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Does the Quality of Rural and Urban Nursing Homes Differ?

The results of this study suggest that there is little basis for assuming that rural or urban location affects nursing home quality. The study reveals no systematic differences among nursing facilities in Maine in structural measures of quality, such as nursing hours, or in the incidence or prevalence of resident conditions and outcomes.

THE PROBLEM: Federal and state regulators and the nursing home industry have accelerated efforts to improve care practices in response to the Institute of Medicine's 1986 report on the quality of nursing home care and the federal Nursing Home Reform Act of 1987. For those interested in rural health, however, very little is known about the quality of care in rural nursing facilities compared to their urban counterparts. Understanding more about whether and how quality of care may vary among urban and rural residents and facilities is particularly important since nursing facilities are the dominant providers of long term care services in many rural areas. The role of nursing facilities in the long-term care delivery system of rural areas assumes even greater importance considering findings that in-home services (e.g., home health agencies) are growing at a much slower pace in rural than in urban areas and that rural residents use home health services less than urban residents.

THE STUDY: This study evaluates differences in the conditions and outcomes of care among urban and rural nursing facilities in Maine, using uniform, statewide resident assessment data from all of Maine's 145 nursing facilities. The 12 facility-based quality of care indicators employed in the study, which were developed as part of a national, HCFA-sponsored nursing home case mix project and quality assurance demonstration, measure the incidence and prevalence of specific resident-level conditions, such as pressure ulcer development, use of physical restraints and urinary tract infection. The principal question addressed is whether and to what extent the incidence and prevalence of specific resident conditions and outcomes differs among rural and urban nursing facilities, taking into account resident and facility characteristics and other factors which may affect quality.

The study results show significant differences among rural and urban facilities on only two of the 12 indicators: the prevalence of daily physical restraints and incidence of pressure ulcer. The prevalence of daily physical restraints was higher in rural facilities (15.4 percent compared with 11.9 percent in urban homes). In contrast, the incidence of pressure ulcer development was lower in rural than urban facilities (3.8 versus 5.5 percent). Multivariate analyses revealed no significant geographic differences in quality. The results of this study represent one of the first efforts to examine empirically the relationship between rural and urban location and nursing facility quality. As such, the study is intended to help establish a framework for future research on this important topic.

POLICY IMPLICATIONS: Information about whether and how rural and urban nursing facilities differ in their patterns and outcomes of care will be increasingly important as states and the federal government move toward more targeted nursing home quality assurance processes. Future changes in hospital admission and discharge patterns, together with the implementation of case mix-based payment systems and other nursing home policies designed to restrict the use of nursing homes to higher acuity residents, are likely to affect nursing home case mix and the ability of homes to provide appropriate care. The difficulties of recruiting and retaining qualified staff may also become a more critical problem for rural facilities, as an increasing proportion of nursing facility residents become medically complex or require more intensive therapy or rehabilitative services as a result of these policy changes. This suggests the importance of continued research to monitor the impact of these trends on nursing home quality and outcomes. In addition, more work is needed to define and measure the qualitative dimensions of nursing home care and quality that are most likely to be related to the quality of life for nursing home residents and which may be particularly important in distinguishing between rural and urban facilities.

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