Implementation of the 2014 Ohio Nursing Home Family Satisfaction Survey:

Final Report

JANE STRAKER, MGS, PHD
KARL CHOW, MBA
AVIELLE RAYMORE, MA

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Jane K. Straker, MGS, PhD
Karl Chow, MBA
Avielle Raymore, MA

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EXECUTIVE SUMMARY

The Ohio Long-Term Care Consumer Guide (OLTCCG), a web-based guide to nursing homes and residential care facilities, was developed in 2000 in response to the passage of H.B. 403. The OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes as well as inspection reports, quality measures and other information useful to consumers. Although funding was discontinued in 2003, a new bill and appropriation were passed in 2005. Ohio Revised Code 173.47 requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. This report presents information about the seventh implementation of the Ohio Nursing Home Family Satisfaction Survey in 2014. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education).

This year Scantron created and mailed survey packets to over 58,000 family members and friends of Ohio nursing home residents.

Since the first administration of the family survey in 2001, the number of facilities participating and the number of families responding have shown dramatic increases. In 2001, 687 facilities participated, compared to 904 in 2008, 933 in 2010, and 947 in both 2012 and 2014. The number of families responding has increased from 20,226 to a high of 29,873 in 2010 followed by 27,008 in 2012 declining to 23,639 in 2014. On average in each facility, about four in 10 (41.3%) of family members contacted completed a survey on paper or online. The characteristics of family respondents have remained consistent over time. The majority of those who respond are female, adult children of nursing home residents who are very involved with the residents. Over half (56.7%) visit several times per week or daily. Many also assist their residents in the nursing home; for example nearly two-thirds (62.6%) assist their family member with going to activities.

2014 continued our practice of updating the survey to address current issues or to make refinements based on the previous year's survey experience and changes requested by ODA. Originally developed as a collaborative endeavor between the Margaret Blenkner Research Institute at Benjamin Rose in Cleveland and the Scripps Gerontology Center at Miami University in Oxford, the instrument shows excellent reliability over time.

Ohio's consumer guide website (www.ltc.ohio.org) provides comprehensive information about Ohio nursing homes as well as other aspects of long-term care. Family satisfaction is one important component to assist prospective nursing home residents and their caregivers in choosing a nursing home. Family satisfaction also provides an important starting point for facilities to improve their care. Finally, overall family satisfaction and some other items from the family survey are important components of Ohio's Medicaid nursing home reimbursement formula.

BACKGROUND

The Ohio Long-Term Care Consumer Guide (OLTCCG, www.ltc.ohio.gov), a web-based guide to nursing homes and residential care facilities, was developed in 2000 in response to the passage of H.B. 403. Implemented in 2001, the OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes as well as inspection reports, quality measures and other information useful to consumers. Although funding was discontinued in 2003, a new bill and appropriation were passed in 2005. Ohio Revised Code 173.47 requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. This report presents information about the seventh implementation of the Ohio Nursing Home Family Satisfaction Survey in 2014. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education).

The process of implementing the mailed survey to family members of nursing home residents throughout Ohio began in March 2014, with changes to survey items and estimating of survey volume for production planning. For the second time nursing homes were not directly involved in mailing surveys to family members.

2014 UPDATES

Extensive psychometric work has been done with both the resident and family surveys. Some of this work is described elsewhere (Ejaz, Straker, Fox & Swami, 2003; Straker, Ejaz, McCarthy & Jones, 2007). Each survey implementation report also provides information about the performance of the instrument for that year. The 2014 survey includes 1 new item and a few reworded versions of existing. These changes were accompanied by a new cover letter to families from Director Kantor-Burman. Table 1 provides information regarding all item changes in the 2014 survey.

Table 1. 2014 Changes to the 2012 Survey

2012 Item	2014 Change
	6. Does the resident get the social services he/she needs? (e.g., helping with financial matters, making appointments, answering questions about the resident's rights).
10. Can the resident get out of bed in the morning when he/she likes?	11. Can the resident decide when to get out of bed in the morning?
12. Can the resident choose the clothes that he/she wears?	13. Can the resident decide what clothing to wear?
B. 12 How is the resident's nursing home care paid for?	Removed
B. 13. Does the resident know the current season?	Removed.
B. 14. Does the resident recognize you?	Removed.
B. 15. Does the resident know he/she is in a nursing home?	Removed.
B. 16. Where was the resident before being admitted to this nursing home?	Removed.

(A copy of the 2014 family survey form with instructions and cover letter is included in Appendix A).

IMPLEMENTATION

Ohio's nursing home Medicaid reimbursement formula includes a quality payment based, in part, on nursing home performance on the family satisfaction survey. Facilities must receive a set number of surveys to be eligible to receive the family survey quality point and to have their information included in the consumer guide. A process that assures the integrity of the results and provides an opportunity for all nursing homes to receive the responses they need is essential.

For the second time, surveys were mailed directly to families from a mailing house, without involving nursing homes directly in the distribution process. Prior to 2012, the process consisted of estimating the number of surveys needed by each nursing home, printing and preparing survey packets for each family, and packaging survey packets and instructions into a survey kit that was shipped to each nursing home. Facilities drew samples of families, addressed the individual survey packets and mailed them to involved family and friends. The current process requires nursing homes to compile and submit names of family members and friends, but all additional steps are undertaken by ODA, Scripps and Scantron. ODA draws random samples of family names from the lists in larger facilities, monitors the number of names submitted and compares against estimated census totals to ensure that enough family names are on the lists. Scantron prints and distributes surveys to families, and Scripps receives completed surveys, scans the data, and compiles statewide and individual facility reports. The survey process is completely anonymous with ODA and Scantron having family names but no data, and Scripps having family data but no lists of family names

Figure 1 summarizes process as implemented in 2014.

Figure 1. Survey Process 2014

ODA requires facilities to provide a mailing list of family members.

⇩

Facilities provide lists to ODA.

⇩

ODA receives and formats list, draws random samples and provides to Scantron.

⇩

Scantron prints and ships survey packets to families.

⇩

Scantron provides serial numbers and passwords to Scripps for online survey.

⇨

Families receive & complete survey then return to Scripps or complete online.

⇨

Scripps receives & scans surveys, calculates response rates and whether facilities meet the required margin of error, then submits final results to ODA.

Modified from: E. Pettergrew, ODA

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SURVEY DISTRIBUTION TO FAMILIES

A facility master list of 969 nursing homes was developed based on facility names from ODA. Facility census numbers from the 2013 resident survey were used to estimate the likely number of family surveys needed in each facility. Based on estimates from previous years, we estimated a total statewide mailing of 60,000 surveys. In actuality, 57,767 family and friend names had accurate mailing addresses for printing and mailing survey packets. The facility list was sorted by zip code and facilities were grouped into geographically sorted batches to allow Scantron to realize postage economies. Every two weeks, Emails were sent to a batch of geographically sorted nursing homes. Administrators were given instructions for choosing the most involved family member or friend for each resident, and were provided with an Excel template for family lists to be submitted to ODA two weeks later. The number of facilities in the batch was determined based on the facility's estimated census with the goal of dividing each mailing into about 8600 surveys. Seven survey mailings were eventually needed to complete survey distribution.

Along with family and friend names and addresses, facilities included their own facility information and their current resident census on the information they sent to ODA. Where the number of family/friend names submitted for survey was significantly less than the resident census, ODA followed up to determine whether there were only a few residents with surveyable family members or friends or if the facility had misunderstood the instructions (e.g., not included those who manage their own affairs or not including short-term residents). ODA staff called for clarification and asked facilities to resubmit their lists if instructions were not properly followed. The number of surveys to be mailed for each facility was based on the number of returned surveys needed to meet the margin of error for their population of surveyable families, assuming a response rate of 30%. This assumed rate is lower than statewide rates achieved in previous years. We believed that most nursing homes would achieve a higher response rate and mailing extra surveys would allow them to meet the threshold needed for public reporting and to be eligible for the quality point. Instructions to facilities and family list materials are included in Appendix A.

Every nursing home was required to participate in the survey process; however no penalties were assessed if they failed to comply. Several facilities closed during the survey preparation process. The final number of facilities used to calculate participation rates was 964.

Where necessary (facilities with census greater than or equal to 84 residents) ODA drew random samples from the list of family names. ODA then submitted family name lists, sorted by zip code, to Scantron bi-weekly. At Scantron, each name on the list was assigned a serial number according to the facility they were responding about and a unique seven-character login ID. Families could use the login ID and the serial number to complete an Internet version of the survey instead of completing and returning the paper one. Each survey was printed with the facility name and address, the facility identifier and the unique serial number and login ID. Envelopes were printed for each family name and the survey with that family's serial number was placed in the proper envelope for mailing. After mailing, Scantron provided Scripps with an Excel file indicating the survey serial numbers and login passwords that were assigned to each facility. These were

loaded into the online survey to allow family members to access the internet survey if they preferred. Families were directed to the online survey via a URL on the paper survey cover. They could then login to the online survey using the serial number and password printed on their paper survey.

