
- Are adequate resources devoted to staff training and retention?

Structural Processes

The Report recommends that Boards use key structural processes to identify risks and understand the tracking and measuring of quality. Examples of structural processes aimed at quality of care include:

- Regular reports to the board on quality data and issues
- Frequent and focused board-level discussions of the organization's quality reports
- A coordinated response to quality issues with board oversight of identified quality problems
- Investing in staff retention, training, and competency

Key Outcomes

The Report also identifies specific key outcomes that provide valuable assistance to Boards in meeting their oversight responsibilities. Knowing the answers to the following questions can assist Boards in assessing the performance of their organizations:

- How does management measure information to track whether the residents (patients) are achieving high-quality outcomes? Is this tracking being consistently reported to the board in a useful way?

- How is the facility performing in its state's surveys? Is performance better or worse than in previous years?
- Are measures developed to determine whether residents' (patients') outcomes and health care delivery in key quality measure areas are better or worse in the current year than the last?
- What do families and residents (patients) report about their experience with the organization?
- What is the staff turnover rate? Is it better or worse than in previous years? If so, why or why not?

Challenges and Opportunities

Finally, the Report identifies legal issues and opportunities for Boards to consider such as:

- Ensuring the board has enough information, but not so much so that it is overwhelmed
- Balancing the relative risk of potential legal liability that results from informing the board on quality issues with the risk of possible legal liability of keeping the board in the dark
- Empowering the board to establish quality of care as a top priority
- Understanding that quality of care is tied to every aspect of the facility's operations: Good quality of care ultimately leads to a better financial condition through improved staff retention and morale, fewer complications, and increased patient census
- Providing a tool for the board to assess the actual performance of the organization on identified quality of care issues

By partnering with industry to share ideas and perspectives on Boards' oversight of quality of care, the OIG has signaled its commitment to providing substantive guidance of its expectations as

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well as its ongoing focus on quality of care issues. Industry insiders believe that the OIG and HCCA may soon partner to sponsor a similar roundtable to address the governance obligations surrounding quality of care in the hospital industry.

In view of the ongoing and escalating OIG focus on quality of care in the entire health care industry, we strongly recommend that all health care organizations, not only those in the long-term care industry, conduct periodic internal assessments or audits by a multidisciplinary team consisting of quality, compliance, and legal professionals who focus on enhancing the quality of care throughout their respective organizations. Such assessments or audits will provide organizations with a valuable tool to assist their Boards in meeting the challenges addressed by the roundtable.