Development and Testing of a Resident Satisfaction Survey for Ohio's Residential Care Facilities: Final Report

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Final Report

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Background

In 2005, Ohio House Bill 66 reinstituted funding for satisfaction surveys of nursing home residents and families and the development of a satisfaction survey for residents of Ohio Residential Care Facilities (RCFs). The information from these surveys was to be included in Ohio's web-based Long-term Care Consumer Guide. Activities for updating and expanding the Guide were monitored by a Long-term Care Consumer Guide Advisory Council. The advisory council was charged with directing the updating of the guide with nursing home family satisfaction data and the development and testing of a resident satisfaction survey for residential care. The Advisory Council includes consumer and family representatives, industry stakeholders, and state agency representatives. The Advisory Council assists in ensuring that the survey and the survey process meet the needs of all groups who will eventually be involved in implementation and reporting. This report describes the development of the RCF survey as well as the methods and results used to pretest the survey. We also present the results of interviews with administrators that addressed the feasibility of different strategies for conducting the survey with their residents.

Several constraints were imposed on the project.

1) The budget for Residential Care Satisfaction Survey implementation necessitated a written, self-administered survey, if at all possible.

2) The licensing category of Residential Care encompasses a broad range of facility and resident types, necessitating a survey that focused on items relevant to all residents, regardless of the type of facility they reside in. Facilities range from upscale assisted living facilities serving financially secure older adults to smaller facilities largely serving

mentally ill adults of all ages, similar to group homes on a slightly larger

scale.

Survey Development

The survey development process relied on a combination of qualitative and

quantitative methods to arrive at a survey instrument. The qualitative methods included

focus groups in 5 residential care facilities and 2 rounds of cognitive interviews with

RCF residents. The quantitative piece relied on input from the Long-term Care

Consumer Guide Advisory Council.

The research design proceeded in several phases, with focus groups used to

identify themes and topics that are relevant to satisfaction, Advisory Council input to

reduce the topic areas to a manageable list, two rounds of cognitive interviews to

examine question wording and response choices, and finally, a test-retest written survey

and interview protocol in a small sample of facilities to examine mode of survey

administration.

Focus Groups

Focus groups are an interactive technique used to discover perceptions and

opinions of a group of people. Focus groups are often used for identifying issues prior to

questionnaire construction (Groger & Straker, 2002). We conducted five focus groups

in order to identify domains of satisfaction in residential care as the first phase of

resident satisfaction survey development. These focus groups included two held at

mental health residential care facilities and three held at assisted living facilities. Two of

the focus groups were held in northeast Ohio, two groups were held in southwest Ohio,

and one group was held in central Ohio. A total of 35 residents, 14 men and 21 women,

participated in the focus groups. The age range for all participants spanned from 34 years old to 98 years old. Specifically, of the three assisted living focus groups, participants included 1) four men and five women, ages 76-92, 2) three men and five women, ages 72-90 and 3) six women, ages 69-98. The mental health groups included 1) four men and two women, ages 41-53 and 2) five men and three women, ages 34-50.

Aside from identifying domains of satisfaction, the focus groups were designed to address three important questions:

1) What issues do residents of such facilities share across populations?

2) How do their interests and needs diverge?

3) What are the implications for evaluating program effectiveness and resident satisfaction?

We were struck by a difference between the two residential care populations in the standards they used for measurement or comparison. Mental health participants measure satisfaction against standards of earlier institutional or group living experiences. In contrast, traditional assisted living residents measure satisfaction against independent living experiences or an earlier home in the community.

Several themes that emerged from the focus groups warranted our attention in constructing the resident satisfaction survey. For example, safety and security issues emerged as qualitatively different between the two types of residential care settings. Assisted living residents primarily spoke of safety and security issues in relation to potential threats from the outside community, while for the mental health population, potential threats from within the resident population itself were central.

A third finding from the focus groups involves life-stage salience. There were group differences noted in the perceptions of life-stage appropriateness of residential care and the extent to which these perceptions have an impact on satisfaction. For example, the mental health participants discussed issues such as asserting adulthood in a rule-bound setting, being age peers with staff, access to jobs or productive roles, involvement with their own minor children, and access to meaningful social activities.

Survey development implications of the differences between the two populations were that, often, issues that had salience for only one group or the other were not included. Wording for items was often made less specific so that they were applicable across all conceptual meanings of a term, such as "safety". Finally, the observed variation in reading and writing ability, cognition, and comprehension necessitated the development of items with very straightforward language to capture the experiences of as many residents as possible.

Advisory Council Input

After the first four focus groups, a list of 105 topics for item development was generated. These were topics that emerged repeatedly in the groups, as well as areas that seemed to particularly resonate with some of the participants. The list of topics was e-mailed to Advisory Council members and they were asked to rate each item according to its importance for inclusion on the final satisfaction survey. Council members were also asked to make comments about any of the items or the list as a whole. Results were tallied and 60 items were chosen from the highest-ranked items. The item topics were written into question items, and created into a written-self-administered survey format for use in cognitive interviews with residents. Where item topics were similar to

previously developed nursing home resident surveys the nursing home survey wording was used. The answer categories chosen for cognitive testing were "always", "sometimes", "hardly ever" and "never". These categories are also used in the statewide Ohio Nursing Home Family and Resident Satisfaction Surveys that are also a part of the Long-term Care Consumer Guide. For facilities with multiple levels of care, the same question and answer choices would allow them to make comparisons within their facilities. Consumers searching multiple levels of care would also be able to make similar comparisons.

Cognitive Interviews

First round of cognitive interviews
After the first draft of the survey questionnaire was created, six administrators of residential care facilities were contacted (a non-representative sample) for permission to conduct individual cognitive interviews with a small number of facility residents. Five facilities in southwest and one in central Ohio agreed to participate. The facilities include four non-profit continuing care retirement communities, one predominantly mental health facility, and one for-profit assisted living community.

Administrators were asked to develop a list of potential interviewees that would include residents of varying levels of cognitive ability, but with the baseline ability to complete a satisfaction survey and discuss the questions with an interviewer. From the list of potential interviewees, the interviewer solicited participation from two to four residents at each site.

When the interviewer arrived at the facility, most administrators (or other staff designee) introduced the interviewer to the residents on the potential interviewee list

and then excused themselves when the interviewer began to discuss the research project. The project was explained to the resident, along with the basic elements of informed consent. Potential interviewees were informed that if they chose to participate, they would be given $15.00 as compensation for their time. If a resident agreed to participate, the interviewer asked where they would be comfortable taking the survey. Most residents preferred to take the survey in their apartment.

Once settled in the resident-preferred location for the survey, residents were asked to sign the written consent form for participation and for permission for audio taping.

The interviewer began by asking the resident to review the information sheet. Next, the interviewer gave a copy of the satisfaction survey to the interviewee and asked them to complete it according to the written survey directions.

As the resident began the survey, the interviewer noted the time and then jotted notes anytime the resident seemed to hesitate with a particular question. Because the interviewer was familiar with the survey and the resident was seated in close proximity to the interviewer, it was possible for the interviewer to make notes about the particular section or question the resident seemed to hesitate on. At times, the resident would speak directly to the interviewer about a particular question while in the middle of taking the survey. In this case, the interviewer jotted down the comment, but did not engage the resident in conversation. When the resident completed the survey, the interviewer noted the time.

Upon completion of the survey, the interviewer asked the resident for his/her general impressions of the survey including things like readability, ease of use, and

clarity of instructions. After the resident had a chance to discuss general impressions, the interviewer asked if there were any particular questions that the resident felt were unclear or poorly worded. Once the resident had a chance to discuss any specific questions or group of questions, the interviewer asked about each question or area in which the interviewer had noted hesitation. After the resident had a chance to speak to each of these areas, the interviewer asked him/her to discuss what came to mind for each of approximately 10 particular questions. These questions were those that the question composition group had discussed at length, often writing and re-writing the wording of the specific question until the group felt it most accurately reflected the concept we were trying to address. For example, "What is most important to you about your safety and security here?"