The first survey lists were due from ODA to Scantron on June 1; surveys were mailed to families beginning June 16, and every two weeks thereafter, through September 8. Each mailing list was checked against the National Change of Address system and family addresses were updated. Addresses that could not be reconciled were not mailed, eliminating unnecessary postage costs by preventing mailing of undeliverable surveys. Reminder postcards were mailed to each batch of families two weeks after the surveys were mailed. Although only 14 surveys were returned as undeliverable, 1834 of the reminder postcards that were mailed two weeks later were returned. It remains unclear why the same mailing lists would generate such hugely disparate numbers of undeliverable items. If surveys were actually undeliverable in the same volume as the postcards it would explain a great deal about the lower returns overall and fewer facilities meeting the margin of error than in previous years.

SURVEY ASSISTANCE

In order to assist family members and facilities with questions or issues during the 2014 Ohio Nursing Home Family Satisfaction Survey process, a toll-free phone line was set up at the Scripps Gerontology Center. The phone line was staffed Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m. and had voice mail capability so callers could leave a message 24 hours a day, seven days a week. In addition, families and facilities could request help or ask questions via email at familysurvey@miamioh.edu. ODA maintained a familysurvey@age.state.oh.us email account to assist facilities with the operational issues in submitting their family lists.

The helpline and email account were managed by two doctoral associates who each worked 20 hours per week. Five undergraduate student workers and one Scripps support staff member assisted as needed for phone coverage. A training manual and a list of frequently asked questions continue to be expanded in order to assist all staff in giving reliable answers. The phone line was regularly staffed from May 23 through November 15, 2014. Family members made 776 calls, 349 were from facilities and 5 were from ODA staff. Table 2 and Figure 2 show helpline volume during all years of survey administration.

Table 2. Calls and Emails to the Toll-Free Help Line in 2001-2014

Year	2001	2002	2006	2008	2010	2012	2014
Total	1172	685	566	618	821	751	1130*
Families	1070	550	400	477	588	552	776
Facilities	102	135	166	141	233	164	349

*Total includes five calls or emails from ODA staff. Note: Dedicated helpline email was added for the first time in 2010.

Figure 2. Call Volume, 2001-2014
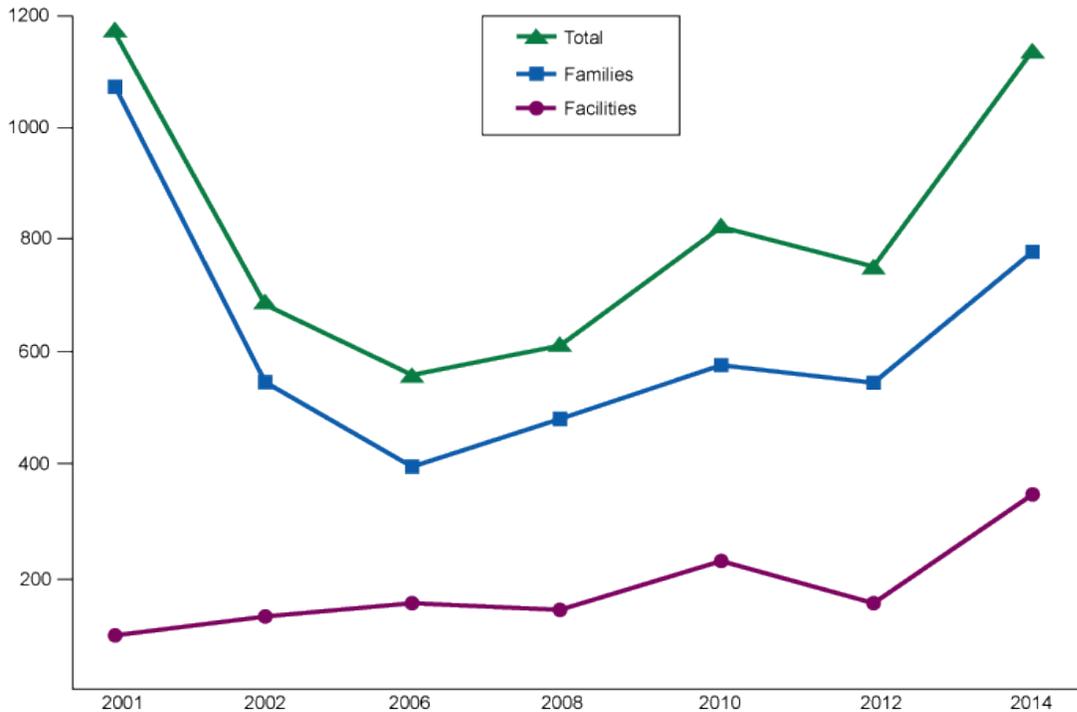
Until 2012, survey kits were mailed to nursing homes in a single distribution, and nursing homes were asked to address and mail the individual survey packets to families within two weeks of receiving their survey kits.

This meant that almost all families received their surveys in the same two week period. In 2010 over half of the helpline calls occurred during July. As shown in Table 3, the current batch distribution spreads helpline assistance more evenly throughout the survey period, although July continues to be the busiest month.

Table 3. Number of 2014 Help Line Calls and Emails by Month

Month	Numbers of calls &emails	Percent
May	56	5.0
June	191	16.9
July	437	38.7
August	333	29.4
September	91	8.0
October	15	1.3
November	7	0.6
Total	1130	100

CALLS FROM FACILITIES

Calls and emails from facilities largely revolved around process issues with the majority of issues related to submission of the facility lists. This process posed challenges for some facilities either because they were unable to work with the family list template provided by ODA or they were unable to password protect their document prior to emailing it to ODA.

Table 4 shows the distribution of calls among broad topic areas. ODA staff also placed 5 calls or emails — the majority of these were requests to remail surveys to families.

Table 4. Topics Raised in Calls and Emails from Facilities

Subject	Number of call & emails	Percent
Questions on access/format/encryption issues about the family list template	147	39.3
Questions on family lists (selection criteria for the list; how to submit the list)	107	28.6
Confirmations about the family list submission	39	10.4
Communication issues between ODA and the facilities (e.g., facilities received no information from ODA about survey)	36	9.6
General questions and concern about survey	21	5.6
Asking if the survey is mandatory	2	0.5
Reliability concerns because of small facility	2	0.5
Other*	20	5.3
Total	374	100

Note: * Other includes hang-up, no voicemail and no-answer phone calls. The number of topics totals more than the number of contacts from facilities since some calls or emails addressed more than one issue.

CALLS FROM FAMILIES

The breakdown of the calls made by families is reported in Table 5. Nearly half of the calls from family members were requests for new surveys, usually in response to receiving a reminder postcard but not having received a survey. Some family calls were in response to the reminder postcards when a survey had already been returned. Despite the instruction to disregard the reminder if their survey had been returned, these families were inquiring whether their survey could be tracked to ensure its receipt.

Callers often call just to report on issues that the surveys raised for them. As shown below, a number of families call to praise, to make a complaint, or to let us know they will not be completing their survey.

Table 5. Topics Covered in Calls and Emails from Families

Subject	Number of calls & emails	Percent
Needed a replacement survey	345	44.1
General questions and comments	70	8.9
Requested confirmation of receiving the survey	46	5.8
Refused to participate	42	5.3
Needed to know if it is too late to return survey	32	4.8
Sampling issues (who is survey for, don't know anyone in nursing home)	36	4.6
Difficulties completing surveys and questions needing clarification	36	4.6
Want space/place for comments	23	2.9
Received survey after relative's death	22	2.8
Not enough information to complete survey	18	2.3
Confidentiality concern	17	2.1
Guardianship issues	15	1.9
Questions about survey results	4	0.5
Complaints about the facility	3	0.4
Survey packet issues	3	0.4
Miscellaneous	24	3.0
Total	781	100

FACILITY PARTICIPATION

Before the beginning of the survey process ODA sent a mailing to every nursing home in Ohio, informing them about the upcoming family survey. The same number of facilities participated this year as in 2012, although it is a slightly lower percentage since there were 10 additional facilities on the mailing lists, as shown in Table 6. The high facility participation rate is likely due to several factors: the increased importance of the overall family satisfaction survey score and other survey elements to a facility's Medicaid reimbursement a growing recognition of the value of consumer input to improving facility quality, and increasing knowledge and awareness of the Long-Term Care Consumer Guide among families and prospective residents. Facilities may be concerned about having "did not participate" as part of their consumer information.

In order for facility data to be included on the consumer guide and to be eligible for the Medicaid family satisfaction quality point, the number of returns for the facility must meet a plus or minus 10% margin of error. This number represents the probability that the actual responses, if every family responded, would fall between plus or minus 10% of the average score on the responses received. We used the number of surveys mailed by Scantron to determine the surveyed population at each facility. This number excluded those families whose names and addresses were sent for survey distribution but whose addresses could not be adjusted via the national address update system. Figure 4 illustrates the decline in facilities meeting the margin of error.

Rather than computing whether each item on the survey meets the margin of error, we base the margin of error on the number of surveys returned for a facility since not all residents receive all services (e.g., therapy items are often marked "not applicable"). This year's statewide response rate 41.3% is four percentage points lower than last year and represents the lowest participation rate since the surveys have been conducted. As shown in Figure 3, the total number of families responding also declined this year.

