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Best Nursing Homes US 2023 – Methodology

Methodology – Best Nursing Homes US 2023

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1. Introduction

America's "Best Nursing Homes 2023" highlights the nation's top nursing homes based on performance data, peer recommendations, the handling of the current COVID-19 situation, relative to in-state competition and accreditation. Nursing homes in the 25 states with the highest number of facilities, according to the Centers for Medicare & Medicaid Services (2022) were included in the study¹.

a. Included states

The following states were included in the analysis:

- Alabama
- Arizona
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- New Jersey
- New York
- North Carolina
- Ohio
- Pennsylvania
- South Carolina

¹ Additional information about the number of Nursing Homes and the Centers for Medicare & Medicaid Services is available at: <https://www.cms.gov/>

- Tennessee
- Texas
- Virginia

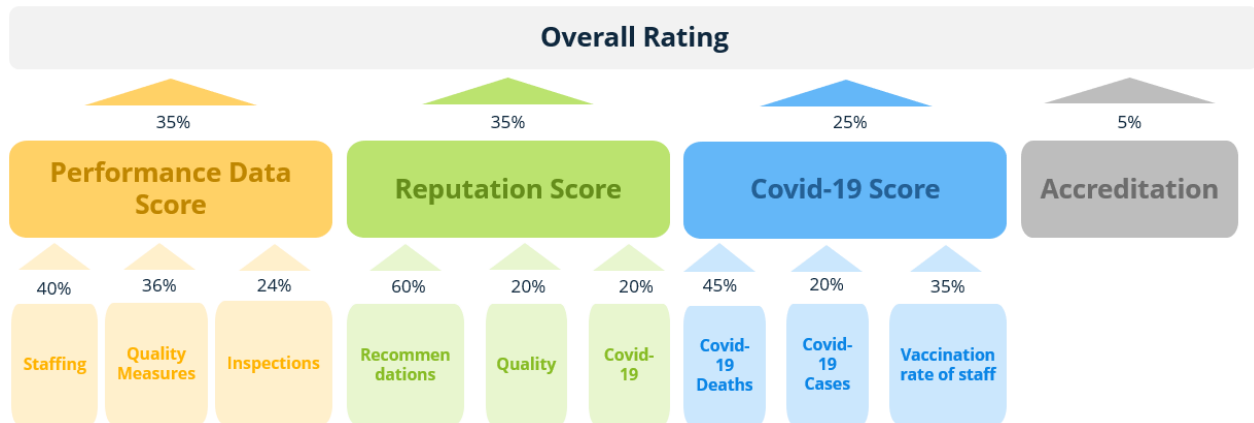
b. Scope of Nursing homes included in the Survey

- Included are single branches of nursing homes (e. g. Okeechobee Health Care Facility), no nursing home groups or chains.
- A nursing home had to have a capacity of at least 150 certified beds to be considered.
- Nursing homes that are included in the Special Focus Facility (SFF) program were not considered.
- Nursing homes had to achieve a threshold score, calculated by using performance data (see chapter 2a).
- Nursing homes had to meet defined selection criteria, based on their officially reported data regarding COVID-19 (see chapter 2c).

→ Out of 11,722² nursing homes in the 25 considered states, 2,132 met the criteria described above. Of these, the best 475 Nursing Homes were awarded by Newsweek and Statista, resulting in a varying number of nursing homes awarded per state: California had the most nursing homes awarded with 44, while Kentucky and Louisiana are represented with 5 nursing homes each.