Finally, the resident was asked if they felt the questions reflected those areas of life that impacted their own level of satisfaction in the facility and if there were any other areas or questions that should be added to the survey to improve its ability to gauge resident satisfaction.

Lessons learned during the first cognitive interviews:

Answer Categories
Some residents found it difficult to find the level of response they would like within the 4-category response options of Always, Sometimes, Hardly Ever, Never. When this occurred, the resident would typically report that "Always" seemed too absolute but "Sometimes" seemed too infrequent. They spoke of wishing for an answer that was between "Always" and "Sometimes," such as "Usually," "Almost Always," or "Most of the Time." Some residents expressed this by writing their suggested response

category between the two given responses or simply by placing their x on the line that

separated the two categories rather than directly within a category response box.

Several residents requested a "Don't Know/Doesn't Apply" category.

Beyond the resident-expressed reason for finer discrimination in answer choices,

there are other possibilities as to why some residents may have suggested more

choices in the answer categories. Because our emphasis was on survey development,

it may be the respondents were thinking of the survey design itself and possible ways

they would change the survey. It is also possible that those residents identified by the

administrators for the cognitive interviews have a high level of cognitive functioning that

may impact their desire for finer-scaled response options. At least one resident was

very aware of her input into the survey design process, and what having the satisfaction

survey would mean for older adults.

" I just think this is great. I think not only will it help the people that are going to use it but it's going to be so helpful to the people doing it because they are going to think 'Boy, I'm really somebody, you know, I'm filling out this and it's going to be read and looked at.' I think it's going to be very therapeutic for the elder filling it out."
Cognitive Interview Participant & RCF Female Resident

Who is Staff?

Early in the process of interviewing residents, a few residents expressed

uncertainty about who was meant by "staff". Other residents, in their general discussion,

mentioned whom they were thinking of when they encountered a question that asked

them about their interactions with staff. Because this occurred early in the process, all

subsequent interviewees where asked specifically who came to mind when they read

the "staff" questions. Some of the differences in residents' perceptions of staff included:

A male resident who considers "staff" to be management. When answering questions regarding availability during weekend and nights, this resident wrote in N/A because he has never needed a "staff" (management) during those times.

A female resident who thinks first of CNAs when she reads the word "staff" but then upon discussion, expands her thought to include nurses and activity personnel. She states she does not know who is meant by the term "administration."

A female resident who describes the "layers of people" she thinks of when she sees the word staff, including head nurses, RNs, LPNs, CNAs, fleet of housekeepers and maintenance, and administration.

A female resident who responded that when she reads questions involving "staff," she thinks of Director or Supervisor levels or even the Dining Workers. Aides, according to her thinking, are NOT staff, housekeepers are NOT staff although the Housekeeping Supervisor is staff. When asked further, "Is there a word you use to describe them?" She replied, "The non-staff?" She explained her reasoning for the division of staff/non-staff has much to do with employee retention. Non-staff are those positions of high turnover, staff are those positions of greater stability.

We settled on the term "employees" to encompass the range of staff discussed by residents.

How much food?
Another question that proved to be problematic was the question "Do you get the right amount to eat?" This question was worded this way because the focus group work had informed us that some residents had complaints about too much food being served at meals. The corresponding nursing home question focused on residents getting enough to eat, which was not the issue for most RCF residents. However, during the cognitive interviews, many residents expressed concern with this question wording. In most cases, residents suggested the portions of food were too large, but by answering this question negatively, the results could not be interpreted well – we wouldn't know if it was too much or too little, only that it was not the right amount. After hearing this concern from a number of the interviewees, the decision was made to return to the

original form of the question, "Do you get enough to eat." The rationale for this decision was the greater concern that residents have enough food available during meals, having too much was seen as a less critical issue although it does appear to be a concern to some residents.

Word Meanings Across Cohorts

Another lesson learned during these cognitive interviews concerned potential cohort differences in word interpretation. The question, "Do the staff treat you as a unique individual?" caused some older interviewees to hesitate as they were completing the survey. From the survey creators' point of view, the question refers to being valued and treated as an individual. Some residents seemed to have an uncertain or negative response to the phrase "unique individual." For example, in discussion with the interviewer about his hesitation on this question, one resident laughed and said,

 "*Unique individual?* . . that I don't know. They don't treat me as though I am a unique, they never treat me as a unique individual, at least that's my thinking of what a unique individual would be and whether I'm one." Interviewer: "Does that have a negative connotation?" Resident: "I guess it does. Well, I think this requires – they do treat me as a person other than just a member of a group --so "never" but that's not the correct answer."

Hence, we learned that the phrase unique individual to some residents had a negative connotation similar to "odd duck."   In this case, an answer to this question interpreted as "odd duck" would be *negative if the resident was pleased* that staff did not treat him as if he were odd, and *positive if the resident was displeased* that the staff treated him as if he were odd. Needless to say, the question was reworded upon this interesting discovery.

Other Resident Reactions

Most residents felt the structure of the survey was easy to understand and easy to use. Some residents commented positively about the font size used (16 pt font). A few residents had some difficulty holding a pen, and recording their responses. They discussed that they would have to have assistance in order to complete the survey and several discussed the fact that family help with their paperwork. One male resident at the mental health RCF was unable to complete the survey without assistance due to illiteracy. He answered the questions easily when they were read to him by the interviewer.

Some residents who had no trouble themselves with the survey commented that other residents in the community would not be able to complete the survey without assistance due to poor eyesight, arthritis, or cognitive decline or other challenges.

Individual Cognitive Interviews, Second Round

Upon completion of 12 interviews during the first round, resident suggestions and reactions were summarized and reviewed by the survey question creation team. Again, we reviewed the question matrix which had been developed from the initial discussion with the provider/professional advisory council. For those questions that residents identified as problematic in any way, the question team discussed possible wording changes as well as possible placement changes. These changes were incorporated into a new survey form. Because the first round of interviews resulted in extensive rewording and question changes, a second round of interviews was done with an additional 5 residents selected from the resident lists created for the first round of

interviewing. The second round of interviews resulted in fewer hesitancies or concerns expressed by resident interviewees. Most residents were able to complete the survey in about 15-18 minutes. The actual times varied from 10 minutes to 22 minutes.

Pretest Methods

To implement the pretest, 13 facilities in northeastern and southwestern Ohio were recruited to participate. Each facility provided an estimated census, and scannable written survey packets were prepared for each resident (see Appendix A for survey materials). Because survey development work indicated a lack of consensus regarding participant preferences for different response categories, 2 versions of the survey were tested; one had four response categories, the other had five. ("Yes, always," "yes, sometimes," "no," "hardly ever," and "no never" were the four categories. The five categories used "yes, always," "yes, most of the time," "sometimes," "no, hardly ever," and "no, never.") Equal numbers of each type of survey were distributed to each facility. Each survey distributed by a particular facility was printed with a facility ID number so that survey responses could be linked to a particular facility to examine survey responses. Facilities were also provided with instructions and a list of "frequently asked questions" about the surveys (see Appendix B). Facilities were randomly assigned to "high assistance" or "low assistance" in order to compare response rates between facilities that spent more or less time promoting the survey and encouraging and assisting residents to respond to it. Survey instruction letters gave suggestions for assistance in the high-assistance facilities, while the low-assistance facilities were asked to do no more than what residents requested.

In order to examine different modes of survey administration, residents who were willing to be interviewed, either by phone or in-person, provided their names and telephone numbers on their returned written surveys. Eighty-three residents volunteered to be interviewed.

Interviews were also conducted with a random sample of 10 administrators who did not participate in the pretest, and 10 administrators who participated in the pretest. These qualitative, semi-structured interviews were used to develop recommendations about survey administration, survey promotion, and the feasibility of conducting a written survey with residential care residents.

