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Home Family Satisfaction Survey

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Implementation of the 2001 Ohio Nursing Home Family Satisfaction Survey

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Background

In 2000 the Ohio State Legislature passed HB 403 that called for the development of a Web-based Ohio Long-Term Care Consumer Guide (OLTCCG). Part of the information provided to consumers includes reports on resident and family satisfaction with Ohio's nursing homes. This report presents information about the first annual implementation of the Ohio Nursing Home Family Satisfaction Survey. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University with a sub-contract to the Margaret Blenkner Research Center (MBRC) at The Benjamin Rose Institute.

Survey Process

Once the final instrument to measure family satisfaction was developed by MBRC and Scripps it was submitted to the Ohio Department of Aging (ODA) on June 1, 2001. The process of implementing the survey as a mailed instrument to families of nursing home residents throughout Ohio began immediately. As a first step, Scripps began the process of changing the instrument into a scannable form. This scannable form was comprised of 62 pre-tested items that measured family satisfaction with care and services in nursing homes. It also included some demographic information about the families and residents. Scannable forms were then sent to a mailing house (NCS Pearson) that was hired to do printing, packing, and mailing of packages to nursing homes. Each survey was printed with a serial number. The mailing house provided Scripps and MBRC with a file indicating the survey serial numbers that were assigned to each facility based on a mailing list of 997 nursing homes in Ohio. The final list includes 992 facilities after identifying one MR/DD facility that was mistakenly included, and four others that had closed between the time the list was provided and the survey materials were distributed.

The facility list was provided by ODA and was comprised of facilities that were to be included in the OLTCCG. Each of these homes was required to participate in the survey process, however no penalties were assessed if they failed to comply. Non-participating facilities will be identified in the OLTCCG.

Each facility was billed an annual fee of \$400.00 for participating in the survey. Nursing homes may file for reimbursement of this fee through Medicaid.

The number of beds in each facility was also provided by ODA, along with the mailing information for each home. Based on a sampling strategy developed by Scripps, the number of surveys to be mailed to each facility was determined. We assumed a 40% response rate to the mailed family survey, and assumed that 90% of the residents in each facility had an involved family member or friend to receive the survey, and assumed an overall level of family satisfaction of 90% (See Bailer & See in Straker & Ejaz, 2001). Although we knew that occupancy in most facilities was less than 100% we provided enough surveys to accommodate 100% occupancy since it was impossible to know which facilities had 100% occupancy and which did not.

Survey materials were mailed to nursing homes between July 27, 2001 and August 7, 2001. The survey materials contained a facility instruction package explaining how to conduct the survey and mail the surveys to selected families. Part of the instruction package included a cover letter addressed to the facility administrator from ODA Director Joan Lawrence addressing the importance of participating in the survey and providing information about the OLTCCG.

The box of survey materials sent to facilities also contained the appropriate number of prepared survey packets to be mailed to families (cover letter from ODA Director Joan Lawrence to family members, a scannable survey form, Business Reply envelope to return the survey to Scripps, a no. 2 pencil, and an instruction sheet). Reminder postcards for facilities to mail to families after the initial survey mailing were also included. Copies of these materials are included in the Appendix to this report.

The decision to ask nursing homes to mail surveys to families was based on issues related to privacy of records, and release of names to research centers as well as the difficulty in obtaining current family information from nursing homes. Facilities used the following process to determine which family member would receive a survey.

First, facilities were required to print a copy of the resident census for the day ensuring that the name of each resident in all licensed nursing home beds was included in the census.

In the second step, facilities were to review the information on how to select the “most involved person” in the care of each resident on their census list. The selection criteria guide facilities in choosing the family member, friend or interested party who is most involved in the care of the resident and therefore, familiar with the care and services in the facility and thus likely to complete the family satisfaction survey in a reliable manner. Based on the selection criteria, facilities were to exclude any resident(s) without an involved family member, friend or interested party.

In the third step, facilities were to refer to the sampling chart developed by Scripps for the appropriate number of surveys to mail to families based on the number of licensed nursing home beds in their facility. They were provided with instructions on how to conduct random sampling procedures to select the desired sample size for their facility.

In the fourth step, after the sample was selected, facilities were to use their current mailing list to address the survey packets to the selected families, affix the proper postage and mail the survey packets. Two weeks after mailing the survey packets to families, facilities were to mail families a reminder postcard to send their completed surveys to Scripps.

Completed and returned surveys were opened, date stamped, scanned, and filed at Scripps. Although not requested, a number of families sent comments and letters along with their returned surveys. These were marked with the survey serial number, and relevant portions from each set of comments were entered into a document organized by broad topic. In addition, a number of surveys were returned with stray marks, completed in ink rather than pencil, or with other problems. These were corrected where possible and sent for scanning. Approximately 150 surveys were unscannable due to tears or other problems. The data from these surveys was manually entered. SAS data files

were created from the scanner files, and programming was done to provide appropriate data for the OLTCCG web site.

After completing the mailing process, facilities were asked to return an “audit form”. This form requires facilities to report the number of beds in their facility, the number of residents on the day sampling was done, the number of residents with no family or involved friend, and the number of surveys mailed to families. It also asks for the mailing date and the follow-up postcard mailing date. This information provides the basis for determining whether facilities received enough responses to meet a +/-10% margin of error.

Survey Assistance

A toll-free hotline was set-up at the Margaret Blenkner Research Center (MBRC) of The Benjamin Rose Institute to address calls from facilities and families during the period of the implementation of the Ohio nursing home family satisfaction survey from July through November 2001. The hotline was operational 24 hours a day, 7 days a week, but staffed only during normal business hours and not on weekends and nights. When a staff person was unavailable to receive messages, respondents (family as well as facilities) could leave a message on the voice message system. All calls that were received were tracked in an Excel database.

Due to the large number of calls that were received during evening and weekend hours, a new staff person was hired to retrieve messages during non-business hours in an effort to prevent an overload of messages on the limited voice mail message system. Further, additional help was obtained from a student to conduct the data entry of the calls that were received and our responses to them.

Every attempt was made to respond to the messages that were left on the toll-free hotline within a 24-hour period except on weekends. However, sometimes returning a call took numerous attempts before staff could reach the respondent that had left the initial message. The majority of calls were received in the month of August and early September. After September 11th, the calls

declined sharply. The calls slowly picked up by the end of September although the number of calls never reached the pre-September 11th volume.

Because some nursing homes had not mailed their surveys on time, a decision was made to extend the toll-free hotline through December 3rd, 2001. Once all calls were entered in the database, the Co-Principal Investigator at MRBC developed a codebook to classify the nature of the calls. The ODA project coordinator at MBRC used the codebook to classify all calls in the database. Finally, the Co-Principal Investigator and the Project Coordinator at MBRC reviewed every code classification for inter-rater reliability. These data provide the basis for some of the recommended changes found at the end of this report.

Findings from Ohio Nursing Home Family Satisfaction Survey

Facility Participation. Prior to mailing the family survey packages to nursing homes, ODA sent a mailing to every nursing home in Ohio, informing them about the upcoming family survey. Promotional materials such as “bill stuffers”, flyers, and posters were provided for facilities to encourage participation among their family members. When the mailing house was unable to provide materials on the anticipated date, a second postcard was sent to all facilities informing them that the survey materials would be mailed between July 27 and August 7, to alert them to be expecting the packages. In addition, ODA staff made five presentations to nursing home providers throughout the state and provided information about the OLTCCG at a booth at the Ohio Health Care Association Annual Meeting. The Ohio Health Care Association placed participation updates in their newsletter for four weeks during the data collection period, and had information about the family survey posted on their web site. Despite these “advance warnings” and encouragement to participate a large number of facilities either elected not to participate or were unaware of receiving the survey materials and did not participate. As shown in Table 1, although the majority of facilities in Ohio participated in the family satisfaction survey, a significant number did not.

A second issue relates to the return of the audit forms. Less than 2/3 of participating facilities returned their audit forms. When facilities fail to report the number of surveys mailed we are unable to accurately determine whether they meet the +/-10% margin of error. Some facilities returned their audit forms with incomplete information (usually the number of residents without families). For those who did not report or incorrectly reported the number of residents with involved parties, we assumed the total number of residents, rather than the number of residents with families, as the population for calculating the margin of error. (See Table 1 in the Appendix for numbers of surveys needed at each population size.) While some facilities were very positive about participating and the opportunity to hear from their families, additional work needs to be done to improve facility participation rates in the future. Once the web site is running, facilities may be more convinced about the benefits of providing consumer information as both a marketing tool, and a way to expand their own quality improvement initiatives.