² According to the June 2022 Nursing Home Compare data files

2. Ranking Model



A score was calculated for every nursing home that was part of the analysis. The score is based on three data sources:

a. Performance Data Score

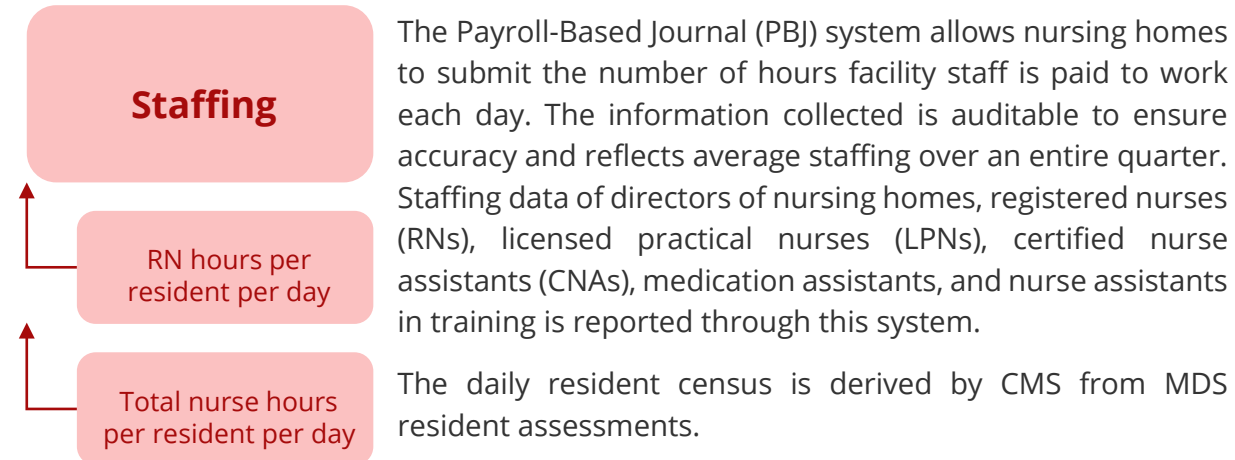
The U.S. Centers for Medicare & Medicaid Services (CMS) provides monthly updated performance data for each nursing home that participates in Medicare or Medicaid. The Nursing Homes including rehab services website (<https://data.cms.gov/provider-data/topics/nursing-homes>) administered by CMS assigns an overall ranking of one to five stars based on a nursing home’s performance on three separate measures: health inspections, staffing, and quality measures. All three domains have their own star ratings from one to five stars. Better quality is indicated by more stars.

Statista modified the CMS approach by redistributing the assignment of the underlying measures to a 10-point score instead of 5 stars to allow for a finer evaluation of a nursing home performance. In addition, an awarded nursing home must have achieved an average of 5 out of a maximum of 10 points over all three measures, so that only nursing homes that show at least a satisfactory level of performance are awarded.

Statista used CMS data that was published in July 2022 to determine the performance of nursing homes. This data is derived from three main sources: the Minimum Data Set (MDS), a standardized assessment tool that measures health status of nursing home residents, the Centers for Medicare & Medicaid Services’ (CMS) health inspection database, and Medicare claims data, representing claims for various types of services that Medicare pays for including prescription drug purchases, inpatient and outpatient utilization, and more.

The ranking of nursing home domains by survey participants was used to determine the weights for creating the overall performance data score. The nurse staffing score is weighted more heavily with 40% than the quality of care score with 36% followed by 24% for the health inspection score.

i. Staffing Domain



CMS rates each nursing home based on two measures: **Registered nurse (RN) hours per resident per day** and **total staffing** (the sum of registered nurse, licensed practical nurses and nurse assistants) **hours per resident per day**.

Registered nurse hours per resident per day and total staffing hours per resident per day are calculated by using the sum of registered hours as a numerator and the residents census as the denominator of each nursing home.

$$\frac{\sum \text{PBJhours}}{\sum \text{residentCensus}} = \text{Hours}_{\text{Reported}}$$

These measures are adjusted for each facility to consider different levels of care needed for individual residents. CMS adjusts the reported staffing ratios for case-mix, using the Resource Utilization Group (RUG-IV) case-mix system.

$$(\text{Hours}_{\text{Reported}} / \text{Hours}_{\text{Case-Mix}}) * \text{Hours}_{\text{Case-Mix National Average}} = \text{Hours}_{\text{Adjusted}}$$

For both staffing measures, CMS assigns ratings of 1 to 5 stars based on rating cut points. Statista and Newsweek follow this approach but base the rating on a finer evaluation of the adjusted hours per resident day distribution of both staffing types.

