

**Implementation of the 2008
Ohio Nursing Home Family
Satisfaction Survey**

Final Report

**Jane K. Straker, MGS, PhD.
Karl Chow, MBA
Samuel Mwangi, MA
Hallie Baker, MS**

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Jane K. Straker, MGS, PhD.
Karl Chow, MBA
Samuel Mwangi, MA
Hallie Baker, MS

Scripps Gerontology Center
Miami University
Oxford, OH 45056
www.scrippsaging.org

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EXECUTIVE SUMMARY

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. Although funding was discontinued in 2003, a new bill and appropriation were passed in 2006. This bill requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. This report presents information about the fourth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2008. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education). Ohio nursing homes distribute the surveys to over 55,000 involved family members and friends.

Since the first administration of the family survey in 2001, the number of facilities participating and the number of families responding have shown dramatic increases. In 2001, 687 facilities participated, compared to 904 in the most recent survey. The number of families responding has increased from 20,226 to 24,572. On average, over half (52.1%) of family members contacted complete and return their survey. The characteristics of family respondents have remained consistent over time. The majority of those who respond are female, adult children of nursing home residents who are very involved with the residents. Over half (57.1%) visit several times per week or daily. Many also assist their residents in the nursing home; for example nearly two-thirds (63.4%) assist their family member with going to activities.

The survey has been refined every time it has been fielded. Originally developed as a collaborative endeavor between the Margaret Blenkner Research Institute at Benjamin Rose in Cleveland and the Scripps Gerontology Center at Miami University in Oxford, the instrument

shows excellent reliability over time. Processes have also improved resulting in continuing declines in the number of nursing homes and family members who contact the survey helpline with questions or asking for assistance.

Ohio's consumer guide website (www.ltcoho.org) provides the most comprehensive consumer information about nursing homes of any state. Family satisfaction is one important component to assist prospective nursing home residents and their caregivers in choosing a nursing home. Family satisfaction also provides an important starting point for facilities to improve their care.

BACKGROUND

In 2000, the Ohio State Legislature passed HB 403 that called for the development of a web-based Ohio Long-Term Care Consumer Guide (OLTCCG). The OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes. Although funding was discontinued in 2003, a new bill and appropriation were passed in 2006. This bill requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. This report presents information about the fourth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2008. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education).

The process of implementing the mailed survey to family members of nursing home residents throughout Ohio began on April 1, 2008. After administering the family survey three times in Ohio and once in Rhode Island, the family survey items, while changed from the last Ohio version, remained essentially the same as the revised version used in Rhode Island.

INSTRUMENT REFINEMENT

Extensive psychometric work was done with both the resident and family surveys prior to the use of the Ohio surveys by Rhode Island. This work is described elsewhere (Ejaz, Straker, Fox & Swami, 2003; Straker, Ejaz, McCarthy & Jones, 2007). Table 1 summarizes the changes made to the survey instrument since its last administration in Ohio in 2006.

Unlike previous years, the modifications this year were minimal. The laundry items were changed from negatively worded to positive when the survey was administered in Rhode Island. Although previous testing here suggested that respondents caught the wording change (i.e.

“always” is a negative answer rather than a positive one) the experience in Rhode Island suggested this might not be the case. Vital Research recommended the change be continued when the Ohio resident survey was conducted in 2007. The change in the laundry items this time mirrors the change in the resident survey.

Table 1
2008 Refinements to 2006 Family Survey Questions

2006 Survey	2008 Survey
Q 37. Do the resident’s clothes get lost in the laundry?	Q.37. Does the resident get their clothes back from the laundry?
Q 38. Do the resident’s clothes get damaged in the laundry?	Q 38. Does the resident’s clothing come back from the laundry in good condition?

PROCESS CHANGES

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

Facility instructions for sampling residents and mailing surveys to families were essentially the same as reported in 2002 (Straker, Ehrichs, Ejaz, & Fox, 2002) with the exceptions outlined in Table 2.

The number of survey packets to be distributed to each facility was based on the following assumptions: 1) a conservative estimate of 40% of families will respond (based on 2006 response), and 2) occupancy had increased no more than 5% since the 2007 Ohio Nursing Home Resident Satisfaction Survey. We ensured that enough surveys were provided by assuming that 100% of the estimated number of residents had involved family or friends. Census numbers from the 2007 Resident Survey were used as the largest source for the number of

Table 2
2008 Family Survey Changes

Change in Process/Instructions 2008	Justification for Change
Administrator letter changed	New ODA Director, additional information
FAQs in instruction packet updated	Areas suggested from helpline calls in 2006
Family letter changes	Changes suggested from helpline calls in 2006
Early response rates calculated in October	Increase number of facilities meeting margin of error
ODA phone calls to facilities in November	Let them know they had not met margin of error and needed additional responses

residents in a facility. When data were not available from the Resident Survey, the number of licensed beds was used and a 90% occupancy rate was assumed. This process provided very good census estimates; only 23 facilities requested additional surveys compared to 34 in 2006. The process is challenging since printing more surveys than are needed is costly, but estimates need to be accurate in order to reduce the burden on facilities that do not have enough surveys in their initial shipment.

FACILITY IDENTIFICATION

A mailing list was developed from information provided by ODA. This list was cross-checked with lists from the Ohio Department of Health website in order to accurately determine closed facilities and newly opened facilities. Unlike previous years, this year's list did not find facilities that had been missed after mailing.

At Scantron, each survey was printed with a serial number, a provider identification number used by the state (ASPEN ID), and the facility name and address. An Excel spreadsheet was created with the serial numbers assigned to each facility on the mailing list. Window return address envelopes showed the facility name and address on each survey allowing Scantron staff to ensure that the survey packets prepared for a particular facility were packed and shipped to

that facility. After mailing, Scantron provided Scripps with an Excel file indicating the survey serial numbers that were assigned to each facility and the tracking numbers for the survey kits shipped to each facility. The final list included 965 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
- Pink facility audit forms for reporting facility census and number of surveys mailed
- 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 shipped from Scantron to nursing homes on June 18, 2008. Most facilities prepared their mailings and sent surveys to families promptly. Of the 809 facilities reporting mailing dates, 550 mailed surveys in June and 252 mailed them in July. Forty-two facilities mailed in August with the remainder being mailed in September or later.

Families were invited to provide comments on a separate sheet of paper and to return them with their surveys and a number of families did so. As returned survey packets were opened, survey pages with family comments were photocopied, marked with the provider ID and survey serial number and given to a graduate assistant for scanning, data entry and coding. Relevant portions from each set of comments were entered into an Excel spreadsheet with a numeric code corresponding to the type/topic of the comment. Survey booklets were disassembled and prepared for scanning. Batches of surveys were scanned and filed according to scanning date. At completion of scanning an electronic image file was created which captures the scanned “picture” of each survey. These files were provided to ODA for record retention purposes. Scanned paper surveys were picked up by ODA in early 2009.