Figure 3. Number of Families Responding, 2001-2014

Families Responding
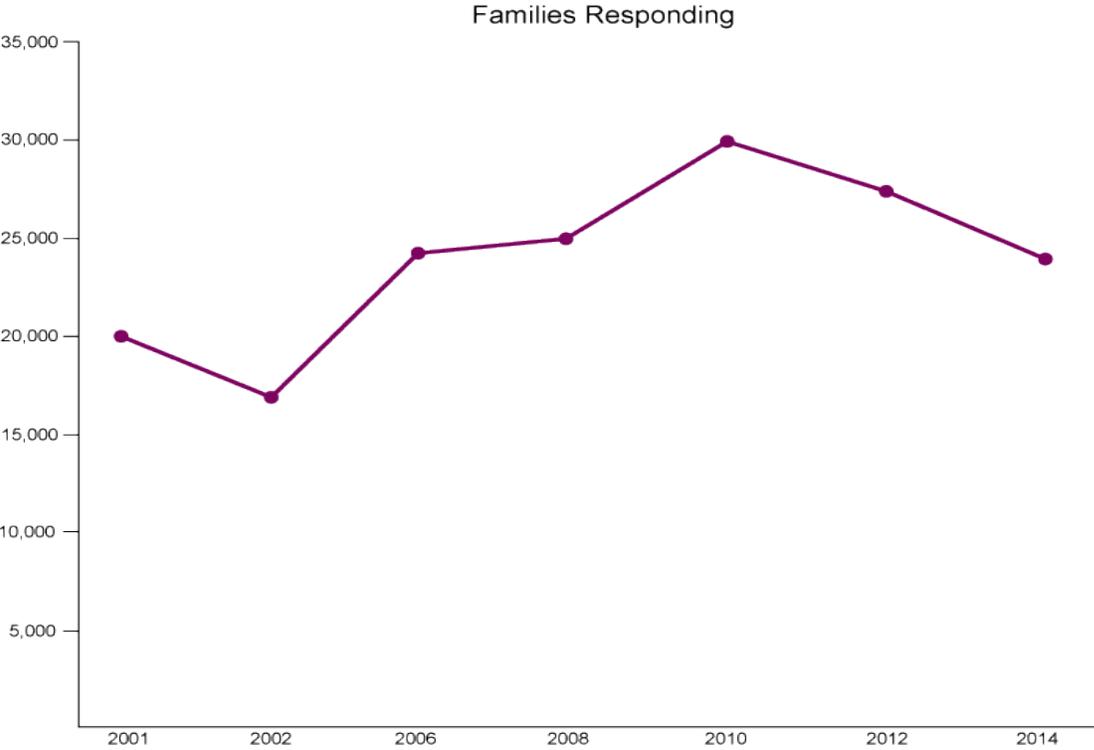
Table 6. Facility Participation Rates: 2002-2014

	2002	2006	2008	2010	2012	2014
Number of facilities on mailing list	970	972	965	961	954	964
Number of facilities with surveys returned	736 (77%)	849 (87%)	904 (94%)	931 (97%)	947 (99%)	947 (98%)
Number of facilities meeting +-10%	436 (59% of participants)	605 (71% of participants)	633 (70% of participants)	711 (76% of participants)	721 (76% of participants)	595 (63% of participants)
Average response rate in all participating facilities	44%	50%	52%	47%	45%	41%
Number of facilities not participating	222 (23%)	123 (13%)	61 (6.0%)	31 (3.0%)	6 (0.5%)	17 (1.7%)
Total number of families responding	16,955	23,633	24,572	29,873	27,008	23,639

Figure 4. Proportion of Facilities Participating, Meeting Margin of Error,
and Average Facility Response Rate, 2001-2014
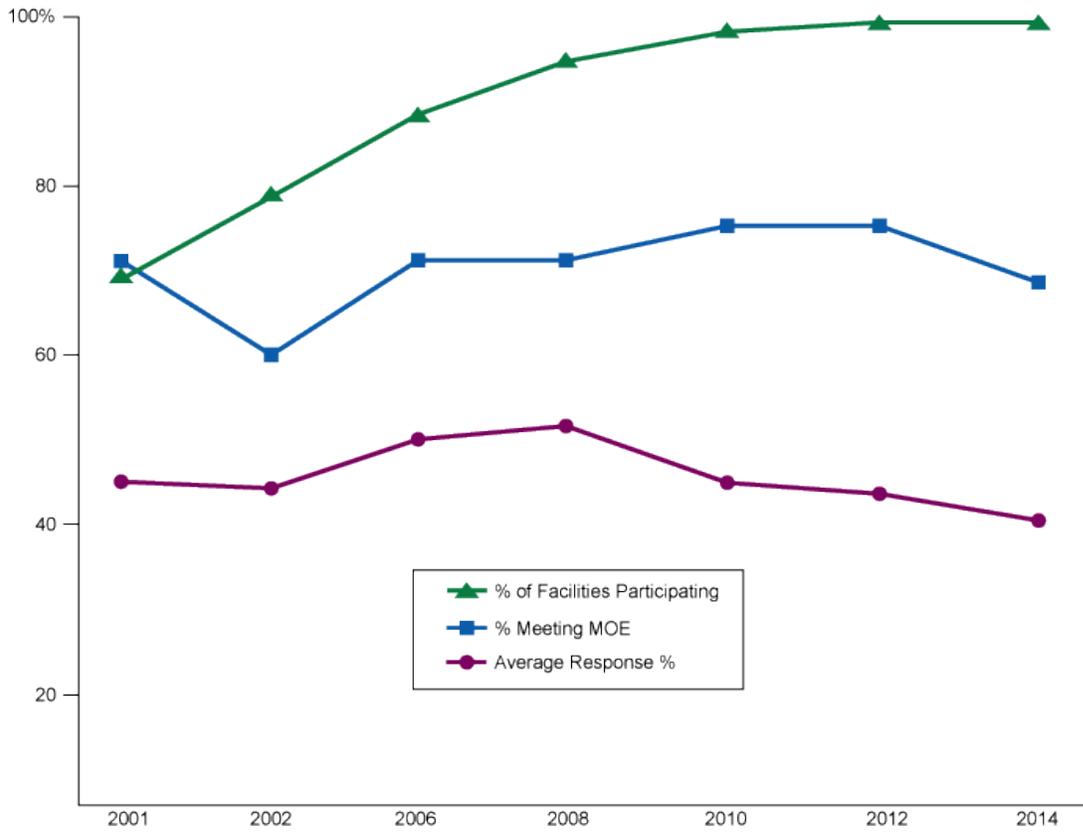
When we changed from random sampling to distribution to an involved person for each resident in 2010, the proportion of facilities meeting the margin of error increased from 70% to 76%. In 2014, as in 2012, we returned to random sampling, and we used the actual number of surveys mailed rather than the lists of names submitted. Unfortunately, we had a lower rate of participating facilities that met margin of error than in 2012 (63% vs. 76%) with 352 facilities that did not meet margin of error In addition, 148 (42%) of the 352 facilities not meeting the margin of error needed only three or fewer additional surveys to meet this criterion compared to 52% in 2012. Forty-three (12%) of the 352 needed only one more. A large number of facilities that are very close to meeting MOE would benefit from some additional work to increase family participation.

RESULTS FROM THE 2014 FAMILY SURVEY

TECHNICAL PROCESSES

The survey was created using a software package, SNAP, developed by the Mercator Corporation of Great Britain. The finished survey was sent to Scantron for printing surveys, creating survey packets, and mailing to families. The survey was printed with a perforated binding edge, which only required that the binding be removed to make the survey ready for scanning.

Families were invited to provide comments on a separate sheet of paper and to return them with their surveys and a number of families did so. As returned survey packets were opened, survey pages with family comments were photocopied, marked with the provider ID and survey serial number and given to a graduate assistant for scanning, data entry and coding. Relevant portions from each set of comments were entered into an Excel spreadsheet with a numeric code corresponding to the type/topic of the comment. Survey booklets were disassembled and prepared for scanning. Batches of surveys were scanned and filed according to scanning date.

In order to maximize scanning accuracy and minimize manual data input, all questions were multiple-choice with check boxes (the most accurate format for scanning purposes). The only manual input fields on the survey were the Facility ID and the survey serial number. The scanner and associated software were located at Scripps and allowed Scripps staff to implement and fully monitor the scanning process.

In 2014 we continued the online version of the survey, also created using SNAP software. The online survey required that respondents log in using their seven character login printed on the paper survey. This made it possible to identify the facility respondents were reporting on. The web address for the online version was included in the instructions for the paper survey. There were eight identical versions of the online survey, in order to accommodate the seven batches in which the paper surveys were sent to the respondents, and an eighth batch of serial numbers assigned to replacement surveys. As in 2012, a web page was created on the Scripps website, with a simple URL, which made it easier for respondents to access. That web page contained pointers to eight separate links, each organized according to the serial numbers printed on the paper surveys. Respondents selected the appropriate link according to the serial number on their survey. Despite

having an online survey process for the third time, there are still very few families who complete the tool online. This year, about 6% (1397) of the surveys were completed online. Data from the online surveys were compared to scanned survey data to ensure that families completed only an online or paper survey, but not both.