Table 1
Facility Participation Rates as of 1/8/02

Number of Facilities on Final Revised Mailing List	992
Number of Facilities with Surveys Returned	687(69%)
Number of Facilities with Audit Forms Returned	439(64% of participants)
Number of Facilities meeting +/-10%	490(71% of participants)
Average response rate in participating facilities	45.3%
Average response rate in facilities that returned audit forms	52.2%
Average response rate in facilities without audit forms ^a	33.4%
Number of facilities not participating	304 (31%)

^a For these facilities, response rates were based on the number of surveys we supplied rather than the number of residents with families (the actual population).

Family Participation. We asked families to provide us with the date they completed their survey in order to determine if the survey was completed when

received, or if the follow-up reminder postcard actually resulted in increased survey response rates. For each facility that returned an audit form and reported mailing dates for surveys and postcards, we compared family responses with those dates and determined whether a survey was completed before or after the follow-up postcard. We assumed that anything completed 2 days or more after the follow-up postcard mailing date was completed in response to the reminder. Among the facilities reporting survey and postcard mailing dates, approximately 21% of the surveys were completed after the date the postcard was received. Given concerns about response rates with small samples, it seems that the postcard reminder is well worth the additional expense and effort. In addition, Families for Improved Care mailed post cards to the families in their membership informing them about the survey and asking them to participate if they received a survey.

In order to understand more about those who responded to the family satisfaction surveys, a number of demographic questions were included. These included information about the family member, their relationship to the resident, some information about the resident, and the kinds of things the family member/friend does when they visit the nursing home. This information is provided in Tables 2-4. In general, the characteristics of the residents and family members are what one would expect, with the majority of involved family members being adult children. They are also very involved in the nursing home, visiting quite often, talking to a variety of staff members, and providing some types of personal assistance to their family members. In short, the respondents are likely to be a group that is very informed and able to make judgments about the care their family member receives. Comments received with blank surveys that were returned to Scripps indicated that in some cases family members did not feel qualified to evaluate the facility. This was usually because they did not visit often, or their family member had been a resident for such a brief time that they felt unable to make a fair judgment about the care. As shown, the majority of residents for whom family members reported are long-stay rather than short-stay residents.

Table 2.
Demographic Characteristics of Respondents and their Residents

	Family/Friend	Resident
Average Age	61.1	82.3
(sd)	(12.0)	(11.6)
(4.1% missing-family)		
(6.1% missing-resident)		
Race (Percent)		
Caucasian	91.2	
African American	6.1	
Hispanic	.3	
Other	2.4	
(7.4% missing)		
Female (Percent)	67.5	75.9
(5.5% missing-family)		
(5.4% missing-resident)		
Education Level (Percent)		
Less than HS	6.4	
HS Graduate	60.7	
College Graduate	22.7	
Master's or greater	10.3	
(4.7% missing)		
Relationship to Resident		
(Percent)		
Spouse	11.5	
Child	52.5	
Grandchild	1.8	
Niece/Nephew	8.8	
Sibling	9.5	
Friend	3.4	
Other	12.4	
(1.6% missing)		

N = 20,072

NOTE: Percentages are based on those who answered the questions.

Table 3.
Family/Friend Activities in the Nursing Home

Frequency of Visits (Percent)				
Daily	19.6			
Several times a Week	38.6			
Once a Week	21.7			
Two or Three Times per Month	11.0			
Once a Month	4.7			
Few times per Year (2.7% missing)	4.3			
		Always	Sometimes	Never
Helps with (Percent)				
Feeding (10.1% missing)	12.6	38.5	48.9	
Dressing (12.8% missing)	3.6	36.2	60.2	
Toileting (13.6% missing)	4.8	23.8	71.4	
Grooming (7.6% missing)	14.8	50.5	34.7	
Going to Activities (9.3% missing)	9.1	55.4	35.5	
Talks to (Percent)				
Nurse aides (2.8% missing)	58.5	40.4	1.1	
Nurses (2.1% missing)	58.1	41.2	.7	
Social Workers (7.2% missing)	25.7	65.7	8.7	
Physician (9.2% missing)	10.3	49.7	39.6	
Administrator (7.4% missing)	14.2	62.4	23.5	
Other (43.6% missing)	17.4	62.7	19.9	
Avg. Amt. Talk to Staff				
(0 = Never Talk to Any, 18 = Always Talk to All)	11.5			
sd	(2.73)			

N = 20,072

NOTE: Percentages are based on those who answered the questions.

Table 4.
Residents in Nursing Homes

Resident Receives Payment from (Percent)				
Medicare		50.8		
Medicaid		60.0		
Private Pay		30.0		
LTC Insurance		3.0		
Other Insurance		13.7		
DK		3.0		
Avg. Number of Payment Sources		1.6		
(sd)		(.7)		
(0 missing)				
Resident's Expected Length of Stay		1.4		
Less than 30 days		2.8		
31 – 90		95.8		
more than 90				
(3.4% missing)				
		Always	Sometimes	Never
Resident:				
Knows Current Season		45.8	35.1	19.2
(3% missing)				
Recognizes Respondent		74.5	20.2	5.2
(2.5% missing)				
Knows they're in Nursing Home		60.1	25.9	14.0
(3.3% missing)				
		Some	A Great Deal	Totally Dep.
Resident Needs Help With				
Eating (3% missing)		33.6	11.8	15.6
Toileting (2.8% missing)		23.4	20.4	38.1
Dressing (2.3% missing)		28.7	23.5	35.6
Transferring (2.3% missing)		22.7	18.8	38.1

N = 20,072

NOTE: Percentages are based on those who answered the questions.

Questionnaire Items and Domains

One of the challenges in developing satisfaction surveys for nursing home residents and families has been to develop surveys that provide variance. One of the commonly assumed results of satisfaction surveys is that “everyone is satisfied”. Thus, it is extremely important to examine individual item variance, to look at variance among the different domains (Straker & Ejaz, 2001), and to determine whether scores discriminate among facilities. That is, to examine the extent to which these items actually show real average differences among facilities. Lastly, in order to examine the extent to which domain scores are reliable, a reliability analysis for each of the domains provides important information for continued reporting of domain scores as well as individual item scores.

Table 5 shows the frequency of responses for each questionnaire item, along with the statewide means and standard deviations for each item. In addition, the reliability (alphas) for each group of items (for example, all the items on activities) is reported for each domain. As shown, the items in this survey show a great deal of variance, suggesting that this survey has tapped areas in which not everyone is “always satisfied.” In addition, the alphas on every domain are quite strong, indicating the reliability of the domain scores. Since this is an important piece of information displayed on the web site, we feel quite confident about reporting the domain summary scores as well as individual item scores.

Domain mean scores were computed by converting the 1 to 4 “never” to “always” scale to a 100 point scale. Response category 1 “never” was given zero, response category 2 “hardly ever” was computed as a 33, response category 3 “sometimes” was recomputed as a 67, and response category 4 was assigned a score of 100. This allows domain averages to be computed on a 1 to 100 scale that increases item and domain variance as well as creates more sizable differences among facilities. In accordance with recommendations from the advisory council, this strategy seemed to provide the most meaningful method for consumers to understand average scores. Negatively worded question items were reverse scored so that the most positive answer (in these cases “never”)

would be given 100 points. Domain scores were computed by averaging the scores on most items in the domain. In order for a respondent to be included in the domain average, he/she should have answered at least all but one of the domain items. For example, where six items are in a domain, respondents had to answer at least five. While this criteria is important in not letting zeros or a great deal of missing data influence the averages, it did result in several cases where facilities did not have any respondents who answered enough domain items to compute a domain score. An additional statement to this effect will be necessary to explain why some facilities have individual item results but no domain scores in some areas.

Table 5.