SURVEY ASSISTANCE

In order to assist family members and facilities with questions or issues during the 2008 Ohio Nursing Home Family Satisfaction Survey process a toll-free phone line was set up at the Scripps Gerontology Center at Miami University. The phone line was staffed during regular business hours and had voice mail capability so callers could leave a message 24 hours a day, seven days a week.

The helpline was managed by two doctoral associates who also had primary responsibility for answering calls. Five undergraduate student workers assisted them in covering all of the open hours. A training manual and a list of Frequently Asked Questions was developed to assist in the reliability of answers given by all helpline staff. As new issues arose the doctoral associates conferred with the principal investigator to ensure that correct responses were given. New issues were added to the list of FAQs in order to continue to provide reliable responses.

The phone line operated from June 16 through September 30, 2008. As shown in Table 4, there were 636 calls logged during this time, nearly two-thirds of them in July. All calls, including hang ups, were logged and tracked until issues were resolved. All but a few calls with complicated issues or incomplete contact information were resolved within one business day of receipt. Family members made 477 calls and 141 were from facilities or others. Staff were unable to resolve 12 calls due to insufficient contact information and 6 calls were hang ups. Table 3 compares the differences between total calls received during all four years of survey implementation. Despite having the largest number of returned surveys ever, the number of family calls is less than half of the volume received the initial survey year. This suggests that as processes and instructions have been refined there are fewer problems and confusing issues for families. The number of facility calls decreased this year despite an increased number of participating facilities. Over time, as more facilities develop experience with the process, these calls are likely to continue to decline.

Table 3
Calls Made to the Toll-Free Help Line
2001-2008

	2001	2002	2006	2008
Total	1172	685	566	618*
Families	1070	550	400	477
Facilities	102	135	166	141

*Note: Table does not include 6 hang-ups and 12 calls with no contact information.

Table 4
Number of Help Line Calls by Month, 2008

Month	Number of Calls
June	98
July	399
August	118
September	21
Total	636

RESULTS FROM THE 2008 FAMILY SURVEY

CALLS FROM FACILITIES

Calls from facilities largely revolved around process issues – not receiving enough surveys, whether to send surveys to families after the deadline, requesting additional supporting materials, assistance with selecting respondents, etc. Some calls were related to general information or comments, questions about when results would be available, and updates on facility changes. See Table 5 for a breakdown of the types of calls received from facilities.

The largest number of facility calls revolved around two topics: sending surveys after the deadline and requesting additional surveys to complete sampling. Shipment of the survey kits was delayed by almost a week by Scantron. This delayed the receipt of survey kits, subsequently delaying mailing to family members. For some facilities, this created a problem in meeting the published mailing deadline. However, no matter when a facility asked, they were always told it was not too late. It was important to have facility participation and, if necessary, extend the survey receipt deadline. In a few cases, facilities suggested that parcels could have been misdirected to agencies or facilities with similar names or addresses or even to sister facilities. However, no survey kits were returned to the sender so it is uncertain what happened to those parcels.

Table 5
Topics Raised in Calls from Facilities

Number of calls	Subject
23	Questions on survey deadline (was it too late to send surveys to families)
23	Request for additional surveys to complete sampling
16	Audit form questions (completing, returning, replacement/missing)
15	Shipment issues (delayed shipment, facilities reporting "lost" shipments of survey kits, internal loss, incorrect address, facilities closed down)
14	Process issues (how and when to send survey, how to do mailing, cost of mailing to respondents)
13	Selection criteria questions
9	Guardianship issues (too many residents with one "most" involved person, small facilities with residents with no "most" involved persons)
7	Miscellaneous questions/comments (questions unrelated to survey, facilities changed name, mailing survey results to facility)
4	Reliability concerns for small facilities
4	Requesting 'lost' or 'misplaced' survey on behalf of family members
128	Total topics in top ten call issues*

*Each call was coded once with the main topic of the caller's question. A few calls had more than one topic although they were not coded for topics other than the main one.

With the exception of those few instances, the primary problem for most callers appeared to be survey shipment timing. Delay in the initial shipping day by Scantron seemed to be the reason why many facilities were calling. Scantron provided real-time shipment parcel tracking information (delivery date, time, and the signature on the receipt) which allowed Scripps to assist callers reporting 'lost' shipments. Facility staff often indicated that they had been on vacation at the time the parcels were delivered, and/or the person who signed for the package was a

substitute. Despite addressing the parcels to “Administrator” they were sometimes stranded in the mailroom among the dozens of deliveries nursing homes receive each day. Fortunately, the vast majority of the survey kits reported ‘lost’ were eventually found, albeit occasionally only after extensive searching sometimes resulting in substantial delays to the survey process.

Twenty-three facilities also requested additional survey packets. As previously mentioned, occupancy rates from 2007 were used to estimate occupancy. Some facilities had improved their occupancy by more than the five percent increase we considered in our planning. Facilities also requested replacement audit forms. As audit forms were scheduled to be filed about a month after the surveys were distributed to families, many audit forms were misplaced or forgotten until telephone reminders from ODA triggered requests for replacements.

Most of the survey process issues were resolved when survey kit instructions were found and read by facility staff. Some questions were not specifically addressed in the instructions or the frequently asked questions section, however, and were clarified by phone staff. For instance, some facilities did not get enough surveys returned in the previous survey and wanted to know if they could send surveys to 100 percent of the residents’ families. (The answer was “no.”)

Short term rehabilitation facilities (such as those affiliated with hospitals) in particular had a number of issues that made participating in the survey a challenge. For example, some facilities had a more cognitively intact and independent resident population and did not have contact information for families.

Another classification of calls revealed an issue can hopefully be resolved over time. Many organizations with nursing homes also have other levels of residential care. The Bi-annual Survey of Ohio Long-term Care Facilities is distributed to all nursing homes and residential care facilities during the spring of even years, prior to the summer distribution of family satisfaction

surveys. The timing of both surveys has a historical basis so that running them in alternating years would pose problems for a longitudinal data collection effort. Both surveys are implemented by the Scripps Gerontology Center. Each has a different principal investigator, and each has different contact information and telephone numbers for assistance. Calls about each of these were received on the help line. For example, administrators who received reminder calls about their audit forms thought the call was about the Bi-annual Survey they had returned. Administrators receiving reminder calls about their Bi-annual Survey confused it with the audit form they had already returned. Although the Bi-annual Survey should have been completed several months prior to the Family Survey, many facilities had not returned their Bi-annual Surveys causing the two surveys to overlap. As long as facilities continue to be late returning their Bi-annual surveys this problem will occur.

