

Scripps Gerontology Center

Scripps Gerontology Center Publications

Miami University

Year 2003

Implementation of the 2002 Ohio nursing
home family satisfaction survey : final
report

Jane Straker*

Lisa Ehrichs†

Farida K. Ejaz‡

Kathleen Fox**

*Miami University, commons@lib.muohio.edu

†

‡

**

This paper is posted at Scholarly Commons at Miami University.

http://sc.lib.muohio.edu/scripps_reports/60



**Implementation of the 2002
Ohio Nursing Home Family
Satisfaction Survey**

Final Report

Submitted to
The Ohio Department of Aging
February 28, 2003

Jane K. Straker, M.G.S., Ph.D.¹
Lisa Ehrichs, M.B.A.¹
Farida K. Ejaz, Ph.D., L.I.S.W.²
Kathleen Fox, M.Ed.²

¹Scripps Gerontology Center

²Margaret Blenkner Research Institute of Benjamin Rose

Prepared under contract to the Ohio Department of Aging by the Scripps Gerontology Center, Miami University, Oxford, OH and the Margaret Blenkner Research Institute of Benjamin Rose, Cleveland OH.

Acknowledgments

A number of people assisted us in the implementation of the 2nd Ohio Nursing Home Family Satisfaction Survey. JoEllen Walley, project manager at ODA provided advice and problem-solving assistance. A great deal of thanks goes to Scripps staff Jerrolyn Butterfield and Betty Williamson and our Miami University student employees who spent hours opening, correcting, and sorting returned surveys. Miami University's mailroom staff carted thousands of surveys to our door, and MCIS provided us with extra support to ensure timely scanning of our returned surveys. Our graduate assistant, Pat Faust, read and coded all of the comments from families with assistance from graduate assistant Leanne Clark. Teresa Moen stepped in at NCS Pearson to admirably fill in for Monica Levy who developed and planned for the NCS Pearson sub-contract. Without their help and others (whom we may not have mentioned), this project would not have been successfully completed.

The Margaret Blenkner Research Institute of Benjamin Rose, would like to thank Branka Primetica for retrieving and returning weekend and evening calls, and Patricia Walters for facilitating the toll-free phone number installation.

Table of Contents

	Page Number
Background and Instrument Refinement	3
Survey Process and Refinement	16
Data Analyses and Findings	25
Survey Psychometrics	49
Recommendations for 2003	55
Conclusions	57
References	58
Appendix A: Surveys Per Facility	69
Appendix B: Survey Materials for 2002	70
• Letter to Family Member	
• ODA Family Survey Instrument	
• Letter to Administrator	
• Survey Instructions	
• Reminder Postcard	
Appendix C: Step-by- Step Instructions for Creating a Facility Improvement Priority Index	89
Appendix D: Comparisons of Four Facilities on Family Satisfaction Scores	90

List of Tables	Page Number
Table 1: Reliability Analyses for Question Revisions for Ohio Nursing Home Resident and Family Satisfaction Surveys	4
Table 2: Factors from the 2001 Satisfaction Survey	10-11
Table 3: 2002 Refinements to 2001 Family Survey	14-15
Table 4: 2002 Family Survey Changes	16
Table 5: Facility Call Issues	22
Table 6: Family Calls By Construct	23
Table 7: Facility Participation Rates: 2001 and 2002	26
Table 8: Facility Reasons for Non-Participation	27
Table 9: Participating Facility Responses to Telephone Interviews	28
Table 10: Item Frequencies and Averages for Family Survey Item for 2001 & 2002 Family Surveys	34
Table 11: Statewide Average Domain Scores	41
Table 12: Demographic Characteristics of 2002 Respondents and their Residents	43
Table 13: Family/Friend Activities in the Nursing Home 2002	44
Table 14: Residents in Nursing Homes	45
Table 15: Constructs Identified in Written Family Comments	46
Table 16: Confirmatory Reliability Analysis of 2001 and 2002 Survey Domains	49

Background and Instrument Refinement

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). The OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes. This report presents information about the 2nd annual implementation of the Ohio Nursing Home Family Satisfaction Survey. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Ohio with sub-contracts to the Margaret Blenkner Research Institute (MBRI) at Benjamin Rose and NCS Pearson.

The process of implementing the mailed survey to family members of nursing home residents throughout Ohio began on October 1, 2002. Vital Research, LLC, the contractor for the resident satisfaction survey provided resident data for analysis to determine where questionnaire refinements should be made. We examined resident data, their interviewer debriefing comments, and the recommendations of the Vital Research (VR) team regarding questionnaire changes.

Areas of concern included negatively worded items, the length and complexity of several items, and the comments of residents indicating little differentiation between the questions about whether different categories of staff cared about the resident as a person and treated a resident with respect.

Confirmatory reliability analyses examined the effects of deleting items from each domain, as well as the variance explained by all the items and the items with some deleted, when regressed on the dependent variables, "would you recommend this facility to a family or friend" and "overall satisfaction with quality of care in the facility". Because of within-facility fixed effects, facility mean scores on each item were used in these analyses rather than individual resident-level data. The results of the confirmatory reliability analyses are shown in Table 1.

Table 1: Reliability Analyses for Question Revisions for Ohio Nursing Home Resident and Family Satisfaction Surveys

Resident Survey Only: 45 items for long-term and 48 for short-term.	Common Items	Family Survey Only: Total 62 items
		Admissions. 5 Items. Alpha: .93
		Did the staff provide you with <u>adequate</u> information about the different services in the facility?
		Did the staff give you <u>clear</u> information about the daily rate?
		Did the staff provide you with <u>adequate</u> information about any additional charges?
		Did the staff <u>adequately</u> address your questions about how to pay for care (private pay, Medicare, Medicaid)?
		Overall, were you satisfied with the <u>admission process</u> ?
3 items ST only. Alpha: .77	Social Services	4 Items. Alpha: .92
	Does the social worker follow up and respond quickly to your concerns?	
<i>Alpha reduced to .69 with this item omitted</i>	Does the social worker treat you with respect?	<i>Alpha reduced to .89 with this item omitted.</i>
		Does the social worker treat the resident with respect? <i>Alpha reduced to .91 with this item omitted.</i>
	Overall, are you satisfied with the quality of the social workers in the facility?	
6 Items. Alpha: .83	Activities	6 Items. Alpha: .94
	Do you (Does the resident) have enough to do here (in the facility)?	
	Are the activities here (facility's activities) things <i>that</i> you like (the resident likes) to do? IF RESIDENT DOESN'T KNOW OR DOESN'T PARTICIPATE, SKIP TO NEXT SECTION	
<i>Alpha reduced to .81 with this item omitted.</i>	Does (Do) the activities staff treat you (the resident) with respect?	<i>Alpha stays at .94 with this item omitted.</i>
<i>Alpha reduced to .82 with this item omitted.</i>	Does (Do) the activities staff care about you (the resident) as a person?	<i>Alpha reduced to .93 with this item omitted.</i>

Resident Survey Only: 45 items for long-term and 48 for short-term.	Common Items	Family Survey Only: Total 62 items
6 Items. Alpha: .83	Activities	6 Items. Alpha: .94
	Are you (Is the resident) satisfied with the spiritual activities (in the facility) they offer here?	
	Overall, are you (is the resident) satisfied with the activities (in the facility) they offer here?	
6 Items. Alpha: .68	Choice	5 Items. Alpha: .91
	Can you (the resident) go to bed when you (he/she) like (s)?	
Does the staff decide when you have to get up in the morning? <i>Alpha increased to .71 with this item omitted.</i>		
	Can you (the resident) choose the clothes that you (he/she) wear(s)?	
	Can you (the resident) bring in belongings that make your (his/her) room feel homelike?	
Does the staff tell you when to keep your door open or closed? <i>Alpha reduced to .63 with this item omitted.</i>		
	Does (Do) the staff leave you (the resident) alone if you (he/she) don't (doesn't) want to do anything?	
		Does the resident have the opportunity to do as much as he/she would like to do for himself/herself?
<i>Alpha for choice domain increased to .79 if both negatively worded items omitted and "can you do as much as you want for yourself" moved here from Direct Care.</i>		
4 Items. Alpha: .87	Administration	5 Items. Alpha: .97
<i>Alpha increased to .89 without this item</i>	Is the administration available to talk with you?	
		Does the administration treat you with respect?
<i>Alpha reduced to .85 with this item omitted.</i>	Does the administration treat you (the resident) with respect?	<i>Alpha stays at .97 with this item omitted.</i>

Resident Survey Only: 45 items for long-term and 48 for short-term.	Common Items	Family Survey Only: Total 62 items
4 Items. Alpha: .87	Administration	5 Items. Alpha: .97
<i>Alpha reduced to .82 with this item omitted.</i>	Does the administrator care about you (the resident) as a person?	<i>Alpha reduced to .93 with this item omitted.</i>
	Overall, are you satisfied with the administration here?	
10 Items Alpha: .88	Direct Care (and Nurse Assistants)	9 Items Alpha: .98
Do you feel that you have to wait too long for your medications? <i>Alpha stays .88 with this item omitted.</i>		
	Does a staff person check with you to see if you are comfortable? (need a drink, a blanket, a change in position)	
	During the week, is a staff person available to help you (the resident) if you (he/she) need(s)it (help getting dressed, help getting things)?	
	During the weekends, is a staff person available to help you (the resident) if you (he/she) need(s)it (help getting dressed, help getting things)?	
	During the evening and night, is a staff person available to help you (the resident) if you (he/she) need(s) it (get a blanket, get a drink, needs a change in position)?	
		Does the resident look well-groomed and cared for?
	Are the nurse aides gentle when they take care of you (the resident)?	
<i>Alpha reduced to .87 with this item omitted.</i>	Do the nurse aides treat you (the resident) with respect?	<i>Alpha reduced to .97 with this item omitted.</i>
<i>Alpha reduced to .86 with this item omitted.</i>	Do the nurse aides care about you (the resident) as a person?	<i>Alpha stays at .98 with this item omitted.</i>
Do you have the opportunity to do as much as you would like to do for yourself?		
	Overall, are you satisfied with the nurse aides who care for you (the resident)?	

Resident Survey Only: 45 items for long-term and 48 for short-term.	Common Items	Family Survey Only: Total 62 items
6 Items. Alpha: .80	Environment	7 Items. Alpha: .90
Is your room a comfortable temperature?		
		Does the facility seem homelike?
		Are there enough comfortable places for residents to sit outdoors?
	Can you find places to talk with your visitors (the resident) in private?	
	Are you satisfied with your (the resident's) room?	
<i>Alpha reduced to .78 if this item omitted.</i>	Do you think the facility should be cleaner?	<i>Alpha reduced to .89 if this item omitted.</i>
	Are your (the resident's) belongings safe here (no 'here' in the family survey)?	
	Are you satisfied with the safety and security of this facility?	
		Noise 2 Items. Alpha: .80
		Does the noise in the resident's room bother you?
		Does the noise in the public areas bother you?
2 Items. Alpha: .70	Laundry	2 Items. Alpha: .90
	Do your (the resident's) clothes get lost in the laundry?	
	Do your (the resident's) clothes get damaged in the laundry?	
5 Items. Alpha: .84	Meals and Dining	5 Items. Alpha: .91
	Is the food here (does the resident think that the food is) tasty?	
	Are foods served at the right temperature (cold foods cold, hot foods hot)?	
	Can you (the resident) get foods you (he/she) like(s)?	
<i>Alpha increased to .89 if this item omitted.</i>	Are there times when you (the resident) don't (doesn't) get enough to eat?	<i>Alpha increased to .92 if this item omitted.</i>
	Overall, are you satisfied with the food here (in the facility)?	

Resident Survey Only: 45 items for long-term and 48 for short-term.	Common Items	Family Survey Only: Total 62 items
5 Items. Alpha: .81	General Satisfaction	5 Items. Alpha: .90
<i>Alpha reduced to .80 if this item omitted.</i>	Are there times when the staff get you upset?	<i>Alpha decreased to .88 if this item omitted.</i>
		Are there times when other residents get you upset? <i>Alpha increased to .94 if this item omitted.</i>
Overall, do the staff and residents help each other and get along?		
Overall, are you satisfied with the friendliness of the staff?		
		Are you satisfied with the medical care in the facility? <i>Alpha reduced to .85 with this item deleted. If item on adequate medical care below is included in this domain, domain alpha is .90;Alpha reduced to.88 if this item omitted.</i>
	Would you recommend this facility to a family member or friend?	
	Overall, are you satisfied with the quality of care you (the resident) get(s) here (in the facility)?	
		Receptionist/Phone. 2 Items. Alpha = .74**
		Are the telephone calls processed in an efficient manner?
		Is the receptionist helpful and polite?
		Therapy 2 Items. Alpha =.93
		Does the physical and/or occupational therapist spend enough time with the resident?
		Overall, are you satisfied with the care provided by the therapists in the facility?
	Miscellaneous	
	Do you get <u>adequate</u> information from the staff about your (the resident's) medical condition and treatment?	

Resident Survey Only: 45 items for long-term and 48 for short-term.	Common Items	Family Survey Only: Total 62 items
		Professional Nurses (RNs and LPNs) 2 Items. Alpha: =.87
		Do the Registered Nurses and Licensed Practical Nurses (RNs and LPNs) follow up and respond quickly to your concerns?
		Overall, are you satisfied with the quality of the RNs and LPNs in the facility?

Factor Analysis

An exploratory factor analysis using the resident data was also done, with unadjusted resident-level data, as well as resident-level data converted to z-scores based on facility-by-facility means. The results of the factor analysis are shown in table 2.

Table 2: Factors from 2001 Resident Satisfaction Survey

Resident Satisfaction Data Aggregated to the Facility Level		
	Factor Loadings	
Factor 1—Social Work	Unadjusted	Adjusted
o Social worker responds quickly	.778	.819
o SW treats you with respect	.820	.829
o Overall satisfied with SW	.838	.853
Factor 2—Activities program		
o Have enough to do here	.732	.746
o Things you like to do	.776	.758
o Satisfied with spiritual activities	.528	.518
o Overall satisfied with activities	.656	.619
Factor 3—Activities staff		
o Activities staff treat with respect	.690	.800
o Activities staff care about you as person	.659	.765
Factor 4—Choice		
o Go to bed when you like	.596	.583
o Staff decide when you have to get up	.493	.443
o Choose the clothes that you wear	.631	.638
o Bring in belongings to make homelike	.484	.513
o Staff leave you alone	.398	.420
o Do as much as you want for yourself	.579	.459
Factor 5—Staffing patterns		
o Staff see if you are comfortable	.551	.534
o Staff help during the week	.830	.820
o Staff help during the weekend	.821	.820
o Staff help evening and night	.807	.790
Factor 6—Direct care staff		
o Nurse aides gentle	.679	.679
o NA s treat you with respect	.762	.772
o NA s care about you as a person	.711	.738
o Overall satisfied with NA	.702	.717
Factor 7—Administration		
o Administration available to talk	.653	.651
o Administration treat you with respect	.816	.807
o Administration care about you as person	.801	.796
o Overall satisfied with administration	.727	.726
Factor 8—Meals and Dining		
o Food here tasty	.821	.807
o Foods at right temperature	.672	.652
o Can get foods you like	.700	.693
o Overall satisfied with food here	.819	.805

Resident Satisfaction Data Aggregated to the Facility Level		
Factor 9—Laundry		
o Clothes lost in laundry	.801	.792
o Clothes damaged in laundry	.750	.745
Factor 10-Physical and Social Environment		
o Room a comfortable temperature	.356	.341
o Find places to talk with visitors privately	.378	.335
o Satisfied with your room	.511	.498
o Are belongings safe here	.486	.497
o Satisfied with safety and security	.557	.592
o Staff and residents get along	.371	.372
o Satisfied with staff friendliness	.405	.432
o Adequate medical info from staff	.353	.335
o Recommend facility to family/friend	.518	.506
o Overall satisfied with quality of care	.525	.531
Factor 11—Negatively worded items		
o Staff tell you when to keep door open	.599	.617
o Wait too long for your medications	.579	.483
o Times when you don't get enough to eat	.489	.462
o Facility should be cleaner	.497	.472
o Staff gets you upset	.407	.396

Adjusted factor loadings based on factor analysis of facility-adjusted z-scores for each item.