Frequencies, Averages, and Domain Reliability for Family Survey Items

Domain	Always	Some times	Hardly Ever	Never	Don't Know & Missing	Converted Mean (sd)
Admissions 5 Items. Alpha: .86						
Did the staff provide you with adequate information about the different services in the facility?	72.5	20.7	2.7	1.3	2.8	3.69 (.59)
Did the staff give you clear information about the daily rate?	76.2	9.0	2.3	6.1	6.4	3.66 (.82)
Did the staff provide you with adequate information about any additional charges?	63.9	17.8	4.8	7.4	6.0	3.47 (.91)
Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	77.6	11.9	2.5	3.4	4.6	3.72 (.68)

Overall, were you satisfied with the admission process?	80.6	13.1	1.3	1.0	4.0	3.81 (.50)
Social Services 4 items Alpha: .89						
Does the social worker follow-up and respond quickly to your concerns?	68.4	20.5	3.4	1.6	6.1	3.66 (.63)
Does the social worker treat you with respect?	85.8	7.1	1.0	.5	5.6	3.89 (.39)
Does the social worker treat the resident with respect?	81.9	7.8	.9	.2	9.2	3.89 (.37)
Overall, are you satisfied with the quality of the social workers in the facility?	76.4	14.9	2.0	.9	5.9	3.77 (.53)
Activities 6 items Alpha: .85						
Does the resident have enough to do in the facility?	46.4	35.5	6.7	2.1	9.3	3.39 (.72)
Are the facility's activities things the resident likes to do?	28.5	49.6	8.9	2.8	10.2	3.16 (.72)
Is the resident satisfied with the spiritual activities in the facility?	50.2	24.9	3.9	1.7	13.0	3.53 (.68)
Do the activities staff treat the resident with respect?	80.8	9.7	.6	.2	8.7	3.87 (.37)
Do the activities staff care about the resident as a person?	76.7	12.4	1.3	.4	9.3	3.82 (.44)

Overall, are you satisfied with the activities in the facility?	64.1	24.0	2.7	1.1	8.1	3.64 (.60)
Choice 5 items Alpha: .73						
Can the resident go to bed when he/she likes?	59.0	26.0	3.0	2.2	9.8	3.57 (.68)
Can the resident choose the clothes that he/she wears?	61.1	18.5	4.1	5.2	11.2	3.53 (.83)
Can the resident bring in belongings that make his/her room feel homelike?	84.2	9.1	.9	.7	5.0	3.86 (.43)
Do the staff leave the resident alone if he/she doesn't want to do anything?	67.4	22.3	.8	.5	9.0	3.72 (.50)
Does the resident have the opportunity to do as much as he/she would like to do for himself/herself?	69.4	18.7	1.8	1.4	8.7	3.71 (.58)
Receptionist/Phone 2 items Alpha: .67						
Are the telephone calls processed in an efficient manner?	67.8	17.4	1.8	.9	12.1	3.73 (.55)
Is the receptionist helpful and polite?	84.7	8.8	.6	.2	5.6	3.89 (.36)
Direct Care/Nurse Aides 9 Items. Alpha: .93						
Does the resident look well-groomed and cared for?	59.7	34.7	2.6	.5	2.4	3.57 (.57)

Does a staff person check on the resident to see if he/she is comfortable? (need a drink, a blanket, a change in position)	47.0	36.3	6.7	1.3	8.7	3.41 (.69)
During the week, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	72.2	21.1	1.8	.2	4.8	3.73 (.50)
During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	59.6	29.3	4.5	.6	6.0	3.57 (.62)
During the evening and night, is a staff person available to help the resident if he/she needs it (get a blanket, get a drink, needs a change in position)?	54.7	26.1	3.6	.5	15.0	3.59 (.60)
Are the nurse aides gentle when they take care of the resident?	67.7	25.6	1.4	.3	5.0	3.69 (.51)
Do the nurse aides treat the resident with respect?	73.1	21.9	1.4	.2	3.5	3.74 (.48)
Do the nurse aides care about the resident as a person?	69.3	23.1	2.4	.3	5.0	3.70 (.53)
Overall, are you satisfied with the nurse aides who care for the resident?	67.1	26.8	2.7	.6	2.9	3.65 (.57)

Professional Nurses and RNs 2 items Alpha: .89						
Do the Registered Nurses and Licensed Practical Nurses (RNs and LPNs) follow up and respond quickly to your concerns?	73.2	22.0	1.9	.4	2.5	3.72 (.52)
Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	74.5	20.7	1.8	.5	2.6	3.74 (.51)
Therapy 2 items Alpha: .93						
Does the physical and/or occupational therapist spend enough time with the resident?	38.8	22.0	7.3	3.4	28.5	3.35 (.85)
Overall, are you satisfied with the care provided by the therapists in the facility?	45.5	20.2	5.0	2.9	26.4	3.47 (.79)
Administration 5 items Alpha: .92						
Is the administration available to talk with you?	71.0	20.5	2.8	.7	5.0	3.70 (.56)
Does the administration treat you with respect?	84.4	8.6	1.1	.5	5.5	3.87 (.41)
Does the administration treat the resident with respect?	80.1	9.0	.9	.4	9.7	3.87 (.40)
Does the administrator care about the resident as a person?	73.8	11.5	1.7	.7	12.3	3.80 (.50)

Overall, are you satisfied with the administration here?	75.0	16.3	2.3	1.3	5.1	3.74 (.57)
Meals and Dining 5 items Alpha: .79						
Does the resident think that the food is tasty?	25.1	51.8	11.0	3.5	8.6	3.08 (.74)
Are foods served at the right temperature (cold foods cold, hot foods hot)?	47.7	34.0	4.6	1.4	12.3	3.46 (.67)
Can the resident get the foods he/she likes?	30.7	45.8	8.2	2.8	12.5	3.19 (.73)
Are there times when the resident doesn't get enough to eat?	5.6	15.4	19.4	49.5	10.1	3.25 (.95)
Overall, are you satisfied with the food in the facility?	50.8	34.7	4.9	2.0	7.7	3.45 (.69)
Laundry 2 items Alpha: .76						
Do the resident's clothes get lost in the laundry?	7.5	45.9	19.1	14.2	13.4	2.46 (.87)
Do the resident's clothes get damaged in the laundry?	5.1	27.4	26.2	25.4	15.9	2.86 (.92)
Environment 7 items Alpha: .80						
Are there enough comfortable places for residents to sit outdoors?	58.8	21.9	7.2	3.6	8.5	3.48 (.80)
Can you find places to talk the resident in private?	72.7	19.0	3.9	1.5	2.9	3.68 (.63)

Are you satisfied with the resident's room?	64.4	28.0	3.1	2.1	2.4	3.58 (.66)
Does the facility seem homelike?	49.0	36.6	7.4	3.8	3.2	3.35 (.78)
Do you think the facility should be cleaner?	29.2	26.1	31.4	8.7	4.6	3.35 (.78)
Are the resident's belongings safe?	8.7	31.4	26.1	29.2	4.6	2.80 (.98)
Are you satisfied with the safety and security of this facility?	68.4	24.9	2.3	1.6	2.8	3.65 (.61)
Noise 2 items Alpha: .80						
Does the noise in the resident's room bother you?	5.2	19.8	26.1	46.1	2.7	3.16 (.93)
Does the noise in the public areas bother you?	5.2	19.8	28.5	40.4	2.7	3.07 (.93)
General 5 items Alpha: .76						
Are there times when the staff get you upset?	3.1	33.6	23.7	37.0	2.5	2.97 (.92)
Are there times when other residents get you upset?	2.4	23.6	28.4	42.8	2.7	3.15 (.87)
Are you satisfied with the medical care in the facility?	65.7	28.0	2.8	1.1	2.3	3.62 (.60)
Would you recommend this facility to a family	70.9	21.9	3.9	1.4	2.0	3.64

member or friend?						(.73)
Overall, are you satisfied with the quality of care the resident gets in the facility?	70.2	24.3	2.4	1.2	1.8	3.66 (.59)
Miscellaneous						
Do you get <u>adequate</u> information from the staff about your (the resident's) medical condition and treatment?	70.9	21.9	3.9	1.4	2.0	3.66 (.62)

NOTE: The items above are not presented in the order they appear on the questionnaire, but rather according to their domains.

Table 6 shows means scores for each of the domains, along with standard deviations and the significance levels of an analysis of variance on each domain. As shown, there is a great deal of variation among facilities and the domains have significant discriminatory power.