CALLS FROM FAMILIES

The breakdown of the nature of the calls made by families is reported in Table 5. Over half of the 400 calls from family members were requests for new surveys, usually in response to receiving a reminder postcard but no survey. As the nursing homes mailed both the sealed survey packets and the reminder postcards, it is unclear why one item might be received while another was not. Some family calls were in response to the reminder postcards when a survey had already been returned. Despite the instruction to disregard the reminder if their survey had been returned, these families were inquiring whether their survey could be tracked to ensure its receipt.

Twenty-two callers specifically reported that they were refusing to participate for a variety of reasons. Some indicated that they did not know the facility well enough to feel comfortable answering the questions, the residents were receiving good care and they gave

additional comments on the phone, or their family members had lived in the facilities for a long time hence they had previously given all their opinions. Others indicated a lack of time or interest in completing the survey. Some were critical of the questions, topics, response categories and also wanted to know if the survey was mandatory. A smaller number of family members called to let phone staff know that the surveys were being completed and would be sent soon.

Table 6
Topics Covered in Calls from Families

Number of calls	Subject
180	Needed a replacement survey
65	Received a postcard but no survey
53	Sent survey in but received a reminder postcard
22	Refused to participate
21	Not enough information to complete survey
21	General comments or questions
15	Needed to know if it is too late to return survey
11	Confidentiality concerns
11	Guardianship issues
8	Sampling issues (who is survey for, don't know anyone in nursing home)
7	Completing survey issues (in ink and not pencil, goofed up survey)
7	Difficulties completing surveys and questions needing clarification
421	Total number of call topics in top 12 call issues*

* This total is for the top twelve call topics by the callers. Calls were coded for one main topic.

Of the family members with concerns about confidentiality/anonymity, two distinct groups emerged. One group thought that the receipt of a reminder postcard meant that they were being monitored and were upset by this. Simply being told that everyone who received a survey had also received a reminder postcard because it was impossible to know who had received and/or returned a survey seemed to reassure most of these callers. Others were concerned that nursing homes might figure out who had sent a particular survey (e.g., one caller said that he had raised the same issues with the administrators at the facility and they knew him). Assurances that individual responses would not be given to the nursing homes and a description of the confidentiality safeguards reassured most of these callers.

Some callers asked questions about the survey process, requested assistance in responding to specific questions, or asked where to add comments. Related to the confidentiality concerns mentioned above, one caller who was a sociology professor wanted to know how the survey data would be used given that surveys had facility identifiers and serial numbers. Because individual situations are unique, some callers needed assistance with understanding how to answer questions in their own cases (e.g., some questions/sections did not relate to their families; definition of direct care staff; completing section on choices because they did not know the practice regarding wake-up and bedtimes). Several other respondents added comments to clarify their responses.

On occasion, a person would call to request a survey though they were not a valid respondent. Since family members were randomly selected at most facilities (facilities with fewer than 54 residents included all family members), sometimes a person who had not been randomly selected would call to ask for a survey. In other instances, a family member would call

to request a survey for a different facility since their resident had moved recently or because they had involvement with multiple residents, sometimes in multiple facilities.

One issue related to facilities' participation was calls received from families who had a relative who had been in a rehabilitation facility and did not connect that stay with the experience of being in a nursing home. These calls reinforce the earlier conclusions that short term rehabilitation facilities had difficulties complying with survey protocols.

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 large number did not.

This year, one major note of progress was the proportion of participating facilities that 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 +-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. ODA staff made reminder phone calls to facilities asking them to return their audit forms.

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 we allowed for an increase of 5% over previous known occupancy rates for each facility. Rather than computing item-by-item whether the item met the margin of error, 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.

With additional audit forms, the proportion of facilities meeting the margin of error returned (after declines in previous years) to its original 71%. It appears that a number of facilities barely missed meeting the margin of error. One-hundred four of the 333 facilities not meeting the margin of error needed only three or fewer additional surveys to meet this criterion. Forty-three of the 333 needed only one more. Because we assumed occupancy had increased five percent over their 2007 census, and we used the number of surveys provided 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. The 16% difference in response rates between facilities with and without audit forms suggests that the simplest way for

facilities to improve their response rates is to report the number of surveys they actually mailed since we assume 90% occupancy and many of them have lower occupancy rates. We also assume that 100% of those residents have involved family or friends, when they may not. Over three-quarters (79.4%) of the facilities without audit forms did not meet the margin of error compared to about one-quarter (26.7%) of the facilities that returned audit forms. On average, facilities with audit forms received five (5.37) more surveys than were needed based on the population they reported. Facilities without audit forms received four (4.40) fewer surveys than were needed based on our assumptions about the size of their resident population. Returning the audit form is critical to a facility's efforts to meet the margin of error by having enough returned surveys.

SURVEY PROCESSING

The survey was created using a software package, Snap, developed by the Mercator Corporation of Great Britain. A file of the finished survey in Portable Document Format (PDF) was sent to Scantron for printing, creating survey packets for families, packing the family packets into kits for each facility, and shipping to the facilities.

Surveys were returned by families in business reply envelopes addressed to Scripps, counted at the post office for business reply charges, and delivered in lots sorted into groups of 100. Survey booklets were printed with perforated pages; each was opened and the perforated hinge was torn off in order to create the 8½ x 11 sheets expected by the scanner.

In order to maximize scanning accuracy and minimize manual data input, all questions were multiple-choice with check boxes (the most accurate format for scanning purposes). The only numeric fields on the survey were the Facility ID and the survey serial number. The scanner

Table 7
Facility Participation Rates: 2001, 2002, 2006, 2008

	2001	2002	2006	2008
Number of Facilities on Mailing List	992	970	972	965
Number of Facilities with Surveys Returned	687(69%)	736 (77%)	849 (87%)	904 (94%)
Number of Facilities with Audit Forms Returned	439 (64% of participants)	565 (76% of participants)	697 (80% of participants)	827 (92% of participants)
Number of Facilities meeting +/- 10%	490 (71% of participants)	436 (59% of participants)	605 (71% of participants)	633 (70% of participants)
Average response rate in all participating facilities	45%	44%	50%	52%
Average response rate in facilities that returned audit forms	52%	48%	53%	51%
Average response rate in facilities without audit forms^a	33%	33%	41%	35%
Number of facilities not participating	304 (31%)	222 (23%)	123 (13%)	61 (6%)
Total Number of Families Responding	20,226	16,955	23,633	24,572

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

and associated software were located at Scripps and allowed Scripps staff to implement and fully monitor the scanning process.

Testing Scanner Accuracy and Consistency

To test scanner accuracy and consistency, 30 surveys were scanned two times each. The scanned results were compared against the actual surveys to check for accuracy of scanning hardware and software. To test for consistency, the scanned data was analyzed using statistical software to ensure that the two separate scans of the same survey produced the same results.

