Understanding Nursing Home Complaints in Ohio

Scripps Gerontology Center
Miami University

Jenny Kwon, Xiao Qiu, Katherine Abbott,
Jane Straker, Robert Applebaum

April 2022

Introduction

Even before the COVID-19 pandemic, nursing home (NH) care in Ohio and the nation overall was experiencing major challenges. From serving a higher proportion of short-term residents, to lower occupancy rates, to staffing shortages, today's NHs face an array of issues. Nursing home residents, families, and others have access to a variety of processes for expressing opinions and concerns about nursing home care. From following a facility's grievance process, working with an Ohio Long-Term Care ombudsman, or filing an official complaint with the Ohio Department of Health (ODH), residents, staff, and those involved with nursing homes can seek solutions for problems with care.

In recent years, ODH has seen an increasing number of complaints. For example, the total number of NH complaints increased 8.6% from 4,791 in 2018 to 5,201 in 2019. To better understand the increase in complaints, this study uses data for calendar years 2018 and 2019. Complaint information from 629 Ohio NHs was linked with Centers for Medicare and Medicaid Services Nursing Home Compare data, the Ohio Biennial Survey of Long-Term Care Facilities, and Ohio Nursing Home Resident and Family Satisfaction Surveys. The purpose of this brief report is to provide a better understanding of complaints in Ohio NHs, by examining the association between provider characteristics, type, and levels of complaints received.

ODH divides complaints into two categories: unsubstantiated and substantiated. The overall complaint rate per 100 residents was 6.6 in 2018 and 7.1 in 2019. While the majority of complaints (72%) were unsubstantiated, an increase in complaints is an important industry marker to be monitored. The largest source of complaints came from families, accounting for one-third of complaints. One in four were anonymous and one in ten came directly from residents. The biggest category of complaints were about resident rights, followed by concerns about quality of care.

NHs were classified into four categories: those with any complaints (n=566), high complaints (n=316) defined as five or more in a year, any substantiated complaints (n=355), and high (five or more) substantiated complaints (n=62) (See Table 1). The high complaint and the high substantiated complaint NHs were more likely to be for-profit, located in urban counties, had changed the NH administrator (NHA) and/or director of nursing (DON) in the past three years, were less involved in certified nursing assistant (CNA) empowerment practices, had fewer beds, lower occupancy rates, were more dependent on Medicaid payments, were less able to retain nursing aides, and had lower resident and/or family satisfaction scores.

Table 1. Complaints/Substantiated Complaints Per 100 Residents by Nursing Home Characteristics (2018)					
Nursing Home (NH) Characteristics	**Sample Average (N=629)**	**Any complaints (N=566)**	**High complaints (N=316)**	**Any substantiated complaints (N=355)**	**High substantiated complaints (N=62)**
NH with complaints, %		90.0	50.2	56.4	9.9
For profit, %	83.2	85.2	90.2	84.8	91.9
Not for profit/government, %	16.9	14.8	9.8	15.2	8.1
Urban, %	76.2	77.4	81.3	80.6	82.3
Not urban, %	23.9	22.6	18.7	19.4	17.7
No NHA turnover, %	34.7	33.0	21.8	26.8	6.5
Had NHA turnover, %	65.3	67.0	78.2	73.2	93.6
No DON turnover, %	31.3	29.3	18.7	22.3	6.5
Had DON turnover, %	68.7	70.7	81.3	77.8	93.6
CNA empowered, mean	2.2	2.2	2.1	2.2	2.0
NH size, mean	97.3	99.8	98.4	103.2	87.0
Occupancy rate, mean	80.9	80.5	78.1	79.5	77.3
Proportion of days Medicaid, mean	73.9	74.5	76.8	74.9	77.3
CNA retention, mean	60.7	60.0	57.4	59.1	49.9
Overall resident satisfaction, mean	75.8	75.5	74.6	75.0	73.8
Overall family satisfaction, mean	75.0	74.4	71.8	72.9	69.0