Table 6.
Domain Means, variance and Analysis of Variance Scores

<i>Domain Name</i>	<i>Mean Score</i>	<i>Standard Deviation</i>	<i>F value and p</i>
Admissions	89.06	18.97	3.434***
Social Services	93.49	13.67	2.418***
Activities	86.12	14.52	2.695***
Choice	89.54	14.03	1.812***
Phone	93.80	13.20	2.325***
Direct Care	87.92	14.57	3.179***
Professional Nurses	91.00	16.18	2.521***
Therapy	80.07	26.81	2.473***
Administration	93.68	13.68	3.051***
Meals & Dining	76.36	18.81	3.009***
Laundry	54.81	27.10	5.116***
Environment	80.73	17.10	1.879***

General	80.34	17.91	3.207***
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*** $p \leq .001$

A second step in determining whether these domains exhibit true variance among facilities is to examine whether the differences between facilities are greater than the differences among respondents from the same facility. That is, to examine whether the confidence intervals for individual facilities are so broad that essentially all other facility scores are contained within the confidence interval for any one facility. When this is the case, we can assume that the domains are not displaying real differences between facilities and, as currently structured may not provide much helpful information for consumers attempting to make choices between similar facilities.

We conducted a one-way analysis of variance using the responses from each facility as a group. As shown in the previous table, all domains show statistically significant values indicating that the average of mean squares among all facilities is greater than the average mean square within facilities. Again, this evidence suggests that domain scores differentiate among facilities, but these results might also be expected given the large number of cases. To further examine this issue we randomly selected 3 groups of 50 nursing homes. We ran an analysis of variance on each group of 50 homes. For each group, all domain scores again showed statistically significant differences. This validates the discriminatory power of the domains that was also found with the much larger number of cases.

Issues and Challenges

The results from this initial experience of conducting the Ohio Nursing Home Family Satisfaction Survey suggest that a robust instrument has been developed that encourages responses from involved family and friends. However, a number of issues and challenges were raised from comments received at the toll-free hotline (shown in Tables 7 and 8), and from the survey and data management process at Scripps (shown in Table 9). These are addressed in the following section.

Table 7.
Family Member Calls
Total Calls=1070

Number of Occurrences:	Summary of Family Member Comments and MBRC Action Steps
158	<p>Reminder postcard: Received postcard and already returned it or couldn't remember if they returned it, could we track it? 56 received postcard but no survey (incomplete postage & selection criteria issues).</p> <p><u>Action Step:</u> Reassured those respondents that had already mailed survey to disregard reminder postcard. Those who had not received a survey were asked to identify the name of the nursing home that they are involved with. The name of the facility and the replacement survey serial number were linked and then recorded for tracking purposes.</p>
140	<p>Anonymous survey: Which facility sent survey? Who is the survey for?</p> <p><u>Action Step:</u> Respondents were asked to read the serial number on the survey. A master list of survey serial numbers by facility was consulted. Each respondent was then provided with the name of the facility that sent the survey. If multiple residents lived in one nursing home, respondents were asked to provide an overall impression of the care provided to their resident contacts (family, friends or wards) in that facility.</p>
114	<p>Tossed/Lost/Misplaced survey: 1 said goofed up survey used ink; 1 complained pencil had no eraser; All needed new surveys.</p> <p><u>Action Step:</u> All respondents were mailed replacement surveys. The replacement survey serial number and the name of the facility were linked and then recorded for tracking purposes.</p>
76	<p>Hang up calls:</p> <p><u>Action Step:</u> No action could be taken.</p>
55	<p>Selection Criteria Issues: Concerns about not having enough information to complete survey; hardly visit; resident recently admitted so not knowledgeable about facility; 10 wanted to know how they got selected, who had their name/which list was their name on; 8 received surveys after relative's death.</p> <p><u>Action Step:</u> Respondents were encouraged to complete as much of the survey as possible unless they really had no knowledge of their resident contact. Interested respondents were informed of random sampling procedures used by facilities to select a family member, friend or guardian of a resident.</p>
53	<p>Questions don't apply: Because of resident disabilities. Some talked of resident preferences; 3 said facility doesn't provide service.</p> <p><u>Action Step:</u> Respondents were encouraged to use the 'Don't Know' category for items being 'not applicable' to their residents.</p>

FAMILY MEMBER CALLS (CONTINUED)	
53	<p>Survey difficult to complete: didn't like the questions; need clarification, need more/different questions; 10 had problems with admission questions because it happened long ago or were not involved in process; 6 had difficulty with reverse coded questions; 2 wanted 'parent' code in demographic section; 1 said questions needed to have a time-frame, 1 said survey was completed after the time-frame mentioned in Q. 7.</p> <p><u>Action Step:</u> All concerns were addressed appropriately and clarifications were provided regarding difficult questions.</p>

52	<p>Miscellaneous: 5 just wanted to talk; 1 said it was a good instrument.</p> <p><u>Action Step:</u> Staff were extraordinarily empathetic listeners.</p>
46	<p>Response category issues: 28 didn't like categories, wanted a 'most of the time' or 'usually' category, etc. and 18 had problems with the 'Don't Know' category and in using it or wanting a 'Not Applicable' category.</p> <p><u>Action Step:</u> Discussion of response categories was encouraged to help respondents complete the instrument in a valid manner.</p>
28	<p>Don't want to complete survey: don't want to be bothered; happy with facility; do I have to do this; 5 couldn't complete because of physical disability; 3 were concerned about anonymity issues and fear of reprisal.</p> <p><u>Action Step:</u> Although respondents were encouraged to complete the survey, individual wishes for non-participation were respected.</p>
26	<p>Guardianship issues: Received one survey but were guardians to multiple residents (1 was guardian to 60 residents); or, received multiple surveys but didn't know which survey applied to which facility/resident.</p> <p><u>Action Step:</u> Same steps taken as with the anonymous survey issue.</p>
24	<p>Late Returns: Is it too late to return survey?</p> <p><u>Action Step:</u> Respondents were encouraged to meet 12/1/01 deadline.</p>
17	<p>Comments: Wants open-ended questions/place for comments.</p> <p><u>Action Step:</u> Respondents were informed that their request would be documented and then forwarded to ODA for consideration.</p>
10	<p>Web-site concerns: How will results be displayed; 3 said they didn't have access to internet; would like hard copy.</p> <p><u>Action Step:</u> Respondents were informed that public libraries could access the website and also informed how to request a hard copy.</p>
7	<p>Facility complaints that needed referral: These questions referred to complaints about individual facilities.</p> <p><u>Action Step:</u> Respondents were referred to the Ohio Department of Health Complaint Hotline.</p>
5	<p>Survey Packet Issues: Incomplete packet: missing pencil/envelope; or two surveys were mailed in same envelope (mailing house issues).</p> <p><u>Action Step:</u> Missing pieces were replaced and concerns addressed.</p>
4	<p>Toll-free hotline issues: longer hours, want live person 24 hours a day/7 days a week.</p> <p><u>Action Step:</u> Explained hours of operation. Respondents were encouraged to call hotline even on weekends and evenings and leave a message; explained that calls would be returned the next business day.</p>

Table 8.
Summary of Facility Calls and MBRC Action Steps
Total Calls—102

Number of Occurrences:	Facility Statements and Issues
28	<p>Mailing house/ODA issues: Delayed shipment/ haven't received surveys. Internal loss; 6 facilities complained that their survey package was incomplete or they did not receive correct # of surveys; 1 complained of an incorrect address; 1 facility had recently closed down.</p> <p><u>Action Step:</u> Delayed shipment issues were traced by mailing house and Scripps. The shipment was tracked by the name of the individual who signed for the box related to the facility. Very often, the survey boxes were mailed and signed for by a staff member at a facility but it was lying in the mailroom and not forwarded to the administrator for appropriate action. With regard to incomplete survey packages, appropriate replacement materials were mailed to facilities. Other concerns were forwarded to ODA.</p>
21	<p>Process issues: how and when to send survey and whether they were to absorb the cost? 4 facilities wanted to know what to with their extra/remaining surveys.</p> <p><u>Action Step:</u> Most of these calls related to facilities wanting to be reassured that they were following the procedures appropriately. Facilities were instructed to shred any extra instruments.</p>
12	<p>Miscellaneous: Some of these were difficult to classify. For example: Social worker called to say that survey would be embarrassing to residents.</p> <p><u>Action Step:</u> Fears and concerns were allayed and reassurance provided.</p>
9	<p>Participation concerns: Is the survey mandatory?</p> <p><u>Action Step:</u> It was explained that the survey was required but that there was no penalty for non-participation; however language posted on the website would inform consumers of facilities that did not participate.</p>
7	<p>Selection criteria questions: How to do this? If one responsible party has two residents in our facility, do they get one or two surveys?</p> <p><u>Action Step:</u> The selection criteria process and the random sampling procedures were explained.</p>
6	<p>Late mailing: Is it too late to mail surveys to families?</p> <p><u>Action Step:</u> Facilities were encouraged to mail the packets as soon as possible and no later than November 15th to meet the new 12/1 deadline.</p>

