

Washington Post LTE
Thursday, November 13, 2003

To The Editor:

The central premise of the November 11 *Washington Post* editorial, "Nursing Home Neglect," is that nursing home care quality in the District of Columbia suffered from a "lack of regulations" from April 1994 to January 2002." This is flatly incorrect. In fact, the very same federal nursing home regulations applied to facilities across the nation under the landmark Omnibus Budget and Reconciliation Act of 1987 (OBRA) have been in effect in D.C. The suggestion, therefore, that D.C. has until recently been operating under a type of "wild west" regulatory environment is a disservice to our patients, our caregivers and your readers.

Second, the allegation made in Del. Eleanor Holmes Norton's report that "the vast majority of nursing homes fail to provide adequate staffing," is also misleading. According to Nursing Home Compare (an excellent consumer resource for evaluating comparative facility information at www.medicare.gov), 19 of D.C.'s 21 facilities meet or exceed federal staffing guidelines. This site is operated by the federal Centers for Medicare and Medicaid Services (CMS).

The *Post* editorial as well as Ms. Norton's report underscore one of the central flaws of the existing nursing home regulatory system, and the logic, or lack thereof, behind it: the criticism leveled at the DC Government is that because it has new power to levy fines and violations, and didn't do so, its leaders are somehow failing our elderly. Thus, "success" is measured by the level of fines levied and the tally of violations declared -- and not based on patient and family satisfaction or care outcomes. Of course, incidents of poor care must not be ignored, and improving care quality always has, and always will be, our top priority. The good news is that the new federal nursing home quality initiative (NHQI) now in place nationwide, including the District, is measuring quality based upon actual patient outcomes. In fact, official federal statistics show nursing home care quality in the District of Columbia is higher than the national averages in several significant categories.

Improving care quality is a permanent, ongoing mission, and the many challenges we face daily such as the national nursing shortage, liability cost hikes and Medicaid under funding make things very, very difficult. Care quality in D.C. can be improved, and we are, and always have been committed to providing our seniors with compassionate, quality care.

Sincerely,

Gail L. Jernigan
President
District of Columbia Health Care
Association