Rating cut points³ are set using a percentile-based method. Each point category from 1 to 10 represents 10 percent of the distribution.

| Staff Type | 10 points | 9 points | 8 points | 7 points | 6 points | 5 points | 4 points | 3 points | 2 points | 1 point |
|------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| Registered Nurse | ≥ 0.976 | ≥ 0.775 | ≥ 0.644 | ≥ 0.556 | ≥ 0.487 | ≥ 0.422 | ≥ 0.372 | ≥ 0.321 | ≥ 0.234 | < 0.234 |
| Total | ≥ 4.477 | ≥ 4.069 | ≥ 3.819 | ≥ 3.592 | ≥ 3.399 | ≥ 3.237 | ≥ 3.064 | ≥ 2.898 | ≥ 2.586 | < 2.586 |

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

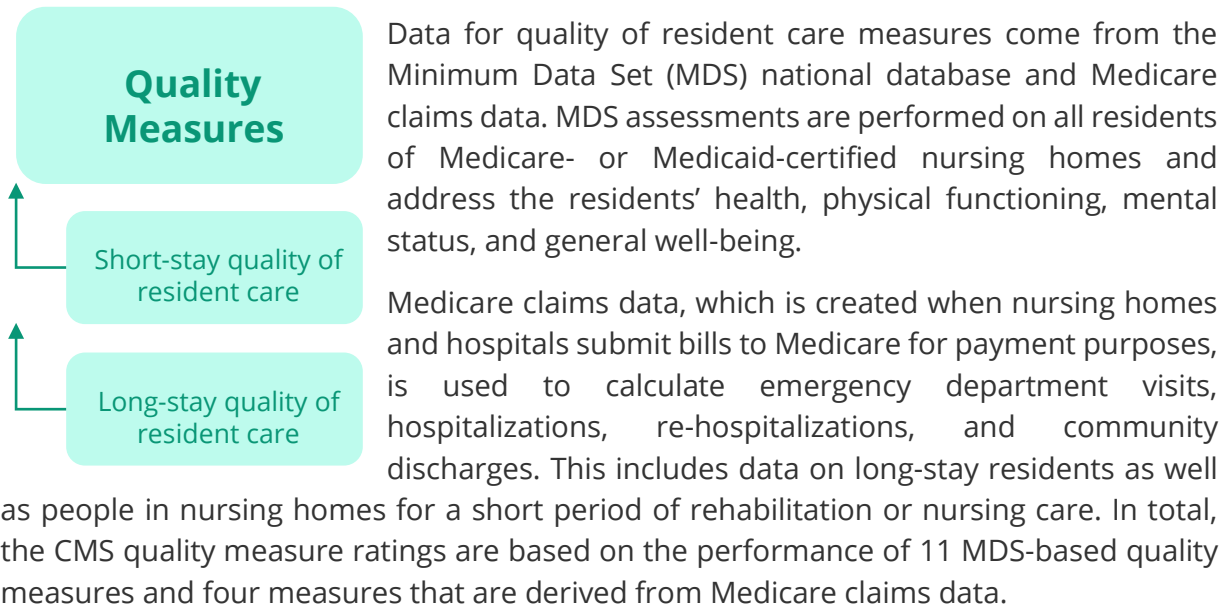
To achieve 10 points in both staffing measures a nursing home must have provided an adjusted average of at least 4.477 hours of total nursing staff per resident per day and at least 0.976 hours of registered nurse hours per resident per day.