Note: High complaints and high substantiated complaints: complaints per 100 residents > 5

To further investigate complaints and substantiated complaints by NH characteristics, we used logistic regression, which models the probability of an event (such as having a high complaint rate) taking place (See Table 2). NHA and DON turnover were significantly associated with higher complaint rates. NHs with high administrator turnover in the previous three years were 1.69 times more likely to have higher complaint rates than NHs with no NHA turnover (OR=1.69, p <.01). Similarly, the odds of a provider with DON turnover having a higher complaint rate were twice the odds for those that had no DON turnover in the past 3 years (OR=2.00, p <.001). As occupancy rates increase, the odds of having a higher complaint rate decrease (OR= 0.98, p < .05). For every 1% increase in a provider's nurse aide retention rate, the odds of having a higher number of complaints decrease by 2% (OR= 0.98, p < .001). NHs with higher family satisfaction rates had fewer complaints.

Additionally, providers with NHA and/or DON turnover are more likely to have a greater number of substantiated complaints. Compared to providers with no NHA turnover in the past three years, the odds of having a higher substantiated complaint rate were 1.85 times more likely for NHs with higher NHA turnover (OR=1.85, p < .001). Similarly, the odds of having a higher substantiated complaint rate for providers with higher DON turnover were about twice the odds for those that did not experience DON turnover in the past three years (OR=2.01, p < .001). Finally, for every additional 1% a provider improves in CNA retention rates, the odds of having a substantiated complaint decreased by 1% (OR=0.99, p <0.01). Higher family satisfaction was also associated with fewer substantiated complaints. These findings indicate that even unsubstantiated complaints can be linked to other quality measures.

Table 2. Analysis of Complaint Rates and Substantiated Complaint Rates Using Ordered Logistic Regression (2018) (N=629)

	Complaints	Substantiated Complaints
	OR	OR
Ownership status (ref= Not for profit/government owned)		
For profit	1.53	0.91
Geographic location (ref=Not urban)		
Urban	1.62*	1.37
NHA turnover (ref=no turnover)		
Had turnover	1.69**	1.85***
DON turnover (ref=no turnover)		
Had turnover	2.00***	2.01***
NH size	1.00	1.00
Proportion of resident days paid for by Medicaid	1.01	1.00
Occupancy rate	0.98*	1.00
CNA empowerment	1.02	0.99
CNA retention	0.98***	0.99**
Overall resident satisfaction	0.99	0.99
Overall family satisfaction	0.93***	0.96***

Note: OR = odds ratio; ref = reference group; *p < .05; **p < .01; ***p < .001

CONCLUSION

It is important to note that just under 10% of all NHs were classified as having a high number (5 or more) substantiated complaints. More than half had at least one substantiated complaint. To the extent that even an unsubstantiated complaint represents some level of concern or frustration on the part of a resident, family member or interested party, with nine in ten facilities having any complaints and more than half having five or more complaints, trying to better understand what factors lead to complaints can be critical for quality improvement activities.

Our study provides an initial look at the characteristics of Ohio nursing homes and their associated complaints. Results show the relationship between provider staffing and complaints, with turnover among nursing home leadership and CNA's significantly associated with higher complaint levels. Given the current staffing challenges that have been exacerbated during the COVID-19 pandemic, these findings are particularly important. Efforts on the part of state policy makers will need to recognize the large effects that administrative and direct care staffing has on overall quality and specifically, how these patterns are associated with levels of complaints. A strategy for training and providing technical assistance will be critical if Ohio is going to make progress in its efforts to improve the residents and family experience in nursing homes across the state.

To download the brief, scan the QR code with your mobile device or go to:
https://bit.ly/OH-NH-Complaints

MIAMI UNIVERSITY
SCRIPPS GERONTOLOGY CENTER
An Ohio Center of Excellence

100 Bishop Circle, Upham Hall 396, Oxford, OH 45056
MiamiOH.edu/ScrippsAging.org | 513.529.2914 | Scripps@MiamiOH.edu