Interviewer training materials were developed, along with a question-by-question guide to the survey. Survey instructions were modified to adapt the survey for easy interview administration (see Appendix A for interview materials).

Resident volunteers were randomly assigned to phone or face-to-face interviews. All phone interviews and volunteers from the southwest Ohio were conducted with 2 graduate student interviewers from Miami University. A professional research interviewer conducted the in-person interviews in northeast Ohio. After completion of the interviews, an in-person interviewer debriefing was held with the interviewers in southwest Ohio. The interviewer from northeastern Ohio was provided with their comments, and asked to indicate agreement, disagreement, and to add additional issues that she had noted.

Pretest Results

Response Rates

One of the major concerns with administering a written survey to residential care residents is the degree of impairment of such residents and their ability to complete a

survey. Although 13 facilities were recruited for pretesting, only 10 actually participated.

One indicated that they did not receive their materials, another did not distribute

materials, and another was asked by the resident council not to participate.

One hundred-seventy surveys were returned from nine facilities. One facility

received no returned surveys; this facility had been assigned to the "little assistance"

condition. In general, response rates were higher in facilities assigned to the "lot of

assistance" condition (mean 41.4%, range 13-57%) but the highest response rate (82%)

was achieved in a "little assistance" facility. No patterns were shown among the

facilities that distributed directly to resident rooms compared to distribution via facility

mail. These responses suggest that encouragement is needed to ensure residents

return surveys and either mode of distribution would be acceptable.

It is also clear that in most facilities, distribution to all residents is necessary.

Assuming similar sample sizes will be needed for residential care facilities as for nursing

homes, only four of the 10 participating facilities met the margin of error. Distributing to

only a sample of residents would have likely resulted in no facilities meeting the margin

of error.

Since volunteers for retest interviews were recruited via the returned written

surveys, the low number of responses resulted in a low number of respondents to be

interviewed. Eighty-three residents volunteered from the 170 who returned surveys.

Written surveys were slightly modified to include instructions and comments for

interviewers to read as well as information about the resident.   (See Appendix A for

both versions of the survey.) Fifty-three interviews were actually completed for a

response rate of 64 percent. The most frequent reason for non-participation was

"changing their mind". Telephone interviews were the most problematic with several

residents hanging up on the interviewer because they could not hear her or could not

understand why she was calling. Even completed telephone interviews were a problem

with several residents saying "how much longer is this going to take?" Interviews were

fairly lengthy, ranging from 13 to 45 minutes with an average of 19 minutes. The length

of the survey combined with hearing difficulties and fatigue make the telephone

interview option much more challenging than the in-person interview option.

As previously mentioned, an equal number of four and five-response surveys

were provided to each facility. However, the number of written surveys returned was

significantly different, with 102 four-response returned and 68 five-response returned.

One five-response was unusable because the resident had checked all responses to

every question. These findings suggest that our previous concerns regarding additional

response categories contributing to additional difficulty may be well-founded. Although

two interviewers expressed a preference for including the category "most of the time",

one interviewer thought that survey was more difficult, given that the neutral category

"some of the time" had no "yes" or "no" and could not be used in a branching response

strategy. Branching response allows the interviewer to read only the "yes, always" and

"yes, sometimes" responses if a resident provides an initial "yes". Previous research

has found branching to be helpful in assisting those with cognitive impairment to

participate in interviews. Based on the response rate differences and no clear-cut

interviewer feedback, our recommendation is that the four-category response set be

used in the final satisfaction survey. This also has the advantage using the same

answer categories that will allow for comparisons of RCF data with nursing home resident and family data which may be important in facilities with multiple levels of care.

Psychometric Analyses

A number of psychometric analyses were conducted with the returned written surveys. The goals of these analyses were to determine whether the items included in the conceptual domains that guided the organization of the survey were appropriate, and to determine whether the mode of survey administration resulted in significant differences for the survey as a whole, or for individual items. The results of each of these activities are discussed in the following section.

<u>**Domain Construction**</u>

Because the four-response survey had the largest number of surveys returned, these 102 written surveys were used in these analyses. In analyzing survey questions, exploratory factor analyses (EFA) were conducted by domain since each domain was designed to be substantively consistent. The only exception to this was the combination of the domains on employee characteristics and manager characteristics. Analyses for these two domains were combined because, in many of the smaller survey locations, managers and employees were not differentiated. Whenever possible, each EFA was conducted using varimax rotation. Factors were identified where eigenvalues exceeded 1.000. An item was considered to load on a factor if its loading exceeded 0.400. If an item loaded above 0.400 on more than one factor, it was placed within the factor on which its loading was highest.

Because there were only two questions asked, EFA could not be conducted on the Laundry and Cost of Living sections.

The following sections demonstrated excellent fit with all questions loading on a single factor (factor loading ranges are provided):

Section	Factor Loading Range
• Care & Services	(0.776 – 0.894)
• Communication/Problems	(0.845 – 0.872)
• Activities	(0.630 – 0.807)
• Facility in General	(0.587 – 0.865)

The following sections demonstrated excellent fit with all questions loading on two factors (factor loading ranges are provided):

Section	Factor Loading Range	
• Rules & Policies	Factor 1 (0.559 – 0.814)	Factor 2 (0.825 – 0.916)
• Food/Meals/Mealtime	Factor 1 (0.573 – 0.827)	Factor 2 (0.594 – 0.909)

The following section demonstrated excellent fit with all questions loading on three factors (factor loading ranges are provided):

Section	Factor Loading Range	
• Facility Look & Feel	Factor 1 (0.695 – 0.797)	Factor 2 (0.498 – 0.813)
	Factor 3 (0.537 – 0.802)	

Note that the question "Does this place look attractive to you?" loaded on two factors. It was placed with factor 1 (0.745 loading) and appears to be most substantively consistent with the other items in this section. This item also loaded weakly on factor 2 (0.455 loading), but given the face validity with factor 1 and strong loading on that factor, there is little reason to remove or modify this question.

The following section demonstrated very good fit with all questions loading on two factors (factor loading ranges are provided). However, several items demonstrated cross-loading on the two factors and are discussed below:

Section   Factor Loading Range

- Employee/Manager   Factor 1 (0.557 – 0.857)   Factor 2 (0.486 – 0.859)

The following items demonstrated loading on both factors:

- "Do the employees who take care of you know what you like and dislike?"

- "Do the employees spend enough time with you?"

- "Do you feel confident that the employees know how to do their job?"

- "Are the managers/supervisors available to talk with you?"

The last three of these items load strongly enough that their respective cross-loadings are not particularly concerning. The first item, however, loads almost equally on both factors, and therefore, does not discern between the two identified factors. A rewording more substantively consistent with one of the factors or removal of the item might be in order.

Based on the results of these analyses, a reliability analysis was conducted with each of the domains as they were currently constructed. Cronbach's alphas (a measure of the internal consistency of a scale) ranged from .564 to .906 with all domains showing acceptable scores. However, for some domain scales, the scale alpha could be improved by removing some items. A meeting was held among the investigators to determine what, conceptually, could be improved by rearranging and/or dropping some items. Because only a few of the items in question were highly correlated with other

items, investigators were reluctant to drop them completely from the survey. We opted

to examine how some of the items performed in other analyses and whether

interviewers had insights that would shed light on what to recommend. We also

experimented with rearranging some of the domains, and combining them. While this

resulted in improvements for some domains it resulted in lower reliabilities for others.

While Table 1 recommends items and some rearranging of the items on the final

survey, additional domain reliability work should be undertaken with the statewide data

when they are collected if domain scores will be part of the public information presented

about residential care facilities. An additional factor analysis and domain reliabilities

should be conducted with the larger statewide dataset to determine the items included

in each domain.

Interviewer Debriefing

We also conducted an item-by-item interviewer debriefing, with a special focus

on items that had been identified as problematic in the psychometric analyses.