As shown above, “Does the staff decide when you have to get up in the morning?” is the only negatively worded item that loaded on a factor that also had positive items. Negatively worded laundry items factor together.

Multiple responses and “don’t knows” on the family surveys were also examined. Multiple responses were often used with a note from families that they wanted a response “in between”. However, the highest multiple response was 12% (this is addressed below). Combining multiple response and don’t knows resulted in no item having more than 15% missing data. The highest numbers of “don’t knows” occurred on items where we know from family comments that “questions about foods don’t apply because the resident is tube fed”, or the resident is unable to participate in activities because of severe physical or mental impairments, etc.

The recommendations from last year’s family survey implementation were also reviewed. These recommendations included a number of modifications to clarify instructions, alter response categories, and modify some of the demographic questions.

After these analyses, recommended changes were submitted to ODA, Vital Research, and MBRI. These changes, along with concurrent changes to the resident survey, did not significantly affect domain reliabilities on either the family or resident instrument. In all cases the domain reliabilities on the family survey do not change more than .05 if questionable items are dropped or changed. All reliabilities are still above .80; well above the standard expected in scale construction. The scale reliabilities shown here differ slightly from those reported in the 2001 implementation report (Straker, Ehrichs, Ejaz, & Fox 2001); approximately two hundred additional family surveys were scanned and entered after the final report was due, so that even using the same data analysis strategies resulted in slightly changed numbers.

After discussions with ODA, MBRI, and VR the following decisions were made.

1. Drop the three items using “care about the resident as a person”. This was largely driven by the comments from the resident survey, but did not affect any of the family domains by more than .01. In addition, over 12% of family members provided multiple responses to this question about nurse aides reflecting confusion regarding rating the item. Given that we used a criteria of recording the most positive response when two were given, this may have resulted in a more positive bias toward nurse aides.
2. Drop “Do other residents get you upset?” The pretest results indicated that many people interpreted being “upset” differently. Seeing other residents who were severely ill or impaired was upsetting to many; we dropped this from the resident survey. The alpha for the overall satisfaction domain on the family survey increases from .90 to .94 with this item deleted so there is likely to be some “noise” here.

3. Reword the following negatively worded family survey items:
 - Are there times when the resident doesn't get enough to eat?
 - Does the noise in the resident's room bother you?
 - Does the noise in the public areas bother you?
 - Do you think the facility should be cleaner?
 - Does the resident have the opportunity to do as much as he/she would like to do for himself/herself?
 - Are there times when the resident doesn't get enough to eat?
 - Are there times when the staff gets you upset?
4. In order to maintain comparability between family and resident surveys, reword the following resident survey items:
 - Does the staff decide when you have to get up in the morning?
 - Does the staff tell you when to keep your door open or closed?
 - Do you have to wait too long for your medications?
 - Do you have the opportunity to do as much as you would like to do for yourself?
 - Are there times when you don't get enough to eat?
 - Do you think the facility should be cleaner?
 - Are there times when the staff get you upset?
5. Change final response category to "Don't know/Doesn't apply to resident"
6. Move "adequate medical information" from 'Miscellaneous' domain to 'General Satisfaction' on family survey.

Table 3: 2002 Refinements to 2001 Family Survey

2001 Survey	2002 Survey
Response Categories	
o Always	Yes, Always
o Sometimes	Yes, Sometimes
o Hardly Ever	No, Hardly Ever
o Never	No, Never
o Don't Know/Not Familiar with Service	Doesn't Apply to Resident
Demographics	
o What is your relationship to the resident? Sibling	Brother/Sister Parent Guardian Son/Daughter-in-law
Survey Instructions	
o Please Review the Instruction Sheet Before Beginning!	<i>Deleted</i>
o Use the enclosed No. 2 pencil only	Use a <u>No. 2 pencil</u> only
o Do not use ink, ballpoint or felt tip pens	<u>Do not</u> use ink, ballpoint or felt tip pens
o Make solid marks that fill the circle completely.	<u>Make solid marks</u> that fill the circle completely
o Correct ● Incorrect: ⊗ √ ○	<i>Deleted</i>
o Make no stray marks on this form	Note: Any marks outside the circles make your form unusable.
	Mark Only One Answer
o Next Page →	Page 1
o Please place your survey in the business reply envelope and drop into the mail.	Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-59. Place your completed survey in the business reply envelope and drop into the mail.

Table 3: 2002 Refinements to 2001 Family Survey Continued

2001 Survey	2002 Survey
Satisfaction Questions	
Q14. Do the activities staff care about the resident as a person?	<i>Deleted</i>
Q20. Does the resident have the opportunity to do as much as he/she would like to do for himself/herself?	Q19. Does the staff let the resident do the things he/she wants to do for himself/herself?
Q30. Do the nurse aides care about the resident as a person?	<i>Deleted</i>
Q39. Does the administration care about the resident as a person?	<i>Deleted</i>
Q44. Are there times when the resident doesn't get enough to eat?	Q41. Does the resident get enough to eat?
Q50. Does the noise in the resident's room bother you?	Q47. Is the resident's room quiet enough?
Q51. Does the noise in the public areas bother you?	Q48. Are the public areas (dining room, halls) quiet enough?
Q54. Do <u>you</u> think the facility should be cleaner?	Q51. Is the facility clean enough?
Q57. Are there times when the staff get <u>you</u> upset?	Q54. Are there times when <u>you</u> are upset by the staff?
Q58. Are there times when other residents get you upset?	Q55. Does the staff know the resident's likes and dislikes? *
Background Information	
Q7. What is today's date?	<i>Deleted. (This was used the 1st year to determine if reminder postcards increased response rates).</i>
Q12. Does the resident receive payment from any of the following? (mark all that apply)	Q11. How is the resident's nursing home care paid for? (mark all that apply)
Q17. Does the resident need help with any of the activities listed in the following table? Please complete the activities of daily living chart below. (mark all that apply)	Q16. How much help does the resident need with the activities in the table below?

**This is considered a test question to replace the 3 "care about you as a person" items that were deleted.*

Survey Process and Refinement

A number of modifications were made to the survey instruction packet, the letters to administrators and families from Director Lawrence, and the reminder postcard. (Copies of all survey materials are included in the Appendix).

Facility instructions for sampling residents and mailing surveys to families were essentially the same as reported last year (Straker, Ehrichs, Ejaz, & Fox, 2001) with the exceptions outlined in Table 4. The revised instruction packets and letters are included in Appendix A.

Table 4: 2002 Family Survey Changes

Change in Process/Instructions 2002	Justification for Change
Administrator letter changed	Updated information about the website.
FAQs in instruction packet updated	Additional information about the website.
Asked facilities to put resident's name on envelope and use facility return address	Clarity regarding which resident the survey was for and the facility it came from.
Change wording in reminder postcard to discard notice if they had mailed survey.	Reduce calls from families wanting to know if we had received their surveys.
Affixed labels with LTCCG logo to packages	Assist facilities in identifying the survey kits.
Family letter changes	Additional language about privacy, updated information about the website, and suggested adding comments on back of introduction letter and returning with survey instrument.
Reminder postcards sent to facilities to return audit forms	Increase audit form return rate for more accurate margin-of-error reporting.
No. 2 pencils not included in survey packet	Reduce cost.
Instructions on survey modified, separate instruction sheet omitted	Reduce cost and increase visibility of instructions on instrument itself.

The number of survey packets to be distributed to each facility was based on the following assumptions: 1) 44% of families will respond (based on last year's response), and 2) Occupancy had increased no more than 5% since last year's resident survey or family survey. Because of the wide variation in audit reports regarding the proportion of

residents with involved family and friends in the 2001 survey (which led us to question their accuracy) and because we had much better facility census estimates than last year, we ensured that enough surveys were provided by assuming that 100% of residents had involved family or friends. Census numbers from the resident survey were used as the largest source for the number of residents in a facility. When census data were not available from the resident survey, occupancy data from last year's family survey audit forms were used. If no census data were available, the number of beds in the facility was used. These data were generated by merging the resident survey census data, the family survey audit file and the new mailing list provided by ODA by facility ID number. The SPSS program used to generate the number of surveys needed for each facility on the mailing list provided to Scripps by ODA is included in the Appendix. This process provided very good census estimates, and also identified a number of discrepancies between the facility mailing lists produced for the 1st family survey, the 1st resident survey, and the 2nd family survey.

Because facilities open, close, change names and change locations often, it is not surprising that the lists change over time. A great deal of time was spent determining whether the discrepancies between the three facility lists were administrative or were actual closings and changes. The final mailing list resulted in 19 name changes from the list ODA supplied, 6 deletions, 2 address changes, and 12 additions. Although ODA receives their list from the Ohio Department of Health which licenses all facilities, the time between a facility change and an updated data file appears to present problems in obtaining up-to-date information. An effort was made this year to begin a process of reconciliation between DOH records and ODA information obtainable directly from the OLTCCG website.

At NCS Pearson, each survey was printed with a serial number. An Excel spreadsheet was created by NCS with the serial numbers assigned to each facility on the mailing list. The serial number of each survey was also printed on the back flap of its mailing envelope. As each nursing home's survey kit was packed, NCS Pearson staff carefully checked the survey packets placed in each kit against the spreadsheet in order to ensure that the nursing homes received surveys with the serial numbers associated with their facility. Where surveys were missing or damaged, a replacement

survey was created by rubber stamping the replacement serial number on the bottom of the survey and hand-coding the correct optical marks for scanning. After mailing, NCS Pearson provided Scripps and MBRI with an Excel file indicating the survey serial numbers that were assigned to each facility. The final list includes 970 facilities.

The facility mailing list was provided by ODA and was comprised of facilities that had been billed for participation in the survey and 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 are identified in the OLTCCG with the statement "Refused to Participate".

Implementation

Each nursing home received a survey kit that included the following:

- Survey packets to be addressed, stamped and mailed to their family members
- Instructions for conducting the family survey
- Reminder postcards for families
- 1 Pink Business Reply Envelope for returning facility audit forms
- 1 unnumbered (or outside of number range) Family Satisfaction Survey for facility reference

Survey materials were mailed to nursing homes between October 16 and 29, 2002. Most facilities mailed their surveys before mid-November, but a few did not mail them until January 2003. Completed and returned surveys were opened, date stamped, scanned, and data verified at Scripps. Families were invited to provide comments on a separate sheet of paper or on the back of the cover letter included with their survey and to return them with their surveys and a number of families did so. These were marked with the survey serial number, and 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. 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 30 surveys were unscannable due to tears or other problems. The data from these surveys was manually entered.

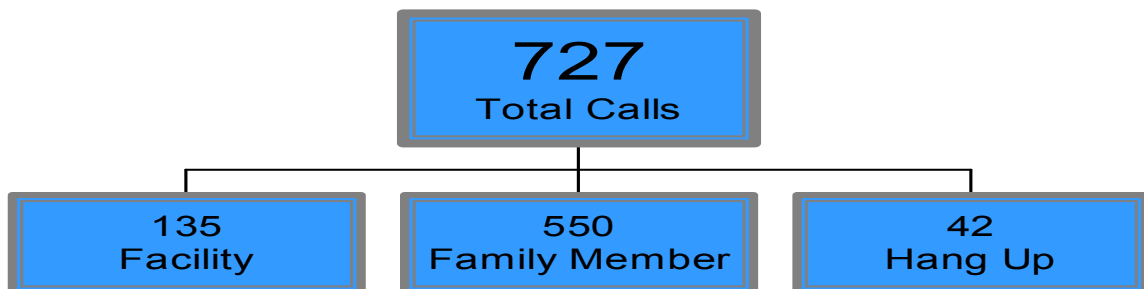
Survey Assistance

A toll-free hotline was setup at the Margaret Blenkner Research Institute (MBRI) of Benjamin Rose to address calls from facilities and families during the implementation of the Ohio nursing home family satisfaction survey from October 2002 through February 2003. The hotline was accessible 24 hours a day, 7 days a week. When a staff person was on a call or otherwise unavailable, callers could leave a message. Last year, the voice message system held a maximum of 25 messages; this year, a more sophisticated system was installed which had an increased capacity to store 60 messages.

Following protocols established last year, a staff person was once again hired to retrieve calls off-site during evenings and weekends. In anticipation of a potentially high call volume, additional preparations were made to ensure a more timely response to our callers. This year, we took the added measure to train the staff person not only on retrieving and recording messages but also on survey methods and protocols so the staff person could return calls on nights and weekends to quickly address respondent's questions and concerns.

Number and Type of Calls Received on the Toll-Free Number

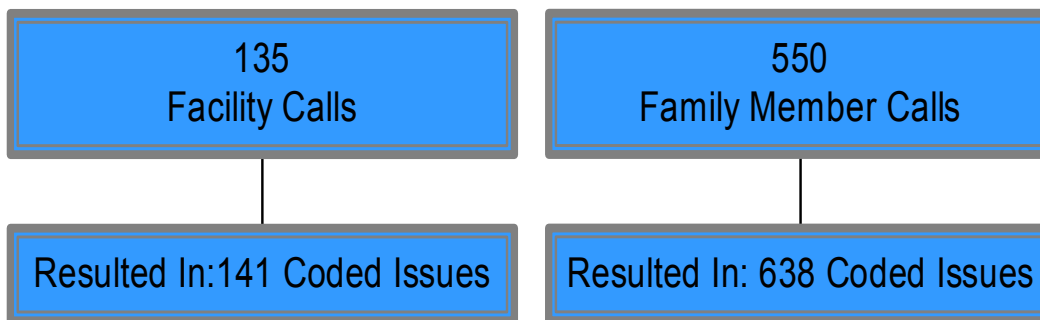
October 15, 2002-February 11, 2003



All calls that were received were documented in an Excel spreadsheet. The 727 calls were classified into codes depicting the nature of the call based on a codebook developed last year (Fox, Ejaz, Ranalli, & Straker, 2002). Additionally, new codes had to be developed to address issues not encountered last year such as questions regarding

when the results would be posted on the website, and when the next survey would take place. Often some calls conveyed more than one issue or question so consequently received multiple codes. Therefore, the 727 calls resulted in a total of 821 codes. Of these, 141 were codes relating to calls made by facilities, 638 were codes referring to calls made by family members, and 42 were hang-up calls. The coded Excel file was then exported to SPSS to conduct further analysis.

Number of Calls into Coded Issues



Note: excludes the 42 hang up calls.

Findings From Analysis of the Toll Free Number Calls

Decrease in family calls from last year: Calls received from family members declined from last year, 550 this year vs. 1070 calls recorded in 2001. The reduction in the number of family calls may be due, in part, to the following reasons: a) the survey was implemented for the first time last year and therefore, generated more questions from families; b) the lessons learned from the initial implementation were used to modify the instrument and streamline the survey implementation this year; and c) fewer family members responded this year.