Number of Occurrences:	Facility Statements and Issues (continued)
5	<p>Did not get adequate notice: Did not receive enough information or notice about upcoming survey.</p> <p><u>Action Step:</u> Facilities were informed that this was the first year that the survey was being implemented and although every effort was made to promote the survey, the time-lines were driven by legislature.</p>
5	<p>Reliability concerns: Because of small facility size, being a sub-acute unit, or a step-down unit in a hospital.</p> <p><u>Action Step:</u> Small facilities were encouraged to participate. Explanations were provided regarding sampling methodology to ensure adequate number of responses; and how the website would address the issue of inadequate number of surveys for a facility.</p>
2	<p>Don't want to do survey: We do our own survey, must we do yours?</p> <p><u>Action Step:</u> Facilities were encouraged to participate even if they did their own survey. The advantages of being compared to other facilities and a having a competitive edge was explained.</p>
2	<p>Audit form Issues: Have you received my form? May I have another form and a fax number so I can file by the December 1st deadline?</p> <p><u>Action Step:</u> The Audit Forms Received database provided by Scripps was consulted to examine if a particular facility's audit form was on record. Replacement audit forms were faxed upon request.</p>
2	<p>New shipment of surveys: Request for new shipment of surveys because original box was discarded. One large chain also had this problem with 20 of their facilities but contacted ODA directly and not through the hotline.</p> <p><u>Action Step:</u> New shipment of surveys was undertaken by MBRC.</p>
1	<p>Not a LTCF or SNF: We are a MRDD facility, do we have to send these?</p> <p><u>Action Step:</u> Facility was told not to participate.</p>
1	<p>Fear of being rated poorly: Facility does not do laundry so we compare poorly with others.</p> <p><u>Action Step:</u> Reassurance was provided regarding the 'Don't Know'/'Not Applicable' response category.</p>
1	<p>Response category: Did not like response categories.</p> <p><u>Action Step:</u> Concerns were documented.</p>
1	<p>Guardianship issues: What to do about guardians?</p> <p><u>Action Step:</u> Selection criteria issues were reviewed and that uninvolved guardians were ineligible to participate.</p>
1	<p>Excellent Facility Instructions Packages: The package was excellent.</p> <p><u>Action Step:</u> Appreciation for the compliment was expressed.</p>

In addition to issues identified from the hotline, the following issues emerged from receiving the mailed surveys, scanning the forms, and analyzing the data at Scripps.

MBRC staff used a scannable survey form to test for readability & ease of completion during the family instrument development process. As a result, the final eight-page form reflected font, color & grid enhancements to assist respondents with visual or motor skill impairments to more easily complete the survey. Although this resulted in a more lengthy and more costly scannable form, the effort appears to have been worthwhile. Virtually no respondent comments expressed complaints regarding layout or difficulty recording selected answers.

Scripps staff monitored form completion issues by checking each returned survey for potential scanning errors. The objectives for such extensive monitoring were to:

- Edit form completion errors that would result in scanner generated missing values (e.g. incomplete or improperly marked age fields),
- Retain as much data as possible where contradictory information was supplied (i.e. multiple responses for scale items), and
- Identify areas for form and survey process improvement.

The following table summarizes observations and actions taken.

**Table 9
Survey Issues and Actions from Scripps**

Issue	Clarification & Action Steps
Undeliverable Surveys	Facilities had used incorrect mailing addresses for families/interested parties—an average of 2% per facility were returned undeliverable. The proportion of incorrect addresses in a facility ranged from 0-18%. These were returned to Scripps because our address was the return address on the outgoing envelopes. Action Step: These were scanned and became part of the information available about each facility.

Locating Survey Packages	<p>At least 50 facilities contacted ODA, the hotline, or Scripps stating that they had not received their family survey materials.</p> <p>Action Step: Scripps and NCS Pearson tracked survey packages through the UPS system. 100% of the packages that could not be located had been delivered.</p>
Postage	<p>Some facilities did not apply postage or only applied enough for a regular envelope.</p> <p>Action Step: These were returned to Scripps as undeliverable and scanned. Two entire facility mailings were returned. These were repackaged and returned to the facility for correct postage.</p>
Audit Forms	<p>Facilities forgot to return audit forms.</p> <p>Action Step: OHCA sent a bulletin to all member facilities requesting their return.</p>
Incorrect Audit Forms	<p>Facilities reported information incorrectly, from the number of residents to the name of the facility.</p> <p>Action Step: Some facilities were contacted to verify information.</p>
Incorrect Completion	<p>Respondents used “x” or checks rather than coloring in circles completely.</p> <p>Action Step: Clerical staff colored in circles correctly.</p>
Stray Marks	<p>Families wrote comments on forms.</p> <p>Action Step: Erased comments and recorded on separate sheet.</p>
Multiple responses for satisfaction items	<p>Many respondents expressed ‘mid-way’ opinions by darkening 2 adjacent scale options. Others conveyed unfamiliarity with a service by darkening the ‘Don’t Know’ circle in addition to a valid scale option.</p> <p>Action Step: 1) Edited scanner program to record each possible satisfaction response as check/no check. 2) Developed rules to resolve multiple responses to the most positive option or to “don’t know” if that was one of the responses chosen.</p>
Age field completion issues	<p>Successful age responses appeared difficult to provide due to circle size, column proximity & unfamiliarity with resident's age.</p> <p>Action Step: Scripps staff corrected errors where obvious before scanning.</p>

Date field completion issues	<p>Successful date field completion suffered from issues similar to age field completion. The numbers indicating day of the month were too small for many to read. The month options did not include November or December.</p> <p>Action Step: 1) Scripps staff used a combination code to correct for November & December returns. 2) Scripps staff corrected day of month errors where obvious before scanning.</p>
Relationship options	<p>Many respondents were unsure of the correct response for a number of relationships. Most selected 'Other' then wrote the relationship on the form.</p> <p>Action Step: Scripps staff edited responses before scanning where comments revealed true relationships.</p>
Payment question	<p>Respondents marked Medicare, even when Medicare was likely to not pay for nursing home stay. (Medicare only pays for about 6% of nursing home stays (Applebaum & Mehdizadeh, 2001) compared to 51% reported here).</p> <p>Action Step: Refer to recommendation number 30.</p>
Page skipping issues	<p>Some respondents left multiple pages blank. While this action may have been intentional, it could also indicate difficulty turning pages or a lack of awareness of which page was 'next'.</p> <p>Action Step: Refer to recommendation number 31.</p>
Confidentiality issues impacting background information responses	<p>Some respondents did not complete background information & indicated reasons through comments. Many believed that their identities would be revealed when demographic information & facility identification were combined.</p> <p>Action Step: Refer to recommendation numbers 11 and 12.</p>
Don't Know responses	<p>Family member comments indicated that in many cases residents were not able to use a service because of their disability.</p> <p>Action Step: Refer to recommendation number 31.</p>
Negatively Worded Items	<p>Means for these items suggest that respondents may be having trouble with interpretation. Some family members rewrote them "correctly" in their comments.</p> <p>Action Step: Refer to recommendation number 33.</p>

In general, modest form modifications should resolve most completion issues. However, these modifications will very likely expand the size of the survey beyond 8 pages. Changes to the instructions and information provided to facilities and families will also resolve some of these issues. The following list of recommendations summarizes the changes that should be made in the next implementation of the Ohio Nursing Home Family Satisfaction Survey.