Interviewer comments on difficult items are noted in the following table. Their

comments were provided to the northeastern Ohio interviewer for input and she

indicated general agreement with most of the concerns that had been raised.

An additional item analysis examined "don't know/does not apply" responses.

The highest proportion of "don't knows" was found on the "get enough notice about

cost" item, with 12.5% reporting "don't know". This item was problematic in other ways

and is recommended for removal in the summary.

Table 1 provides a summary of our findings from the factor and reliability

analyses and interviewer debriefing. As the table shows, eight items are recommended

Table 1. Resident Satisfaction Survey Findings Summary and Recommendations					
Employees, alpha .906	**Factor**	**Alpha**	**Interviewers**	**Test-retest**	**Recommendation/ Comments**
1. Are the employees courteous to you?					
2. Can you depend upon the employees?			Didn't understand "depend"		
3. Overall, do the employees seem to help each other?			"How would I know?"		
4. Are the employees here friendly to you?					
5. Do the employees who take care of you know what you like and dislike?	Loaded on 2 factors		Hard to understand "dislike"		Reword to "know what you like and don't like"
6. During the week, are employees available to help you if you need it?			Had to really distinguish the time frames		Underline week.
7. During the weekend, are employees available to help you if you need it?					Underline weekend.
8. During the evening and night, are employees available to help you if you need it?					Underline evening and night.
9. Do the employees spend enough time with you?	Loaded on 2 factors.		Lots of people said "don't need them", "don't want them to."		Drop item.
10. Do you feel confident that the employees know how to do their job?	Loaded on 2 factors				
11. Overall, are you satisfied with the employees who care for you?					Possible drop; similar "overall" items not in other domains.
12. Are the managers/ supervisors available to talk with you?	Loaded on 2 factors		Don't need to talk to them.		Often the manager/employees are the same. Drop or change "managers" to "employees."
13. Do the managers/ supervisors treat you with respect?		Alpha the same if removed			Same as above.

	Factor	Alpha	Interviewers	Test-retest	Recommendation/ Comments
Care and Services, alpha .799					This domain needs to be restructured before calculating domain scores. Conduct additional factor analyses with statewide dataset.
14. Do you get the care and services that you need?					
15. Do you get enough information about your care and services?			"What kind of information?"	Significant difference in survey mode— interview better	Lack of clarity may be affected by administration mode. Drop.
16. Do you get your medications on time?		Alpha better if removed.			Conceptually important from focus groups in MH facilities. Item also reduces reliability in employees domain. Retain and conduct additional factor analyses with statewide dataset.
Communications, alpha .825					
17. Is it acceptable here to make a complaint?			Lots of repeats, not easily read.		Conceptually important; item reworded twice in rounds of cognitive interviews. Recommend "Is it acceptable to make a complaint here?"
18. Do you know who to go to here when you have a problem?					
19. Do your problems get taken care of?					
Activities, alpha .691					
20. Do you have enough to do day to day?			Day-to-day phrase unclear	Significant difference in survey mode— interview better.	Reword to "Do you have enough to do here?"
21. Do you get enough information about activities offered here?			Hard to read		Add "the" activities offered here. Examine with factor analysis on 1st year dataset.
22. Are you satisfied with the activities offered here?					

	Factor	Alpha	Interviewer	Test-retest	Recommendation/ Comments
23. Without family or friends to help, can you get to places you want to go?			Hard to read		Conceptually, needs these 2 thoughts. Leave as is.
Laundry , alpha.751					
24. Do your clothes get lost in the laundry?					
25. Do your clothes get damaged in the laundry?			Respondents made answer category shift	Significant difference in survey mode— interview better.	
Meals and Dining, alpha .826					
26. Do you get enough to eat?			Complaints about getting too much to eat.		Too much/too little issue examined in previous rounds of cognitive interviews. Keep as is.
27. Can you get snacks and drinks whenever you want them?			Didn't apply, never thought about it, of course there is a vending machine, I have a fridge, etc.		Reliability improves when moved to choice domain. Reexamine with 1st year dataset.
28. Is the food here tasty to you?					
29. Do you have a choice of what to eat and drink?		Highly correlated with item below	Seemed to think it meant whether they could get a different entrée if they didn't like the first one.		Conceptually, this seems to address having 2 entrée choices at meals. Highly correlated with item below. Drop.
30. Can you get the foods you like?			"How is this different than what I just answered?"		Keep this single item about food choice.
31. Is your food served at the right temperature? (hot foods hot, cold foods cold)					
32. Is the dining area a pleasant place for you to eat?					Reexamine with 1st year dataset. Doesn't improve the environment domain either.
33. Do you like the way your meals are served here?					

	Factor	Alpha	Interviewer	Test-retest	Recommendation/ Comments
Costs, alpha .564					
34. Do you get enough notice when the cost to live here goes up?		Individual item stats. Not available	"They tell us every November", "my son does that"		Unacceptable domain reliability. Large number of DKs. Drop.
35. Do you feel like you are getting your money's worth here?			Lot of hesitancy, unsure.		Move to general satisfaction domain.
Environment, alpha .837					
36. Do you like the location of this place?					
37. Are the outside walkways and grounds well taken care of?					
38. Does this place look attractive to you?					
39. Is this place kept clean enough for you?	Loaded on 2 factors				Reexamine in 1st year factor analysis.
40. Can you find places to talk with your visitors in private?			Problematic in an interview— they either are or aren't talking privately.		Highly correlated with 41. Drop.
41. Do you have enough privacy in your room?			Problem in asst. living apts.; rooms are for those "worse off"		Add "your room or apt.?"
42. Is this place quiet when it should be?					
43. Are you satisfied with your room?			Problem in asst. living apts.; rooms are for those "worse off"		Add "your room or apt.?"
44. Do you feel safe here?					
45. Are your belongings safe here?			Hard to hear "belongings"		
46. Do you feel comfortable here?					
47. Do you think this is an appealing place for people to visit?					

	Factor	Alpha	Interviewer	Test-retest	Recommendation/ Comments
Rules and Policies, alpha .707					
48. Are the rules here reasonable?			"What rules?"		Move to end of rules and policies section.
49. Can you go to bed when you like?					
50. Can you get something to eat in the morning no matter when you get up?			Not relevant, hard to read		Residents explain the tradeoffs made by their choice of wake-up times. Essentially measuring the same reality as "snacks and drinks whenever you want them." Drop.
51. Does the facility let you decide when to keep your door open or closed?		Alpha better if removed	Seem to be more about door locked or unlocked.		This may be covered by item on "privacy in your room or apt." Drop.
52. Do the employees leave you alone if you don't want to do anything?					
53. Do the employees let you do the things you want to for yourself?					
54. Are you free to come and go as you are able?					
General Satisfaction, alpha .714					
55. Do people who live here fit in well with each other?		Alpha better if removed.			Conceptually very impt. from focus groups and cognitive interviews. Reexamine with factor analysis in 1st year.
56. Are you treated fairly here?		Alpha better if removed	Not clear on the concept of fairness		Conceptually very impt. from focus groups and cognitive interviews. Reexamine with factor analysis in 1st year.
57. Overall, do you like living here?					
58. Would you recommend this place to a family member or friend?					

for removal from the survey. Additional changes in wording are suggested for some items, as well as moving several within the survey to make the flow of items improve their relevance and clarity for residents.

We also recommend keeping the items about assistance received, who helped with the survey, and adding items on age and gender to determine who is completing the survey.

Test-retest Comparison

The mode of survey administration was an important issue in this study. In order to determine if significant differences were found among the items depending on how they were administered, comparisons between a resident's reports in writing and an in-person interview were compared. Although interviews were conducted by telephone and in-person, all interviews were combined for this analysis.