Increase in facility calls from last year: Calls made by facilities increased to 135 vs. 102 in 2001. The three areas that had an increase were: audit form issues; process issues regarding how to send surveys; and, requesting new surveys/or new materials such as the instruction package. Requests for replacement audit forms increased in response to the reminder postcard sent from ODA informing facilities to return the form. Often facilities that had already returned the audit form called to verify whether their form had been received. With respect to facilities requesting new surveys or materials, we believe that the increase in calls was a positive change from last year because facilities did not wait until the last minute to decide to participate in the survey and if they had misplaced their surveys or could not find them, were more comfortable calling to request new materials.

Table 5 and table 6 describe the type and nature of the calls that were made by facilities and family members.

Facility Calls

As Table 5 reflects, the largest number of facility calls regarded implementation process issues such as how to conduct the survey (32 calls or 22.7%), followed by audit form issues (30 or 21.3%), requesting new surveys/and instruction packages (23 or 16.3%) and delayed shipment/haven't received surveys (22 or 15.6%). In all cases, these calls were effectively addressed and appropriate action taken. With regard to the delayed /lost survey shipment issues, we found that in all cases NCS Pearson, the mailing house, had shipped the survey materials to the facilities and could identify the person that had signed for the package. The facility however, had either misplaced the box or had not forwarded it to the appropriate staff person. There were four facilities eligible to participate but not accounted for on the final mailing list. They notified us that they had not received surveys. Survey materials were shipped to those facilities from MBRI.

Table 5: Facility Call Issues

Coded Issues	Number of Coded Issues	Percentage
Process issues; how to send surveys	32	22.7
Audit form issues	30	21.3
Request surveys, materials, instructions	23	16.3
Delayed shipment/haven't received shipment internal loss	22	15.6
Is it too late to send surveys to families?	12	8.5
Did not receive correct number of surveys	8	5.7
Confidentiality/HIPPA issues/ Website questions/Miscellaneous	7	5.0
Not enough info/notice upcoming survey	3	2.1
Refused to participate/Is this mandatory?	2	1.4
Selection criteria questions	1	0.7
Fear of being poorly rated	1	0.7
TOTAL	141	100 %

Family Calls

Using the methodology developed last year, all calls made by families were coded using 70 separate categories. The initial coding schema was designed to capture the detail of each individual response. However, since this process made the data very detailed and too cumbersome to report, the 70 codes were subsequently reduced or collapsed into 10 major constructs or domains (Fox, Ejaz, Straker, & Ranalli, 2002). Table 6 reports the overview of the results using the 10 constructs developed for the family calls. The majority of family calls were requests for new materials/surveys (316 or 49.5%), followed by calls regarding process issues (193 or 30.3%).

Table 6: Family Calls By Construct

Constructs	Frequency	Percent
Request for new survey/return envelope	316	49.5
Process issues	193	30.3
Refused to complete survey	29	4.5
Instrument improvement	26	4.1
Sampling issues/selection Criteria	22	3.4
Survey results / website	19	3.0
Left name and wants a return call	15	2.4
Miscellaneous	13	2.0
Complaints	3	0.5
Praise	2	0.3
Total	638	100 %

Note: Table excludes the 42 hang-up calls

The requests for new materials or surveys were made by 316 families who reported issues such as requesting a new business reply envelope since they had misplaced their original one (303 of the 316 families or 96%) or requesting a new survey because they had completed the original one in ink (13 or 4%).

Process issue calls were made by 193 families and the top three dealt with issues such as who/which facility sent me this survey (69 of the 193 families or 35.8%),

families receiving a reminder postcard but no survey (56 or 29%), and receiving a postcard and calling to inquire whether we had received their survey (40 or 20.7%).

Twenty-nine families stated that they refused to complete the survey, the three most often cited reasons were due to: fearing reprisals because the facility might identify them (11 of the 29 or 37.9%); not wanting to participate (9 or 31%), and couldn't complete survey because they were ill or very frail (6 or 20.7%).

Instrument improvement issues were reported by 26 families and topmost dealt with issues such as the questions not applying because of resident disabilities (e.g., resident could not participate in things like activities or resident was cognitively very impaired) and 7 (26.9%) families reported this. Another seven families (26.9%) reported that they thought the survey was difficult to complete or they didn't like the questions. Three families wanted a time referent for completing the survey and were informed that they should rate the questions based on their current experience with care. Another two families wanted clarifications regarding the demographic codes (one was confused why we had a 'son/daughter-in-law' code but no code for 'daughter/son-in-law').

Twenty-two families complained about sampling or selection criteria issues. The majority of concerns revolved around the following two issues of family members not having enough information to complete the survey (16 or 72.7%) or concerns about how they got selected (4 or 18.3%).

Nineteen families called regarding survey results and website concerns and the majority (12 or 63.2%) wanted to know when the results would be available and seven family members (36.8%) asked for a hard copy of the results. The latter were told to contact the toll-free ODA number directly to request a hard copy.

Thirteen families reported miscellaneous concerns and these primarily revolved around providing families with encouragement/reassurance to complete the survey, and listening to their concerns.

Other constructs are not described in greater detail because of the low number of family members calling about such issues.

Data Analyses and Findings

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. Despite the advance notice, a large number of facilities either elected not to participate or were unaware that they had received the survey materials and did not participate. As shown in Table 7, although the majority of facilities in Ohio participated in the family satisfaction survey, a significant number did not.

Last year, fewer than 2/3 of participating facilities returned their audit forms. This form requires facilities to report the number of beds in their facility, the number of residents on the day sampling was done for the survey, the number of residents with no family or involved friend/person, and the number of surveys mailed to families. This information provides the basis for determining whether enough surveys were returned for a facility to meet a $\pm 10\%$ margin of error. This number represents the probability that the actual responses, if all families were surveyed, would fall between plus or minus 10% of the number actually reported. When facilities fail to report either the number of surveys mailed or the number of residents with involved family or friends (the study population in each facility), we are unable to accurately determine whether they meet the $\pm 10\%$ margin of error. A reminder postcard was sent to all facilities that had not returned their audit forms by mid-December. The postcard provided a mailing address, a Scripps fax number, and a phone number for requesting a new audit form if it could not be located. This increased this year's audit form return rate from 439 last year to 563 this year. For those who did not report or incorrectly reported the number of residents with involved persons, we assumed the total number of residents from their audit form rather than the number of residents with families, as the population for calculating the margin of error. When no audit form was returned at all, we assumed that the number of surveys we supplied (as described previously) was the appropriate number of residents for the study population. This reduces the number of facilities that are likely to meet the margin of error since the resident survey found a 78% occupancy rate statewide (Vital Research, 2002). Rather than computing item-by-item whether the

item met the margin of error, this year we based the margin of error on the number of surveys returned in a facility since not all residents receive all services. Because “don’t know” cannot be considered a valid response for determining satisfaction, it seemed more appropriate to consider the total number of surveys returned and whether, as a group, they were reflective of the population of family members for a given facility.

Table 7: Facility Participation Rates: 2001 and 2002

	2001	2002
Number of Facilities on Final Revised Mailing List	992	970
Number of Facilities with Surveys Returned	687(69%)	736 (77%)
Number of Facilities with Audit Forms Returned	439 (64% of participants)	565 (76% of participants)
Number of Facilities meeting +/-10%	490 (71% of participants)	436 (59% of participants)
Average response rate in all participating facilities	45%	44%
Average response rate in facilities that returned audit forms	52%	48%
Average response rate in facilities without audit forms ^a	33%	33%
Number of facilities not participating	304 (31%)	222 (23%)
Estimated Number of Survey Packets Distributed ^b	NA	52,879
Total Number of Families Responding	20,226	16,955

^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).

^b Includes number mailed from audit forms and estimates from non-reporting facilities.

Despite similar overall response rates, the number of facilities meeting the margin of error this year declined by 11%. It appears that a number of facilities barely missed meeting the margin of error. One-hundred sixty of the 300 facilities not meeting the margin of error needed only five or fewer additional surveys to meet this criteria. Thirty-four of the 300 needed only 1 more. Because we assumed occupancy had increased 5% over last year’s census, and we used the number of beds rather than the actual census when facilities did not return audit forms, we have probably declared that a number of facilities did not meet the margin of error when, in reality, they did. Over half

(56.6%) of the facilities without audit forms did not meet the margin of error compared to about one-third (36.3%) of the facilities that returned audit forms. Of the facilities that needed only one survey; 79% had returned their audit forms compared to 21% that had not. It is highly likely that the majority of facilities without audit forms actually met the margin of error, but because they did not report their census of residents with involved family members, our only option was to use a census number that assumed 100% of residents with involved parties. On average, facilities with audit forms received 2.6 more surveys than were needed; facilities without audit forms received 2.2 surveys fewer than were needed.

Facility Participation Follow-up

A random sample of 50 facilities that had not returned audit forms was selected for follow-up telephone interviews. We were able to contact and interview administrators or other staff from 22 of the 50 facilities. If facilities indicated that they did not participate, we asked them to give us their primary reason for not participating. The distribution of their answers is shown in Table 8.

Table 8: Facility Reasons for Non-Participation

Non-Participation Reasons	Percentage agreeing with the reason:
We do our own survey	0
Don't want to do a government /ODA survey	0
Survey was not a high priority	81.8
Wanted to see how many others participated this year	0
Haven't really made up our minds	0
Corporate office says not to participate	9.1%
Requires too much time	0
Requires too much effort	0
Requires too much expense	0
Didn't want our scores to be public	0
Seems too complicated	0
Other—Actually did participate; didn't send audit	9.1

N=22

Several of the administrators we contacted refused to discuss their reasons for non-participation. As one said, “We don't participate in the family survey and we won't participate in this either”. Four administrators could not be interviewed about their reasons for non-participation. They reported that they were completely unaware of the family survey. Others said that there was a change in management close to the time of

the survey mailings. In a high turnover industry like nursing homes, continuous information about the survey process needs to be provided. Others suggested that changes in management or ownership made conducting the survey a low priority. Facilities may not be interested in collecting survey results that reflect previous ownership and management practices.

We also conducted interviews with 33 out of 50 randomly selected facilities that participated in the family survey and returned their audit forms. Questions centered on sampling, difficulties with the survey process, and how results would be used. The results of these interviews are shown in Table 9.

Table 9: Participating Facility Responses to Telephone Interviews

Question	Percentage Agreeing
Instructions easy to understand?	96.7
Used ODA criteria to select most involved family?	96.7
Used random sampling process?	26.7
• Trouble with random sampling?	0.0
Plan to use results in some way?	80.0
• Use in marketing materials?	56.7
• Use for internal quality monitoring?	100.0
• Compare yourself to competition?	76.7
• Don't know how you will use results?	6.7
• Compare with previous family survey results?	6.7
Suggestions for Improvement?	
• Is annually too often?	56.7
• Longer hours for helpline?	30.0
• Send the family comments to you?	100.0
• Change some of the questions?	30.0
• Omit some of the questions?	30.0
• Take resident names off envelopes?	33.0
Other suggestions:	20.0
• Need help with ideas to improve family response rates	
• Conduct every two years—we do our own too	
• Conduct every 18 months—things don't change that much	
• Make it simpler, less time-consuming, for facilities	

N=33

Among participating facilities there seems to be a general consensus that the survey process is clear, random sampling is not too difficult, and that most facilities plan to use their results in one or several ways. Most of the facilities that did not use random sampling were smaller facilities that were not required to do so. All facilities would like to see the comments from families—the implications of this are discussed later in describing the results from the written family comments. It also appears that there is at least some interest in conducting the surveys less frequently. Although the legislation calls for annual surveys, partly due to the fact that there is high administrator/DON turnover which can rapidly change satisfaction with a facility, it may be prudent to consider less frequent survey periods. Not only would this provide a budgetary savings for the state, it might also increase family participation since many families surveyed this year were likely the same ones surveyed last year.

Family Satisfaction Results

Technical Processes

Scripps staff monitored returned survey forms 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.

Survey Processing: Testing Scanner Reliability & Output Accuracy

Research scanning applications at Miami utilize the scanning facility managed through the Miami Computing and Information Services (MCIS) Test Scoring Center. This facility maintains a support contract with NCS Pearson for a vendor supplied computer (running Windows 95) and OptScan model 10 reflective pencil-read scanner. MICIS management graciously permitted Scripps staff access to organizational resources in order to both develop and test the family survey scanner application.

While the MCIS staff provided excellent service and sensitivity to project deadlines, the primary mission of the Center remains academic testing and instruction evaluation processing. Unfortunately, this project's timeline conflicted directly with the

academic workload. The bulk of the family survey processing fell within the Thanksgiving through winter break period, when midterm exam, final exam and instructor/course evaluation processing occurs. This constraint severely shortened the time available for testing. Scanner /Application Testing Objectives

Application testing focused on software application accuracy and output since the Test Scoring Center maintains the scanner and control computer through a vendor service contract. Routine scanner calibration occurred a few days before our first production run. The two testing objectives were:

- Software Application Accuracy
 - Scanner Output Reliability & Accuracy (throughout the scanning process).
1. Software Application Accuracy

The vendor provided a survey form design document as a starting point for scanner application development. Scripps staff developed the scanning application and was responsible for testing application accuracy. Although Scripps was ready to test the application by the third week of November, staff access to the scanner was not feasible until the second week of January. Hardware maintenance and application development errors (requiring NCS technical support intervention) further shortened the testing window. The result was insufficient testing and (only) one item read error (demographic section, question 16, Eating ADL).

2. Scanner Output Reliability & Accuracy

Output reliability and accuracy were monitored in several ways.

- Reliability:

Reliability addresses how consistently the scanner reads data from the survey form. Five hundred seventy-five surveys were scanned twice and the resulting data files were compared. A total of 438,150 characters (bubbles) were read during the two scans. (575 surveys x 381 characters on each survey x two scans.) Eight hundred thirty-seven characters, or .19%, scanned differently from the first scan to the second. No patterns were discernable. Scanning reliability of 99.8% is well within industry standards.

Accuracy:

Accuracy addresses how accurately the output file reflects respondent information on the survey. Scripps processed 16,996 surveys scanned in 24 groups. The methods used include:

1. Comparing output file results with the corresponding survey. This method occurred mostly during the abbreviated test period.
2. Review and 'clean-up' of potential misread sources on each survey before scanning. Student assistants reviewed each survey for marking errors such as incomplete or inappropriate marking symbols, ink, and comments that would interfere with accurate scanning.
3. Monitoring each group of output files for scanning rejection. Scripps maintained a rejection rate for each scanning group. Overall, the number of surveys rejected by the scanner was 0.3%. Therefore, 51 surveys required manual data entry.
4. Serial number misreads. The scanner application could not be programmed for intervention when a serial number appeared to be zero (the result of scanner failure to read the preprinted lithocode marks). Scripps discovered 9 such surveys. Student staff pulled those surveys from the group. Many of these zero serial numbers occurred on NCS in-sequence (manually marked) lithocoded forms.
5. Out-of-range and missing data. One variable, 'respondent gender', was misread by the scanning software, with a failure to read the "male" bubble. Although this section of the survey did not change from last year and should not have required reprogramming, consultation with MCIS and NCS Pearson failed to find a solution. The first column in the ADL variables" no assistance" also failed to read. This was again a software reconfiguration problem that was not resolved. Because neither of these variables are part of the data requested by ODA, it was determined that the cost and effort to obtain additional consultation and rescanning of surveys were beyond the scope of this contract.

Data Coding

Satisfaction question items were scored as follows:

- 4=Yes, always
- 3=Yes, sometimes,

- 2=No, hardly ever
- 1=No, never
- 9=DK/Doesn't apply

Items 43, 44, 54 are negatively worded items. These reverse ordered items include:

- Do your clothes get lost in the laundry?
- Do your clothes get damaged in the laundry?
- Do the staff get you upset?