In order to accommodate the high volume of returned surveys, Scripps operated two separate scanners running the same scanning program. At the completion of the survey, all ten sources of scanned data (from the two scanners and the eight online versions) were combined into the final dataset for processing and analysis.

SURVEY PROCESSING: TESTING SCANNER ACCURACY AND CONSISTENCY

To test scanner accuracy and consistency, 50 surveys were scanned two times each. The scanned results were compared against the actual surveys to check for accuracy of scanning hardware and software. To test for consistency, the scanned data were analyzed using statistical software to ensure that the two separate scans of the same survey produced the same results. Scanner accuracy testing was critical since the survey had changed from the 2012 version.

The data analysis revealed that the calibration performed was sufficiently accurate to proceed without further adjustment. The scanning testing revealed an accuracy rate of 99.6% (three errors divided by (70 questions X 100 surveys)), which is well within the industry standard.

SURVEY PROCESSING: THE PRODUCTION RUN

Scanning of surveys began in July of 2014 and continued through December. Surveys were scanned primarily by student employees, who were trained in the scanning procedure by the research associate who created the survey in the Snap software. Due to the design of the survey (using only multiple-choice questions) and the favorable results of the accuracy testing, the only data verification required was for the Facility ID and survey serial number fields.

On a weekly basis, a Scripps research associate selected a small sample of scanned surveys to check for accuracy of scanned results. No problems were detected. The scanned results were exported to statistical analysis software and then all electronic files associated with the scanning process were backed up to the network server on a daily basis. The scanned surveys were boxed, labeled with the scan date, and placed in storage. At the peak of survey processing, over 600 surveys were scanned per day. At completion of scanning an electronic image file was created which captures the scanned "picture" of each survey. These files were provided to ODA for record retention purposes. Scanned paper surveys were shredded per ODA instructions.

SURVEY DATA MANAGEMENT AND ANALYSIS

Survey data were exported to a spreadsheet application, where the data were cleaned (e.g., formatting of date variables, assignment of variable names) and arranged in a form suitable for statistical analysis. A large part of the data cleaning process involved verification of facility IDs. Due to the fact that those IDs required hand-entering (made necessary by the Snap software's limitations in accurately scanning alphanumeric fields), errors in entering that field were

inevitable. In cases where a survey's facility ID does not match the master facility list, that survey's scanned image was viewed and the facility ID was corrected in the Snap software. The data were then run through SAS programs developed for the purpose of aggregating data at the facility level. The data were then fed back into a spreadsheet application and formatted to ODA specifications. Upon completion of analysis, the final results were sent to the Ohio Department of Aging to be placed on their website.

As was the case in 2012, survey results were included for the previous survey (2012) for comparison purposes, in the final facility reports. This feature was again accomplished by incorporating facility data from 2012 and modifying the spreadsheet, along with the macros which generated the reports for each facility. Scripps staff created a file of individual facility PDF reports from the final Excel spreadsheet. The PDF reports were mailed to ODA in mid-January 2015.

Data Coding

Satisfaction question items were scored as follows:
- 1=Yes, always
- 2=Yes, sometimes,
- 3=No, hardly ever
- 4=No, never
- 5=DK/Doesn't apply

All items were recoded to a 101-point scale as follows:

- 1=100
- 2=67
- 3=33
- 4=0
- 5=Missing

Margin of Error

A list of sample sizes needed in facilities with differing numbers of residents with involved family/friend/person was created in a lookup table in order to determine whether a facility met the plus or minus 10% margin of error (Noble, Bailer, Kunkel, and Straker 2006). Facilities that did not have enough returned surveys to meet the margin of error were excluded from calculation of statewide average scores and counts of facilities having the highest and lowest statewide scores. However, they do receive a report of the data collected for their facility to use for quality improvement purposes. In an attempt to increase the number of facilities meeting the margin of error a list of facilities that did not have any returned surveys nor completed audit forms was prepared and sent to ODA in October 2014. Staff at ODA made calls to these facilities letting them know that they needed to make an effort to encourage families to complete and return their surveys.

STATEWIDE AVERAGES

Statewide averages were computed on each item and on each domain. Facilities with two or fewer surveys were excluded from these calculations. The same calculation decisions used in previous years were used in 2014. However, in calculating domain scores, SAS coding changes were required to accommodate the survey changes. Averages are reported for each item and domain on facility reports. The averages are the average of each facility's average score on each item, rather than the average of all family responses among all facilities. Overall satisfaction is the average of all items in each facility.

FINAL STATISTICAL VALIDATION

As a final check of calculation accuracy, the final survey statistical analysis was calculated using both SPSS and SAS, for comparison purposes. The calculations revealed that the two programs generated the same results, increasing confidence in the accuracy of the statistical analysis.

SATISFACTION RESULTS

RESPONDENT AND RESIDENT CHARACTERISTICS

In order to build a profile of those who responded to the family satisfaction surveys, and the residents they were responding about, the following demographic questions were included: information about the family member/respondent, respondent's relationship to the resident, some information about the resident, and the kinds of things the family member/respondent does when visiting the nursing home. Demographic information is provided in Tables 7-9. In general, the characteristics of the residents and family members are in keeping with national data on nursing home residents and their caregivers. The majority of involved family members in the survey are adult children. They are very involved in the nursing home, visiting quite often, talking to a variety of staff members, and providing some 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.

Respondent and resident characteristics are quite stable over time. The only change of note over time regards the staff that families talk to. The proportion who always or sometimes talks to the administrator increased from 56.8% to 73.1% in 2010, from 73.1 to 81.9% in 2012 and an additional point to 82.9% in 2014. Unfortunately, this proportion has still not returned to the

previous high of 85.1% in 2006. In 2012 we examined whether this is a positive change, (e.g., families make a point of talking to the administrator because they have problems or concerns) we examined the association between frequency of speaking with the administrator and whether the family member would recommend the facility and whether they liked it overall. At that time it appeared that talking to the administrator is a positive point. Statistically, a significant relationship was shown between frequency of speaking with the administration and overall satisfaction, whether one liked the facility and whether one would recommend the facility. About three in four of those who always spoke with the administrator would always recommend the facility (74.7%) or always like the facility overall (75.3%), compared to 42.0% who would always recommend and 45.2% who overall like the facility among those who never speak with the administration.

Table 7. Demographic Characteristics of 2014 Respondents and their Residents

	Family	Resident
Average Age	64.2	82.1
(sd)	(11.3)	(13.8)
(4.9% missing-family)		
(3.5% missing-resident)		
Race (Percent)		
Caucasian	90.2	
African American	7.7	
Native American	0.6	
Other	0.6	
Hispanic	0.5	
(2.9% missing)	0.3	
Female (Percent)	69.0	71.3
(1.6% missing-resident)		
(2.8% missing-family)		
Relationship to Resident (Percent)		
Child	49.3	
Spouse	13.1	
Sibling	9.8	
Guardian	6.7	
Parent	5.4	

Table 7. Demographic Characteristics of 2014 Respondents and their Residents

	Family	Resident
Son/daughter-in-law	4.9	
Niece/Nephew	4.5	
Other	3.4	
Friend	1.9	
Grandchild	1.0	
10.4% (missing)		
Educational Level		
Less than high school	3.6	
Completed high school	52.0	
Completed college	30.4	
Master's or higher	14.0	
(3.9% missing)		

N =3639   Note: Percentages are based on those who answered the questions.

Table 8. Level of Family Activities in the Nursing Home, 2014

Frequency of Visits (Percent)

Daily	19.9
Several times a Week	36.4
Once a Week	20.9
Two or Three Times per Month	10.8
Once a Month	6.1
Few times per Year	5.9
(3.3% missing)	

	Always	Sometimes	Never
Helps with (Percent)			
Feeding (14.0% missing)	13.0	36.6	50.5
Dressing (18.9% missing)	3.8	30.0	66.2
Toileting (19.2% missing)	4.8	19.9	75.3
Grooming (12.2% missing)	15.1	44.9	40.0
Going to Activities (12.3% missing)	12.1	51.2	36.7
Talks to (Percent)			
Nurse aides (11.6% missing)	63.0	35.6	1.5
Nurses (11.6% missing)	61.6	37.3	1.1
Social Workers (15.2% missing)	28.7	61.6	9.7
Physician (18.7% missing)	10.8	41.4	47.8
Administrator (15.8% missing)	19.1	63.8	17.0
Other (56.0% missing)	21.5	54.6	23.9

N = 27,008   Note: Percentages are based on those who answered the questions.

Table 9. Residents in Nursing Homes, 2014

Resident Receives Nursing Home Payments from: (Percent[a])

Resident's Expected Length of Stay (Percent[a])				
less than 30 days	3.3			
31 – 90	6.3			
more than 90	90.4			
(2.7% missing)				

	No Help	Some	A Great Deal	Totally Dep.
Resident Needs Help With:				
Eating (3.9% missing)	37.4	33.2	13.2	16.1
Toileting (3.7% missing)	16.3	24.4	22.3	37.0
Dressing (3.9% missing)	12.1	29.7	25.3	33.0
Transferring (3.7% missing)	19.2	24.4	20.7	35.7

N =23,639 Note: Percentages are based on those who answered the questions.