Paired-sample t-tests were conducted for each item, with the first score coming from all respondents on the written survey, and the second coming from the interview. Only three items showed statistically significant differences between the written and interview surveys. These items are "Do you get enough information about your care and services?", "Do you have enough to do day-to-day?", and "Do your clothes get damaged in the laundry?" Only the "get enough information" item resulted in higher mean scores on the interviews. One should also keep in mind, however, that the nature of the t-statistic is such that when nearly 60 (58 items) t-tests are conducted, 3 of them are likely to show significance that is unreliable. The results shown here could be entirely due to chance.

An additional analysis compared all items, even if mean differences were not statistically significant. Of 58 question items, 25 had higher mean values on the written survey, 18 had higher mean values on the interview, and 15 showed identical mean values regardless of survey mode. We can reasonably conclude that with a fairly equivalent number of items scoring better or worse on each survey mode, the magnitude of the difference that led to significance in the t-test is likely to be outweighed by the more even distribution of most items. Further, an analysis of t-test differences for overall satisfaction (the sum of a facility's scores) showed no significant differences related to the mode of administration. Written and interview data on the overall measure were highly correlated (.631) and significantly so (p=.000). Based on these findings with this small sample it seems that the survey results are not significantly impacted by the mode of administration. When needed, help with the surveys can and should be provided in order to increase response rates.

Residents requiring Assistance

In order to understand the resident population requiring assistance, we examined the proportion receiving assistance, the kind of assistance required, and who provided the assistance. Over two-thirds (67.4%) of the residents received no assistance with completion of the written survey. Twenty-one percent received help reading the questions, 14 percent had help recording answers and 14 percent had someone fill out the survey on their behalf. Nearly one-quarter (24.7%) had help from a family member, and nine percent received help from a facility employee.

In order to examine whether having help made any consistent differences in findings, results from those who received assistance were compared with those who did

not. Two items, "Do the employees spend enough time with you?" and "Do you feel like you are getting your money's worth here?" showed significant differences (p=.03) between those with and without assistance. Those without assistance showed a significantly better mean score on "Do the employees spend enough time with you?", and those with assistance showed a significantly better (p=.02) mean score on "Do you feel like you are getting your money's worth here?". From these results, it seems that the provision of assistance does not consistently bias findings in any way. However, because of the small size of the sample, the assistance questions should remain on the survey for statewide implementation in order to examine these findings further with a larger sample. Previous research has found systematic differences between nursing home residents who did or did not have help from staff (Hodlewsky & Decker, 2002) and the small sample size may have prevented the bias from being apparent in this study.

Qualitative Administrator Interviews

Telephone interviews were conducted with 12 administrators who participated in the pretest, and 10 who did not participate but received survey materials prior to participation in the interview. Those who participated and those who did not showed no consistent differences, so the following results will be discussed for all administrators as a group.

<u>Burden</u>

Most administrators said the surveys weren't or wouldn't be burdensome for staff or residents. Some did discuss, however, that they also do their own survey and when additional surveys are required, residents express frustration – especially if the timing is close. One administrator had taken the information to the resident council as a means

of introducing the project and securing buy-in, only to have the council refuse the project. The administrator said the resident council's reasons included having just completed the facility survey recently, a full calendar of activities planned and in the process of being planned for the holiday season, and understanding that they had the right to say no. Other administrators also mentioned timing, with a preference for any time other than the last quarter of the year. Another suggested including the list of "Frequently Asked Questions" in the resident survey packet to minimize the questions answered by staff.

In contrast to most assisted living administrators saying it wasn't a burden on staff or residents, the mental health RCF administrators felt very differently. In the process of recruiting pre-test facilities, one "administrator" refused to participate in the pretest but agreed to be interviewed. She was "at her limit" as she described the fact that she was the administrator, but also worked shifts as an aide, and had been the one who had answered the general phone line when called. She spoke of having more than enough to handle with daily tasks, and not enough time or energy to take on one more thing that was not absolutely required. She also described how unfamiliar "paperwork" often created anxiety in the residents and this in turn made things difficult for staff. This was also mentioned by the other two mental health facilities. This problem creates a real challenge, of course, as it is important to measure the satisfaction of the residents of all types of residential care facilities. However, if standard methods of doing so create additional hardships for many of the residents, alternative methods should be considered.

Usefulness

In terms of usefulness of the data, most administrators said they would find it helpful for the purposes of quality improvement. Some did mention using positive results for marketing purposes or simply building good will with residents and families. Some administrators said the surveys done by their own company were more useful to them as they are more detailed and designed for their particular situations.

Survey Process

The majority of administrators expressed concern about the integrity of the results. Two believed that the market is so competitive that administrators may be tempted to interfere in any number of ways with the process so as to ensure favorable results. They both mentioned being honest and ethical, and expressed their concern that their facilities would be disadvantaged because they wouldn't manipulate the process. One administrator also suggested that an audit process be imposed, where facilities would keep a list of the residents they helped, and outsiders could interview the residents about how the interview went.

Another administrator expressed concern that her own staff might influence (either knowingly or unknowingly) residents' responses, especially in the cases where residents need some help in completing the survey. Others indicated that they wouldn't participate in the process unless some actions were taken to be sure facilities did not bias residents by helping them complete the surveys.   Most administrators felt a process that did not involve facility staff in any way would secure the most accurate responses. Clearly, if RCFs are to be persuaded to participate in this process the personnel to assist residents with the survey process should come from outside the facility.

<u>Residents' Ability to Respond</u>

Another prevalent concern involved residents who would not be able to complete a written survey. While related to residents' needs for survey assistance as described above, it also poses a larger problem as some facilities (dementia care) mentioned that it was likely that none of their residents could complete the survey, even with help. And, if they had help, it was likely to increase their confusion and agitation because it was something out of the ordinary.

Some administrators suggested that a letter be sent to identify facilities that likely had no residents who could complete the survey so that surveys could be delivered to families instead.[1]

Who can help?

Some administrators said residents' families and other visitors may help with completing satisfaction surveys but mentioned several difficulties. First, not all residents have family or other visitors involved in their lives. Second, some administrators suggested that families could complete the surveys on behalf of residents but others suggested that family members work and wouldn't want to spend their limited visiting time on a survey. Third, in order for the facility to encourage or try to coordinate this type of help, they would have to use several avenues of communication with families/visitors and time/resources would need to be allotted for such.

Two administrators said it would not be problematic to provide non-facility volunteers for residents who need survey assistance. One stated he would use gift shop volunteers, wellness club members from the greater community, transportation

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[1] (Author's note: It would not be necessary to identify facilities that had no residents to complete the survey. Information about the proportion of residents likely to be able to complete a written survey was obtained from RCF administrators in the 2005 Annual Survey of Long-term Care Facilities).

volunteers, and meals-on-wheels volunteers. The other administrator said she would recruit volunteers from the independent living portion of their CCRC. Most, when asked directly, said they didn't have a group of volunteers they could call on.

As noted earlier, response rates to this pretest were very low in some facilities, despite facilities indicating that they had done some things to encourage residents to participate. Some things were suggested, such as having residents complete the survey as a group, so activities staff could read questions to all at once. Others suggested that they would enclose a personal note encouraging the resident to complete the survey. Still others suggested daily announced reminders, or a "to do" note on the weekly activity calendar. With some pre-planning, there are likely to be a large number of facilities with enough residents and enough ideas to encourage survey participation to achieve good response rates. On the other hand, the experience of the pretest facility administrator who asked residents if they wanted to participate and got their refusal also proves instructive. Many assisted living facilities empower residents by giving them the autonomy and choice to not participate in such an activity.

In summary, the findings from the administrator interviews suggest the survey process needs to be removed from employee and administrator interference and designed in such a way to allow for residents to receive assistance when needed. A strategy for 1) identifying which facilities and residents would be in need of such assistance needs to be established prior to any statewide survey implementation and 2) provision for such assistance needs to made in order to hear from all types of RCF residents in all types of facilities.

