Letter to the Editor and Authors’ Response

STABILITY AND SENSITIVITY OF NURSING HOME QUALITY INDICATORS

To the Editor:

Included in Dr. Rantz’ work is a credible and reasonable job in creating a rating system using Minimum Data Set data that divide homes into good, fair, and poor performers. She provides detailed data on the stability of these ratings across a 5-month period. Further analysis of this repeated measurement shows a Kappa measurement of agreement of 0.26.

This lack of reasonable stability of nursing home ratings over even short periods of time leads me to conclude that it is entirely wrong to provide these ratings to consumers (who never heard of a Kappa) with the idea that the rating they read will reflect the care they can expect to receive in a nursing home. Either the Minimum Data Set “outcomes” are a poor measure of care, which as a clinician I can believe, or nursing homes are so rapidly changing from good to bad that publishing ratings is futile.

Bruce E. Robinson, MD, MPH
Sarasota Memorial Hospital
University of South Florida
Sarasota, Florida

Address correspondence to Bruce E. Robinson, MD, MPH, Sarasota Memorial Hospital, 1700 S. Tamiami Tr., Sarasota, FL 34239. E-mail: bruce-robinson@smh.com

REFERENCE


AUTHORS’ RESPONSE

We appreciate Bruce Robinson’s additional analysis of our method of classifying facilities into groups that achieve predominately good, average, and poor resident outcomes. His analysis confirmed our findings illustrated in Figure 1 of our article that a 5-month average window between sample selection and time of observation resulted in many facilities “moving” from one outcome group to another. In our follow-up analyses of statewide data explained in the article, we highly recommend that if a method such as the one we designed is used to classify facilities, the method should then require two consecutive 6 months of Minimum Data Set data to ensure more stable group classification.

However, we do not share his view that our results confirm that Minimum Data Set-based outcome data should not be provided to consumers. Our classification method used 23 quality indicators and attempted to use them in a composite measure for a research project. Aggregation of quality indicators into a single quality measure is a challenging and, based on our results, not exact science. Our results do not address individual quality indicator reliability. In fact, as displayed in Table 2, 10 of the 23 quality indicators were sensitive measures that discriminated well between the facilities that consistently were classified between groups with predominately good, average, or poor resident outcomes. Whether or not to use Minimum Data Set quality indicators in public reporting is beyond the scope of our article and does not follow from Robinson’s analysis.

Marilyn J. Rantz
Lanis Hicks
Gregory Petroski
Richard Madsen
David Mehr
Vicki Conn
Mary Zwygart-Stauffacher
Meridean Maas
MU MDS and Quality Research Team
University of Missouri–Columbia

Address correspondence to Marilyn J. Rantz, PhD, RN, Sinclair School of Nursing, S406, MU, University of Missouri–Columbia, Columbia, MO 65211. E-mail: rantzm@missouri.edu