SATISFACTION RESULTS

Table 10 shows the frequency of responses for each questionnaire item, along with the statewide means for each item.

Although the statewide frequencies reflect the proportion of individual families that answered in each category, the statewide means are calculated by averaging the data within each facility then averaging each item across all facilities. These are the same mean scores shown as statewide scores on the individual facility reports and on the consumer guide website.

Table 10. Item Frequencies and Averages for Family Survey Items
for 2012 and 2014* Family Surveys

Domain (2014 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/	Mean 2012 Mean 2014
Admissions						85.2 84.8
1. Did the staff provide you with adequate information about the different services in the facility?	66.3 **66.2**	24.9 **24.6**	3.9 **4.1**	1.6 **1.8**	3.3 **3.2**	86.0 **85.6**
2. Did the staff give you clear information about the [daily rate] cost of care?	65.3 **65.3**	16.7 **16.2**	4.9 **5.0**	4.5 **4.7**	8.6 **8.7**	86.0 **83.3**
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	68.7 **68.8**	16.6 **16.1**	4.1 **4.2**	3.3 **3.5**	7.3 **7.4**	86.0 **86.1**
Social Services						89.9 88.4
4. Does the social worker follow-up and respond quickly to your concerns?	64.5 **63.7**	23.2 **23.5**	4.5 **4.9**	1.7 **1.9**	6.1 **6.0**	86.0 **85.1**
5. Does the social worker treat you with respect?	82.3 **82.6**	9.7 **9.6**	1.2 **1.2**	0.8 **0.9**	6.0 **5.7**	94.3 **94.3**
6. Does the resident get the social services he/she needs?1	**NA** **63.1**	**NA** **18.7**	**NA** **3.8**	**NA** **1.8**	**NA** **12.7**	**NA** **87.0**
Activities						81.6 81.6
7. Does the resident have enough to do in the facility?	46.9 **47.2**	33.2 **33.0**	7.3 **7.7**	1.8 **2.0**	10.8 **10.0**	79.1 **78.8**

Table 10. Item Frequencies and Averages for Family Survey Items for 2012 and 2014* Family Surveys

Domain (2014 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/	Mean 2012 Mean 2014
8. Are the facility activities things the resident likes to do?	30.5 **31.3**	43.7 **43.2**	10.0 **10.4**	2.7 **2.8**	13.1 **12.3**	71.8 **71.9**
9. Is the resident satisfied with the spiritual activities in the facility?	46.4 **47.1**	24.1 **24.3**	4.3 **4.0**	1.9 **1.9**	23.4 **22.7**	81.9 **82.3**
10. Do the activities staff treat the resident with respect?	80.0 **80.6**	12.7 **12.3**	0.6 **0.7**	0.2 **0.4**	6.4 **6.1**	94.3 **94.2**
Choice						83.4 **84.8**
11. Can the resident decide when to get out of bed in the morning?	44.0 **44.0**	24.1 **26.7**	6.6 **7.9**	9.7 **5.8**	15.6 **15.6**	73.6 **76.6**
12. Can the resident go to bed when he/she likes?	54.6 **57.2**	24.5 **23.9**	3.6 **3.5**	4.9 **3.2**	12.3 **12.2**	82.2 **84.4**
13. Can the resident decide what clothing to wear?	56.1 **56.1**	18.9 **19.4**	4.6 **4.9**	4.9 **4.4**	15.2 **15.3**	83.0 **83.2**
14. Can the resident fix his/her room with personal items so it looks like home?[1]	69.6 **71.1**	14.5 **13.8**	2.9 **2.8**	4.0 **3.6**	9.0 **8.6**	87.3 **88.4**
15. Does the staff leave the resident alone if he/she doesn't want to do anything?	64.0 **65.4**	24.8 **23.6**	1.1 **1.0**	0.8 **0.9**	9.3 **9.2**	88.8 **89.4**
16. Does the staff let the resident do the things he/she wants to do for himself/herself?	56.6 **58.6**	26.1 **25.4**	2.0 **1.9**	1.3 **1.0**	14.0 **13.2**	86.5 **87.6**

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[1] This question is not on the previous survey.

Table 10. Item Frequencies and Averages for Family Survey Items
for 2012 and 2014* Family Surveys

Domain (2014 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/	Mean 2012 Mean 2014
17. Is the resident encouraged to make decisions about his/her personal care?	46.4 **47.6**	25.3 **25.1**	5.3 **5.5**	3.2 **2.7**	19.8 **19.1**	80.8 **81.5**
Direct Care & Nursing						86.0 85.8
18. Does a staff person check on the resident to see if he/she is comfortable? (need a drink, a blanket, a change in position)	50.3 **50.8**	35.7 **35.1**	7.1 **7.4**	1.3 **1.2**	5.6 **5.4**	80.7 **80.7**
19. During the week days, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	69.5 **69.8**	24.7 **24.1**	2.2 **2.5**	0.3 **0.3**	3.3 **3.3**	89.3 **89.2**
20. At other times, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	62.7 **63.0**	29.8 **29.3**	3.4 **3.9**	0.4 **0.3**	3.7 **3.6**	86.6 **86.5**
21. Are the nurse aides gentle when they take care of the resident?	71.1 **70.9**	24.0 **24.0**	1.6 **1.7**	0.4 **0.4**	3.0 **3.0**	90.1 **89.8**
22. Do the nurse aides treat the resident with respect?	76.2 **75.6**	20.6 **21.0**	1.3 **1.4**	0.4 **0.4**	1.5 **1.6**	91.5 **91.3**
23. Do the nurse aides spend enough time with the resident?	44.9 **45.0**	38.1 **37.5**	9.7 **9.9**	1.7 **2.0**	5.7 **5.6**	77.5 **77.3**
Therapy						80.2 80.6

Table 10. Item Frequencies and Averages for Family Survey Items

Domain (2014 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/	Mean 2012 Mean 2014
24. Do the therapists spend enough time with the resident?*	33.2 **34.7**	16.0 **16.2**	3.9 **3.8**	1.4 **1.3**	45.4 **44.0**	82.0 **82.6**
25. Does the therapy help the resident?	33.6 **30.6**	14.9 **20.2**	4.7 **3.9**	2.0 **1.8**	44.8 **43.5**	79.4 **79.8**
Administration						90.2 **89.9**
26. Is the administration available to talk with you?	68.1 **67.8**	25.3 **25.2**	3.6 **3.8**	1.0 **1.1**	2.0 **2.1**	87.2 **86.9**
27. Does the administration treat you with respect?	83.7 **83.3**	11.8 **11.8**	1.5 **1.7**	0.7 **0.8**	2.3 **2.4**	93.8 **93.5**
Meals and Dining						78.1 **77.7**
28. Does the resident think that the food is tasty?	27.2 **27.7**	48.5 **47.7**	12.0 **12.6**	4.2 **4.5**	8.1 **7.4**	68.6 **68.3**
29. Are foods served at the right temperature (cold foods cold, hot foods hot)?	47.2 **46.4**	35.1 **36.2**	6.0 **6.6**	1.8 **2.1**	9.4 **8.8**	80.3 **79.2**
30. Can the resident get the foods he/she likes?	35.6 **36.6**	41.5 **41.8**	8.7 **8.7**	3.0 **2.9**	11.2 **9.9**	73.6 **74.0**
31. Does the resident get enough to eat?[2]	71.6 **70.8**	20.0 **21.2**	2.5 **2.5**	1.0 **1.2**	4.9 **4.3**	89.6 **88.8**
Laundry						84.2 **84.1**

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[2] This question was modified from the previous survey, which may have changed the meaning of the question. The comparison results should be interpreted with caution.