An overall staffing rating is derived by calculating the arithmetic average of both staffing ratings. If the overall staffing is not a whole number, the average is “rounded towards” the registered nurse rating. E.g., if a nursing homes RN rating is 10 and total staff rating 7, the average is 8.5. This result is rounded to an overall staffing rating of 9. The table on the following page shows the rounding rules in detail.

| RN rating and adjusted hours | Total nurse staffing rating and adjusted hours (RN, LPN and nurse aide) | | | | | | | | | |
|------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| | ≥4.477 | ≥4.069 | ≥3.819 | ≥3.592 | ≥3.399 | ≥3.237 | ≥3.064 | ≥2.898 | ≥2.586 | <2.586 |
| 10 ≥ 0.976 | 10 | 10 | 9 | 9 | 8 | 8 | 7 | 7 | 6 | 6 |
| 9 ≥ 0.775 | 9 | 9 | 9 | 8 | 8 | 7 | 7 | 6 | 6 | 5 |
| 8 ≥ 0.644 | 9 | 8 | 8 | 8 | 7 | 7 | 6 | 6 | 5 | 5 |
| 7 ≥ 0.556 | 8 | 8 | 7 | 7 | 7 | 6 | 6 | 5 | 5 | 4 |
| 6 ≥ 0.487 | 8 | 7 | 7 | 6 | 6 | 6 | 5 | 5 | 4 | 4 |
| 5 ≥ 0.422 | 7 | 7 | 6 | 6 | 5 | 5 | 5 | 4 | 4 | 3 |
| 4 ≥ 0.372 | 7 | 6 | 6 | 5 | 5 | 4 | 4 | 4 | 3 | 3 |
| 3 ≥ 0.321 | 6 | 6 | 5 | 5 | 4 | 4 | 3 | 3 | 3 | 2 |
| 2 ≥ 0.234 | 6 | 5 | 5 | 4 | 4 | 3 | 3 | 2 | 2 | 2 |
| 1 < 0.234 | 5 | 5 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 |

³ A rating cut point is the threshold where a rating switches from a rating of e.g. 10 to 9.

ii. Quality Measure Domain



The quality measure domain consists of three ratings. An overall QM rating, a long-stay QM rating and a short-stay QM rating. Short-stay resident quality measures show the average quality of resident care in a nursing home for those who stayed in a nursing home for 100 days or less. Long-stay resident quality measures show the average quality of care for certain care areas in a nursing home for those who stayed in a nursing home for 101 days or more. Some nursing homes only have long-stay or only short-stay QM ratings. In this case, the overall QM rating is equal to the long-stay or the short-stay QM rating.

Measures to determine the long-stay rating are:

- Number of hospitalizations per 1000 long-stay resident days
- Number of outpatient emergency department visits per 1000 long-stay resident days
- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay residents who received an antipsychotic medication
- Percentage of long-stay residents whose ability to move independently worsened
- Percentage of long-stay residents with a catheter inserted and left in their bladder
- Percentage of long-stay residents with a urinary tract infection

- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of high risk long-stay residents with pressure ulcers

Measures to determine the short-stay rating are:

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
- Risk-Standardized discharge to Community Rate
- Percentage of short-stay residents who made improvements in function
- SNF residents with pressure ulcers that are new or worsened
- Percentage of short-stay residents who newly received an antipsychotic medication

CMS used imputation for nursing homes with missing data that do not reach the minimum of 20 MDS assessments or 20 nursing home stays in terms of missing claims data. All available assessments (or stays) are used by CMS and are supplemented by state average values to reach the minimum number. Data for quality measures that use imputed data are not reported on the Nursing Home website and are also not included in the downloadable datasets at data.cms.gov.

The four most recent quarters for which data is available are used to determine the ratings. In the case of claims-based measures and the short-stay pressure ulcer measure a full year of data is used without being broken out by quarter.

Different weights are used to assign QM points to individual quality measures. Some measures have a maximum of 150 points whereas others have a maximum of 100 points. In case of a maximum of 150 points Nursing homes are grouped into deciles based on the national distribution of the individual QMs. The lowest performing decile receives 15 points, increased incrementally each decile by 15 to a maximum of 150 points for the best performing decile.

Nursing homes are grouped into quantiles where the maximum of QMs is 100 points. Nursing homes in the lowest performing quantile receive 20 points. Points are increased in 20-point steps for each quantile to a maximum of 100 points.