The data analysis revealed that seven questions were read inconsistently by the scanner (different results for the two scans of the same survey). After consultation with the software vendor's technical support, a calibration process was run on the scanning software. After calibration, the surveys were scanned again (two times each) and the results were two questions read inconsistently, resulting in an accuracy rate of 99.95% (two errors divided by 70 questions times 60 surveys), which is well within the industry standard.

The Production Run

Scanning of surveys began in July of 2008 and continued through December. Surveys were scanned primarily by student employees, who were trained in the scanning procedure by the research associate who created the survey in the Snap software. Due to the design of the survey (using only multiple-choice questions) and the favorable results of the accuracy testing, the only data verification required was for the Facility ID and survey serial number fields.

On a weekly basis, a Scripps research associate selected a small sample of scanned surveys to check for accuracy of scanned results. No problems were detected. The scanned results were exported to statistical analysis software and then all electronic files associated with the scanning process were backed up to the network server on a daily basis. The scanned surveys

were boxed, labeled with the scan date, and placed in storage. At the peak of survey processing, over 600 surveys were scanned per day.

SURVEY DATA MANAGEMENT

Upon completion of scanning, survey data were exported to a spreadsheet application, where the data were cleaned and arranged in a form suitable for statistical analysis. The data were then analyzed using SAS programs developed specifically for data analysis for overall satisfaction scores and for breakdown analysis based on question domain and individual question scores. Upon completion of analysis, the final results were sent to the Ohio Department of Aging to be placed on their website.

Data Coding

Satisfaction question items were scored as follows:

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

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

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

Margin of Error

A 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, they do receive a report of the data collected for their facility to use for quality improvement purposes. In an attempt to increase the number of facilities meeting the margin of error a list of facilities that had not met the margin of error was prepared in October. Staff at ODA made calls to these facilities letting them know that they needed to make an effort to encourage families to complete and return their surveys.

STATEWIDE AVERAGES

Statewide averages were computed on each item and on each domain. Facilities with two or fewer surveys were excluded from these calculations. Detailed calculation decisions were made for each data item included on the website and in the facility reports. These are included in Appendix B.

SATISFACTION RESULTS

RESPONDENT AND RESIDENT CHARACTERISTICS

In order to build a profile of those who responded to the family satisfaction surveys, and the residents they were responding about, the following demographic questions were included: information about the family member/respondent, respondent's relationship to the resident, some information about the resident, and the kinds of things the family member/friend does when visiting the nursing home. Demographic information is provided in Tables 8 through 10. 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.

Respondent and resident characteristics are quite stable over time. The only note of change from 2006 to 2008 regards the staff that families talk to. The proportion of those who always or sometimes talk to the administrator decreased from 85.1% to 56.8%. In order to determine whether this is a positive change, (e.g. families make a point of talking to the administrator because they have problems or concerns) we examined the association between frequency of speaking with the administrator and whether the family member would recommend the facility and whether they liked it overall. It appears that talking to the administrator is a positive point. Statistically significant satisfaction differences were shown among those who always, sometimes, or never talk to the administrator. Those who always talk to the administrator showed an average mean score of 95.6 on the recommendation item, and a mean of 96.0 on their overall liking of the facility. Those who never talked to the administrator showed mean scores of 87.1 and 88.4 on those two items.

Table 8
Demographic Characteristics of 2008
Respondents and their Residents

	Family	Resident
Average Age		
(sd)		
(6.4% missing-family)	61.9	81.5
(5.3% missing-resident)	(11.9)	(12.7)
Race (Percent)		
Caucasian	90.9	
African American	7.1	
Hispanic	.4	
Other	1.3	
(2.9% missing)		
Female (Percent)	68.9	72.9
(1.6% (missing-resident)		
(2.8% (missing-family)		
Education Level (Percent)		
Less than HS	4.6	
HS Graduate	54.8	
College Graduate	27.7	
Master's or greater	12.8	
3.2% (missing)		
Relationship to Resident		
(Percent)		
Child	48.0	
Spouse	12.5	
Sibling	6.0	
Guardian	7.2	
Son/daughter-in-law	6.0	
Niece/Nephew	5.3	
Parent	5.0	
Other	3.5	
Friend	2.3	
Grandchildr	1.6	
4.8% (missing)		

N =24,572 NOTE: Percentages are based on those who answered the questions.

Table 9
Level of Family Activities in the Nursing Home, 2008

Frequency of Visits (Percent)			
Daily	20.1		
Several times a Week	37.1		
Once a Week	20.8		
Two or Three Times per Month	11.0		
Once a Month	5.8		
Few times per Year (3.1% missing)	5.2		
	Always	Sometimes	Never
Helps with (Percent)			
Feeding (15.4% missing)	11.8	35.6	52.6
Dressing (19.9% missing)	3.5	30.0	66.5
Toileting (20.1% missing)	4.7	21.6	73.7
Grooming (12.3% missing)	14.4	46.2	39.4
Going to Activities (13.0% missing)	11.1	52.3	36.6
Talks to (Percent)			
Nurse aides (4.7% missing)	61.0	37.7	1.2
Nurses (4.4% missing)	60.6	38.7	.8
Social Workers (9.2% missing)	28.6	62.0	9.4
Physician (8.8% missing)	8.2	32.1	59.7
Administrator (6.8% missing)	13.5	43.3	43.2
Other (37.4% missing)	13.2	31.4	55.4

N = 24,572 NOTE: Percentages are based on those who answered the questions.

Table 10
Residents in Nursing Homes, 2008

Resident Receives Nursing Home Payments from:			
(Percent^a)			
Medicare	43.4		
Medicaid	64.9		
Private Pay	25.4		
LTC Insurance	4.7		
Other Insurance	10.4		
Don't Know	2.6		
(3.7% missing)			
Average Number of Payment Sources	1.5		
(sd)	(0.7)		
Resident's Expected Length of Stay			
(Percent^a)			
less than 30 days	2.2		
31 – 90	5.9		
more than 90	91.9		
(3.0% missing)			
	Always	Sometimes	Never
Resident:			
Knows current season (3.5% missing)	50.1	34.7	15.1
Recognizes respondent (3.0% missing)	78.6	17.2	4.2
Knows they're in nursing home (2.0% missing)	55.7	17.5	26.8
	Some	A Great Deal	Totally Dep.
Resident Needs Help With:			
Eating (3.7% missing)	34.4	11.6	15.1
Toileting (3.6% missing)	26.0	21.3	34.8
Dressing (3.7% missing)	31.2	24.3	31.6
Transferring (3.6% missing)	25.1	20.5	33.7

N =24,572^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.

Table 11 shows the frequency of responses for each questionnaire item, along with the statewide means for each item.