Summary

Our findings suggest that the recommended Ohio Residential Care Satisfaction Survey is relatively robust, reliable, and produces unbiased results. Our psychometric analyses of pretest survey data and qualitative analyses led to some recommendations for statewide implementation of the Residential Care Satisfaction Survey. Taken together, they suggest a number of tasks to be done prior to statewide implementation, and prior to statewide reporting. These are listed below.

- The sampling algorithm developed for the resident and family surveys should be examined to determine if the "90% satisfied" used for the nursing home family and resident sample sizes is also appropriate for RCF sampling and margin of error calculations.

- An examination of Annual Survey data should be made to determine the number and locations of facilities with large numbers of residents who will likely need assistance to complete the survey.

- A pool of interviewers needs to be recruited and trained. These could be volunteers drawn from ombudsmen's offices or other paid employees, but they should be given basic instruction in proper techniques of research interviewing.

- A strategy should be developed for scheduling helpers into facilities to provide assistance that is timed with written survey distribution.

- Survey materials need to be refined as recommended here. Additional "FAQs" designed specifically for residents and included with the written surveys should be added.

- Additional psychometric work on domain construction should be undertaken with the statewide data before domains are calculated and publicly reported.

- Additional comparisons among those receiving assistance and those completing the survey on their own should be made in order to assure the continued lack of bias in a mixed-mode survey administration. To that end, the questions asking about resident characteristics and the help they receive should be retained.

Survey development is an iterative process. The development of the family and resident satisfaction surveys for Ohio's nursing homes has resulted in many survey refinements and changes over time. While this suggested survey provides a valuable starting point for satisfaction information about RCFs in Ohio, further psychometric work and survey process refinement should be continued until several rounds of statewide implementation provide the necessary experience with the process and the RCF satisfaction survey.

References

Groger, L., and Straker, J.K., (2002). Counting and Recounting: Approaches to Combining Quantitative and Qualitative Data and Methods., in G. D. Rowles and N. E. Schoenberg (eds.), *Qualitative Gerontology*, NY: Springer.

Appendix A. Resident Survey Materials

Dear Resident,

The Scripps Gerontology Center at Miami University has contracted with the Ohio Department of Aging to develop a list of questions that residential care facility (RCF) residents like you will answer about their opinions on the RCF or assisted living facility where they live. This information about every RCF in Ohio will become part of the Ohio Long-term Care Consumer Guide to assist people in choosing an RCF. We are testing the survey with people who now live in RCFs. The facility where you live was chosen at random, and your administrator agreed to help us get this survey to you. I hope you will take the time to complete it and return it to us.

- We have enclosed a copy of the survey along with a stamped, addressed envelope for you to return your survey to us.

- If you are not able to complete the survey on your own, you may have someone help you complete the survey, or have someone fill it out on your behalf.

- Your participation is completely voluntary and it has no effect on your care from this RCF, now or in the future. The ID number on your survey only tells us which facility it came from, not who you are. If you volunteer for an interview, your name will remain confidential.

- It should take you no longer than 20 minutes to complete the survey.

- If you do not want to answer one of the questions, just leave it blank and go on to the next one.

If you have questions about your rights in this research project, you may contact Miami University's Office of Research and Scholarship at 513-529-3734. If you have questions about this project for the Ohio Long-term Care Consumer Guide, please contact Jessie Leek at 513-529-1911.

Sincerely,

Jane Straker, Ph.D.
Senior Researcher

Ohio Department of Aging
Residential Care Satisfaction Survey
2006

Facility ID:

Marking Instructions

Use a dark-colored ink (ball-point, gel, roller-ball, felt-tip will all work well). Please do not use pencil.

For each question, place a check mark in the box that best describes how you feel about your experience here. There are no right or wrong answers, and no one here will know how you answered.

Correct: ☑

If you make a mistake: ☒

*** Please do not fold your survey ***

This first group of questions asks you about the employees who work here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
1. Are the employees courteous to you?	☐	☐	☐	☐	☐
2. Can you depend on the employees?	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
3. Overall, do the employees seem to help each other?	☐	☐	☐	☐	☐
4. Are the employees here friendly to you?............................	☐	☐	☐	☐	☐
5. Do the employees who take care of you know what you like and dislike?	☐	☐	☐	☐	☐
6. During the week, are employees available to help you if you need it?	☐	☐	☐	☐	☐
7. During the weekend, are employees available to help you if you need it?	☐	☐	☐	☐	☐
8. During the evening and night, are employees available to help you if you need it?	☐	☐	☐	☐	☐
9. Do the employees spend enough time with you?...................	☐	☐	☐	☐	☐
10. Do you feel confident that the employees know how to do their job?	☐	☐	☐	☐	☐
11. Overall, are you satisfied with the employees who care for you?..	☐	☐	☐	☐	☐

These questions ask about the management here

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
12. Are the managers/ supervisors available to talk with you?	☐	☐	☐	☐	☐
13. Do the managers/ supervisors treat you with respect?..........	☐	☐	☐	☐	☐

These questions ask you about your care and about the services here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
14. Do you get the care and services that you need?	☐	☐	☐	☐	☐
15. Do you get enough information about your care and services?................	☐	☐	☐	☐	☐
16. Do you get your medications on time?..............	☐	☐	☐	☐	☐

These questions are about communication here

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
17. Is it acceptable here to make a complaint?	☐	☐	☐	☐	☐
18. Do you know who to go to here when you have a problem?...........................	☐	☐	☐	☐	☐
19. Do your problems get taken care of?	☐	☐	☐	☐	☐

These questions are about your activities here

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
20. Do you have enough to do day to day?	☐	☐	☐	☐	☐
21. Do you get enough information about activities offered here?...................................	☐	☐	☐	☐	☐
22. Are you satisfied with the activities offered here?	☐	☐	☐	☐	☐
23. Without family or friends to help, can you get to places you want to go?	☐	☐	☐	☐	☐

These questions are about the laundry service

If the facility does not do your laundry for you, mark "Don't know/doesn't apply to me."

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
24. Do your clothes get lost in the laundry?	☐	☐	☐	☐	☐
25. Do your clothes get damaged in the laundry?	☐	☐	☐	☐	☐

These questions are about food, meals, and mealtime.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
26. Do you get enough to eat?	☐	☐	☐	☐	☐
27. Can you get snacks and drinks whenever you want them?	☐	☐	☐	☐	☐
28. Is the food here tasty to you?	☐	☐	☐	☐	☐
29. Do you have a choice of what to eat and drink?	☐	☐	☐	☐	☐
30. Can you get the foods you like?	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
31. Is your food served at the right temperature? (hot foods hot, cold foods cold)	☐	☐	☐	☐	☐
32. Is the dining area a pleasant place for you to eat?	☐	☐	☐	☐	☐
33. Do you like the way your meals are served here?	☐	☐	☐	☐	☐

These questions are about the cost of living here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
34. Do you get enough notice when the cost to live here goes up?	☐	☐	☐	☐	☐
35. Do you feel like you are getting your money's worth here?	☐	☐	☐	☐	☐

These questions are about the look and feel of this facility.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
36. Do you like the location of this place?	☐	☐	☐	☐	☐

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	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
37. Are the outside walkways and grounds well taken care of?	☐	☐	☐	☐	☐
38. Does this place look attractive to you?	☐	☐	☐	☐	☐
39. Is this place kept clean enough for you?	☐	☐	☐	☐	☐
40. Can you find places to talk with your visitors in private?	☐	☐	☐	☐	☐
41. Do you have enough privacy in your room?	☐	☐	☐	☐	☐
42. Is this place quiet when it should be?	☐	☐	☐	☐	☐
43. Are you satisfied with your room?	☐	☐	☐	☐	☐
44. Do you feel safe here?	☐	☐	☐	☐	☐
45. Are your belongings safe here?	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
46. Do you feel comfortable here?	☐	☐	☐	☐	☐
47. Do you think this is an appealing place for people to visit?.............................	☐	☐	☐	☐	☐

These questions are about the rules and policies here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
48. Are the rules here reasonable?	☐	☐	☐	☐	☐
49. Can you go to bed when you like?.............................	☐	☐	☐	☐	☐
50. Can you get something to eat in the morning no matter when you get up?	☐	☐	☐	☐	☐
51. Does the facility let you decide when to keep your door open or closed?	☐	☐	☐	☐	☐
52. Do the employees leave you alone if you don't want to do anything?	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
53. Do the employees let you do the things you want to for yourself?	☐	☐	☐	☐	☐
54. Are you free to come and go as you are able?	☐	☐	☐	☐	☐

These last questions are about the facility in general

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
55. Do people who live here fit in well with each other?	☐	☐	☐	☐	☐
56. Are you treated fairly here?	☐	☐	☐	☐	☐
57. Overall, do you like living here?	☐	☐	☐	☐	☐
58. Would you recommend this place to a family member or friend?	☐	☐	☐	☐	☐

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59. If you had assistance with the survey, what kind of assistance did you receive? Check all that apply.