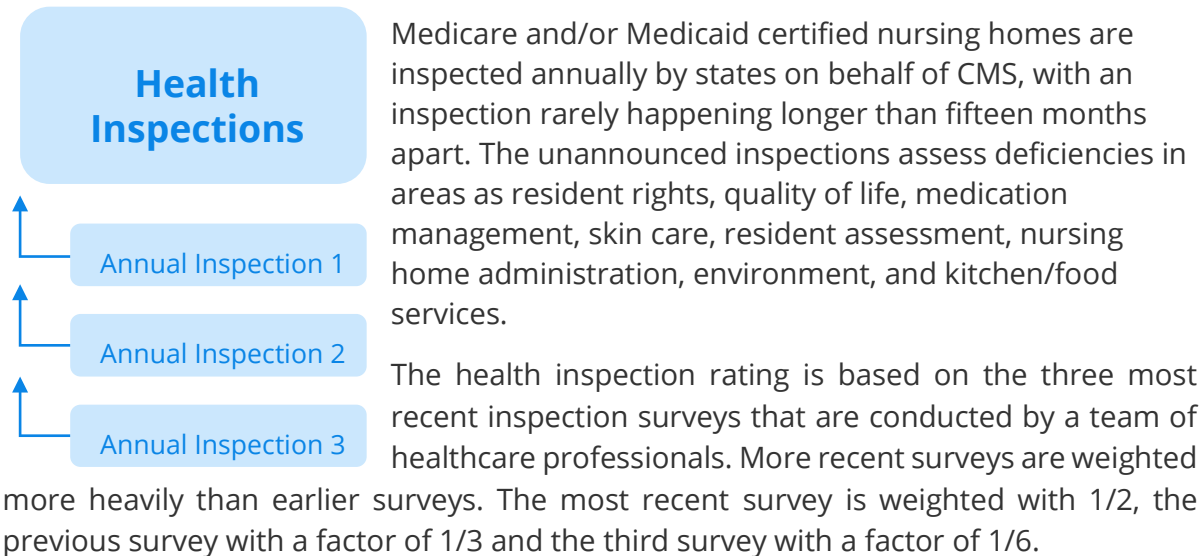
All long-stay QM points and all short-stay QM points are then summed for each nursing home. The difference in weightings and number of measures results in a maximum of 1150 points for the long-stay QM score and a maximum of 800 for the unadjusted short-stay QM score. A factor of $1150/850$ is applied to the unadjusted short-stay QM score, so that both QM sub-scores count equally in the overall QM score.

Statista and Newsweek modify this approach by not interpolating missing data from MDS assessments or nursing home stays with the state average. Instead, only the available QMs of the respective nursing home are used. The achievable maximum score of the long-stay and short-stay measures are calculated individually for each nursing home. In order to calculate a maximum score, a minimum of 3 out of 6 QMs for the short-stay score and a minimum of 5 out of 9 QMs for the long-stay score are set. The individual short-stay and long-stay score is then adjusted with a factor of 1150 divided by the individual maximum score.

For example, if data for 5 long-stay measures is reported that each have a maximum score of 150 the individual maximum score for the respective nursing home is 750. If the summed score of these 5 measures is 580 the adjusted long-stay score is determined by multiplying the value with an adjustment factor of $1150/750$. This is done so that both QM sub scores count equally in the overall score. Both scores and the combined overall QM score of these two are then assigned a rating by using the thresholds in the table below. Statista and Newsweek follow the CMS approach but base the rating assignment on a finer evaluation of the score distributions.