Scored as follows:

- 1=Yes, always
- 2=Yes, sometimes
- 3=No, hardly ever
- 4=No, never
- 9=DK/Doesn't apply

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

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

A raw data file including the survey serial number, the scores for each item and the demographic information from each survey was read by SAS.

Facility Identification. ODA provided a list of facility identification numbers as part of the mailing list. NCS Pearson provided the serial numbers of the surveys sent to each facility in an Excel spreadsheet appended to the original mailing list. This lookup table was used to associate the serial numbers on the returned surveys to the facility that respondents were evaluating.

Margin of Error. Another lookup table provides information regarding the margin of error. A list of sample sizes needed in facilities with differing numbers of residents with involved family/friend/person was generated in order to determine whether a facility met the +/-10% margin of error. 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, their ratings will be posted on the website, noting that their results do not meet the margin of error.

Statewide Averages

Statewide averages were computed on each item and on each domain. Facilities with 2 or fewer surveys were excluded from these calculations.

Satisfaction Results

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

Because frequencies reflect the proportion of individual families that answered in each category, we computed statewide averages in this table at the individual level as well. Thus, all responses are based on a sample of 16, 955 families. That is, all individual responses are averaged rather than averaging the data within each facility, then taking the average of those averages. The data below provide aggregate information about the experience of every nursing home resident across the state. This differs from what is shown on the website which is the average of each facility’s average for each item and domain.

Table 10: Item Frequencies and Averages for Family Survey Items for 2001 and 2002* Family Surveys

DOMAIN* (2002 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	<i>Mean (sd)</i> <i>2001</i> Mean (sd) 2002
Admissions						
1. Did the staff provide you with adequate information about the different services in the facility?	72.5 72.4	20.7 21.0	2.7 2.4	1.3 .9	2.8 3.4	89.8(19.7) 90.3(18.6)
2. Did the staff give you clear information about the daily rate?	76.2 72.0	9.0 9.8	2.3 2.7	6.1 3.6	6.4 11.9	88.6(27.2) 90.2(23.9)
3. Did the staff provide you with adequate information about any additional charges?	63.9 63.0	17.8 16.8	4.8 5.6	7.4 4.6	6.0 10.0	82.4(30.3) 84.6(27.5)
4. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	77.6 75.2	11.9 12.7	2.5 2.3	3.4 2.3	4.6 7.5	90.6(22.8) 91.3(20.9)
5. Overall, were you satisfied with the admission process?	80.6 79.9	13.1 13.5	1.3 1.2	1.0 .8	4.0 4.6	93.6(16.5) 93.6(16.1)
Social Services						
6. Does the social worker follow-up and respond quickly to your concerns?	68.4 67.9	20.5 20.4	3.4 2.8	1.6 1.2	6.1 7.9	88.6(21.1) 89.4(19.7)
7. Does the social worker treat you with respect?	85.8 83.9	7.1 7.9	1.0 .8	.5 .4	5.6 7.0	96.3(13.0) 96.2(12.7)
8. Does the social worker treat the resident with respect?	81.9 80.6	7.8 8.1	.9 .6	.2 .3	9.2 10.4	96.3(12.2) 96.2(12.3)
9. Overall, are you satisfied with the quality of the social workers in the facility?	76.4 76.4	14.9 14.1	2.0 1.7	.9 .7	5.9 7.1	92.4(17.5) 93.0(16.6)

DOMAIN* (2002 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/ Missing	Mean (sd) 2001 Mean (sd) 2002
Activities						
10.Does the resident have enough to do in the facility?	46.4 45.6	35.6 31.7	6.7 5.9	2.1 1.3	9.3 15.5	79.8(24.1) 81.4(23.0)
11.Are the facility's activities things the resident likes to do?	28.5 29.0	49.6 43.3	8.9 8.5	2.8 1.8	10.2 17.4	72.1(26.9) 73.7(23.5)
12.Is the resident satisfied with the spiritual activities in the facility?	50.2 46.2	24.9 24.7	3.9 3.3	1.7 .9	13.0 24.9	84.5(22.8) 85.0(21.2)
13.Do the activities staff treat the resident with respect?	80.8 78.4	9.7 11.4	.6 .15	.2 .1	8.7 9.5	95.9(12.1) 95.3(12.5)
14.Overall, are you satisfied with the activities in the facility?	64.1 64.1	24.0 23.0	2.7 2.7	1.1 .7	8.1 9.4	88.2(20.0) 88.8(19.2)
Choice						
15.Can the resident go to bed when he/she likes?	59.0 58.8	26.0 24.4	3.0 2.9	2.2 1.3	9.8 12.6	85.8(22.5) 87.1(20.8)
16.Can the resident choose the clothes that he/she wears?	61.1 56.6	18.5 18.2	4.1 3.5	5.2 2.6	11.2 19.1	84.2(27.7) 86.4(24.1)
17.Can the resident bring in belongings that make his/her room feel homelike?	84.2 81.4	9.1 10.6	.9 .7	.7 .4	5.0 6.9	95.4(14.2) 95.3(13.5)
18.Do the staff leave the resident alone if he/she doesn't want to do anything?	67.4 65.1	22.3 22.7	.8 .9	.5 .3	9.0 11.0	90.8(16.5) 90.6(16.4)
19.Does the staff let the resident do the things he/she wants to do for himself/herself?*	69.4 60.3	18.7 22.1	1.8 1.0	1.4 .4	8.7 16.1	90.4(19.3) 90.0(17.1)

DOMAIN* (2002 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply/ Missing	Mean (sd) 2001 Mean (sd) 2002
Receptionist/Phone 2 items						
20.Are the telephone calls processed in an efficient manner?	67.8 64.5	17.4 17.2	1.8 1.4	.9 .6	12.1 16.3	91.1(18.1) 91.4(17.2)
21.Is the receptionist helpful and polite?	84.7 82.9	8.8 9.7	.6 .5	.2 .2	5.6 6.6	96.2(12.0) 96.0(12.0)
Direct Care/Nurse Aides						
22.Does the resident look well-groomed and cared for?	59.7 60.8	34.7 34.0	2.6 2.5	.5 .3	2.4 2.4	85.9(19.1) 86.5(18.5)
23.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 49.4	36.3 34.4	6.7 5.7	1.3 .7	8.7 9.8	80.5(23.0) 82.4(21.6)
24.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 71.7	21.1 20.9	1.8 1.3	.2 .1	4.8 5.9	91.2(16.5) 91.6(15.7)
25.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 61.7	29.3 27.7	4.5 3.4	.6 .3	6.0 7.0	85.9(20.5) 87.5(19.0)
26.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 57.3	26.1 26.1	3.6 3.0	.5 .3	15.0 13.3	86.4(20.1) 87.4(18.9)
27.Are the nurse aides gentle when they take care of the resident?	67.7 68.6	25.6 25.4	1.4 1.0	.3 .1	5.0 4.9	89.8(16.9) 90.3(16.2)
28.Do the nurse aides treat the resident with respect?	73.1 76.5	21.9 19.3	1.4 .9	.2 .1	3.5 3.2	91.4(16.0) 92.7(14.7)
29.Overall, are you satisfied with the nurse aides who care for the resident?	67.1 74.4	26.8 21.1	2.7 1.6	.6 .4	2.9 2.6	88.4(18.8) 91.4(16.6)

DOMAIN* (2002 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	<i>Mean (sd) 2001</i> Mean (sd) 2002
Professional Nurses and RNs						
30.Do the Registered Nurses and Licensed Practical Nurses (RNs and LPNs) follow up and respond quickly to your concerns?	73.2 73.8	22.0 22.1	1.9 1.5	.4 .2	2.5 2.3	90.8(17.1) 91.2(16.3)
31.Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	74.5 75.6	20.7 20.3	1.8 1.6	.5 .3	2.6 2.2	91.3(17.0) 91.8(16.2)
Therapy						
32.Does the physical and/or occupational therapist spend enough time with the resident?	38.8 38.1	22.0 20.5	7.3 6.0	3.4 1.7	28.5 33.7	78.3(28.2) 81.2(25.4)
33.Overall, are you satisfied with the care provided by the therapists in the facility?	45.5 45.0	20.2 18.6	5.0 4.4	2.9 1.8	26.4 30.2	82.5(26.3) 84.4(24.2)
Administration						
34.Is the administration available to talk with you?	71.0 71.7	20.5 20.8	2.8 2.4	.7 .6	5.0 4.5	90.2(18.6) 90.5(17.9)
35.Does the administration treat <u>you</u> with respect?	84.4 83.0	8.6 10.8	1.1 .9	.5 .4	5.5 4.9	95.7(13.5) 95.2(13.6)
36.Does the administration treat the resident with respect?	80.1 80.5	9.0 10.4	.9 .6	.4 .3	9.7 8.1	95.6(13.3) 95.5(12.8)
37.Overall, are you satisfied with the administration here?	75.0 77.4	16.3 15.7	2.3 1.8	1.3 .9	5.1 4.2	91.4(18.8) 92.4(17.3)

DOMAIN* (2002 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	<i>Mean (sd) 2001</i> Mean (sd) 2002
Meals and Dining						
38.Does the resident think that the food is tasty?	25.1 25.8	51.8 49.0	11.0 10.6	3.5 2.5	8.6 12.1	69.4(24.6) 70.7(24.0)
39.Are foods served at the right temperature (cold foods cold, hot foods hot)?	47.7 47.0	34.0 35.6	4.6 4.4	1.4 .9	12.3 12.0	82.1(22.2) 82.2(21.4)
40.Can the resident get the foods he/she likes?	30.7 33.2	45.8 42.0	8.2 7.8	2.8 1.9	12.5 15.1	73.2(24.5) 75.3(23.7)
41.Does the resident get enough to eat?*(frequencies from 2001 reversed to reflect changed wording)	49.5 73.5	19.4 17.7	15.4 1.5	5.6 .5	10.1 6.8	75.1(31.8) 92.1(16.4)
42.Overall, are you satisfied with the food in the facility?	50.8 56.1	34.7 30.6	4.9 5.0	2.0 1.5	7.7 6.9	81.9(23.1) 84.0(22.4)
Laundry						
43.Do the resident's clothes get lost in the laundry?	7.5 6.8	45.9 41.4	19.1 22.9	14.2 13.5	13.4 15.4	48.6(29.0) 50.2(28.6)
44.Do the resident's clothes get damaged in the laundry?	5.1 5.7	27.4 22.4	26.2 30.7	25.4 23.0	15.9 18.2	61.9(31.0) 62.3(30.2)

DOMAIN* (2002 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	<i>Mean (sd) 2001</i> Mean (sd) 2002
Environment						
45.Are there enough comfortable places for residents to sit outdoors?	58.8 54.1	21.9 21.8	7.2 6.8	3.6 2.3	8.5 15.0	82.8(26.8) 83.5(25.2)
46.Can you find places to talk the resident in private?	72.7 70.6	19.0 19.9	3.9 3.9	1.5 1.1	2.9 4.6	89.3(20.8) 89.3(20.2)
49.Are you satisfied with the resident's room?	64.4 54.8	28.0 20.6	3.1 2.9	2.1 .8	2.4 20.9	86.2(22.0) 87.9(20.2)
50.Does the facility seem homelike?	49.0 53.0	36.6 34.9	7.4 7.2	3.8 1.7	3.2 3.2	78.5(26.1) 81.4(23.6)
51.Is the facility clean enough?* (frequencies from 2001 reversed to reflect changed wording)	29.2 71.1	26.1 25.0	31.4 1.8	8.7 .5	4.6 1.6	59.8(32.8) 89.9(17.6)
52.Are the resident's belongings safe in the facility?	49.2 54.4	37.2 35.3	5.0 5.1	4.0 1.9	4.6 3.4	79.4(25.7) 82.5(22.8)
53.Are you satisfied with the safety and security of this facility?	68.4 69.6	24.9 24.5	2.3 2.4	1.6 1.0	2.8 2.4	88.3(20.4) 89.0(19.2)
Noise						
47.Is the resident's room quiet enough?* (frequencies from 2001 reversed to reflect changed wording)	46.1 67.2	26.1 26.8	19.8 3.2	5.2 .6	2.7 2.2	72.1(31.1) 88.1(19.2)
48.Are the public areas (dining room, halls) quiet enough?* (frequencies from 2001 reversed to reflect changed wording)	40.4 56.2	28.5 34.5	19.8 3.8	5.24 .7	2.7 4.8	69.1(31.0) 84.7(20.2)

DOMAIN* (2002 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	<i>Mean (sd) 2001 Mean (sd) 2002</i>
General						
54.Are there times when you are upset by the staff?*	3.1 4.7	33.6 36.3	23.7 28.2	37.0 28.4	2.5 2.4	65.7(30.9) 60.7(30.4)
55.Does the staff know the resident's likes and dislikes?*(no comparable question in 2001)	NA 45.9	NA 44.2	NA 2.7	NA .4	NA 6.9	NA 82.0(19.0)
56.Do you get adequate information from the staff about the resident's medical condition and treatment?	70.9 69.7	21.9 23.7	3.9 4.1	1.4 .7	2.0 1.8	88.6(20.8) 88.5(19.8)
57.Are you satisfied with the medical care in the facility?	65.7 66.3	28.0 28.2	2.8 2.7	1.1 .6	2.3 2.1	87.4(20.0) 88.0(18.9)
58.Would you recommend this facility to a family member or friend?	70.9 73.9	21.9 18.1	3.9 2.7	1.4 2.3	2.0 3.0	88.2(24.2) 89.6(21.3)
59.Overall, are you satisfied with the quality of care the resident gets in the facility?	70.2 71.6	24.3 23.8	2.4 2.1	1.2 .7	1.8 1.6	88.9(19.6) 89.8(18.2)

NOTE: The items above are not presented in the order they appear on the questionnaire, but rather according to their domains. N = 16,955 in 2002. Means computed on those who provided valid answers to the questions.

*Question changed from 2001 to 2002.

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.

Table 11 shows mean scores for each of the domains, along with standard deviations and a comparison with the domain means from the 2001 family survey and the 2002 resident survey. Comparisons across surveys are not identical—the family

survey includes some items not included in the resident survey and vice versa, and the deletion and addition of items on the family survey results in some domains that have changed from 2001 to 2002.

Table 11: Statewide Average Domain Scores

<i>Domain Name</i>	<i>Family Mean 2001 (sd)</i>	<i>Family Mean 2002</i>	<i>Resident Mean 2002</i>
Admissions	89.1 (19.0)	90.0 (17.7)	NA.
Social Services	93.5 (13.7)	93.7 (13.3)	92.7 (11.8)
Activities	86.1 (14.5)	84.9 (15.5)	88.5 (5.8)
Choice	89.5 (14.0)	90.1 (13.1)	84.3 (6.8)
Phone	93.8 (13.2)	93.9 (13.0)	NA.
Direct Care	87.9 (14.6)	89.0 (13.6)	89.0 (5.5)
Professional Nurses	91.0 (16.2)	91.5 (15.5)	NA.*
Therapy	80.1 (26.8)	82.7 (24.2)	NA.
Administration	93.7 (13.7)	94.0 (13.0)	93.4 (5.8)
Meals & Dining	76.4 (18.8)	80.9 (17.8)	79.8 (8.2)
Laundry	54.8 (27.1)	55.9 (27.0)	77.8 (10.6)
Environment	80.7 (17.1)	86.3 (15.4)	90.0 (6.0)
Noise	70.5 (28.4)	86.4 (17.7)	NA
General Satisfaction	80.3 (17.9)	83.1 (16.1)	85.4 (6.8)
	N=20,226	N=16,955	N=18,560

Note: Changes from the 2001 to 2002 family survey, and differences between resident and family surveys may explain a portion of the differences in domain scores across surveys.