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 24,572 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 slightly from what is shown on the website which is the average of each facility's average for each item and domain.

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
Item Frequencies and Averages for Family Survey
Items for 2006 and 2008* Family Surveys

DOMAIN (2008 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	Mean 2006 Mean 2008
Admissions						89.8
1. Did the staff provide you with adequate information about the different services in the facility?	70.9 68.7	22.4 22.3	2.7 2.8	1.1 1.1	2.9 5.2	88.5 89.1
2. Did the staff give you clear information about the [daily rate] cost of care?	70.9 67.5	14.7 14.6	3.7 4.0	3.5 3.6	7.3 10.7	86.6 87.7
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	73.9 70.8	14.6 14.5	3.0 3.1	2.4 2.6	6.0 8.9	89.0 89.6
4. Overall, were you satisfied with the admission process?	79.1 76.7	15.3 14.8	1.4 1.5	.7 .9	3.5 6.0	92.4 92.7
Social Services						94.1
5. Does the social worker follow-up and respond quickly to your concerns?	67.4 66.4	21.3 20.8	3.1 3.4	1.3 1.0	6.9 8.5	88.2 88.9
6. Does the social worker treat you with respect?	83.2 81.9	9.0 8.9	.9 .8	.6 .5	6.3 7.9	95.2 95.7
7. Overall, are you satisfied with the quality of the social workers in the facility?	73.8 73.3	16.5 15.4	2.4 2.2	1.2 1.1	6.2 7.9	90.9 91.7
Activities						84.8
8. Does the resident have enough to do in the facility?	45.8 46.3	34.3 33.0	6.6 6.0	1.4 1.3	12.0 13.4	79.8 81.3
9. Are the facility activities things the resident likes to do?	30.7 31.9	44.3 42.7	8.9 7.9	2.0 2.0	14.1 15.5	73.1 74.7
10. Is the resident satisfied with the spiritual activities in the facility?	46.5 46.4	25.4 24.0	3.7 3.3	1.2 1.2	23.3 25.1	83.5 84.8
11. Do the activities staff treat the resident with respect?	80.0 78.9	12.8 12.1	.5 .5	.3 .2	6.4 8.4	94.6 95.1
12. Overall, are you satisfied with the activities in the facility?	63.6 63.0	24.7 23.1	3.3 3.3	1.0 .9	7.4 9.7	87.2 88.1

Table 11
Item Frequencies and Averages for Family Survey
Items for 2006 and 2008* Family Surveys

DOMAIN (2008 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	Mean 2006 Mean 2008
Choice						90.6
13. Can the resident go to bed when he/she likes?	59.7 61.9	25.2 23.9	3.0 2.5	1.3 1.3	10.7 11.9	87.1 87.1
14. Can the resident choose the clothes that he/she wears?	58.8 60.0	17.8 16.6	3.9 3.3	2.7 2.4	16.8 17.7	86.5 87.8
15. Can the resident bring in belongings that make his/her room feel homelike?	82.3 81.9	11.9 10.8	.9 .9	.6 .5	4.2 6.0	94.2 95.1
16. Do the staff leave the resident alone if he/she doesn't want to do anything?	65.7 66.5	23.1 21.4	1.0 .9	.5 .4	9.8 10.8	90.0 91.0
17. Does the staff let the resident do the things he/she wants to do for himself/herself?	59.9 60.6	24.3 22.5	1.4 1.1	.5 .4	13.9 15.5	88.8 89.9
Direct Care & Nursing						88.4
18. Does a staff person check on the resident to see if he/she is comfortable? (need a drink, a blanket, a change in position)	49.4 49.8	36.9 35.2	5.9 5.4	.8 .6	7.1 9.0	81.8 82.6
19. During the week, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	71.7 70.9	23.1 22.2	1.4 1.3	.2 .2	3.7 5.5	90.6 91.2
20. During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	62.9 62.5	28.8 27.6	3.3 3.0	.3 .3	4.7 6.6	87.2 87.7
21. 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)?	58.3 57.7	26.7 25.7	3.4 3.2	.3 .4	11.4 13.0	87.0 87.4
22. Are the nurse aides gentle when they take care of the resident?	70.8 69.8	24.8 23.9	1.3 1.1	.2 .2	2.8 5.0	90.3 90.7

Table 11
Item Frequencies and Averages for Family Survey
Items for 2006 and 2008* Family Surveys

DOMAIN (2008 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	Mean 2006 Mean 2008
23. Do the nurse aides treat the resident with respect?	76.3 75.4	20.9 20.0	1.1 1.0	.3 .2	1.4 3.5	91.8 92.3
24. Do the nurse aides spend enough time with the resident?	53.6 54.1	35.9 33.5	5.5 5.2	.8 .7	4.2 6.4	82.9 83.7
25. Overall, are you satisfied with the nurse aides who care for the resident?	64.7 64.5	30.4 28.8	3.0 2.8	.7 .6	1.2 3.4	86.9 87.6
26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	73.5 72.7	23.4 22.1	1.9 1.6	.5 .4	.8 3.2	90.1 90.9
Therapy						82.1
27. Does the physical therapist spend enough time with the resident?	34.4 36.1	17.3 16.9	5.5 4.7	2.2 1.8	40.6 40.6	79.6 82.3
28. Does the occupational therapist spend enough time with the resident?	29.9 31.9	14.8 14.6	5.1 4.2	2.2 1.8	47.9 47.5	78.9 82.1
Administration						92.3
29. Is the administration available to talk with you?	71.5 70.9	22.5 21.9	2.8 2.6	.6 .6	2.7 4.3	89.1 90.1
30. Does the administration treat you with respect?	84.4 83.3	11.2 10.8	1.2 1.1	.5 .4	2.8 2.5	94.4 95.1
31. Overall, are you satisfied with the administration here?	77.3 76.5	16.9 16.0	2.4 2.3	1.1 .9	2.3 4.4	90.9 91.9
Meals and Dining						80.5
32. Does the resident think that the food is tasty?	27.8 29.0	48.5 48.1	11.7 10.5	3.0 2.9	9.1 9.4	70.4 71.4
33. Are foods served at the right temperature (cold foods cold, hot foods hot)?	46.9 47.2	36.6 35.1	5.1 4.9	1.2 1.3	10.2 11.5	81.4 81.7
34. Can the resident get the foods he/she likes?	33.5 35.8	42.5 40.4	8.6 7.8	2.3 2.1	13.1 13.9	74.3 76.1
35. Does the resident get enough to eat?*	72.0 71.2	20.4 19.9	1.8 1.9	.7 .7	5.2 6.4	90.5 90.9

Table 11
Item Frequencies and Averages for Family Survey
Items for 2006 and 2008* Family Surveys