Recommendations for 2002 Ohio Nursing Home Family Satisfaction Survey

1. Continue using mailings from ODA to prepare facilities for survey participation in advance of survey implementation dates. Address what the web site will say for facilities that do not participate, and address whether the survey is mandatory. Encourage small facilities including sub-acute units in hospitals to participate. Address issues of reliability of data for both large and small facilities.
2. Remind facilities to use their daily census list to randomly select resident names and to update their mailing lists accordingly before survey packages arrive so that surveys are not sent to families of deceased residents or mailed to incorrect or incomplete addresses.
3. Provide information about the web site, including the web address and how to get a hard copy in the family survey cover letter and in facility instruction packet.
4. Provide information about the expected date that family survey information will become available on the web site.
5. Mark boxes with Ohio Nursing Home Family Satisfaction Survey on mailing label to facilities.
6. Have facilities use their own return addresses on outgoing survey packets to families so families know which facility is mailing the survey to them. In the case of undeliverable surveys, facilities will be able to update their records.
7. Have facilities address survey packets to families with “for RESIDENT NAME” so families with multiple residents will know which resident they are completing the survey for.
8. Instruct facilities to choose only one resident for a family member or legal guardian of multiple residents in order to avoid bias in cases where guardians or families have multiple residents in the same facility. In no case should anyone person receive multiple surveys from the same facility.
9. Provide facilities with the correct postage amount in the instructions.

10. Instruct facilities to shred extra surveys.
11. In cover letter to families, address the issue that the resident name is only on the envelope mailed to families. The independent research organization does not know who surveys were mailed to.
12. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home will ever see individual results.
13. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
14. Put a time referent in instructions. Some families mentioned that they answered about how things used to be for their parent, even though the services they are getting now are different. Emphasize that they should report about the facility care their resident is **currently** receiving.
15. Mention the dates and hours of operation of the toll-free hotline.
16. Change reminder postcard to read, "If you have already returned the survey, disregard this notice."
17. Build in time for correction of surveys and for manual data entry.
18. Institute an audit procedure for facilities, particularly those where comments suggest sampling problems, e.g. "I can't complete this survey because my mother moved back home six months ago."
19. Provide a different envelope for facilities to return audit forms so these can be quickly separated from returned surveys.
20. Clarify items on the audit form. This would include clarifying whether we want facilities to put down their web site address or an e-mail contact address, the number that should go in the field for "number of residents without family/friend."
21. Consider mailing facility instructions and audit forms separately from survey packets. This would allow us to pre-print facility name and ID numbers on the audit forms to eliminate problems in determining which facility the audit form is from. The names we have on our mailing list do not always match the names the facilities use for doing business.
22. Display instructions to "mark only one answer" more prominently.

23. Take “incorrect” example off instructions. Many families followed this example.
24. Include separate sheet for comments so families do not write on surveys.
25. Emphasize that any marks outside the circles will make survey unusable.
26. Enhance age field instructions and/or consider categorical age choices.
27. Add additional month options, place day of the month numbers outside circles, or eliminate “date survey completed”. This was included to examine follow-up postcard response rate effects and has been addressed in this survey.
28. Include “in-laws”, “parent” and “guardian” in relationship choices. Change sibling to brother/sister.
29. Change payment source question to read “Does the resident receive payment for their nursing home care from the following sources?”
30. Indicate page number more clearly on each sheet. Ask them to review survey form for completeness at end of survey.
31. Replace “Not familiar with service” with “Not applicable”. Enhance instructions explaining when to use this category.
32. Consider postponing recommendations regarding the response categories until the resident survey process is complete. Although some families complained about the response categories, the quantitative data did not have much missing or incomplete data. Further, there was evidence of variability in the response categories and the responses were able to distinguish between facilities.
33. Finally, compare findings from family and resident survey processes in various aspects in order to determine if any additional changes should be made before the next round of satisfaction data is gathered. In particular, reexamine negatively worded items.

Conclusions

The Long-term Care Consumer Guide is, by legislative mandate, a work in progress. An ongoing Consumer Guide Advisory Council provides input and

suggestions for future steps. This report on the first family survey implementation will provide guidance for improving the family satisfaction survey in future years. Ohio leads the nation in providing the most comprehensive consumer satisfaction information about nursing homes. As our experience grows, so will the knowledge base. Other states may draw upon our experiences to provide similar information about nursing homes in their state.

References

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Straker, J.K. and Ejaz, F. (2001). Final Report on Survey Development and Testing. Ohio Department of Aging: Columbus, OH.

Appendix

Ohio Department of Aging



50 West Broad Street/9th Floor, Columbus, Ohio 43215-3363
(614)466-5500 TTY (614)466-6191 FAX (614)466-5741

Bob Taft, Governor
Joan W. Lawrence, Director

Dear Nursing Home Administrator,

As you know, the Ohio Department of Aging is developing a web-based Long-Term Care Consumer Guide that will provide individuals, family members and professionals with a wide range of information about nursing facilities to assist in selecting a long-term care provider. This data will include results from nursing home resident and family satisfaction surveys, information about special care services, staff and bed availability for each nursing home, and the Ohio Department of Health's annual certification survey. These data will be displayed in a manner that allows comparison between two or more facilities.

As a Web site, the Long-Term Care Consumer Guide has the advantage of continuous and frequent updates. Customer satisfaction surveys will be performed annually and this information will be updated annually. Aggregate response information from the family satisfaction survey will be provided to your facility no later than November 30, 2001 for continuous quality improvement activities, newsletters, or other marketing materials.

This package contains everything you need for your facility's participation in the Ohio Nursing Home Family Satisfaction Survey. It includes the surveys, the criteria to select family members, mailing instructions, and reminder postcards. We would appreciate any effort you can make to encourage your family members to complete and return their surveys. In every facility we need as many responses as possible in order to ensure a representative response.

We appreciate the effort that your facility will make to participate in this family survey. One advantage is that the Scripps Gerontology Center, the contractor conducting the survey, will not know who participated. We can guarantee your families complete anonymity of their responses. We believe that protecting the privacy of your residents and families is worth the effort we are asking you to make.

I hope that your facility will take advantage of the opportunity to find out how the families of your residents feel about your services, and to provide this information to potential residents and their families who are looking for long-term care services on the Ohio Long-Term Care Consumer Guide web site. Should you have questions, please call the toll-free Ohio Nursing Home Family Satisfaction Survey Hotline at 1-866-236-5131.

Sincerely,

Joan Lawrence Director.

Ohio Department of Aging



50 West Broad Street/9th Floor, Columbus, Ohio 43215-3363
(614)466-5500 TTY (614)466-6191 FAX (614)466-5741

Bob Taft, Governor
Joan W. Lawrence, Director

Dear Family Member or Friend of a Nursing Home Resident:

The Ohio Department of Aging has contracted with the Scripps Gerontology Center of Miami University to conduct a satisfaction survey of consumers of nursing home services. We are interested in your opinion about the nursing home where your relative, friend, or the person you are caring for is staying. For this survey, we need your opinion about the care and services provided. Your input is important to help us understand the family perspective of care in nursing homes in Ohio. Residents will be interviewed for their opinions later this year.

The results of the satisfaction surveys for each nursing home will be posted on the Ohio Long-Term Care Consumer Guide Web site being developed by the Department of Aging. The goal of the Consumer Guide is to assist persons who are selecting a nursing home for themselves or another and to promote excellence in nursing facilities. Consumers in search of a nursing home can compare the information of one nursing home with another to help them in the choice of an appropriate nursing home. Nursing Homes will be able to use the survey results to determine areas of excellence and areas for improvement in their services.

You were randomly chosen to participate in this important statewide effort. Not every family member, friend or ward was selected to participate in the survey so your input is critical. However, your participation is voluntary. If you choose to participate, you may refuse to answer any questions that you are not comfortable with. Services that your resident receives will not be affected by whether or not you take part in the survey, and all information that you provide will be anonymous. Nothing on the survey identifies you—the code at the bottom of the survey form identifies only the nursing home that you are providing your opinions about.

If you would like to verify the information in this letter and survey or have any questions about the survey you may call the Family Satisfaction Survey hotline toll free at 1-866-236-5131 where trained survey staff are available to answer your questions. We have enclosed a postage paid envelope addressed to The Scripps Gerontology Center at Miami University in Ohio. Please return the survey to them within the next two weeks.