| QM Rating | Long-Stay QM Rating Treshold | Short-Stay QM Rating Treshold | Overall QM Rating Treshold |
|-----------|------------------------------|-------------------------------|----------------------------|
| 1 Point | 120 – 455 | 186 – 438 | 475 – 996 |
| 2 Points | 456 – 520 | 439 – 510 | 997 – 1098 |
| 3 Points | 521 – 570 | 511 – 566 | 1099 – 1171 |
| 4 Points | 571 – 611 | 567 – 611 | 1172 – 1236 |
| 5 Points | 612 – 655 | 612 – 654 | 1237 – 1295 |
| 6 Points | 656 – 695 | 655 – 697 | 1296 – 1359 |
| 7 Points | 696 – 740 | 698 – 743 | 1360 – 1421 |
| 8 Points | 741 – 790 | 744 – 798 | 1422 – 1496 |
| 9 Points | 791 – 860 | 799 – 877 | 1497 – 1602 |
| 10 Points | 861 – 1150 | 878 – 1150 | 1603 – 2300 |

iii. Health Inspection Domain



CMS assigns points to individual health deficiencies according to their extent and severity. Widespread deficiencies receive more points than isolated deficiencies and severe deficiencies receive more points than those which pose minimal harm for residents.⁴

As health inspections are based on federal regulations, the inspection process and outcome vary between states. The variations derive from many factors, which include but are not limited to differences in survey management, state licensing laws and policies in the state-administered Medicaid program. To address this, CMS health inspection ratings are based on the relative performance of a nursing home within a state.

Statista and Newsweek follow this approach but base the rating on a finer evaluation of the health inspection point distribution in each state.

- The top 10 percent (with the lowest health inspection weighted scores) in each state receive a health inspection rating of ten points.
- The middle 70 percent of facilities receive a rating of two, three, four, five, six, seven, eight or nine points. The 70 percent is divided into eight sections, each representing 8.75% of the distribution, with points awarded according to where they placed.
- The bottom 20 percent receive a one-point rating.

⁴ Scores for different types of deficiencies can be looked up in the Technical User's Guide of the Nursing home compare website on <https://data.cms.gov/provider-data/topics/nursing-homes/technical-details>

Nursing homes, that are included in the Special Focus Facility (SFF) program and nursing homes which have not been assigned a weighted score by CMS have not received a health inspection rating from Statista and Newsweek.

b. Reputation Score

In cooperation with Newsweek, Statista invited over 10,000 medical experts (registered nurses, nursing home managers and administrators, licensed practical nurses / licensed vocational nurses, nursing assistants, therapists and physicians) to an online survey. Additionally, experts from all over the US could participate in the survey of the Best Nursing Homes by State on newsweek.com. It was mandatory to perform an email verification and self-recommendation was not possible (e.g. recommendations for the same nursing home at which a respondent was employed were not counted in the evaluation). The survey data was collected from July to August 2022.

Participants were distributed as follows – 65,4% therapists and medical doctors, 26,2% registered nurses, 2,5% LPN, LVN and nursing assistants, and 5,9% managers and administrators.

Participants were asked to name up to five of the best nursing homes in the US and up to five of the best nursing homes in their respective home states. They were asked to recommend nursing homes by considering the quality of care offered, staff training level, and the number of on-duty personnel.

Entry of recommendations was aided by an autocomplete function, which showed nursing homes based on the letters that have already been entered. It was also possible to recommend any nursing home that was not proposed by the autocomplete list. The number of state and national recommendations were summed equally. A score was assigned to each nursing home based on the number of recommendations.

In addition to the recommendations, participants were asked to rank a list of nursing homes from their own state by assigning a ranking position to these nursing homes (Top 1, Top 5, Top 10, Top 20, Top 50, etc.). The average ranking position was subsequently converted into a ranking score.

The ranking score and the score based on the number of recommendations were combined and make up 60% of the reputation score (as shown in the ranking model at the beginning of chapter 2).

Last, participants were asked to rate the recommended nursing homes in their own state in 4 different categories:

1. Management in times of the COVID-19 crisis (e.g. safety of residents, communication, hygiene measures)

2. Quality of care (e.g. treatments/ therapies, consultation with doctor/ therapist)
3. Accommodation & Service (e.g. size of room, quality of furnishing, meals, leisure activities)
4. Overall nurse staffing (e.g. Qualifications, experience, number of nurses)

For each category, the respondents were asked to rate the respective nursing home on a scale from 1 (“Poor”) to 10 (“Excellent”).