DOMAIN (2008 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	<i>Mean 2006</i> Mean 2008
36. Overall, are you satisfied with the food in the facility?	54.0 54.5	32.6 31.0	6.0 5.7	2.3 2.2	5.1 6.6	81.8 82.6
Laundry						85.1
*37. Do the resident's clothes get lost in the laundry?	6.6	42.3	23.0	12.3	15.8	49.4
*Do the resident's clothes come back from the laundry?	.6	2.7	31.3	44.6	20.6	83.9
*38. Do the resident's clothes get damaged in the laundry?	3.8	22.2	32.1	23.5	18.5	63.6
* Do the resident's clothes come back from the laundry in good condition?	.6	2.4	25.3	50.2	21.6	86.6
Facility Environment						86.5
39. Can the resident get outside when he/she wants to, either with help or on their own?	40.2 44.7	30.2 26.6	9.7 8.5	3.9 3.0	16.0 17.2	75.1 79.0
40. Can you find places to talk the resident in private?	72.6 73.3	20.0 18.3	3.1 2.9	.9 .8	3.1 4.7	89.5 90.8
43. Are the public areas (dining room, halls) quiet enough?	57.7 69.8	34.3 24.4	3.8 2.4	.8 .8	3.4 2.6	84.2 86.0
44. Does the facility seem homelike?	55.9 57.6	32.8 30.5	7.8 4.9	2.3 2.3	1.2 4.8	80.7 82.6
45. Is the facility clean enough?	70.0 69.8	26.2 24.4	2.6 2.4	1.0 .8	.2 2.6	87.9 89.2
47. Are you satisfied with the safety and security of this facility?	72.5 71.5	23.3 22.3	2.4 2.1	1.1 1.0	.7 3.0	88.9 89.9
Resident Environment						86.5
41. Is the resident's room quiet enough?	65.6 59.4	29.3 31.5	3.5 3.5	.8 .6	.8 5.0	86.8 88.4
42. Are you satisfied with the resident's room?	66.6 57.0	27.0 30.6	4.3 6.9	1.7 2.1	.4 3.4	86.0 87.5
46. Are the resident's belongings safe in the facility?	56.0 57.6	33.6 30.5	5.4 4.9	2.3 2.2	2.7 4.8	82.1 83.7

Table 11
Item Frequencies and Averages for Family Survey
Items for 2006 and 2008* Family Surveys

DOMAIN (2008 responses are in bold)	Always	Some-times	Hardly Ever	Never	Doesn't Apply/ Missing	Mean 2006 Mean 2008
General						90.1
48. Are the telephone calls processed in an efficient manner?	70.5 69.2	20.9 21.3	2.2 2.0	.5 .4	5.8 7.1	90.1 90.5
49. Do residents look well-groomed and cared for?	60.8 63.5	34.0 32.1	2.5 2.5	.3 .5	2.4 1.9	86.5 87.2
50. Is the staff here friendly?	79.8 79.6	18.8 17.5	.9 .8	.2 .2	.2 2.0	92.6 93.4
51. Do you get adequate information from the staff about the resident's medical condition and treatment?	72.9 72.3	22.1 21.4	3.7 3.3	.8 .7	.6 2.4	88.8 89.8
52. Are you satisfied with the medical care in the facility?	69.8 69.9	25.8 24.6	2.7 2.6	.9 .7	.8 2.3	88.2 89.2
53. Would you recommend this facility to a family member or friend?	75.3 74.4	17.9 17.4	2.7 2.7	2.6 2.4	1.5 1.2	88.5 89.7
54. Overall, do you like this facility?	75.5 74.6	20.6 19.9	2.1 2.0	1.3 1.2	.5 2.3	89.7 90.7

NOTE: The items above are not presented in the order they appear on the questionnaire, but rather according to their domains. N = 23,633 in 2006, 24,572 in 2008. Means computed on those who provided valid answers to the questions.
 *Items changed from 2006 to 2008

Table 12 shows mean scores for each of the 2008 domains, along with standard deviations and a comparison with the domain means from the 2002 and 2006 family surveys. Comparisons across surveys are not identical — the deletion and addition of items on the family survey results in some domains that have changed from 2002 to 2008.

**Table 12
Statewide Average Domain Scores**

Domain Name	Family Mean 2002	Family Mean 2006	Family Mean 2008
Admissions	90.0 (17.7)	90.2 (17.6)	89.8(18.2)
Social Services	93.7 (13.3)	92.0 (16.0)	92.1(15.7)
Activities	84.9 (15.5)	84.3 (16.1)	84.9(16.0)
Choice	90.1 (13.1)	89.8 (13.6)	90.6(13.0)
Direct Care	89.0 (13.6)	88.1 (14.8)	88.4(14.6)
Therapy	82.7 (24.2)	80.2 (26.7)	82.1(25.3)
Administration	94.0 (13.0)	92.1 (15.5)	92.3(15.2)
Meals & Dining	80.9 (17.8)	80.0 (18.9)	80.6(19.0)
Laundry	55.9 (27.0)	56.3 (25.9)	85.1(18.39)
Resident Environment	NA	85.3 (17.5)	86.5(17.1)
Facility Environment	NA	85.3 (15.6)	86.5(15.4)
General Satisfaction	83.1 (16.1)	89.8 (13.6)	90.1(14.7)
	N=16,955	N=23,633	N=24,572

Note: Changes from the 2002 to 2006 family survey, and differences between resident and family surveys may explain a portion of the differences in domain scores across surveys.

Family Comments

One thousand seven hundred and nineteen families (7.29%) included some form of written comments with their surveys. These comments were entered into an Excel spreadsheet, assigned a code corresponding to the topic(s) addressed in their comment, and then categorized into larger constructs, using the same method as that for coding the toll-free hotline comments. Scanned originals were forwarded to ODA weekly since some families requested interventions and assistance. The State Ombudsman’s office was responsible for determining what kind of assistance was needed and for providing it in a timely manner.

Because some respondents commented on many different areas, the total number of individual comments recorded was 5470. Some comments received multiple codes because

they addressed several topics; 6846 codes were assigned. The distribution of comments across topic areas is shown in Table 13 below.

Table 13
Constructs Identified in Written Family Comments

Construct	Number of Comment Codes	Percent
Complaints about the nursing home	3339	48.8
Miscellaneous	1660	24.2
Praise for the nursing home	1023	14.9
Instrument Improvement	843	12.3
Don't want to/Can't complete	46	.7
Sampling Issues/ Selection Criteria	40	.5
Process Issues	32	.5
Request for new survey	2	.03
Wants to be Contacted	2	.03
Survey Results/website	1	.01

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 many different things were coded; complaints about specific services were the most prevalent type of complaint (17.1% of all comments made). Such comments as “more activities will be helpful for their wellbeing” and “residents belongings are not safe” indicate the kinds of specific service problems that families addressed.