I hope you will agree to help us by responding to the survey questions. Your opinions are important. Your participation can help make the services at your nursing home more responsive to your needs and will help others select the nursing home that best meets their needs. Thank you for your help in letting others know about your nursing home.

Sincerely,

Joan Lawrence, Director
Ohio Department of Aging

THE OHIO DEPARTMENT OF AGING'S
OHIO NURSING HOME FAMILY SATISFACTION SURVEY
July 2001

Your Nursing Home Family Satisfaction survey package contains the following:

1. Packets with Family Satisfaction Surveys and Postage Paid Return Envelopes ready to stamp and address to the appropriate number of families from your facility.
2. Follow-up Postcards ready to stamp and address to the appropriate number of families from your facility.
3. A copy of the Family Satisfaction Survey for your reference.
4. A Business Reply Envelope for you to mail your Survey Audit Form to the Scripps Gerontology Center.
5. General Instructions for sampling residents and distributing surveys.
6. Selection Criteria For Person Designated to Respond to the Ohio Nursing Home Family Satisfaction Survey
7. A list of Frequently Asked Questions and their Answers
8. A Survey Audit Form to be completed and returned to the Scripps Gerontology Center.

*IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION IN THIS PACKAGE,
PLEASE CALL THE OHIO NURSING HOME FAMILY SATISFACTION SURVEY'S*

TOLL FREE NUMBER: 1-866-236-5131

THANK YOU FOR YOUR PARTICIPATION.

INSTRUCTIONS TO FACILITIES PARTICIPATING IN THE OHIO NURSING HOME FAMILY SATISFACTION SURVEY

Please follow these instructions for selecting the names of residents for whom you will identify a family member, friend or other interested party who is “most involved” in the care of the resident. Include all residents in beds licensed as nursing home beds (long-term care beds as well as short-term sub-acute beds). **Do not include residents in licensed residential care beds (such as board and care homes or assisted living beds).**

1. When you are ready to draw a sample and address the survey envelopes to families, print a copy of the resident census for that day. Please make sure that the name of each resident in all licensed nursing home beds is included in the census.
2. Review the *Selection Criteria For Person Designated to Respond to the Ohio Nursing Home Family Satisfaction Survey*. Based on that criteria exclude any resident (s) without a ‘most involved’ family member, friend or interested person in their care by crossing them off the census list. Since the family satisfaction survey is intended for only those residents who have someone involved in their care, those residents who do not have someone involved in their care are excluded from the census list. These residents are not eligible to participate in the family satisfaction survey. By crossing off their names, you will now have a list of resident names from which you can draw a random sample (see instructions below). The ‘most involved’ person in the care of a resident who gets selected in the random sampling will receive the family satisfaction survey.
3. Use the following sample size table to determine the approximate total number of family satisfaction surveys that need to be mailed from your facility. This figure is based on the number of current residents in your licensed nursing home beds.

Table 1. Approximate Sample Size

Number of Residents in Facility	Number of surveys to be sent
80 or fewer residents	all residents with involved parties
81 to 99 residents	79 surveys
100-125 residents	83 surveys
126-150 residents	86 surveys
151-175 residents	89 surveys
176-225 residents	91 surveys
226 residents and up	95 surveys

You have enough surveys for the exact number that need to be mailed from your facility. Do not be concerned if you have 100 residents and only have 81 and not 83 surveys. Numbers in Table 1 are based on averages for groups of facilities with a certain range of licensed nursing home beds, the number of residents you actually have may differ from our assumptions based on the number of beds.

4. Use **ONE** of the following procedures (either Method A **or** Method B) to draw a random sample of residents.

Method A: Cut apart the resident names in your census list (without the names of residents who did not have an involved person in their care), place them in a container, and draw names until you have drawn the required number of residents needed for your facility based on Table 1.

Method B: Give each resident name on your daily census list (excluding those without a 'most involved' person) a number, beginning with 1 and proceeding in ascending order. Ask another staff person(s) to spontaneously choose numbers between 1 and the highest number. Mark the corresponding resident number chosen by your staff on your daily census list. Continue the process till you have marked enough residents based on the numbers needed for your facility in Table 1.

5. For each resident chosen, again refer to the "*Selection Criteria for Person Designated to Respond to the Ohio Nursing Home Family Satisfaction Survey*" to determine who should receive the survey. It is very important that you select the family member, friend or other interested party who is 'most involved' in the care of the resident by following the above mentioned instructions. Once you have determined the appropriate person to receive the survey for each resident name that was selected in your random sampling, check your records for address information and make a list of the names and addresses of those to receive the survey.
6. You are now ready to address and mail the individual survey packets. Each of the family names should receive one of the prepared envelopes from your survey materials. Each envelope includes:
 - i. Cover letter to families from Director Joan Lawrence at ODA
 - ii. Survey form
 - iii. Postage paid return envelope addressed to the Scripps Gerontology Center
 - iv. A number 2 pencil for completing the survey

Mail all surveys no later than August 17, 2001.

7. A follow-up postcard should be addressed for all individuals who receive the survey. **Do not mail the postcard at the same time you mail the initial survey. The reminder postcards should be mailed two weeks after the surveys are mailed.** Retain the list of families/friends who received surveys.
8. **On August 31th**, (or earlier, if you mailed surveys before August 17) send the reminder postcard to all families who received the survey (even though some

may have already completed the survey and sent it to the Scripps Gerontology Center).

9. Once you have mailed the reminder postcards to families, complete the attached audit form and return it in the Business Reply Envelope addressed to the Scripps Gerontology Center. **This audit form is due at the Scripps Gerontology Center no later than September 15th, 2001.**
10. If families call with questions regarding the survey, please refer to the following "Frequently Asked Questions" sheet to give appropriate responses.
11. If family members have additional questions that you are not comfortable addressing, please refer them to **The Ohio Department of Aging's Nursing Home Family Satisfaction Survey Toll Free Hotline at:**

1-866-236-5131.

Survey Distribution Checklist

Did you remember to do all of the following?

- Run the census list the same day you are drawing the sample
- Examine criteria for choosing the most involved person
- Exclude residents without a most involved person
- Randomly sample remaining residents (we provide a table of the approximate number of residents needed based on facility bed size)
- Choose most appropriate family member to receive survey
- Locate and make a list of families and their address information
- Address survey envelopes
- Stamp and mail envelopes
- Address follow-up postcards
- Stamp and mail follow-up postcards
- Complete and return a survey audit form to the Scripps Gerontology Center

Selection Criteria For Person Designated to Respond to the Ohio Nursing Home Family Satisfaction Survey

The goal is to select the 'most involved person' in the care of the resident to complete the survey. It is expected that this person will be most knowledgeable about the care provided to the resident in the nursing home and therefore, will be able to evaluate the care and services most effectively.

Since it is important that only one family survey be completed for each nursing home resident, it is critical that the following selection criteria are used to determine who should receive the survey.

STEP 1:

Identify ONE family member, friend, or other interested person who is most involved in the resident's care (*use one or more of the following criteria for considering extent of involvement with care*):

- Visits resident most often
- Talks to staff about the resident's condition
- Participates in resident care planning process
- Attends family council meetings
- Runs errands and takes care of residents' personal needs, etc.

Using the above listed criteria send the survey to the most involved person.

STEP 2:

If there is more than one family member, friend, or other interested person that meets the above criteria:

1st Send the survey to the most involved person who is also the legal guardian.

2nd If there is no legal guardian AND it's difficult to identify ONE most involved person:
Persons may jointly complete a single survey. Designate one person to receive and return the jointly completed survey.

STEP 3:

If resident does not have an involved family member, friend, or other interested person, do not send survey.

Frequently Asked Questions about the Long-Term Care Consumer Guide and the Family Satisfaction Survey

General questions and answers

1. *What is the Long-Term Care Consumer Guide?*

The long-term care consumer guide will provide information about nursing homes in Ohio on a web site developed and maintained by the Ohio Department of Aging (ODA). The mandate to develop the guide was provided by the Ohio State Legislature in HB 403. For more information about the guide, see <http://www.state.oh.us/age/ConsumerGuide.html>

2. *Who is funding the Long-Term Care Consumer Guide?*
The Ohio Department of Aging

3. *What information will be included in the Long-Term Care Consumer Guide?*

Regulatory performance information, descriptions of services, information about staff, and satisfaction information from residents and families are just a few of the things that consumers will be able to look at for every nursing home. Information about Medicaid and Medicare, nursing home organizations, and other long-term care options will also be provided. Satisfaction information will be summarized for every nursing home that participates.