The results above suggest that the overall impact of the survey changes in 2002 may be improved domain scores, and reduction of the variance caused by the inclusion of a number of negatively worded items in 2001. The low score and high variance on the laundry domain (which still consists of two negatively worded items) may suggest a measurement issue rather than a distinct discontent with laundry operations. Based on the examination of domains, and the item-by-item frequency distributions, means, and standard deviations, some additional and final refinements may need to be made to the instrument in 2003.

Family Responses

In order to build a profile of those who responded to the family satisfaction surveys, 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/ friend does when visiting the nursing home. Demographic information is provided in Tables 12-14. In general, the characteristics of the residents and family members are in keeping with the literature. The majority of involved family members in the survey are 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 12: Demographic Characteristics of 2002 Respondents and their Residents

	Family	Resident
Average Age		
(sd)		
(7.0% missing-family)	61.5	82.4
(4.5% missing-resident)	(11.8)	(11.6)
Race (Percent)		
Caucasian	92.0	
African American	5.3	
Hispanic	.4	
Other	2.3	
(5.5% missing)		
Female (Percent)^a	NA	73.4
(missing-family)		
(2.9% missing-resident)		
Education Level (Percent)		
Less than HS	5.8	
HS Graduate	59.2	
College Graduate	23.9	
Master's or greater	11.1	
3.9% (missing)		
Relationship to Resident		
(Percent)		
Spouse	7.9	
Child	29.1	
Grandchild	3.4	
Niece/Nephew	7.8	
Sibling	7.5	
Friend	2.1	
Son/daughter-in-law	20.7	
Parent	6.7	
Guardian	6.6	
Other	8.2	
1.0% (missing)		

N =16,955 NOTE: Percentages are based on those who answered the questions.

^a High volume of missing data makes this variable unreliable.

Table 13: Level of Family Activities in the Nursing Home 2002

Frequency of Visits (Percent)			
Daily	19.7		
Several times a Week	39.2		
Once a Week	21.0		
Two or Three Times per Month	10.8		
Once a Month	4.9		
Few times per Year (2.5% missing)	4.3		
	Always	Sometimes	Never
Helps with (Percent)			
Feeding (7.2% missing)	11.3	36.4	52.3
Dressing (8.9% missing)	3.4	34.0	62.6
Toileting (9.5% missing)	3.9	19.3	67.3
Grooming (5.7% missing)	13.1	49.7	37.3
Going to Activities (6.5%missing)	8.7	55.6	35.7
Talks to (Percent)			
Nurse aides (2.7% missing)	58.3	40.7	1.0
Nurses (2.3% missing)	57.8	41.5	2.3
Social Workers (7.2% missing)	25.4	65.9	8.7
Physician (8.1% missing)	10.3	49.4	40.3
Administrator (6.4% missing)	13.1	59.1	21.4
Other (43.9% missing)	9.9	34.7	11.4
Avg. Amt. Talk to Staff (X, sd)			
(0 = Never Talk to Any 18 = Always Talk to All)	11.6 (2.7)		

N = 16,955 NOTE: Percentages are based on those who answered the questions.

Table 14: Residents in Nursing Homes, 2002

Resident Receives Nursing Home Payments from:			
	(Percent^a)		
Medicare	37.5		
Medicaid	62.5		
Private Pay	31.7		
LTC Insurance	3.3		
Other Insurance	9.9		
Don't Know	1.5		
Average Number of Payment Sources	1.5		
(sd)	(0.7)		
Resident's Expected Length of Stay			
	(Percent^a)		
less than 30 days	1.2		
31 – 90	3.1		
more than 90	95.7		
(2.6% missing)			
	Always	Sometimes	Never
Resident:			
Knows current season (4.1% missing)	47.6	34.5	17.9
Recognizes respondent (3.8% missing)	75.6	19.5	4.9
Knows they're in nursing home (4.5% missing)	60.1	26.0	13.8
	Some	A Great Deal	Totally Dep.
Resident Needs Help With:			
Eating	33.0	11.5	14.9
Toileting	22.5	19.8	37.8
Dressing	28.0	22.5	35.3
Transferring	21.6	18.4	37.6

N =16,955 ^a Families were asked to check as many sources as applied so percentages sum to more than 100. NOTE: Percentages are based on those who answered the questions.

Family Comments

Five hundred sixty-nine respondents (3.36%) included some form of written comments with their surveys. These comments were coded into an Excel spreadsheet, and then categorized into larger constructs, using the same method as that for coding the toll-free hotline comments. Because some respondents commented on many different areas, the total number of individual comments received was 956. The distribution of comments across topic areas is shown in Table 15 below.

Table 15: Constructs Identified in Written Family Comments

Construct	Number of Comments	Percent
Complaints about the nursing home	552	54.2
Instrument Improvement	174	17.1
Praise for the nursing home	132	13.0
Miscellaneous	115	11.29
Sampling Issues/ Selection Criteria	15	1.6
Doesn't want to/ Can't complete	12	1.3
Process Issues	10	1.0
Request New Survey	6	.6

The results above suggest that the family survey provides a “vent” for many families, with complaints being the most prevalent type of comment made. Complaints about resident care were the most prevalent (13.7% of all comments made) followed by complaints about staffing (10.7% of all comments). Such comments as “she has to wait too long for her call light to be answered”, “they don’t get her to the toilet in time so she has the embarrassment of soiling herself”, “if she had received the PT she was supposed to have when she was admitted she wouldn’t be spending her remaining days in a wheelchair”, and “her pain medication was not administered for 16 hours—her pain was out of control” represent many of the complaints that families reported. Prevalent among the complaints about staff were statements that showed empathy for the nurse aides in the facility. “They don’t pay them enough to stay”, “There are not enough of them to have the time to do what they need to do”. Others, however addressed serious staff conduct issues: “I have heard aides being short-tempered with residents”, “Some

of the aides are aloof and uncaring”, “the nurse aide went into a litany...of berating her...in front of the whole dining room”.

The next most common area regarded instrument issues. Many of the comments provided clarifications for the reasons why respondents answered certain questions the way they did, or why certain items were skipped. “My mother has Alzheimer’s so these don’t apply to her”, “I wasn’t there at admission”, “The home doesn’t offer this service”. Probably the most prevalent comment regarding instrument improvement was a request for space for comments on the survey. Of course, this comes from the group who had comments to make and took the effort to include a separate sheet of paper. Others often said “the survey is difficult to complete”, or “don’t like the questions”. Unfortunately, few comments offered suggestions as to how the survey could be simplified, or what kind of different questions would have been preferred.

Praise comments were often offered along with other comments. “Aside from that, this place is wonderful”. Others could not say enough good things about the facility where their family member resided. “I am eternally grateful for this place”. “The nursing, activities, and therapy staff are agents of mercy”, “Every employee and the administration has put themselves (sic) out 100%”. “She is treated with love and respect at all times. The staff and administration treat her like family”.

Miscellaneous items were often “telling stories”. “Just wanted to explain how mom came to be in the nursing home”. “Just wanted to let you know that mom came home last week”.

Sampling issues generally involved families who received surveys that either did not recognize the facility that sent them the survey or those who should have been removed from census lists. “I’ve never been in this nursing home”. “Father died 1/29/02”. Last year’s recommendations for implementation of the survey recommended an audit procedure for facilities where census related problems occurred. Although fewer of these comments were received by asking facilities to use their return addresses on the survey, there are still concerns regarding keeping an updated census list of family members in some facilities that should probably be addressed.

Some families returned blank surveys, indicating “I am satisfied with the care at ...Nursing Home and that is all you need to know”. “I am tired of answering all these questions; don’t want to be bothered”. “We have experienced retaliation when we have complained before, so don’t want [to] anymore”. Some of the comments indicate a lack of understanding of the survey process saying, “take me off your list”, or “don’t send me this again”.

Process issues included such problems as “received two surveys” or “answered questions as a family member for seven men”. Again, some refinements to instructions to facilities may need to be made to improve the survey process.

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 may be less likely to criticize (given their concerns about retaliation) and might be less likely to respond at all, given their already apparent concerns about anonymity. However, since little use is made of the comments now their main function is as a 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.

Survey Psychometrics

Because some items were dropped and others rewritten, it is important to do additional psychometric work in preparation for any additional revisions next year. Table 16 shows the domain alphas from the 2001 survey, the new 2002 domain alphas and item-total correlations for each item. To control for within-facility correlations, nursing homes were used as the unit of analysis. Data on each item were aggregated by facility, and then converted to standardized means before reliability analyses were conducted. Further analysis of the psychometric properties of the family instrument are being conducted under a Commonwealth Foundation grant and will be available after July 15th, 2003.

Table 16: Confirmatory Reliability Analyses of 2001 and 2002 Survey Domains

Domain	2001 Coefficient Alpha	2002 Coefficient Alpha	2002 Corrected Item-Total Correlations
Admissions	.93; 5 items	.93	
Did the staff provide you with adequate information about the different services in the facility?			.77
Did the staff give you clear information about the daily rate?			.85
Did the staff provide you with adequate information about any additional charges?			.89
Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?			.80
Overall, were you satisfied with the admission process?			.81
Social Services	.92; 4 items	.90	
Does the social worker follow-up and respond quickly to your concerns?			.76
Does the social worker treat you with respect?			.77
Does the social worker treat the resident with respect?			.72
Overall, are you satisfied with the quality of the social workers in the facility?			.84

Domain	2001 Coefficient Alpha	2002 Coefficient Alpha	2002 Corrected Item-Total Correlations
Activities	.94; 6 items	.88; 5 items	
Are the facility's activities things the resident likes to do?			.70
Is the resident satisfied with the spiritual activities in the facility?			.67
Do the activities staff treat the resident with respect?			.63
Overall, are you satisfied with the activities in the facility?			.79
Choice	.91 5 items	.81; 5 items: 1 reworded	
Can the resident go to bed when he/she likes?			.63
Can the resident choose the clothes that he/she wears?			.62
Can the resident bring in belongings that make his/her room feel homelike?			.52
Do the staff leave the resident alone if he/she doesn't want to do anything?			.57
Does the staff let the resident do the things he/she wants to do for himself/herself?			.65
Receptionist/Phone	.74; 2 items	.76	
Are the telephone calls processed in an efficient manner?			.61
Is the receptionist helpful and polite?			.61
Direct Care/Nurse Aides	.98; 9 items	.94; 8 items	
Does the resident look well-groomed and cared for?			.74
Does a staff person check on the resident to see if he/she is comfortable? (need a drink, a blanket, a change in position)			.82
During the week, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?			.83

Domain	2001 Coefficient Alpha	2002 Coefficient Alpha	2002 Corrected Item-Total Correlations
During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?			.84
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)?			.84
Are the nurse aides gentle when they take care of the resident?			.79
Direct Care/Nurse Aides (con't)			
Do the nurse aides treat the resident with respect?			.74
Overall, are you satisfied with the nurse aides who care for the resident?			.79
Professional Nurses and RNs	.87; 2 items	.96	
Do the Registered Nurses and Licensed Practical Nurses (RNs and LPNs) follow up and respond quickly to your concerns?			.92
Overall, are you satisfied with the quality of the RNs and LPNs in the facility?			.92
Therapy	.93; 2 items	.94	
Does the physical and/or occupational therapist spend enough time with the resident?			.88
Overall, are you satisfied with the care provided by the therapists in the facility?			.88
Administration	.92 5 items	.93; 4 items	
Is the administration available to talk with you?			.81
Does the administration treat <u>you</u> with respect?			.86
Does the administration treat the resident with respect?			.85

Domain	2001 Coefficient Alpha	2002 Coefficient Alpha	2002 Corrected Item-Total Correlations
Overall, are you satisfied with the administration here?			.86
Meals and Dining	.91; 5 items	.91; 5 items: 1 reworded	
Does the resident think that the food is tasty?			.78
Are foods served at the right temperature (cold foods cold, hot foods hot)?			.77
Can the resident get the foods he/she likes?			.75
Does the resident get enough to eat?			.72
Overall, are you satisfied with the food in the facility?			.84
Laundry	.90; 2 items	.89	
Do the resident's clothes get lost in the laundry?			.80
Do the resident's clothes get damaged in the laundry?			.80
Environment	.90; 7 items	.91; 7 items: 1 reworded	
Are there enough comfortable places for residents to sit outdoors?			.51
Can you find places to talk the resident in private?			.65
Are you satisfied with the resident's room?			.74
Does the facility seem homelike?			.76
Is the facility clean enough?			.78
Are the resident's belongings safe in the facility?			.76
Are you satisfied with the safety and security of this facility?			.80

Domain	2001 Coefficient Alpha	2002 Coefficient Alpha	2002 Corrected Item-Total Correlations
Noise	.80 2 items	.81; 2 items: 2 reworded	
Is the resident's room quiet enough?			.68
Are the public areas (dining room, halls) quiet enough?			.68
General	.90; 5 items	.91; 6 items: 1 dropped, 2 added	
Are there times when you are upset by the staff?			.57
Does the staff know the resident's likes and dislikes?			.61
Do you get adequate information from the staff about the resident's medical condition and treatment?			.77
Are you satisfied with the medical care in the facility?			.86
Would you recommend this facility to a family member or friend?			.81
Overall, are you satisfied with the quality of care the resident gets in the facility?			.91

Facility Level Comparisons: 2001 and 2002

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. Other facilities also waited with a great deal of anticipation for this year's family survey results to determine if their quality improvement efforts were paying off with improved satisfaction among residents'

families. Table 17 provides a comparison between the lowest scoring items for 2001 and 2002. Arbitrary cut-off scores were used to denote areas of concern as being those domains and items that had a score of 76 and under; and areas of excellence being scores of 90 and over.

Table 17. Facility Areas of Concern (State Average 76 AND UNDER)

Domain	Area of Concern	STATE AVERAGE 2001	STATE AVERAGE 2002
Activities	Are the facility activities things that the resident likes to do?		74
Laundry	Do the resident's clothes get <u>damaged</u> in the laundry?	62	51
	Do the resident's clothes get <u>lost</u> in the laundry?	49	63
Meals and Dining	Are there times when the resident <u>doesn't get enough to eat</u> ?	75	93*
	Does the resident think the <u>food is tasty</u> ?	69	72
	Can the resident get the <u>food he/she likes</u> ?	73	76
Noise	Does the noise in the resident's room bother you?	73	89*
Environment	Do you think the facility should be cleaner?	60	91*
General Satisfaction	Are there times when the staff get you upset?	66	62
TOTALS		8 Areas of Concern	6 Areas of Concern

*These items were reworded from a negative to positive direction between 2001 and 2002 surveys.

As shown in the table above, statewide, nursing homes have reduced the number of items that are “areas of concern” from 8 in 2001 to 6 in 2002. Drastic improvements were shown on 3 items that were likely due to the change from a negatively worded-item to a positively worded item. Three of the remaining areas of concern are all negatively worded items. This could imply that these areas are industry wide complaints in Ohio, or that a change in wording in the positive direction may be necessary to examine if the results accurately represent areas of concern. On the two items (resident gets foods he/she likes and resident thinks food is tasty) that are not negatively worded and did not change between 2001 and 2002, we do see overall improvement in the statewide averages suggesting that consumer input may be having an effect on facility quality. This supposition is perhaps, supported by the results shown in Table 18, which focuses on areas of facility excellence.