Complaints about resident care included such items as “skin is kept dry, nails have feces”, “resident wears the same clothes over and over again”; they give wrong medications”, “Teeth are not removed at night sometimes are not replaced in the mouth in A.M”, and “I feel

the staff thinks my mom can do for herself so they don't really help her with her bathing and dressing”.

About 12 percent of the families had complaints about the physical structure of the building (11.9%). Such comments as “the room is too small.” “needs more cleaning” “there are bugs on the floor” illustrate the problems typically addressed. This category also included security of the facility and a large number of families complained about residents belongings being unsafe; lost dentures, hearing aids, and clothing; and missing valuables such as watches and money.

Complaint comments were often offered along with praise. “Despite my one complaint, I must praise this nursing home for the quality of care, professionalism of the staff.” “I want you to know the nursing home was clean all the time” “I said to my family if I need help please put me in this [nursing home name]”.

General information was provided in 28.4% of the comments (included in topic area “miscellaneous” above), for instance “resident refuses to participate”; “resident is my mother”; “visit everyday”, “resident has dementia”. These comments also included those who wanted to just “tell their story”. Many of the comments suggest that families are increasingly savvy about nursing home care, and have experience with several different facilities. As more residents have short nursing home stays, families’ comparative expectations are likely to become higher. “My niece has been in three nursing homes in the past seven years.” “We did not have a choice to come here, we are working on “liking” it.” One family member said she sees much room for all nursing homes to improve and related a lengthy history of nursing home placements in her family.

Others could not say enough good things about the facility where their family member resided. "Give the social worker an A-plus" and "my family and I are very thankful for the folks who make up the [facility name]". "There is nothing like the peace of mind you get when you know that your loved ones are well taken care of," "She is happier here than where she was before. Everyone is very loving and caring," "I am extremely happy with the staff, administration, service and care. Everything seems to be perfect and I would recommend the facility to anyone - our compliments."

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 "Father died in December". Others illustrated problems that are more interesting. "This is an exact duplicate of the survey I filled out and mailed last week. Submitting this would make the survey invalid, so I will not contribute to it." Last year's recommendations for implementation of the survey recommended an audit procedure for facilities where census related problems occurred. These comments raise concerns regarding sampling of family members that should be addressed.

In summary, the family comments provide a rich source of information about family member perceptions of nursing home life that complements the quantitative information provided to facilities. In some cases, these comments would make a valuable addition to the reports provided to facilities. However, it is also likely that if family members were informed that their comments would be provided to facilities they might be less likely to criticize (given their concerns about retaliation) and might be less likely to respond at all, given their already apparent concerns about anonymity. However, the comments may provide an important venting mechanism. The value this has in increasing responses to the survey and in making family

members feel involved in the process may outweigh any benefits derived from making a more dedicated effort to using the family comments in a formal way. They also provide valuable information to the Ombudsman’s office about conditions and problems in Ohio’s nursing homes.

SURVEY PSYCHOMETRICS

Because two items were changed, it continues to be important to do psychometric work to determine if additional survey refinements are necessary. Table 14 shows the Cronbach’s alphas for each domain in 2006 and the 2008 domain Cronbach’s 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, before reliability analyses were conducted.

Table 14
Confirmatory Reliability Analyses of
2002 and 2006 Survey Domains

Domain	2006 Coefficient Alpha	2008 Coefficient Alpha	2008 Corrected Item-Total Correlations
Admissions	.92	.93	
1. Did the staff provide you with adequate information about the different services in the facility?			.85
2. Did the staff give you clear information about the daily rate? (cost of care)			.86
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?			.91
4. Overall, were you satisfied with the admission process?			.83

Table 14
Confirmatory Reliability Analyses of
2002 and 2006 Survey Domains

Domain	2006 Coefficient Alpha	2008 Coefficient Alpha	2008 Corrected Item-Total Correlations
Social Services	.91	.91	
5. Does the social worker follow-up and respond quickly to your concerns?			.87
6. Does the social worker treat you with respect?			.79
7. Overall, are you satisfied with the quality of the social workers in the facility?			.92
Activities	.88	.88	
8. Does the resident have enough to do in the facility?			.75
9. Are the facility's activities things the resident likes to do?			.73
10. Is the resident satisfied with the spiritual activities in the facility?			.74
11. Do the activities staff treat the resident with respect?			.66
12. Overall, are you satisfied with the activities in the facility?			.84
Choice	.79	.81	
13. Can the resident go to bed when he/she likes?			.59
14. Can the resident choose the clothes that he/she wears?			.65
15. Can the resident bring in belongings that make his/her room feel homelike?			.54
16. Do the staff leave the resident alone if he/she doesn't want to do anything?			.54
17. Does the staff let the resident do the things he/she wants to do for himself/herself?			.69

Table 14
Confirmatory Reliability Analyses of
2002 and 2006 Survey Domains

Domain	2006 Coefficient Alpha	2008 Coefficient Alpha	2008 Corrected Item-Total Correlations
Direct Care/Nurse Aides	.96	.96	
18. Does a staff person check on the resident to see if he/she is comfortable? (need a drink, a blanket, a change in position)			.88
19. During the week, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?			.87
20. During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?			.87
21. 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)?			.88
22. Are the nurse aides gentle when they take care of the resident?			.84
23. Do the nurse aides treat the resident with respect?			.84
24. Do the nurse aides spend enough time taking care of the resident?			.86
25. Overall, are you satisfied with the nurse aides who care for the resident?			.87
26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility?			.85
Therapy	.96	.93	
27. Does the physical therapist spend enough time with the resident			.87
28. Does the occupational therapist spend enough time with the resident?			.87
Administration	.93	.95	
29. Is the administration available to talk with you?			.89

Table 14
Confirmatory Reliability Analyses of
2002 and 2006 Survey Domains

Domain	2006 Coefficient Alpha	2008 Coefficient Alpha	2008 Corrected Item-Total Correlations
30. Does the administration treat you with respect?			.88
31. Overall, are you satisfied with the administration here?			.93
Meals and Dining	.93	.93	
32. Does the resident think that the food is tasty?			.84
33. Are foods served at the right temperature (cold foods cold, hot foods hot)?			.80
34. Can the resident get the foods he/she likes?			.82
35. Does the resident get enough to eat?			.76
36. Overall, are you satisfied with the food in the facility?			.88
Laundry	.89	.90	
37. Do the resident's clothes get lost in the laundry? Rewritten to: Do the resident's clothes come back from the laundry?			.83
38. Do the resident's clothes get damaged in the laundry? Rewritten to: Do the resident's clothes come back from the laundry in good condition?			.83
Facility Environment	.87	.90	
39. Can the resident get outdoors when he/she wants to, either with help or on their own?			.55
40. Can you find places to talk to the resident in private?			.69
43. Are the public areas (dining room, halls) quiet enough?			.75
44. Does the facility seem homelike?			.84