☐ I did not have assistance.

☐ Help reading the questions.

☐ Help recording answers.

☐ Someone filled the survey out on my behalf.

60. If someone helped you with the survey, who helped you? If more than one person helped you, check all that apply.

☐ No one helped me with the survey.

☐ family member

☐ friend

☐ another resident

☐ facility employee

☐ someone else

61. Are you willing to participate in a telephone or an in-person interview? We will ask you these same questions again in a few weeks. The interview will be confidential - no one here will know what you say. It will take about 20 minutes and will be done whenever you want to schedule it. If you are chosen for an in-person interview we will pay you $10 for your time. Please provide your name and a telephone number (including area code) where we may reach you.

Name (please print)

Telephone

Thank you for taking the time to fill out this survey.

*** Please do not fold your survey ***

Resident Survey Interview Version

Ohio Department of Aging
Residential Care Satisfaction Survey
2006

Resident ID:

Start time hour:

Start time minute:

I am going to read some questions about your experience living here. For each one, choose the answer that is closest to what you feel. there are no right or wrong answers.

This first group of questions is about the employees who work here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
1. Are the employees courteous to you? Would you say	☐	☐	☐	☐	☐
2. Can you depend on the employees? Would you say	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
3. Overall, do the employees seem to help each other? Would you say	☐	☐	☐	☐	☐
4. Are the employees here friendly to you? Would you say........	☐	☐	☐	☐	☐
5. Do the employees who take care of you know what you like and dislike? Wold you say	☐	☐	☐	☐	☐
6. During the week, are employees available to help you if you need it? Would you say...........	☐	☐	☐	☐	☐
7. During the weekend, are employees available to help you if you need it? Would you say...........	☐	☐	☐	☐	☐
8. During the evening and night, are employees available to help you if you need it? Would you sat.................	☐	☐	☐	☐	☐
9. Do the employees spend enough time with you? Would you say.................	☐	☐	☐	☐	☐
10. Do you feel confident that the employees know how to do their job? Would you say	☐	☐	☐	☐	☐
11. Overall, are you satisfied with the employees who care for you? Would you say	☐	☐	☐	☐	☐

These questions ask about the management here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
12. Are the managers/ supervisors available to talk with you? Would you say	☐	☐	☐	☐	☐
13. Do the managers/ supervisors treat you with respect? Would you say..................	☐	☐	☐	☐	☐

These next questions are about your care and about the services here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
14. Do you get the care and services that you need? Would you say	☐	☐	☐	☐	☐
15. Do you get enough information about your care and services? Would you say	☐	☐	☐	☐	☐
16. Do you get your medications on time? Would you say...................	☐	☐	☐	☐	☐

These questions are about communication here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
17. Is it acceptable here to make a complaint? Would you say	☐	☐	☐	☐	☐
18. Do you know who to go to here when you have a problem? Would you say..............................	☐	☐	☐	☐	☐
19. Do your problems get taken care of? Would you say....................	☐	☐	☐	☐	☐

The next questions are about your activities here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
20. Do you have enough to do day to day? Would you say	☐	☐	☐	☐	☐
21. Do you get enough information about activities offered here? Would you say.............	☐	☐	☐	☐	☐
22. Are you satisfied with the activities offered here? Would you say..	☐	☐	☐	☐	☐
23. Without family or friends to help, can you get to places you want to go? Would you say...............	☐	☐	☐	☐	☐

4

These questions are about the laundry service.

24. Does the facility do your laundry for you? (If "No" mark "Don't know/Doesn't apply to me" on 25 and 26.)

Yes.. ☐

No... ☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
25. Do your clothes get lost in the laundry? Would you say	☐	☐	☐	☐	☐
26. Do your clothes get damaged in the laundry? Would you say	☐	☐	☐	☐	☐

The next set of questions are about food, meals, and mealtime.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
27. Do you get enough to eat? Would you say	☐	☐	☐	☐	☐
28. Can you get snacks and drinks whenever you want them? Would you say	☐	☐	☐	☐	☐
29. Is the food here tasty to you? Would you say	☐	☐	☐	☐	☐
30. Do you have a choice of what to eat and drink? Would you say	☐	☐	☐	☐	☐
31. Can you get the foods you like? Would you say	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
32. Is your food served at the right temperature? (hot foods hot, cold foods cold) Would you say	☐	☐	☐	☐	☐
33. Is the dining area a pleasant place for you to eat? Would you say.....................	☐	☐	☐	☐	☐
34. Do you like the way your meals are served here? Would you say...................	☐	☐	☐	☐	☐

These questions are about the cost of living here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
35. Do you get enough notice when the cost to live here goes up? Would you say	☐	☐	☐	☐	☐
36. Do you feel like you are getting your money's worth here? Would you say......................	☐	☐	☐	☐	☐

These questions are about the look and feel of this facility.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
37. Do you like the location of this place? Would you say	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
38. Are the outside walkways and grounds well taken care of? Would you say	☐	☐	☐	☐	☐
39. Does this place look attractive to you? Would you say	☐	☐	☐	☐	☐
40. Is this place kept clean enough for you? Would you say.......	☐	☐	☐	☐	☐
41. Can you find places to talk with your visitors in private? Would you say.................................	☐	☐	☐	☐	☐
42. Do you have enough privacy in your room? Would you say...........	☐	☐	☐	☐	☐
43. Is this place quiet when it should be? Would you say................	☐	☐	☐	☐	☐
44. Are you satisfied with your room? Would you say........................	☐	☐	☐	☐	☐
45. Do you feel safe here? Would you say....................................	☐	☐	☐	☐	☐
46. Are your belongings safe here? Would you say.........................	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
47. Do you feel comfortable here? Would you say	☐	☐	☐	☐	☐
48. Do you think this is an appealing place for people to visit? Would you say..........................	☐	☐	☐	☐	☐

These questions are about the rules and policies here.

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
49. Are the rules here reasonable? Would you say	☐	☐	☐	☐	☐
50. Can you go to bed when you like? Would you say............................	☐	☐	☐	☐	☐
51. Can you get something to eat in the morning no matter when you get up? Would you say.....	☐	☐	☐	☐	☐
52. Does the facility let you decide when to keep your door open or closed? Would you say	☐	☐	☐	☐	☐
53. Do the employees leave you alone if you don't want to do anything? Would you say..................	☐	☐	☐	☐	☐

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
54. Do the employees let you do the things you want to for yourself? Would you say	☐	☐	☐	☐	☐
55. Are you free to come and go as you are able? Would you say........	☐	☐	☐	☐	☐

These last questions are about the facility in general

	Yes, always	Yes, some-times	No, hardly ever	No, never	Don't know /Doesn't apply to me
56. Do people who live here fit in well with each other? Would you say	☐	☐	☐	☐	☐
57. Are you treated fairly here? Would you say....................................	☐	☐	☐	☐	☐
58. Overall, do you like living here? Would you say..........................	☐	☐	☐	☐	☐
59. Would you recommend this place to a family member or friend? Would you say........................	☐	☐	☐	☐	☐

These are all the questions I have about this facility.