The first category was then used to calculate the COVID-19 score, that accounts for 20% of the total reputation score. The other 3 categories were used to calculate the quality score, which also accounts for 20% of the total reputation score (as shown in the ranking model at the beginning of chapter 2).

c. Covid-19 Score

Due to the ongoing pandemic, Statista and Newsweek once again calculated a COVID-19 score for each facility, with the objective to award nursing homes which have had the best possible response and protocols during the pandemic. To this purpose, the data analysis evaluated the official COVID-19 dataset from the U.S. Centers for Medicare & Medicaid Services (CMS). The Nursing Home COVID-19 data is reported directly to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) and includes Resident Impact, Facility Capacity, Staff & Personnel and Supplies & Personal Protective Equipment, as well as Ventilator Capacity and Vaccination Rates. This data is updated weekly, therefore it represents the most up to date data available in the US and reflects the current situation from January 2022 until August 7th, 2022.

Only nursing homes which are actively reporting this data were eligible for this ranking. Additionally, the data sent by nursing homes had to pass the quality assurance checks performed by the CDC. These checks identify instances where facilities may have entered incorrect data.

To ensure that only nursing homes with an appropriate handling of the situation were awarded, the number of confirmed COVID-19 cases had to be less than 550 per 1000 residents and the number of COVID-19 related deaths had to be less than 55 per 1000 residents. To calculate this for the period of January – August 2022, the following variables from the official dataset were used: *Total resident confirmed COVID-19 cases*, *total resident COVID-19 deaths*, *Occupied beds* for the months of January and August. The difference in the number of cases and deaths between the two points in time was calculated. These differences were then divided by the number of occupied beds and multiplied by 1000. This two-step approach ensures that even nursing homes who fail to do a high amount of testing are excluded due to number of deaths.

These numbers are also used to calculate a COVID-19 score for the remaining nursing homes below the thresholds. The ones with the least cases/deaths received the highest score.

The score calculated for “total resident confirmed COVID-19 cases per 1000 residents” accounts for 20% of the COVID-19 score, the score for “total resident COVID-19 deaths per 1,000 residents” accounts for 45%. Additionally, a score for vaccination rates of staffing was calculated based on COVID-19 data.

Nursing homes with higher vaccination rates of staffing (compared to the respective state average) received higher scores. The score was a weighted average of staff that was vaccinated, and staff that was fully vaccinated and received a booster shot. The booster shot accounted for 60% of the vaccination score. The vaccination score accounted for 35% of the overall COVID-19 Score.

As with the other COVID-19 data, the reports from August 7th, 2022 were used.

d. Accreditations

For the first time, nursing homes accreditations have been added to the scoring model (where available). Accreditations reflect a range of structural and/or quality requirement which are now relevant to the nursing homes rankings.

Accreditations from the following institution were considered:

- JCI (Joint Commission International)
<https://www.jointcommissioninternational.org/about-jci/accredited-organizations/>

The Accreditations Score accounts for 5% of the overall nursing homes score

e. Overall Rating and State Rank

The overall rating is the weighted average of the performance data score, the reputation score and the COVID-19 score. Each score is weighted with 25%.

The best 475 nursing homes are awarded with a rank in their own state, resulting in 25 individual lists that are published by Newsweek.

3. Disclaimer

The rankings are comprised exclusively of nursing homes that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and publicly available data sources at the time. The ranking is the result of an elaborate process which, due to the interval of data collection and analysis, is a reflection of the last calendar year. Furthermore, events preceding or following the period 31/08/2021 - 31/08/2022 and/or pertaining to individual persons affiliated/associated to the facilities were not included in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations.

The information provided in this ranking should be considered in conjunction with other available information about nursing homes or, if possible, accompanied by a visit to a facility. The quality of nursing homes that are not included in the rankings is not disputed.