Table 10. Item Frequencies and Averages for Family Survey Items for 2012 and 2014* Family Surveys

Domain (2014 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/	Mean 2012 Mean 2014
32. Does the resident get their clothes back from the laundry?	44.7 **43.7**	30.0 **30.0**	2.9 **2.9**	0.7 **0.7**	21.8 **22.6**	83.0 **82.8**
33. Does the resident's clothing come back from the laundry in good condition?	50.8 **49.9**	24.3 **23.8**	2.6 **2.7**	0.7 **0.7**	21.9 **22.9**	85.6 **85.8**
Resident Environment						84.5 **84.9**
34. Can the resident get outside when he/she wants to, either with help or on their own?	42.3 **44.7**	28.2 **27.3**	9.8 **9.7**	4.9 **4.5**	14.8 **13.8**	74.6 **76.1**
35. Can you find places to talk with the resident in private?	73.8 **74.9**	19.1 **18.2**	3.0 **3.0**	1.1 **1.0**	3.0 **2.8**	89.7 **90.2**
36. Is the resident's room quiet enough?	65.8 **66.8**	28.5 **27.4**	3.6 **3.7**	1.0 **1.0**	1.0 **1.0**	86.7 **87.1**
37. Are you satisfied with the resident's room?	65.7 **65.9**	26.6 **26.0**	4.8 **4.8**	2.5 **2.8**	0.5 **0.5**	84.8 **84.9**
Facility Environment						83.8 **83.8**
38. Are the public areas (dining room, halls) quiet enough?	57.3 **58.1**	34.3 **33.6**	4.1 **4.1**	1.0 **1.1**	3.4 **3.2**	83.9 **84.0**
39. Does the facility seem homelike?	53.4 **53.5**	32.8 **32.6**	9.1 **9.0**	3.5 **3.6**	1.2 **1.3**	78.3 **78.3**
40. Is the facility clean enough?	68.9 **68.6**	26.7 **26.5**	2.8 **3.1**	1.3 **1.4**	0.3 **0.3**	87.0 **86.8**
41. Is the resident's personal property safe in the facility?	57.0 **58.0**	30.8 **29.6**	5.7 **5.7**	3.1 **3.1**	3.4 **3.5**	81.6 **81.9**

Table 10. Item Frequencies and Averages for Family Survey Items
for 2012 and 2014* Family Surveys

Domain (2014 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/	Mean 2012 Mean 2014
42. Are you satisfied with the safety and security of this facility?	72.7 **73.0**	22.5 **22.1**	2.5 **2.7**	1.5 **1.6**	0.8 **0.7**	88.5 **88.4**
General						86.9 84.5
43. Are your telephone calls handled in an efficient manner?	67.1 **66.0**	23.9 **24.0**	2.8 **3.4**	**0.8** **1.0**	5.3 **5.6**	89.3 **87.4**
44. Do residents look well-groomed and cared for?	60.6 **60.1**	34.7 **34.8**	3.6 **3.7**	0.7 **0.9**	0.5 **0.6**	84.8 **84.5**
45. Is the staff here friendly?	77.9 **77.4**	20.6 **20.9**	1.2 **1.3**	0.3 **0.3**	0.1 **0.1**	84.8 **91.5**
46. Do you get adequate information from the staff about the resident's medical condition and treatment?	80.2 **69.8**	23.6 **23.3**	4.6 **5.1**	1.2 **1.3**	0.6 **0.6**	83.4 **86.7**
47. Are you satisfied with the medical care in this facility?	66.1 **66.3**	27.7 **27.0**	4.0 **4.3**	1.7 **1.7**	0.6 **0.7**	85.8 **85.7**
48. Would you recommend this facility to a family member or friend?	69.9 **69.4**	19.8 **19.4**	4.2 **4.4**	4.7 **5.2**	1.4 **1.6**	84.3 **83.6**
49. Overall, do you like this facility?	70.6 **70.3**	23.2 **23.4**	3.2 **3.2**	2.5 **2.7**	0.4 **0.4**	86.6 **86.3**

Note: The items above are not presented in the order they appear on the questionnaire, but rather according to their domains. Frequencies are based on individual data statewide. N= 27,008 in 2012 and 23,693 in 2014. Means are based on the average of each facility's item average.

Domain scores were computed by averaging the scores on all the items in the domain. In order for a respondent to be included in the domain average, he/she had to answer at least all but two of the domain items. For example, where six items are in a domain, respondents had to answer at least four. While this criteria is important in keeping respondents who did not know about many

of the items from influencing the data, it did result in several cases where facilities did not have any respondents who answered enough domain items to compute a domain score.

Table 11 shows mean scores for each of the 2014 domains, along with standard deviations and a comparison with the domain means from the 2002, 2006, 2008, and 2010 family surveys. Comparisons across surveys are not identical - the deletion and addition of items on the family survey results in many domains have changed from 2002 to 2014. Overall, the family scores this year were very similar to 2012 on both domain means and the proportion of respondents answering "always".

Table 11. Statewide Average Domain Scores

Domain Name	Family Mean 2002	Family Mean 2006	Family Mean 2008	Family Mean 2010	Family Mean 2012	Family Mean 2014
Admissions	90.0 (17.7)	90.2 (17.6)	89.8 (18.2)	89.5 (18.6)	86.5 (21.8)	86.3 (22.3)
Social Services	93.7 (13.3)	92.0 (16.0)	92.1 (15.7)	91.7 (16.4)	90.6 (17.8)	89.4 (18.5)
Activities	84.9 (15.5)	84.3 (16.1)	84.9 (16.0)	84.8 (16.5)	82.5 (17.7)	82.5 (17.9)
Choice	90.1 (13.1)	89.8 (13.6)	90.6 (13.0)	90.8 (13.2)	83.9 (19.2)	85.0 (18.2)
Direct Care	89.0 (13.6)	88.1 (14.8)	88.4 (14.6)	88.7 (14.9)	86.4 (16.1)	86.3 (16.3)
Therapy	87.4 (24.2)	80.2 (26.7)	82.1 (25.3)	82.1 (25.7)	81.0 (23.5)	81.3 (23.4)
Administration	94.0 (13.0)	92.1 (15.5)	92.3 (15.2)	91.7 (16.1)	90.9 (17.0)	90.6 (17.4)
Meals & Dining	80.9 (17.8)	80.0 (18.9)	80.6 (19.0)	80.9 (19.2)	78.9 (19.6)	78.5 (20.1)
Laundry	55.9 (27.0)	56.3 (25.9)	85.1 (18.4)	84.8 (19.0)	85.1 (18.7)	84.9 (18.9)
Resident Environment	NA	85.3 (17.5)	86.5 (17.1)	86.6 (17.4)	85.0 (17.3)	85.3 (17.4)
Facility Environment	NA	85.3 (15.6)	86.5 (15.4)	86.5 (15.7)	84.6 (17.8)	84.6 (18.1)
General Satisfaction	83.1 (16.1)	89.8 (13.6)	90.1 (14.7)	89.8 (15.3)	87.7 (17.0)	87.3 (17.5)
	N=16,955	N=23,633	N=24,572	N=29,873	N=27,008	N=23,639

Note: Changes from the 2002 to 2014 in family survey items may explain a portion of the differences in domain scores across years. These averages derive from the individual data, not aggregated by facility. These differ slightly from results reported on facility reports which are the average of all facility domains.

FAMILY COMMENTS

This year, any comment that family members included on their surveys was documented, counted, and coded. Over 6000 comments were included on the surveys. These comments were entered into an Excel spreadsheet, assigned a code corresponding to the topic(s) addressed in their comment, and then categorized into larger constructs, using the same method as that for coding the toll-free hotline comments.

Scanned originals and the Excel files were forwarded to ODA weekly since some families specifically requested interventions and assistance. We agreed with ODA that by expressing specific concerns, families are expecting some assistance or intervention.

The State Ombudsman's office was responsible for determining what kind of assistance was needed and for providing it in a timely manner. They forwarded files of the family comments regarding specific issues in facilities to the appropriate ombudsman regional office, along with the identifying facility information. Respondent identification, if provided, was removed. Based on specific comments or complaints about a facility, the ombudsmen followed up with facilities and families as needed.

The total number of individual comments recorded was 6309. Some respondents commented on many different areas. Therefore, some comments received multiple codes because they addressed several topics. The distribution of comments across topic areas is shown in Table 12.

The results in Table 12 show that the most common type of comment provided was to explain why certain answers were chosen or to "tell their story" (64.1% of the comments). Respondents made comments such as, "my father has been a resident for 2 1/2 years," "she has dementia," and "she can't walk or lift herself. So the aides get her clothes out for her and get her out of and in bed. We take some things in for picture etc. to put in her part of the room."

There were occasions when respondents would raise some issues about the survey. These include survey items like: "This is not a very good survey. Some of the answers sound bad, as Alzheimer's patients do not fit in the survey," "Several answers needed another choice block. Something between yes, sometimes and no, hardly ever," "This survey is not fair at all. It would be better to be able to answer questions by writing my answers…Different situations require different answers," "Mom is so far along with dementia, none of these apply," "There is always more than one answer sometimes depending on the situation," and "There should be another 'box' between 'always' and 'sometimes.' Perhaps 'usually' and/or 'often.'" These comments suggest that respondents care about the significance/conclusions of the survey. These comments imply that respondents took the time to reflect on the survey itself and to offer suggestions to improve the survey in the future.

The results suggest that the family survey provides a "vent" for many families to express their concerns and opinions, with complaints being the second most prevalent type of comments made. Complaints about many different areas were coded including complaints about specific services (food, laundry, activities, grooming services, etc.), resident care, staffing, and the facility's environment. Complaints about specific services, such as food, laundry, activities, and

grooming services, were the most prevalent type of complaint (8.6%). By identifying these specific areas, it suggests that family members make sure that these areas are addressed accordingly.

Complaints about specific services such as food include: "the food has no taste," "many times cold eggs, lukewarm food," "portions could be larger," "food cold, drinks warm," and "food choices are not available." Complaints on laundry include: "Missing clothes--terrible laundry service," and "Shrunk in size or missing. Shoes placed in laundry and "cooked." Complaints about activities include: "There are very few activities I see on C Hall," and "need to have daily activities." Other complaints about specific services offered by the facility include: "never see Dr. in eight years at facility," "bed making is sloppy," "nurse practitioner could have been more communicative to our questions," and "therapy appears inadequate."