In the table below, when no scores are reported for 2001, this item did not score 90 or above, and so is a new area of excellence in 2002.

Table 18. Facility Areas of Excellence: (STATE AVERAGE 90 and above)

Domain	Area of Excellence	STATE AVERAGE 2001	STATE AVERAGE 2002
Activities	Do the activities staff care about resident?	94	Item dropped
	Does the activities staff treat the resident with respect?		96
Administration	Does the administration treat the resident with respect?	95	96
	Does the administration treat the family with respect?	95	95
	Does the administrator care about the resident as a person?	93	Item dropped
	Overall, are you satisfied with the administration here?	91	93

	Did the staff provide you with adequate information about the different services in the facility?		91
Admission	Did the staff give you clear information about the daily rate?		91
	Did the staff adequately address your questions about how to pay for care?		92
	Overall, were you satisfied with the admission process?	93	94
Choice	Can the resident bring in belongings that make his/her room feel homelike?	95	96
	Does the resident have the opportunity to do as much as he/she would like to do for himself/herself?	90	90
	Does the staff leave the resident alone if he/she doesn't want to do anything?	91	91
	During the week, is a staff person available to help the resident if he/she needs it?	91	92
Direct Care and Nurse Aides	Are the nurse aides gentle when they take care of the resident?		91
	Do the nurse aides treat the resident with respect?	91	93
	Overall, are you satisfied with the nurse aides who care for the resident?		92
Professional Nurses	Do the RNs and LPNs follow-up and respond quickly to your concerns?	91	92
	Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	91	92

Environment	Is the facility clean enough?		91
Social Services	Does the social worker treat the family with respect?	96	96
	Does the social worker treat the resident with respect?	96	96
	Overall, are you satisfied with the quality of the social workers in the facility?	92	93
Meals and Dining	Does the resident get enough to eat?		93
Receptionist/Phone	Are the telephone calls processed in an efficient manner?		92
	Is the receptionist helpful and polite?		96
General	Would you recommend this facility to a family member or friend?		91
	Overall, are you satisfied with the quality of care the resident gets in this facility?		91
TOTALS		17 Areas of Excellence	26 Areas of Excellence

The table above shows that nursing homes have improved in additional areas between 2001 and 2002, and that even where scores were high last year, additional slight increases are demonstrated in many cases. One of the goals of the Ohio Long-Term Care Consumer Guide was the improvement of nursing home quality; it appears that nursing homes may be using satisfaction survey findings to improve their services over time. On the other hand, because more facilities participated in 2002 than in 2001, it may be possible that the facilities that chose to participate the second year but not the first may differ in some fundamental ways, causing increases in the numbers of areas of excellence in 2002.

In order to address this question, data from facilities that participated in both 2001 and 2002 were examined. Five hundred forty-six facilities had average scores on

all domains for both years. Between 557 and 564 reported scores on individual domains for both years. Statewide, the average amount of change on each domain is shown in the table below, along with t-scores and significance levels from paired sample t-tests comparing average domain scores between 2001 and 2002. Means from 2001 were subtracted from means in 2002, with positive average change scores indicating higher scores in 2002, while negative scores show declines in 2002 compared to 2001.

Table 19. Average Domain Change from 2001 to 2002, with Paired Samples t-test Results

Domain Name	2002-2001 Average Change (sd)	t-value	P value
Activities	-1.66 (6.23)	-6.30	.000
Admissions	.56 (8.36)	1.59	.113
Social Services	-.13 (5.19)	-.59	.552
Choice	.37 (5.07)	1.75	.081
Phone & Receptionist	-.006 (4.79)	-.33	.743
Direct Care and Nurse Aides	.62 (5.62)	2.59	.010
Professional Nurses	.008 (6.20)	.31	.754
Administration	.18 (5.67)	.74	.462
Meals	4.01 (7.10)	13.38	.000
Laundry	.44 (11.28)	.92	.359
Environment	5.06 (6.58)	18.22	.000
Noise	14.74 (8.93)	39.23	.000
Therapy	2.05 (11.55)	4.18	.000
General Items	2.25 (7.13)	7.48	.000

As shown in Table 19, 7 domains show significant differences between 2001 and 2002 for the group of facilities that participated both years. Of the seven domains, six showed significant improvements—only activities did not improve between 2001 and 2002.

However, as previously noted, many of the domains changed from 2001 to 2002 as items were rewritten and dropped. To examine whether these changes are likely to be a measurement artifact rather than significant improvements in facilities, we conducted paired sample t-tests on the items that remained identical between 2001 and

2002. On the fifty-two items that remained the same, 17 showed declines between 2001 and 2002 while 35 showed improvements. Of the items that declined, only four were statistically significantly different. Nineteen of the 35 items that improved showed statistically significant improvements. The list of areas that improved includes:

1. Did the staff give you adequate information about the daily rate?
2. Did the staff provide you with adequate information about any additional charges?
3. Does the resident have enough to do in the facility?
4. Are the facility activities things that the resident likes to do?
5. Can the resident go to bed when he/she likes?
6. Can the resident choose the clothes that he/she wears?
7. Does a staff person check on the resident to see if he/she is comfortable?
8. During the weekends, is a staff person available to help the resident if he/she needs it?
9. During the evening and night, is a staff person available to help the resident if he/she needs it?
10. Do the nurse aides treat the resident with respect?
11. Overall, are you satisfied with the nurse aides who care for the resident?
12. Does the physical/occupational therapist spend enough time with the resident?
13. Overall, are you satisfied with the care provided by the therapists in the facility?
14. Overall, are you satisfied with the administration here?
15. Can the resident get the foods he/she likes?
16. Overall, are you satisfied with the food in the facility?
17. Are you satisfied with the resident's room?
18. Does the facility seem homelike?
19. Are the resident's belongings safe in the facility?

These results suggest that improvements in family satisfaction are occurring in Ohio's nursing homes. It appears that the secondary goal of the consumer guide, improving nursing home quality, is also demonstrating some positive results.

Setting Priorities for Continued Improvement

In order for facilities to make the best use of family satisfaction information, priority and goal setting in individual facilities is necessary. The family survey encompasses over 50 areas of nursing home care and services, and facilities are unlikely to tackle improvements in all of these in any given year. One commonly used strategy for helping facilities set priorities is the “Priority Index”. To develop a priority index, each item is correlated with a global measure of overall satisfaction—in this case, “Would you recommend this facility to a family member or friend?” Next, the size of the correlation is ranked from lowest to highest, with the least correlated item receiving a rank of “1”. In order to improve global satisfaction, facilities might concentrate their efforts in the areas most related to overall satisfaction, i. e., those with the highest value on the correlation ranks. It is important to note, that the results displayed below relate to statewide results and that priority setting goals for individual facilities may differ from statewide results. However, statewide, results show that the items most highly correlated (all correlations were significant with $p \leq .000$ or better) with recommending the facility are as follows:

- Are you satisfied with the safety and security of this facility?
- Overall, are you satisfied with the administration here?
- Does the resident look well-groomed and cared for?
- Is the facility clean enough?
- Overall, were you satisfied with the admission process?
- Overall, are you satisfied with the quality of the RNs and LPNs in the facility?

Because several of these are “overall” questions, one might expect them to be highly correlated with a global satisfaction measure, purely as a result of measuring “overall” and “global” issues. However, the mean score on each item provides additional useful information. After ranking correlations, the next step is to rank order each item according to its mean score, from highest to lowest. The highest scoring item received a rank of “1”, while the lowest scoring item received a 57 (the other global measure of satisfaction, overall satisfaction with quality of care and services, was excluded from the index construction). Next, the correlation rank and score rank for

each item are summed. Those with the highest sums—items most correlated with satisfaction but showing the worst performance—show the highest priority scores. Table 20 shows the survey items in order by their priority ranking (the sum of the correlation rank and the mean rank), along with their correlation with “Would you recommend this facility to a family member or friend?” Because facilities have different mean scores than those taken statewide, a facility could customize this for their own use by ranking items on their own facility means, and adding each item’s facility mean rank to the statewide correlation ranks shown below to develop an individual facility priority index. Items with the highest sums should receive higher priority for improvement. (See Appendix C for a step-by-step worksheet. This method of constructing a priority index was suggested in Becker and Kaldenberg, 2000.)

Table 20. Priority Items for Improvement, Statewide Mean Score Rank, and Correlation with Recommending the Facility Rank

Items in Priority Order	Pearson R	Correlation Rank	Statewide Mean Score Rank
Does the facility seem homelike?	.690	43	51
Are the resident’s belongings safe in the facility?	.697	44	45
Does the resident look well-groomed and cared for?	.731	47	37
Are you satisfied with the medical care in the facility?	.795	50	31
Does the resident have enough to do in the facility?	.614	31	49
Does a staff person check to see if the resident is comfortable?	.630	34	44
Are you satisfied with the safety and security of this facility?	.753	49	26
Can the resident get the foods he/she likes?	.566	22	52
Overall, are you satisfied with the care provided by the therapists in the facility?	.619	32	41
Are the facility activities things that the resident likes to do?	.532	17	53
Does the resident think the food is tasty?	.526	16	54
Are there times when you are upset by the staff?	.514	14	56
Is the facility clean enough?	.728	46	24

Does the physical/occupational therapist spend enough time with the resident?	.552	20	50
Do you get adequate information from the staff about the resident's medical condition and treatment?	.673	39	30
Did the staff provide you with adequate information about any additional charges?	.588	25	43
Does the staff know the resident's likes and dislikes?	.544	19	48
Does the social worker follow-up and respond quickly to your concerns?	.683	41	25
Overall, are you satisfied with the activities in the facility?	.649	37	28
Are you satisfied with the resident's room?	.612	30	35
During the evening and night, is a staff person available to help the resident if he/she needs it?	.614	31	33
Did the staff provide you with adequate information about the different services in the facility?	.679	40	23
During the weekends, is a staff person available to help the resident if he/she needs it?	.607	29	34
Overall, are you satisfied with the food in the facility?	.562	21	42
Do the resident's clothes get lost in the laundry?	.400	3	57
Do the RNs and LPNs follow-up and respond quickly to your concerns?	.685	42	17
Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	.702	45	14
Overall, are you satisfied with the administration here?	.744	48	11
Are foods served at the right temperature?	.513	13	46
Are the public areas quiet enough?	.541	18	40
Is the administration available to talk to you?	.636	35	22
Do the resident's clothes get damaged in the laundry?	.361	1	55
Overall, were you satisfied with the admission process?	.728	46	8
Overall, are you satisfied with the nurse aides who care for the resident?	.669	38	15
Is the resident satisfied with the spiritual activities in the facility?	.492	10	39

Are there enough comfortable places for the residents to sit outdoors?	.397	2	47
Does the resident get enough to eat?	.644	36	12
Does the administration treat the resident with respect?	.685	48	5
Are the nurse aides gentle when they care for the resident?	.602	27	18
Did the staff give you clear information about the daily rate?	.515	15	29
Can the resident go to bed when he/she likes?	.468	8	36
Can the resident choose the clothes that he/she wears?	.436	5	38
During the week, is a staff person available to help the resident if he/she needs it?	.603	28	13
Does the administrator treat you with respect?	.629	33	7
Are the telephone calls processed in an efficient manner?	.569	23	16
Is the resident's room quiet enough?	.467	7	32
Do the nurse aides treat the resident with respect?	.591	26	9
Overall, are you satisfied with the quality of the social workers in the facility?	.585	24	10
Does the staff let the resident do the things he/she wants to for himself/herself?	.511	12	3
Can you find places to talk with the resident in private?	.448	6	27
Did the staff adequately address your questions about how to pay for care?	.468	8	20
Does the staff leave the resident alone if he/she doesn't want to do anything?	.469	9	19
Does the activities staff treat the resident with respect?	.529	15	4
Does the social worker treat the resident with respect?	.535	17	1
Is the receptionist helpful and polite?	.511	12	3
Does the social worker treat you with respect?	.505	11	2
Can the resident bring in belongings that make his/her room feel homelike?	.404	4	6

Note: 57 items were evaluated; mean ranks range from 1 to 57, correlation ranks range from 1 to 50 due to items having tied correlations.

Another simple strategy would be for facilities to choose their lowest ranking 20 items based on mean scores, examine their correlations in the table above, and choose the 10 with the highest correlations as a priority list for improvement. Whatever strategy is employed, knowing how strongly each item relates to global satisfaction about the facility provides useful information to guide facility improvement and improve global family satisfaction ratings.

Facilities could also use other strategies to target quality improvements. For example, a facility could select those facilities that are its competitors and list their satisfaction scores by domain and by item along with its own satisfaction scores. It is possible, that competitive facilities may find that they are not very different from each other in overall satisfaction scores or on domain scores but it is more likely that they could be different on certain individual items. As a rule of thumb, it is recommended that facilities should not be alarmed by differences that are within a + or – 10% difference from their competitors, since such differences are likely to occur as a result of the margin of error in the scores. Further, a facility should be careful to compare itself with only those facilities that have met the + or – 10% margin of error, or else they may be comparing their results with a facility whose results are not accurate. See Appendix D for a comparison of satisfaction scores among four facilities that are known to be competitors. Since these reports are based on actual data from Ohio’s 2001 family satisfaction data on the Ohio Long-Term Care Consumer Guide, the names of the facilities have been replaced by alphabetical codes (Ejaz, 2002).

With respect to implementing quality improvement strategies, some facilities may be open to sharing best practices, and therefore, would be willing to help provide ideas and suggestions for quality improvement.

Recommendations For 2003

The nursing home consumer guide is a “work in progress” by mandate; additional changes are being recommended to improve the survey and the survey process for 2003.

1. Use more mailings from ODA to prepare facilities for survey participation in advance of survey implementation dates.

2. Use multiple methods (other than mail) to remind facility administrators that the family survey is coming up. These methods might include advertisements in trade newsletters, an e-mail to all addresses from the website, a tentative calendar sent with the December billing notice, and other strategies.
3. Ascertain from the mailing house the what type of shipping cartons will be used so these so they can be described in advance in the mailing materials to administrators.
4. Consider including promotional materials such as high-quality posters, pre-printed bill stuffers, etc. as part of the “survey kit” sent to facilities to encourage family participation.
5. Remind facilities to use their daily census list to randomly select resident names and to update their family mailing lists accordingly before survey packages arrive so that surveys are not sent to families of deceased or discharged residents or mailed to incorrect or incomplete addresses.
6. Provide information to both families and facilities about the expected date family survey information will become available on the web site.
7. Make further attempts to determine why facilities choose not to participate and enlist assistance from the trade associations in encouraging participation.
8. Continue to 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.
9. Remind mailing house to forward the UPS list with the facility delivery date and signature information to MBRI staff to speed up the process of verifying whether someone in a facility had signed for the survey package and if it was internally misplaced by the facility.
10. Develop a strategy that complies with HIPAA that allows family members to know which resident a survey is for.
11. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home will ever see individual results.

12. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
13. Mention the dates and hours of operation of the toll-free hotline.
14. Build in additional time after completion of scanning and preliminary data analysis for correction of surveys and for manual data entry.
15. 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."
16. Continue to invite families to use the back of the family letter to write comments so that they do not write on surveys.
17. Replace "son/daughter-in-law" with "son-in-law/daughter-in-law" in demographic section.
18. 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.
19. Consider allowing facilities to submit the audit form electronically as well as by fax or mail.
20. Modify audit form wording under "number of family surveys mailed " by adding (not to exceed number of surveys in survey kit).
21. Consider placing audit form as a separate sheet in the survey kit, or printing on colored paper and attaching to instructions.
22. Change "ODH License Number" to "ODH Home Identifier"
23. Add instructions requesting facilities to count surveys in packet and ask NCS Pearson if the number of surveys in the box can be placed on the address label.