4. *How will ODA get this information?*

Facilities will provide some of the information regarding such things as special care services, bed availability and policies. Additionally, facilities will have the opportunity to update their information by using a password on the web site. Regulatory performance data will be provided by government agencies. Links to existing web sites will be used to provide additional information about funding other long-term care options. Facilities with their own web sites will have the opportunity to link to the Consumer Guide web site.

5. *Why should a facility participate in the family satisfaction survey?*

Choosing a nursing home is a difficult decision. The more information people have about every nursing home, the better decisions they can make. Nursing homes will be provided with the overall scores on satisfaction and may use that information for quality improvement purposes, newsletters, or marketing materials.

6. *What is the Scripps Gerontology Center doing?*

Scripps Gerontology Center located at Miami University; in Oxford (Butler County) has a contract with the Ohio Department of Aging to conduct the family satisfaction survey. Scripps will scan the completed surveys, compile the results, and provide a summary of responses for every facility.

7. *Who was responsible for developing and testing the family satisfaction instrument?*

Under a contract with the Scripps Gerontology Center at Miami University, the Margaret Blenkner Research Center in Cleveland, Ohio was responsible for

developing and testing the family satisfaction instruments with input from an Advisory Council set up by the Ohio Department of Aging. Family members from diverse nursing homes participated in pretesting the instruments for reliability and validity.

8. *How were members of the LTC Consumer Guide Advisory Council selected?*
The number and affiliation of members was established by law (House Bill 403). Members include representatives of family members of nursing home residents, representatives from the Office of the Long-Term Care Ombudsman, representatives from three nursing home trade organizations, the American Association of Retired Persons, and the Ohio Departments of Health and Job and Family Services.
9. *How many nursing homes are likely to participate in the family satisfaction survey?*
Survey packages were mailed to 1002 Ohio nursing homes. Since facilities are required to pay a \$400 annual fee towards survey costs, it is hoped they will all participate.
10. *What will happen if a facility does not participate in the family satisfaction survey?*
If a facility does not participate in the satisfaction surveys a statement to that effect will appear on the web site where data is missing.
11. *What is the cost to an individual facility to participate in the resident and family satisfaction surveys?*
Facilities are required by law to pay an annual fee of \$400.00 to the Department of Aging to help cover the cost of the family member and nursing home resident satisfaction surveys. This fee is subject to Medicaid reimbursement through the Medicaid program pursuant to sections 5111.20 to 5111.32 of the Revised Code.
12. *How often are these surveys going to be completed?*
The law requires that the surveys be completed annually.

Questions and Answers Specifically related to persons participating in the Family Satisfaction Survey:

13. *Why was my name chosen to participate in the family satisfaction survey?*
Resident names were chosen at random by large nursing homes, and in nursing homes with fewer than 80 beds, every resident's name was selected. For every resident selected, a family member, friend, or other interested person was identified. You were identified by the nursing home staff as the appropriate person to receive a family survey.
14. *How did nursing home staff identify me as the appropriate person to receive the family survey? What was the selection criteria for participating in the family satisfaction survey?*
An attempt was made to select one person who was 'most involved' in the care of a nursing home resident. Criteria to define being 'most involved' included identifying the person who visited the resident the most, talked to staff, participated in resident care planning etc. The most involved person could be a

family member, a friend, or another interested party. Your name was identified as being the 'most involved' person in the care of the resident that you care for.

15. What about my privacy?

The names and addresses of those receiving the survey have not been given to anyone outside the facility. No one outside this nursing home knows who received surveys and follow-up postcards. Nothing on the survey form identifies individuals; the code number on the first page identifies the nursing home where the resident lives. When a facility receives the results from the survey they will receive only aggregate data; they will not know who responded.

16. Will facilities get to see the individual answers to the family surveys?

No, all of the answers are anonymous. Facilities will never get to see individual answers. All answers will be reported in aggregate form using numbers and percentages. That is why objective research bodies have been hired to develop, test and implement the survey. This system protects the anonymity of all the families who are participating in the survey.

17. Why aren't residents completing a satisfaction survey?

Residents will also be completing a Resident Satisfaction survey. The survey has already been developed and tested by the Scripps Gerontology Center at Miami University, Oxford, Ohio with input from the Consumer Guide Advisory Council. The resident surveys will be a face to face interview (unlike the mailed survey approach that is being used with families) with randomly selected nursing home residents. Implementation of the resident satisfaction survey is expected by the end of 2001.

18. Why is there a number on the bottom of my survey?

This number is a facility code that identifies the nursing home in which your resident resides. This information will help the Scripps Gerontology Center track the responses for different facilities. This information will help them pool all the responses from the same facility so that they can produce the summary scores for each facility. This number does not identify you in any way since they do not know which family members received surveys.

19. Why did I receive two surveys?

If you are involved with more than one nursing home resident, living in separate nursing homes, it is possible that you may receive more than one survey. Also, if you are involved with only one resident in a nursing home in Ohio, you may have received a duplicate survey by mistake. If this is the case, please complete only one survey. If you have more than one relative in a nursing home, you may be required to complete two surveys for the different nursing homes. If you are confused about which survey is to be completed for which facility, please call the Ohio Department of Aging's Nursing Home Family Satisfaction Survey **Toll-Free** Hotline at 1-866-236-5131 with the code numbers from the bottom of each survey. They will be able to tell you which survey is for which facility.

20. Whom should I contact if I have more questions?

Please call the Ohio Department of Aging's Ohio Nursing Home Family Satisfaction Survey **Toll-Free** Hotline at 1-866-236-5131.

FACILITY SURVEY AUDIT FORM

1. Name of Facility: _____
2. Street Address: _____
3. City: _____ Zip Code: _____
4. ODH License Number: _____
5. Telephone: _____
6. Name of Person Responsible for Distributing Survey:

7. **Total Number of Licensed Nursing Home Beds** in your facility _____
8. **Total number of Nursing Home residents** (census) on day residents were sampled for the nursing home family satisfaction survey _____
9. **Total number of residents WITHOUT** Involved Family/Friend/Other Interested Party _____.
10. **Number of surveys mailed** to Most Involved Family/Friend/Other Interested Party _____
11. **Date surveys** mailed _____
12. **Date follow-up postcards** mailed _____
13. Your facility's web site address and/or e-mail contact _____

Please complete this form and return it in the enclosed Business Reply Envelope to:

**Ohio Nursing Home Family Satisfaction Survey
Scripps Gerontology Center
Miami University
Oxford, OH 45056**

This form is due at Scripps Gerontology Center no later than September 15, 2001.

Ohio Nursing Home Family Satisfaction Survey

About two weeks ago we sent you a nursing home family satisfaction survey. Your name was randomly selected from family and friends who are involved with the care of a nursing home resident in Ohio. **If you have already completed and returned your survey, thank you for your participation!**

If you have not returned your survey, please complete it and return it in the postage paid envelope addressed to The Scripps Gerontology Center, Miami University, Oxford, OH 45056. The survey has been sent only to a small number of individuals. We need input from those who were selected so our results accurately represent the family perspective of care in nursing homes.

If you did not receive the survey, or you have misplaced it, please call the nursing home or the Ohio Family Satisfaction Survey's toll-free number at 1-866-236-5131 so they can mail you another copy. **Thank you!**

Table 1.
Number of Family Surveys Needed

Number of Residents with Family	Survey completions needed to achieve 10% margin of error (n*)
10	5
11-12	6
13	7
14-15	8
16-18	10
19-23	11
24	12
25-26	13
27-28	14
29-31	15
32-33	16
34-35	17
36-37	18
38-45	19
46	20
47-55	21
56	22
57-67	23
68-80	24
81-86	25
87-91	26
92-111	27
112-134	28
135-155	29
156-177	30
178-238	31
239-312	32
313-350	33

Note: When facilities failed to report the number of residents with families, we assumed that the number of family surveys provided to the facility was equal to the number of family surveys that should have been mailed. This conservative approach likely underestimates the number of facilities that actually met the 10% margin of error.