Complaints about staffing (6.5%) include: "they are overworked and too busy for a lot of extra things and in some cases care and attention," "not enough help to be able to spend enough time with residents," "the turnover rate of employees (nurses and nurse aides) at the [facility name] is terrible," "I feel they are short-handed," and "the staff needs training in Long-Term Care!!" The majority of the comments about staffing referred to the direct care staff.

Complaints about the respective facility's environment (5.8%) included comments about the physical structure of the building to the security of the resident's belongings. Comments about the facility's environment include: "Odor in halls is not pleasant," "The quiet halls are not quiet enough," and "tables not clean; rugs, filthy." Issues with the resident's room include: "The rooms are very small. My mother has very little space. We can barely get her wheelchair past the dresser and her bed," "needs more closet space," "resident bathroom sometimes in bad shape," and "there isn't enough room to make it look homey." Many families complained about residents' belongings being unsafe. These comments include: "personal items do disappear quite often re: clothing, eye glasses, hearing aid," "had two pairs of glasses taken," and "stolen property numerous times."

Table 12. Constructs Identified in Written Family Comments

Construct	Number of Comments	Percentage
Explaining why certain answers were chosen, providing background information	4042	64.1
Complaints/comments about specific services (food, laundry, activities, therapy, social workers, etc.)	547	8.6
Praise for Facility/Staff	421	6.6
Complaints/comments about staffing	411	6.5
Complaints/comments about physical structure of building and environment	369	5.8
Complaints/Comments about resident care (general care and specific care practices)	155	2.5
Offered suggestions	132	2.1
Complaint about this particular facility	86	1.4
Complaints/comments on communication issues (administration or resident care)	80	1.3
Complaints/comments about administration, facility costs, and nursing homes in general	85	1.3
Miscellaneous (can't be determined; filled out by the resident himself; correcting one's information; completed survey on multiple residents)	79	1.3
Complaints/comments about/problems with other residents	46	0.7
Issues/comments about survey	41	0.6

Comments on resident care (2.5%) include: "They neglected his toilet needs and left him in soiled clothing for over an hour," "Nurses do not always check records to determine what medication is to be administered. Several times meds were not provided for three days," "husband was left wet so long that he developed a very bad rash," "very rough treatment with daily care," and "on one to two occasions resident was left alone sitting on toilet longer than necessary."

Even though many family members were unsatisfied with the facility, staff, and services where their family members resided, others offered praise for them (6.6%). "We think this facility is caring, compassionate, and goes the 'extra mile' to keep us informed of our loved one's daily activities and health," "This is the best care I can imagine for my father!," "The staff took excellent care of her," "This is a superb facility," "The whole staff treated our mom wonderful and treated us the same as they would their own family," "My mom loves it there and considers it her home!," "Excellent friendly atmosphere more like a hotel experience (homey atmosphere) instead of a nursing home. Made you feel very well taken care of by people who really cared about you. Including the chefs providing excellent menus, plus making a smaller soup and sandwich if your appetite couldn't tolerate a bigger meal some days," "This is an "amazing" home. Residents are treated as their motto says, 'like Jesus.' There is love, kindness and concern for residents' social, psychological, medical, religious, nutritious needs. It is a blessing to have our family member here." These comments suggest that respondents were very pleased with the care and services their family members received from the respective nursing homes.

While many families would recommend their facilities to others, some expressed: "I do NOT recommend this facility to anybody! NO proper care was given to my mother at all!! Complaint was never been heard. Recurring issues never been resolved and patient/resident is suffering," and "for Medicare to rate as a 5 star, I can't imagine what a lesser star facility would be. Wouldn't recommend to worst enemy."

Often, family members offered complaint comments alongside praise for their facility. "Overall I like the facility, and staff, but there are a few residents that are bullies to other residents and to staff! These few residents seem to run the whole facility and I don't understand why the nursing home allows them to do so," and "Other than the fact that the dementia unit is too crowded and not enough help, I like the facility."

Some family members commented on the changes in the facility's administration. They express: "used to love it but has really gone down since administration changed," and "things have changed since the takeover." Family members also commented on the communication issues they had with resident care or administration. These comments include: "do not get answers to questions asked about care when ill," "not informed of one new medication being administered," and "a bit lacking in communicating to family."

Interestingly, despite having resident family members who were deceased, some of the respondents expressed their thoughts on the nursing home facilities where their family members had resided. Some offered praise for the nursing home facility while some strongly did not recommend future residents go to that nursing home facility. This suggests that respondents have a sense of social accountability for future families needing the services of nursing home facilities, despite knowing that any changes or improvements will not benefit their own family members.

Compared to 2012, our results from the family comments are quite similar. Similar comments and issues are continually raised by family members. Surprisingly, some of the family members identified these same things and pointed out that the survey didn't do much as things remain the same. Others expressed their thoughts that the survey didn't allow for examples on specific cases of the nature of their complaints. Often some respondents would say that the survey

touches on superficial things rather than on the "serious" issues needing to be investigated. Some respondents expressed their frustration on how the survey was constructed, "some of the questions require an explanation." One respondent expressed a desire for "frequently" as a response category, since "always" is a very high standard. This implies that respondents are not merely passive recipients of care and services but are indeed thinking about the kind of services that their family members in nursing facilities get.

In summary, the family comments provide a rich source of information about family member perceptions of nursing home life that complements the quantitative information provided to facilities. In some cases, these comments would make a valuable addition to the reports provided to facilities. However, it is also likely that if family members were informed that their comments would be provided to facilities they might be less likely to respond at all, given their already apparent concerns about anonymity.

However, the comments may provide an important venting mechanism. The value this has in increasing responses to the survey and in making family members feel involved in the process may outweigh any benefits derived from making a more dedicated effort to using the family comments in a formal way. They also provide valuable information to the Ombudsman's office about conditions and problems in Ohio's nursing homes.

SURVEY PSYCHOMETRICS

A few survey items changed between 2012 and 2014, making it important to continue to conduct psychometric work on the internal reliability of the instrument and its domain structures. Table 13 shows the domain coefficient alphas from 2006 to 2014 and the 2014 item-total correlations for each item. To control for within-facility correlations, aggregated data from each nursing home was used for these analyses. The results show continued high reliability of the domains and a great deal of stability in the instrument over time. In 2015, the instrument for both residents and families will be revisited to capture some new issues such as person-centered care and rehab issues for short-stay residents, no changes would be deemed necessary based on the current performance of the domain scales and the overall survey. None of the domain alphas would be improved by removing any of the items. In addition, the alpha for all of the items into one scale is .98. This very high internal reliability suggests good validity, as well as extreme confidence in our ability to report a single overall satisfaction score. In regards to construct validity, the highest correlations between individual items and the overall total scale were for whether a family member would recommend the facility (.80) and whether the family member overall liked the facility (.80). The use of these single measures on the website and in statewide reporting continues to be supported by their strong relationship to the total of all the items reported about a facility.

Table 13. Confirmatory Reliability Analyses of 2006 – 2014 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2014 Alpha	2014 Corrected item – Total Correlations
Admissions	.92	.93	.92	.91	.92	
1. Did the staff provide you with adequate information about the different services in the facility?						.79
2. Did the staff give you clear information about the daily rate? [cost of care]						.87
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?						.86
Social Services	.91	.91	.91	.87	.90	
4. Does the social worker follow-up and respond quickly to your concerns?						.85
5. Does the social worker treat you with respect?						.77
6. Does the resident get the social services he/she needs?*						.81
Activities	.88	.88	.90	.88	.87	
7. Does the resident have enough to do at the facility?						.81
8. Are the facility's activities things the resident likes to do?						.72

Table 13. Confirmatory Reliability Analyses of 2006 – 2014 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2014 Alpha	2014 Corrected item – Total Correlations
9. Is the resident satisfied with the spiritual activities in the facility?						.70
10. Do the activities staff treat the resident with respect?						.68
Choice	.79	.81	.83	.89	.89	
11. Can the resident decide when to get out of bed in the morning?*						.71
12. Can the resident go to bed when he/she likes?						.75
13. Can the resident decide what clothing to wear?*						.76
14. Can the resident fix up his/her room with personal items so it looks like home?						.61
15. Does the staff leave the resident alone if he/she doesn't want to do anything?						.47
16. Does the staff let the resident do the things he/she wants to do for himself/herself?						.73
17. Is the resident encouraged to make decisions about his/her personal routine?						.75
Direct Care/Nurse Aides	.96	.96	.96	.95	.95	
18. Does the staff person check on the resident to see if he/she is comfortable?						.86

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2014 Alpha	2014 Corrected item – Total Correlations
(need a drink, a blanket, a change in position)						
19. During the week days, is a staff person available to help with the resident if he/she needs it (help getting dressed, help getting things?						.85
20. At other times, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?						.85
21. Are the nurse aides gentle when then take care of the resident?						.82
22. Do the nurse aides treat the resident with respect?						.81
23. Do the nurse aides spend enough time taking care of the resident?						.87
Therapy	.96	.96	.95	.86	.85	
24. Do the therapists spend enough time with the resident?						.74
25. Does the therapy help the resident?						.74
Administration	.96	.95	.92	.86	.86	
26. Is the administration available to talk with you?						.76
27. Does the administration treat you with respect?						.76