Conclusions

The lower number of toll-free hotline calls from families, lost packages, and recommendations for changes to the 2002 Ohio Nursing Home Family Satisfaction Survey suggest that our ongoing changes to the survey instrument and the survey process have increased the ease with which the survey is implemented and decreased the confusion for facilities and families. This report on the second family survey implementation will provide guidance for further refinements to the family satisfaction survey in future years. It also provides important comparative information regarding areas of improvement in Ohio's nursing homes. Ohio leads the nation in providing the most comprehensive consumer satisfaction information about nursing homes. As our experience grows, so will the knowledge base. Since the implementation of the first family survey, one state, Colorado, has begun testing our instruments for their own use. As we continue to lead the way in developing a family and resident satisfaction survey process, other states may draw upon our experiences to provide similar information about nursing homes in their states.

References

- Applebaum, R. & Mehdizadeh, S. (2001). Long-term Care in Ohio: A Longitudinal Perspective. Scripps Gerontology Center: Oxford, OH.
- Becker, B.W., & Kaldenberg, D.O. (2000). Factors influencing the recommendation of nursing homes. Marketing Health Services, 20(4): 23-28.
- Ejaz, F. (2002). Assessing quality of care in nursing homes in Ohio. 40th anniversary conference of the The Margaret Blenkner Research Institute, Benjamin Rose, October 4, 2002, Cleveland, Ohio.
- Fox, K., Ejaz, F., Ranalli, A. & Straker, J. (2002, November). Family comments from the implementation of the family satisfaction survey in Ohio's nursing homes. Poster presented at the 55th annual conference of the Gerontological Society of America, Boston, MA.
- Straker, J.K. and Ejaz, F. (2001). Implementation of the 2001 Ohio Nursing Home Family Survey. Ohio Department of Aging: Columbus, OH.

Appendix A: Surveys per Facility SPSS Program

```
DO IF (NORM NE ' ').
COMMENT This looks for facility data in VR census file first.
Compute RESOCRAT=census/bnobeds.
COMMENT census is from VR census file.
ELSE IF Compute RESOCRAT=numres/bnobeds.
COMMENT numres is from 1st family survey, bnobeds from ODA billing file.
END IF.
COMPUTE survynum = resocrat+.05 .
COMMENT this increases last year's occupancy rate by 5 percent.
EXECUTE .
RECODE
  survynum (SYSMIS=1) (1.00001 thru Highest=1) .
COMMENT this sets the multiplier to 1 if no occupancy data in either source.
EXECUTE .
compute num2002=RND(survynum*bnobeds).
COMMENT these completions needed per facility--compneef--based on Bailer & Noble sample size
algorithm
if (num2002 GE 1& num2002 LE 12) compneef=6.
if (num2002 GE 13 ) compneef=7.
if (num2002 GE 14 & num2002 LE 15) compneef=8.
if (num2002 GE 16 & num2002 LE 18) compneef=10.
if (num2002 GE 19 & num2002 LE 23) compneef=11.
if (num2002 GE 24 ) compneef=12.
if (num2002 GE 25 & num2002 LE 26) compneef=13.
if (num2002 GE 27 & num2002 LE 28) compneef=14.
if (num2002 GE 29 & num2002 LE 31) compneef=15.
if (num2002 GE 32 & num2002 LE 33) compneef=16.
if (num2002 GE 34 & num2002 LE 35) compneef=17.
if (num2002 GE 36 & num2002 LE 37) compneef=18.
if (num2002 GE 38 & num2002 LE 45) compneef=19.
if (num2002 GE 46 ) compneef=20.
if (num2002 GE 47 & num2002 LE 55) compneef=21.
if (num2002 GE 56 ) compneef=22.
if (num2002 GE 57 & num2002 LE 67) compneef=23.
if (num2002 GE 68 & num2002 LE 80) compneef=24.
if (num2002 GE 81 & num2002 LE 86) compneef=25.
if (num2002 GE 87 & num2002 LE 91) compneef=26.
if (num2002 GE 92 & num2002 LE 111) compneef=27.
if (num2002 GE 112 & num2002 LE 134) compneef=28.
if (num2002 GE 135 & num2002 LE 155) compneef=29.
if (num2002 GE 156 & num2002 LE 177) compneef=30.
if (num2002 GE 178 & num2002 LE 238) compneef=31.
if (num2002 GE 239 & num2002 LE 312) compneef=32.
if (num2002 GE 313 ) compneef=33.
execute.
compute sampsize=RND(compneef/.44).
COMMENT this assumes the response rate is 44 percent.
COMPUTE OVERSAM=sampsize-bnobeds.
DO IF OVERSAM GE 1.
COMPUTE SAMPSIZE=BNOBEDS.
COMMENT this sets the surveys needed (sampsize) to the number of beds if more surveys required than
beds.
End If.
```


Appendix B: Survey Materials

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:

The Ohio Department of Aging has contracted with the Scripps Gerontology Center at Miami University to conduct the second annual satisfaction survey of consumers of nursing home services and subacute units in a hospital. We are interested in your opinions about the facility where your relative, friend, or the person you are caring for is staying. Residents will be interviewed for their opinions in the Spring of 2003.

The results of the satisfaction surveys for each facility will be posted on the Ohio Long-Term Care Consumer Guide Website at: www.ltcoho.org. The goal of the Consumer Guide is to help people select a nursing home for themselves or another person by comparing the information from one facility with another, and to provide information to facilities to improve their services. If you want to see the survey results or other information about your nursing home but do not have access to the Internet, you may call the Ohio Department of Aging at 1-800-282-1206 to request a copy. Most public libraries and senior centers also provide Internet access.

You were randomly chosen to participate in this important statewide effort. Your participation is voluntary. However, your input is critical because not everyone was selected to participate in the survey. If you participated last year, we thank you, and hope you will help us by participating again. If you choose to participate this year, answer as many questions as you can. If you are unfamiliar with a service, or the resident does not use a service, just shade the circle in the "don't know/doesn't apply to resident" column. Services that your resident receives will not be affected by whether or not you take part in the survey.

The information that you provide will be anonymous. Nothing on the survey identifies you – the code at the bottom of the form identifies only the nursing home about which you are providing your opinions. The resident's name and your name appear only on the envelope mailed to you – the research organization does not know who received surveys. If your family member has received care in several places, please complete the survey with respect to the facility that mailed this survey to you. Refer to the survey envelope for the name of the facility and the resident for whom input is sought.

If you would like to verify the information in this letter or have any questions about the survey, you may call the Ohio Department of Aging Family Satisfaction Survey toll-free number at **1-866-621-0353**. If you have additional comments, feel free to write on the back of this letter or a separate sheet of paper and return it with your survey. If you have a specific problem you are dealing with at this time, please call the Ohio Long-Term Care Ombudsman at 1-800-282-1206 for information and assistance in addressing your concern.

I hope you will agree to help us by responding to the survey. Your participation can help make the services at the facility more responsive to your needs and will help others select the facility that best meets their needs. **Please return your completed survey within the next two weeks to the Scripps Gerontology Center in the enclosed postage-paid envelope.**

Sincerely,

A handwritten signature in cursive script that reads "Joan W. Lawrence".

Joan W. Lawrence, Director
 Ohio Department of Aging

Ohio Department of Aging Family Satisfaction Survey 2002



MARKING INSTRUCTIONS

- Use a **No. 2 pencil** only.
 - **Do not** use ink, ballpoint, or felt tip pens.
 - Make solid marks that **fill the circle completely**.
 - Any marks outside the circles make your form unusable.
 - Erase cleanly any marks you wish to change.
 - Mark **only one** answer.
- CORRECT: ●

	Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Doesn't apply to resident	
Admissions	1. Did the staff provide <u>you</u> with adequate information about the different services in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2. Did the staff give <u>you</u> clear information about the daily rate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	3. Did the staff provide <u>you</u> with adequate information about any additional charges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	4. Did the staff adequately address <u>your</u> questions about how to pay for care (private pay, Medicare, Medicaid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	5. Overall, were <u>you</u> satisfied with the admission process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Services	6. Does the social worker follow-up and respond quickly to <u>your</u> concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	7. Does the social worker treat <u>you</u> with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	8. Does the social worker treat the resident with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	9. Overall, are <u>you</u> satisfied with the quality of the social workers in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PAGE 1

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

Family Satisfaction Survey		Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Doesn't apply to resident
Activities	10. Does the resident have enough to do in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	11. Are the facility activities things that the resident likes to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	12. Is the resident satisfied with the spiritual activities in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	13. Does the activities staff treat the resident with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	14. Overall, are <u>you</u> satisfied with the activities in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice	15. Can the resident go to bed when he/she likes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	16. Can the resident choose the clothes that he/she wears?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	17. Can the resident bring in belongings that make his/her room feel homelike?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	18. Does the staff leave the resident alone if he/she doesn't want to do anything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	19. Does the staff let the resident do the things he/she wants to do for himself/herself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receptionist/ Phone	20. Are the telephone calls processed in an efficient manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	21. Is the receptionist helpful and polite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Satisfaction Survey		Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Doesn't apply to resident
Direct Care (and Nurse Aides)	22. Does the resident look well-groomed and cared for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	23. Does a staff person check on the resident to see if he/she is comfortable (asks if he/she needs a blanket, needs a drink, needs a change in position)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	24. During the week, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	25. During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	26. 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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	27. Are the nurse aides gentle when they take care of the resident?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	28. Do the nurse aides treat the resident with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	29. Overall, are <u>you</u> satisfied with the nurse aides who care for the resident?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERIAL

PLEASE DO NOT WRITE IN THIS AREA



Family Satisfaction Survey

	Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Doesn't apply to resident
Professional Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERIAL

PLEASE DO NOT WRITE IN THIS AREA



Family Satisfaction Survey		Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Doesn't apply to resident
Meals & Dining	38. Does the resident think that the food is tasty?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	39. Are foods served at the right temperature (cold foods cold, hot foods hot)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	40. Can the resident get the foods he/she likes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	41. Does the resident get enough to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	42. Overall, are <u>you</u> satisfied with the food in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	43. Do the resident's clothes get lost in the laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	44. Do the resident's clothes get damaged in the laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment	45. Are there enough comfortable places for residents to sit outdoors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	46. Can <u>you</u> find places to talk with the resident in private?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	47. Is the resident's room quiet enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	48. Are the public areas (dining room, halls) quiet enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	49. Are <u>you</u> satisfied with the resident's room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Satisfaction Survey

		Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Doesn't apply to resident
Environment	50. Does the facility seem homelike?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	51. Is the facility clean enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	52. Are the resident's belongings safe in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	53. Are <u>you</u> satisfied with the safety and security of this facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Questions	54. Are there times when <u>you</u> are upset by the staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	55. Does the staff know the resident's likes and dislikes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	56. Do <u>you</u> get adequate information from the staff about the resident's medical condition and treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	57. Are <u>you</u> satisfied with the medical care in the facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	58. Would <u>you</u> recommend this facility to a family member or friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	59. Overall, are <u>you</u> satisfied with the quality of care the resident gets in this facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Background Information

Family Satisfaction Survey

Please follow the example to record answers for questions 1 and 2:

Example:
87 years old

AGE		
0	8	7
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. How old is the resident (years)?

AGE		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How old are you (years)?

AGE		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What is your race?

- Caucasian
- African American
- Hispanic
- Other

4. Mark gender for both the resident and you:

Resident:	You:
<input type="radio"/> Male	<input type="radio"/>
<input type="radio"/> Female	<input type="radio"/>

5. What is your educational level?

- Less than high school
- High school completed
- Completed college
- Master's or higher

6. Do you expect the resident's total stay in the nursing home to be:

(Please try to answer to the best of your ability.)

Select the category closest to your expectation.)

- Less than 1 month
- From 1 to 3 months
- Greater than 3 months

7. How often do you visit the resident?

- Daily
- Several times a week
- Once a week
- Two or three times a month
- Once a month
- Few times a year

8. When you visit the resident, what do you help the resident with?

Help with:	Always	Some-times	Never
I. Feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II. Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
III. Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV. Grooming (combing hair, cutting nails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Going to activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What is your relationship to the resident?

- Spouse
- Child
- Grandchild
- Niece/Nephew
- Son/daughter in-law
- Brother/sister
- Friend
- Parent
- Guardian
- Other

Family Satisfaction Survey

10. Do you talk to the following staff?

	Always	Sometimes	Never
I. Nurse Aides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II. Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
III. Social Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV. Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VI. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How is the resident's nursing home care paid for? (mark all that apply)

- Medicare
- Medicaid
- Private Pay (entire bill paid by resident, family funds)
- Long Term Care Insurance
- Other Insurance
- Don't Know

	Always	Sometimes	Never
12. Does the resident know the current season?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Does the resident recognize <u>you</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Does the resident know he/she is in a nursing home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Where was the resident before being admitted to this nursing home? (mark only one)

- Own Home
- Hospital
- Another nursing home
- Other

16. How much help does the resident need with the activities in the table below? Fill in the appropriate circle

Activities of Daily Living	Needs <u>no</u> assistance or supervision from another person	Needs <u>some</u> assistance or supervision from another person	Needs <u>a great deal</u> of assistance or supervision from another person	Resident is <u>totally dependent</u>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring (moving from or to a bed or chair)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your time! Your participation will help others know more about Ohio nursing homes. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-59. Place your completed survey in the business reply envelope and drop into the mail.

Thank you!

© 2002 The Ohio Department of Aging, All Rights Reserved

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

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 Administrator:

It's time for Ohio's Long-Term Care Consumer Guide 2nd annual Family Member Satisfaction Survey!

As you know, the Ohio Department of Aging, in collaboration with nursing homes and other state agencies has developed a web-based Long-Term Care Consumer Guide (www.ltcoho.org) that provides individuals, family members, and professionals with a wide range of information about nursing homes. The goals of the Ohio Long-Term Care Consumer Guide are to assist individuals in selecting a long-term care provider and to provide facilities with feedback from consumers to assist in continuous improvement processes. The data now available on the website include results from the first family and resident satisfaction surveys, information you have entered on the website about special care services, staff, bed availability, etc. and the Ohio Department of Health's annual certification or licensure survey.

This package contains everything you need to participate in this year's Family Satisfaction Survey. It includes the survey packets ready to be addressed, the criteria to select the most involved family, friend or interested party in the life of the resident, mailing instructions and reminder postcards. We value any effort you can make to encourage family members—especially those of short-term residents and hospital subacute units—to complete and return the survey.

In addition, we appreciate the effort your facility will make to participate in this survey. Remember, we guarantee your families complete anonymity of their responses. Scripps Gerontology Center, the contractor conducting the survey, will not know who participated and will only track surveys by the facility ID code printed on each survey. Results, of course, will be displayed in aggregate form only. It is ODA's goal to provide you with an individual facility report of the findings and to post the results on the website in March of 2003.

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 on the Ohio Long-Term Care Consumer Guide website www.ltcoho.org. Should you have questions, please call the toll-free Family Satisfaction Survey number, 1-866-621-0353.

The Consumer Guide Website is visited an average of 10,000 times a month. Please make sure you have registered and entered data about your facility so consumers have the opportunity to learn more about the uniqueness of your facility and the services you offer. If you are already registered, please check if your information is current. For assistance in registering on the website contact Jo Ellen Walley at (614) 466-9923 or Azharul Islam at (614) 995-0882.