Is there anything else you would like to tell me about living here?

Please use all caps.

End time hour:

End time minute:

I have 3 more questions about you.

1. What race or ethnicity do you primarily identify with?

☐ White/Caucasian ☐ Asian/Pacific Islander

☐ Black/African American ☐ Native American

☐ Hispanic ☐ Other

2. What is your age?

3. In a typical week, how much help do you get with daily activities such as taking a bath, getting around, dressing, and taking care of yourself? Would you say...

☐ No help ☐ Quite a bit of help

☐ A little help ☐ A great deal of help

Instructions to the interviewer: Complete the following questions immediately after meeting with the resident.

1. Gender of respondent

Male .... ☐

Female .... ☐

2. Did respondent have any problems understanding the questions?

None .... ☐

A few problems .... ☐

Some .... ☐

Many problems .... ☐

A great deal of difficulty .... ☐

3. Apparent disabilities...........

	None at all	A little	Somewhat	Much	Very much
Hearing impairment	☐	☐	☐	☐	☐
Vision impairment	☐	☐	☐	☐	☐
Difficulty reading responses	☐	☐	☐	☐	☐
Difficulty writing	☐	☐	☐	☐	☐
Mental confusion	☐	☐	☐	☐	☐

4. Please indicate respondent's attitude toward you and the interview.

Very cooperative .... ☐

Cooperative .... ☐

Indifferent or apathetic .... ☐

Somewhat hostile .... ☐

Hostile .... ☐

5. Was resident disturbed or upset at any part of the interview?

Not at all .... ☐

A little .... ☐

Somewhat .... ☐

Much .... ☐

Very much .... ☐

5a. (If somewhat, much, or very much...) What part?

5b. What reaction? (angry, tears, annoyed)

Other observations about the resident, resident's room, etc.

Your name:

Today's date:
(mm/dd/yy)

*** Please do not fold this survey ***

Appendix B. Facility Instructions and Frequently Asked Questions

Dear Residential Care Administrator,

Thank you for agreeing to participate in our pretest of the Ohio Residential Care Facility Resident Satisfaction Survey. We are testing two methods of survey distribution to residents. Your facility has been chosen as a Survey Assistance /Facility Mail Distribution facility.

We have sent enough survey packets for every resident in your facility. At a convenient time in the next week, please distribute the packets through your <u>normal process for mail distribution</u> to residents. <u>Please distribute a survey to every resident, even if you think they are unable to complete the survey</u>. The letter explaining the survey to each resident states that they may ask a family member or someone else for assistance in completing the survey. If residents ask a staff member or someone else in the facility to help them, please give them as much assistance as you, your staff, or facility volunteers are able to provide. We encourage you and your staff to take the time to remind residents to return their surveys, to offer assistance in completing them, to remind family members to help residents, or to assign some volunteers to visit individual residents and offer to help.

Other facilities will be asked to provide only the assistance that residents and families ask for. We need your help in going "above and beyond" to support the survey process. We need to compare response rates from facilities that do little to support the survey with those who undertake many survey support activities in order to anticipate what a statewide survey process should look like and advise facilities on what to expect when the survey is implemented statewide. You or your staff may notice that not all of the surveys are the same. This is intentional; we are testing two different sets of response categories for residents.

We will call you in a few weeks to talk about the survey process and how it worked in your facility. Please record the number of surveys you distribute so that we may calculate a response rate for your facility based on the number of surveys returned to us. If you have questions about the survey process, please call Jessie Leek at the Scripps Gerontology Center at 513-529-1911 or e-mail leekja@muohio.edu. Thank you again for your help!

Sincerely,

Jane K. Straker, Ph.D.
Principal Investigator

<u>Frequently Asked Questions about the Residential Care Satisfaction Survey</u>

These questions are designed to inform you and your staff about Residential Care Satisfaction Survey Development and to help you address any questions you may get from residents, families, and friends as they complete the surveys.

General questions and answers

1. *Why is Scripps developing a Residential Care Satisfaction Survey?*

   Information about nursing homes from residents and families is available to consumers as well as long term care providers as part of the Ohio Long-term Care Consumer Guide on a website developed and maintained by the Ohio Department of Aging (ODA). Ohio Revised Code Sec. 173.45-173.49, enacted by the Ohio legislature in the most recent state budget bill, H.B. 66 of the 126th General Assembly, forms the legal basis for the Guide. Some information about residential care facilities is already available; ODA plans to add resident satisfaction information in 2007. For more information about the guide, see www.ltcohio.org

2. *Who funds 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 and $300 from each residential care facility. These funds are used to help support the cost of both the resident and family satisfaction surveys.

3. *What does the Long-Term Care Consumer Guide include?*

   The Long-Term Care Consumer Guide displays information provided by individual nursing facilities, the consumer satisfaction survey results, and inspection reports from the Ohio Department of Health. Information about Medicaid and Medicare, nursing home organizations, and other long-term care options are also provided. Links to existing websites are used to provide additional information about funding and other long-term care options.

4. *How will ODA get information about residential care facilities?*

   Residential care facilities will be asked to provide information about special services, rates and more through a secured access to the site. After registering on the site, residential care facility staff can update information about their facility as needed. Facilities with their own websites also have the opportunity to link to the Consumer Guide website.

5. *How is Scripps Gerontology Center conducting this survey?*

   Scripps Gerontology Center, located at Miami University in Oxford, Ohio has a contract with the Ohio Department of Aging to develop the residential care satisfaction survey. Scripps will send surveys to residential care facilities for distribution to residents, collect the completed surveys, scan the completed surveys, compile the results, and provide a report and a revised satisfaction tool for statewide implementation to ODA.

6. *How often are these surveys going to be completed?*
   A Resident Satisfaction Survey will commence in the summer of 2007 and be conducted biannually.

Questions and answers for residents

1. *Why did I receive a satisfaction survey?*
   This facility agreed to help by participating in a pretest with Scripps. Everyone in the facility received a survey.

2. *What about my privacy?*
   Your name has not been given to anyone outside the facility. Nothing on the survey form identifies individuals; the code number on the front identifies this residential care facility.. You mail your completed survey back to the Scripps Gerontology Center and they will scan the answers into the computer to combine everyone's information to put together a final report. They do not know who responded to the survey. When the state receives the results from the pretest survey they will receive only data that is averaged for each facility. They will not know individual answers or responses.

3. *Will my identity or answers be shared with the facility if I participate in the follow up interviews?*
   If you volunteer to participate in a telephone or in-person interview, only the researchers at Scripps will know. They will keep your contact information in a locked office, only available to Scripps researchers. They will not share your individual responses with anyone else.

4. *Will facilities get to see the individual answers to the surveys?*
   None of the facilities participating in the pretest will receive information about individual responses. They will receive a summary report of the averaged scores for their facility.

5. *Why is there a number on my survey?*
   This number is a facility code that identifies the residential care facility so that your answers can be assigned to that facility. This information will help the Scripps Gerontology Center track the responses for different facilities.

6. *What is involved in the follow up interviews?*
   If you give your name and telephone number on the survey form, an interviewer working for Scripps may contact you in 4-6 weeks. The interviewer will make an appointment to either call you or visit you at the facility. The interviewer will ask you the same questions that you answered on the survey to help Scripps know if the survey needs any improvements made before it is used in residential care facilities in the entire state. The interview should take about half an hour. If you are interviewed in-person the interviewer will make arrangements for you to be paid $10.00 for participating.

7. *Whom should I contact if I have additional questions?*
   You may call Jessie Leek at the Scripps Gerontology Center at 513-529-1911 if you have questions about the survey, the pretest, or the project in general.