Table 13. Confirmatory Reliability Analyses of 2006 – 2014 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2014 Alpha	2014 Corrected item – Total Correlations
Meals and Dining	.93	.93	.95	.92	.91	
28. Does the resident think that the food is tasty?						.81
29. Are foods served at the right temperature (cold foods cold, hot foods hot)?						.79
30. Can the resident get the foods he/she likes?						.80
31. Does the resident get enough to eat?						.79
Laundry	.89	.90	.90	.90	.84	
32. Does the resident get their clothes back from the laundry?						.76
33. Does the resident's clothing come back from the laundry in good condition?						.76
Resident Environment	.79	.81	.85	.83	.84	
34. Can the resident get outdoors when he/she wants to, either with help or on their own?						.51
35. Can you find places to talk to the resident in private?						.71
36. Is the resident's room quiet enough?						.67
37. Are you satisfied with the resident's room?						.73
Facility Environment	.87	.90	.90	.93	.93	

Table 13. Confirmatory Reliability Analyses of 2006 – 2014 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2014 Alpha	2014 Corrected item – Total Correlations
38. Are the public areas (dining room, halls) quiet enough?						.72
39. Does the facility seem homelike?						.84
40. Is the facility clean enough?						.83
41. Is the resident's property safe in the facility?						.81
42. Are you satisfied with the safety and security of this facility?						.85
General	.95	.94	.95	.96	.96	
43. Are your telephone calls handled in an efficient manner?						.77
44. Do the residents look well-groomed and cared for?						.82
45. Is the staff here friendly?						.83
46. Do you get adequate information from the staff about the resident's medical condition and treatment?						.81
47. Are you satisfied with the medical care in this facility?						.89
48. Would you recommend this facility to a family member or friend?						.91
49. Overall, do you like this facility?						.92

*New item or new question wording in 2014.

STATEWIDE COMPARISONS: 2006 THROUGH 2014

One of the reasons for providing consumers with information about nursing homes is to provide an impetus for facilities to improve quality. Consumer satisfaction information, particularly when it is objective and specific as most of the items in the Ohio Nursing Home Family Satisfaction Survey are, also tells facilities where to target their quality improvement efforts.

After the first year of the family survey, a number of facilities requested information from Scripps, MBRI and ODA regarding how their consumer satisfaction information could be used. ODA and Scripps developed a brief document of FAQs for facilities interested in learning more about the survey. Along with describing how the scores are compiled and reported, a section is included on how facilities may improve their scores with suggestions on joining the Advancing Excellence in America's Nursing Homes campaign, the Ohio Person-Centered Care Coalition, and seeking input from families, ombudsmen, the Ohio Dept. of Health Technical Assistance Program, Ohio KePro and other stakeholders. Table 14 provides a comparison among the lowest scoring items for 2006, 2008, 2010, 2012, and 2014. Arbitrary cut-off scores were used to denote areas of concern as being those domains and items that had a score of 75 and under.

Table 14. Facility Areas of Concern (State Average 75 and Below)

Domains	Areas of Concern	2006	2008	2010	2012	2014
Activities	Are the facility activities things that the resident likes to do?	73	75	75	72	72
Choices	Can the resident get out of bed in the morning when he/she likes?				74	77
Meals and Dining	Does the resident think that the food is tasty?	70	71	72	69	68
	Can the resident get the food he/she likes?	74	75	77	74	74
Environment	Can the resident get outdoors when he/she wants to, either with help or on their own?	75	79[b]	79[b]	75	76
Totals		4 areas of interest	3 areas of interest	2 areas of interest	5 areas of interest	3 areas of interest*

*Items with scores above 75 are included for comparison with previous years.

As shown in the table above, statewide, nursing homes had been reducing the number of "areas of concern" with six areas of concern in 2006 (laundry items were problematic in 2006) to three in 2008, and two in 2010. Five areas of concern were shown in 2012, reduced to three areas in 2014. Getting out of bed when one chooses and getting out of doors show slight improvements, however it appears that some of the problem areas may be intractable for facilities to address. Cooking in quantity and producing a variety of tasty foods for people on special diets is notoriously difficult. However, when facilities undertake the culture change process the dining experience is one of the first modifications made. We might hope that as more facilities offer a range of menu choices, more residents can find a meal option that is something they like and that they find tasty.

Table 15 includes items of "excellence" — those with statewide averages of 90 or above. Scores in 2014 were almost identical to those in 2012 with the addition of a new item on staff friendliness. Another item on whether the resident gets enough to eat fell below 90 with a score of 89.

Table 15. Facility Areas of Excellence (State Average 90 and Above)

Domain	Area of Excellence	State Average 2006	State Average 2008	State Average 2010	State Average 2012	State Average 2014
Social Services	Does the social worker treat you with respect?	96	95	95	94	94
Activities	Does the activities staff treat the resident with respect?	95	95	95	94	94
Direct Care and Nursing Staff	Are the nurse aides gentle when they take care of the resident?	90	91	91	92	90
	Do the nurse aides treat the resident with respect?	92	93	93	92	91
Administration	Does the administration treat the family with respect?	95	95	95	94	94
Facility Environment	Can you find places to talk with the resident in private?	NA	91	90	90	90
General	Is the staff here friendly?					92
TOTALS		13 Areas of Excellence	19 Areas of Excellence	19 Areas of Excellence	7 Areas of Excellence	7 Areas of Excellence

*NA- Statewide mean below 90

In summary, our 2014 results are quite similar to those of 2012, despite having a much smaller response rate this year. However, changes in domain means and statewide satisfaction scores over time suggest a continued lack of satisfaction in several areas, while not showing clear increases in others. What we may be seeing are increasingly savvy consumers, with heightened

expectations. Our family comments suggest consumers who often have experience with numerous facilities. The Ohio Ombudsman office has suggested that increased consumer education is paying off in terms of knowledge about what nursing facilities can and should be. Another possibility is that declines in Medicaid and Medicare reimbursement have impacted facilities in noticeable ways. Evidence in this regard is the large decline in the proportion of families who reported "always" to the item regarding whether aides spent enough time with residents.

Whatever the cause for overall statewide declines, the Ohio Nursing Home Family Satisfaction Survey continues to provide valid and reliable information to assist consumers in making nursing home choices, and to help facilities target areas for improving services.

RECOMMENDATIONS FOR 2016

The nursing home consumer guide is a "work in progress" by mandate; aside from work to develop newly revised tools for 2016, the practices and procedures used this year resulted in a smooth survey process. The lower number of facilities meeting the margin of error and overall statewide response rate reductions cause some concern and suggest some additional ideas for improvements.

1. Continue to use mailings from ODA to prepare facilities for survey participation in advance of survey implementation dates. Include promotional materials such as high-quality posters, pre-printed bill stuffers, news releases or other materials to encourage family participation. Consider a statewide ad campaign or public service announcements directly to families to encourage them to participate.
2. Continue to use advance notices from ODA regarding preparation for family list compilation and list uploads.
3. Work with trade associations to place reminders in their regular newsletters and e-newsletters. Facilities that have not received a request for family list submission should be alerted to timing for survey participation.
4. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home will ever see individual results.
5. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
6. Interview administrators from facilities with high response rates and create a list of *Best Practices to Encourage Family Participation*.
7. Continue the use of the Family Survey web page for facilities and families on the ODA web site. This would increase the transparency of the process and encourage facilities and families who have questions about the process to participate.

CONCLUSIONS

This report on the seventh family survey implementation provides guidance for further refinements to the family satisfaction survey process in future years. Ohio leads the nation in providing the most comprehensive consumer satisfaction information about nursing homes. Work conducted with Ohio's data in relationship to Nursing Home Compare has illustrated the importance of family and resident information as a distinct aspect of overall facility quality (Williams, 2012). We continue to implement a rigorous survey process that results in robust survey data for important consumer decision-making.

REFERENCES

Ejaz, F. K., Straker, J. K., Fox, K., & Swami, S. (2003). Developing a satisfaction survey for families of Ohio's nursing home residents. *The Gerontologist, 43(4)*, 447-458.

Noble, R., Bailer, A. John, Kunkel, S. R., & Straker, J. K. (2006). Sample size requirements for studying small populations in gerontology research. *Health Services and Outcomes Research Methodology*, *6*:59-67.

Straker, J. K., Ejaz, F. K., McCarthy, C., & Jones, J. (2007). Developing and testing a satisfaction survey for nursing home residents: The Ohio experience. *Journal of Aging and Social Policy*, *19(2)*, 83-105.

Williams, A. R. (2012) *The Nursing Home Five-Star Rating: How Does it Compare to Resident and Family Views of Care*? Master's thesis, Miami University, Oxford OH. Available from http://rave.ohiolink.edu/etdc/view?acc_num=miami1348673081

APPENDIX A

FACILITY INFORMATION AND INSTRUCTIONS

APPENDIX B

SURVEY MATERIALS