Sincerely,

A handwritten signature in cursive script that reads "Joan W. Lawrence".

Joan Lawrence Director
Ohio Department of Aging

THE OHIO DEPARTMENT OF AGING
FAMILY SATISFACTION SURVEY
2002

Your Family Satisfaction Survey package contains the following:

1. Packets with Family Satisfaction Surveys and Postage Paid Return Envelopes ready for you to add the facility name and return address, affix \$.83 postage on each and address to the appropriate number of families from your facility.
2. Follow-up Postcards ready for you to affix \$.23 postage on each and address to the same person to whom you sent the survey.
3. A copy of the Family Satisfaction Survey for your reference.
4. General instructions for sampling residents and distributing surveys.
5. Selection Criteria For Person Designated to Respond to The Ohio Department of Aging Family Satisfaction Survey.
6. A list of Frequently Asked Questions and their Answers.
7. A Survey Audit Form on the last page of these instructions, to be completed and returned in the pink Business Reply Envelope to the Scripps Gerontology Center.
8. A pink Business Reply Envelope for you to mail your Survey Audit Form to the Scripps Gerontology Center.

PLEASE READ THESE MATERIALS CAREFULLY

**IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION IN THIS PACKAGE,
PLEASE CALL:**

**The Ohio Department of Aging Family Satisfaction Survey Toll-Free Number:
1- 866-621-0353**

THANK YOU FOR YOUR PARTICIPATION.

SURVEY INSTRUCTIONS

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. **Do not include residents in licensed residential care beds (such as board and care homes or assisted living beds).**

1. As soon as you receive your surveys, set aside a day in the next week to mail them out. On the day you are ready to send the surveys, obtain a copy of that day's resident census list. Please check to 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* located on page 5 of this instruction guide.
3. Based on the selection criteria exclude any resident (s) who does not have a 'most involved' family member, friend, or interested person by crossing them off the census list. You will now have a list of residents (all of whom have a most involved person) from which you can draw a random sample.
4. Review 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 residents with family and friends in your facility. *If you have 47 or fewer residents, you will not have to do random sampling.*

Table 1 **Number of Surveys to Mail**

Number of Residents with a Most Involved Person	Number of Surveys to Mail
47 or fewer residents	All family members and involved persons
48-55	47 (use random sampling)
56	49 (use random sampling)
57-67	52 (use random sampling)
68-80	54 (use random sampling)
81-86	56 (use random sampling)
87-91	58 (use random sampling)
92-111	60 (use random sampling)
112-134	63 (use random sampling)
135-155	65 (use random sampling)
156-177	67 (use random sampling)
178-238	69 (use random sampling)
239-312	71 (use random sampling)
313-350	74 (use random sampling)

We made assumptions about the number of residents with families and friends from previous experience with the family and resident surveys. If you do not have enough survey packets to accommodate your current number of resident families, please call 1-866-621-0353 and we will provide additional survey packets. If you have extras, please keep them; you may need to send new survey packets if any of the surveys you mail are returned to you by the post office as undeliverable.

5. Random Sampling of Residents: 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 until you have marked enough residents based on the numbers needed for your facility in Table 1.

6. For each resident chosen, again refer to the "*Selection Criteria for Person Designated to Respond to the Ohio Department of Aging Family Satisfaction Survey*" to determine to whom you should address 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 criteria outlined. Once you have identified the appropriate person to receive the survey, check your records for their most up-to-date address information and make a list of the names and addresses of those individuals. **In no case should any guardian or family member receive more than one survey from your facility.** Therefore, if you find that there are residents in your sample who share the same 'most involved' party, send only one survey to that most involved person and randomly select another resident and identify their most involved person in order to reach your quota. Retain the list of families/friends who received surveys.
7. You are now ready to address and mail the individual survey packets. 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

Please ensure that the address for the most involved person is up-to-date and current and that you are not sending a survey to the family of a deceased resident. Each of the family names should receive one of the prepared survey packets; remember to affix eighty-three cents postage (\$.83) to each envelope. In the event a survey is returned by the post office marked '*undeliverable*' please attempt to locate the respondent's current address and resend the survey. If you need to, repackage the survey materials in a new envelope. Or, if you have extra surveys, you may readdress a new packet rather than affixing a new label and postage to the survey already sent. Do remember to document the number of *returned undeliverable* surveys for which no known address is available on the audit form in the back of this packet.

Address the survey envelopes to the most involved person in this manner:

Your facility's name & address here	\$.83
Most Involved Person's Name & Address	
<u>Re: Resident's Name</u>	

Mail all surveys no later than November 15, 2002.

It is important to send or re-send the identified number of surveys for the size of your facility so that there is a valid sample.

It is also critical that you record everything on the audit form correctly. This is necessary to determine whether the responses for your facility meet the margin of error.

8. The follow-up postcard should be addressed to the same person you sent the survey and addressed in the same manner as the survey envelope. Postage for a postcard is twenty-three cents (\$.23). **Do not mail the postcard at the time you mail the initial survey. The reminder postcards should be mailed two weeks after the surveys are sent.**
9. Once you have mailed the reminder postcards to families, wait 2 weeks for any surveys returned from the post office and then complete the attached audit form. Return the form in the pink Business Reply Envelope addressed to the Scripps Gerontology Center. This audit form is due **no later than December 6th, 2002. After this date, please shred any leftover surveys.**
10. If families call with questions regarding the survey, please refer to the following "Frequently Asked Questions" 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 Family Satisfaction Survey Toll Free Number at: **1- 866-621-0353 until January 31.**

They may call the number any time and leave a message and their call will be returned. Every attempt will be made to handle calls live during regular business hours.

Selection Criteria For Person Designated to Respond to The Ohio Department of Aging 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 the resident does not have an involved family member, friend, or other interested person, do not send survey. Count residents without involved family members and note this on the audit form.

* In no case should any guardian or family member receive more than one survey from your facility. Therefore, if you find that there are residents in your sample who share the same 'most involved' party, send only one survey to that most involved and randomly select another resident and identify their most involved person in order to reach your quota.

**Frequently Asked Questions about the Family Satisfaction Survey and the
Long-Term Care Consumer Guide
(www.ltcoho.org)**

General questions and answers

- 1. What is the Ohio Long-Term Care Consumer Guide?**
The Ohio Long-Term Care Consumer Guide provides information about nursing homes in Ohio on a website developed and maintained by the Ohio Department of Aging (ODA). The mandate to develop the guide was provided by the Ohio State Legislature in House Bill 403. For more information about the guide, see www.ltcoho.org
- 2. Who is funding the Long Term Care Consumer Guide?**
The Ohio Long Term Care Consumer Guide is funded through the State budget and an annual fee of \$400 from each nursing home. These funds are used to help support the cost of both the resident and family satisfaction surveys.
- 3. What information will be included in the Long-Term Care Consumer Guide?**
The Long-Term Care Consumer Guide is a collaborative effort that displays information provided through the consumer satisfaction surveys, the individual nursing homes and the Ohio Department of Health. Nursing homes provide information about special services, policies, beds and rates and more through a secured access to the database to which they have immediate access for updates. These are just a few of the things that consumers are able to look at for every nursing home. Information about Medicaid and Medicare, nursing home organizations, and other long-term care options are also provided. Satisfaction information is summarized and updated annually for every nursing home that participates.
- 4. How will ODA get this information?**
Facilities provide some of the information regarding such things as special care services, bed availability, and policies. Additionally, facilities have the opportunity to update their information by using a password on the website. Regulatory performance data is provided by the Ohio Department of Health and CMS. Links to existing websites are used to provide additional information about funding and other long-term care options. Facilities with their own websites also have the opportunity to link to the Consumer Guide website.
- 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 are provided with the overall scores on satisfaction and may use that information for quality improvement purposes, newsletters, or marketing materials. By participating in the satisfaction surveys and providing the other information entered by each nursing home, a facility broadens its opportunity to convey information to new customers. Currently there is an average of 10,000 visitors to the site each month. Consumers have shared a negative response to data missing from the website. This is likely to impact their impression of a nursing home.
- 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?**
As a subcontractor to the Scripps Gerontology Center at Miami University, the Margaret Blenkner Research Institute of Benjamin Rose in Cleveland, Ohio was responsible for developing and testing the family satisfaction instrument 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 the Council was established by law (HB 403). Members include representatives of family members of nursing home residents, representatives from the Office of the Long-Term Care Ombudsman, the Ohio Association of Area Agencies on Aging, representatives from three nursing home trade organizations, the American Association of Retired Persons, and the Ohio Departments of Aging, 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 all Ohio nursing homes and hospital subacute units.
- 10. What will happen if a facility does not participate in the family satisfaction survey?**
HB 403 stipulates that facilities will participate. However, if a facility does not participate in the satisfaction surveys the statement: *Refused to Participate* will appear on the website where data for the survey is presented.

11. What is the cost to an individual facility to participate in the Family Satisfaction Survey?

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 and 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 the surveys to be completed annually.

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

1. 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 47 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 facility staff as being the most involved person in the care of the resident.

2. How did nursing home staff identify me as the appropriate person to receive the family survey? What were 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.

3. 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 to the survey.

4. 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 institutions have been hired to develop, test and implement the survey. This system protects the anonymity of all the persons who are participating in the survey.

5. Are residents completing a satisfaction survey?

Residents completed a satisfaction survey in the spring of 2002. The survey was developed and tested by the Scripps Gerontology Center at Miami University, Oxford, Ohio, and The Margaret Blenkner Research Institute of Benjamin Rose with input from the Consumer Guide Advisory Council. Vital Research was the contractor that implemented the survey. The resident survey was a face-to-face interview (unlike the mailed survey approach that is being used with families) with randomly selected nursing home residents. Results of the resident satisfaction survey were posted on the Long-term Care Consumer Guide, in September 2002.

6. 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.

7. Why did I receive two surveys?

If you are involved with residents living in more than one nursing facility, it is possible that you may receive more than one survey. Refer to the return address on the survey envelope to identify which facility sent the surveys. However, 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 asked to complete two surveys for the different nursing homes. **In no case should any guardian or family member complete more than one survey per facility.** If you are puzzled about which survey is to be completed for which facility, please call The Ohio Department of Aging Family Satisfaction Survey Toll-Free number at **1-866-621-0353** with the code numbers from the bottom of each survey. They will be able to tell you which survey is for which facility.

8. Whom should I contact if I have additional questions?

Please call The Ohio Department of Aging Ohio Family Satisfaction Survey Toll-Free Number at **1-866-621-0353**.

9. Who is staffing The Ohio Department of Aging Ohio Family Satisfaction Survey toll-free number?

The Margaret Blenkner Research Institute of Benjamin Rose in Cleveland.

10. What are the hours of operation for the Toll-Free Number?

You may call the number any time and leave a message and your call will be returned as soon as possible.

Every attempt will be made to handle calls live during regular business hours; however, due to heavy call volume you may at times be asked to leave a message.

Tear or cut off here and return

SURVEY AUDIT FORM

1. Name of Facility: _____
2. Street Address: _____
3. City: _____ Zip Code: _____
4. ODH License Number: _____
5. Telephone: _____
6. Facility Website Address: _____
7. Name of Person Responsible for Distributing Survey: _____
8. Email of Person Responsible for Distributing Survey: _____
(if available)
9. **Total Number of Licensed Nursing Home Beds** in your facility _____
10. **Total number of Nursing Home residents** (census) on day residents were sampled for the survey _____
11. **Total number of residents WITHOUT** Involved Family/Friend/Other Interested Party _____
12. **Number of surveys mailed** to Most Involved Family/Friend/Other Interested Party _____
13. **Number of returned undeliverable** surveys for which no known address is available: _____
14. **Date surveys mailed** _____

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

Ohio Family Satisfaction Survey
Scripps Gerontology Center
Miami University
Oxford, OH 45056
fax: 513-529-1476

This form is due at Scripps Gerontology Center no later than **December 6, 2002.**

The Ohio Department of Aging Family Satisfaction Survey

About two weeks ago, we sent you a satisfaction survey because you are involved with the care of a resident in a nursing home or sub acute unit of a hospital in Ohio. **If you have already completed and returned your survey, disregard this notice and 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. We need your input so results accurately represent the perspective of families and friends of nursing home residents in Ohio.

If you did not receive the survey, or have misplaced it and wish to request a copy, please call the Family Satisfaction Survey Toll-Free number at **1- 866-621-0353**

Appendix C: Step-by- Step Instructions for Creating a Facility Improvement Priority Index

1. Rank each item on your facility report according to the mean score, beginning with the highest scoring item. This can be done by hand, or by entering each item name and its mean score into an Excel spreadsheet, then sorting the items according to their mean scores from highest to lowest. Record the line order from the Excel spreadsheet next to each item on the facility report or in the spreadsheet itself. This is the mean rank for each item. (See example below.)
2. Look at the correlation ranking for each item shown on Table 20 of this report. Record the correlation ranking next to the mean rank.
3. Sum the mean rank and the correlation rank for each item. This gives you the priority score.
4. Choose the top 10-15 highest ranking items. These items are the highest priority areas for improvement.

	A	B	C	D	E	F	G	H	I
1	Item Name	Mean Score	Mean Rank	Correlation Rank	Priority Score				
2	Admin Respect	98.5	1	48	49				
3	Clean Enough	96.3	2	46	48				
4	Resident Room	94.3	3	30	33				
5	Medical Care	92.7	4	50	54				
6	Well-Groomed	90.6	5	47	52				
7	Enough to Eat	90.4	6	36	42				
8	Aides Gentle	90.1	7	27	34				
9	Food Tasty	78.5	8	16	24				
10	Like to do Activity	77.3	9	17	26				
11									
12									
13									
14									
15									
16									
17									

In the example above, the highest priority area for improvement is the item “Are you satisfied with the medical care in the facility?” with a score of 54, and the next most important item is “Does the resident look well-groomed and cared for?” with a score of 52.

Appendix D:

Comparisons of Four Facilities on Family Satisfaction Scores

Click to remove below	Name of Facility (Click on name for more information)	Family Survey More...	
		Would you recommend this Facility to others?	Overall, are you satisfied with care?
		Score	Score
<input type="checkbox"/>	A	95.5	94
<input type="checkbox"/>	B	86.7	91.9
<input type="checkbox"/>	C	96.3	93.4
<input type="checkbox"/>	D	95	93.7
<input type="checkbox"/>			
Statewide Average		87.4	88.5
Statewide Low		33	33
Statewide High		100	100

Source: Long term Care Consumer Guide (www.ltcoho.org)

Can the resident get the foods he/she likes?

Sort Question Results By: Facility Overall-Score

Facility	Family		Do Scores Represent All Surveys? (accuracy within +/- 10%)
	Overall Score	Number of Responses	
A	77.2	45	Yes
B	73.5	40	Yes
C	64.2	38	Yes
D	84.2	42	Yes
Statewide Average	73	26.1	
Statewide Low	33	1	
Statewide High	100	60	

Source: Long term Care Consumer Guide (www.ltcohoio.org)

Note: Only facilities C and D appear to be different on this item.

Do you think the facility should be cleaner?

Sort Question Results By: Facility Overall-Score

Facility	Family		Do Scores Represent All Surveys? (accuracy within +/- 10%)
	Overall Score	Number of Responses	
A	72.1	43	Yes
B	77.8	45	Yes
C	55.3	44	Yes
D	85.2	47	Yes
Statewide Average	59.7	28.4	
Statewide Low	23.6	1	
Statewide High	100	63	

Source: Long term Care Consumer Guide (www.ltcoho.org)

Note: Facility C is different from facilities B and D; and may be different from A as well.