The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff examines the complex and multifaceted challenges nursing homes currently face and outlines goals and recommendations to improve the overall quality of nursing home care.

**Care Planning**

The resident care planning process provides a solid foundation for operationalizing person-centered, high-quality, equitable care in nursing homes. Stronger monitoring to ensure that effective implementation of all components of the care planning process occurs across all nursing homes is recommended to enhance the experience residents and their families. Specifically:

- Nursing homes should identify the care preferences of residents and their chosen families using structured, shared decision-making approaches that balance preferences with safety and autonomy.
- Resident preferences should be accurately documented in the care plan.
- Interdisciplinary care team members should make certain that every resident’s care plan—and the care provided—address psychosocial and behavioral health, as well as nursing and medical needs.
- The care team should revisit the care plan quarterly (at a minimum), when requested by the family or resident, or when there is a significant change in condition.

**Models of Care**

Nursing homes are required by law to provide an array of services to both short-stay and long-stay residents of all ages who have a wide range of medical and behavioral health conditions. However, research on best practices related to clinical, behavioral, and psychosocial care delivery in nursing homes is scarce. To address these knowledge gaps, research should:

- Identify the most effective care delivery models to provide high-quality comprehensive, person-centered care for both short- and long-stay nursing home residents.
- Evaluate innovations in all aspects of care, including optimal staffing, physical environment, financing/payment, technology use, leadership models, and organizational policy.
- Inform demonstration projects to test effective nursing home care models.

**Emergency Preparedness and Response**

The COVID-19 pandemic highlighted the vulnerability of nursing homes during large-scale public health emergencies. In order to safeguard residents and staff against a wide range of potential emergencies, the Federal Emergency Management Agency should reinforce and clarify the emergency support functions of the National Response Framework to ensure that state and local emergency management documents and plans contain specific guidance for nursing homes.
In addition, State regulatory agencies should ensure the development and ongoing maintenance of formal relationships between nursing homes and local-, county-, and state-level public health and emergency management departments. Nursing homes should be represented in state, county, and local emergency planning sessions and drills, local government community disaster response plans, and every phase of the local emergency management planning process. Every nursing home should have ready access to personal protective equipment.

Moreover, the Centers for Medicare & Medicaid Services (CMS) – through state regulatory agencies – should ensure that existing nursing home regulations are enforced, including having a written emergency plan (and evacuation plans) for common public health emergencies and natural disasters created in partnership with local emergency management and resident and family councils, and that nursing home leadership reviews and updates the plan at least once every year. CMS also should monitor that nursing home staff are routinely trained in emergency response procedures and confirm that each nursing home has an emergency preparedness communication plan. Finally, CMS should add measures of emergency preparedness to Care Compare.

**Physical Environment**

Nursing homes serve dual roles as health care settings and places in which people reside. All aspects of the nursing home’s physical environment are critical to a resident’s quality of life. The design and implementation of smaller, home-like environments support both infection control and enhanced quality of life for residents. To achieve this goal:

- CMS and other agencies should develop incentives to support innovative designs of nursing home environments (both new construction and renovations).
- State licensure decisions should ensure that all new nursing homes are constructed with single-occupancy bedrooms and private bathrooms for most or all residents.

This shift to more home-like settings should be implemented as part of a broader effort to integrate the principles of culture change, such as staff empowerment, consistent staff assignment, and person-centered care practices, into the management and care provided within these settings.

**CONCLUSION**

In order to realize high-quality care for all nursing home residents, improvements need to be made in several critical areas discussed above. Changes to current care practices require a response from nursing homes, regulators, funders, developers, government agencies, and the broader community. A broad response is needed to ensure that nursing homes are considered a vital partner in the continuum of health care.