Table 14
Confirmatory Reliability Analyses of
2002 and 2006 Survey Domains

Domain	2006 Coefficient Alpha	2008 Coefficient Alpha	2008 Corrected Item-Total Correlations
45. Is the facility clean enough?			.81
47. Are you satisfied with the safety and security of this facility?			.81
Resident Environment	.79	.81	
41. Is the resident's room quiet enough?			.66
42. Are you satisfied with the resident's room?			.76
46. Are the resident's belongings safe in the facility?			.60
General	.95	.94	
48. Are your telephone calls handled in an efficient manner?			.70
49. Do residents look well-groomed and cared for?			.73
50. Is the staff here friendly?			.83
51. Do you get adequate information from the staff about the resident's medical condition and treatment?			.84
52. Are you satisfied with the medical care in this facility?			.88
53. Would you recommend this facility to a family member or friend?			.89
54. Overall, do you like this facility?			.91

Statewide Comparisons: 2006 and 2008

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. Since 2002 a number of state and federal initiatives have targeted improvements in nursing home quality, from the development of a federal website providing quality measures and staffing information about facilities nationwide, to quality improvement efforts undertaken by state Quality Improvement Organizations funded by CMS. Table 15 provides a comparison between the lowest scoring items for 2006 and 2008. Arbitrary cut-off scores were used to denote areas of concern as being those domains and items that had a score of 75 and under; and areas of excellence being scores of 90 and over.

As shown in the table below, statewide, nursing homes reduced the number of items that are “areas of concern” from six areas of concern in 2006 to three in 2008. All areas that are still of concern showed improvements from 2006 to 2008. It appears that some of the problem areas may be intractable for facilities to address. Cooking in quantity and producing a variety of tasty foods for people on special diets is notoriously difficult. However, it is not as difficult to give residents foods that they like. Often, when facilities undertake the culture change process the dining experience is one of the first modifications made.

Table 15
Facility Areas of Concern (State Average 75 and Below)

Domain	Area of Concern	State Average 2006	State Average 2008
Activities	Are the facility activities things that the resident likes to do?	73	75
Laundry	Do the resident's clothes get lost in the laundry? Rewritten to: Do the resident's clothes come back from the laundry?	49	83 ^a
	Do the resident's clothes get damaged in the laundry?	64	87 ^a
Meals and Dining	Does the resident think the food is tasty?	70	71
	Can the resident get the food he/she likes?	74	75
Environment	Can the resident get outdoors when he/she wants to, either with help or on their own?	75	79 ^b
TOTALS		6 Areas of Concern	3 Areas of Concern

^aThese items included for illustrative purposes only. No longer areas of concern but change likely due to rewording.

^bThis item no longer of concern; included to show extent of improvement.

In Table 16, when no scores are reported for 2006, this item did not score 90 or above in that time period and so is a new area of excellence in 2008.

Nursing homes have added six new areas of excellence in 2008 compared to 2006. Interestingly, in 2002 there were also 19 areas of statewide excellence. It is unclear why the 2006 scores dipped, but it appears that with the 2008 survey they are returning to earlier levels. However, although many items show slight improvement from 2006 to 2008, some have still not returned to their 2002 levels. It is also possible that facilities that participated for the first time in 2006 differ in some fundamental ways from those in 2002 and that as more facilities participated

Table 16
Facility Areas of Excellence (State Average 90 and Above)

Domain	Area of Excellence	State Average 2006	State Average 2008
Admissions	Overall, were you satisfied with the admission process?	92	92
Social Services	Does the social worker treat you with respect?	96	95
	Overall, are you satisfied with the quality of social workers in the facility?	NA	91
Activities	Does the activities staff treat the resident with respect?	95	95
Choice	Can the resident bring in belongings that make his/her room feel homelike?	94	95
	Does the resident have the opportunity to do as much as he/she would like to do for himself/herself?	NA	90
	Does the staff leave the resident alone if he/she doesn't want to do anything?	NA	91
Direct Care and Nursing Staff	Do the nurse aides treat the resident with respect?	92	93
	Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	90	91
	Does the administration treat the family with respect?	95	95
	Overall, are you satisfied with the administration here?	90	92
	During the week, is a staff person available to help the resident if he/she needs it?	91	91
	Are the nurse aides gentle when they take care of the resident?	90	91
Facility Environment	Can you find places to talk with the resident in private?	NA	91
	Are you satisfied with the safety and security of this facility?	NA	90
Meals and Dining	Does the resident get enough to eat?	91	91
General	Are the telephone calls processed in an efficient manner?	90	91
	Is the staff here friendly?	93	93
	Overall, do you like this facility?	NA	91
TOTALS		13 Areas of Excellence	19 Areas of Excellence

*NA- Statewide mean below 90

in 2008 they represent a truer picture of statewide nursing homes than either of the previous two surveys.

RECOMMENDATIONS FOR 2010

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 2010.

1. Continue to use mailings from ODA to prepare facilities for survey participation in advance of survey implementation dates. Include promotional materials such as high-quality posters, pre-printed bill stuffers, news releases or other materials to encourage family participation. Consider a statewide ad campaign or public service announcements directly to families to encourage them to participate.
2. 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 facilities, a tentative calendar sent with the December billing notice, and other strategies.
3. Ascertain from the mailing house what type of shipping cartons and/or labels will be used so they can be described in advance in the mailing materials to administrators.
4. 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.

5. Make further attempts to determine why facilities choose not to participate and enlist assistance from the trade associations in encouraging participation.
6. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home will ever see individual results.
7. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
8. Mention the dates and hours of operation of the toll-free hotline.
9. Consider reformatting the letters in bullet form for ease of reading. Both families and facilities asked questions about information provided in survey materials.
10. Institute an audit procedure for facilities, particularly those where comments or returned blank surveys suggest sampling problems, e.g. "My father died last December." Indicate that if a recipient is not involved with a nursing home resident they should call ODA with the name of the facility that sent them the survey.
11. Add the importance of survey completion to family letters. Explain that the facility has the opportunity to receive additional reimbursement if enough families participate.
12. Continue to invite families to send comments on a separate sheet of paper. Ask them not to write on the surveys.
13. Consider developing a web-based survey to allow facilities and families to submit the audit form and surveys electronically as well as by fax or mail.
14. Continue to verify audit form information with facilities.
15. Interview administrators from facilities with high response rates and create a list of *Best Practices to Encourage Family Participation*.

16. Consider creating a Family Survey web page for facilities and families on the ODA web site. This would increase the transparency of the process and encourage facilities and families who have questions about the process to participate.

CONCLUSIONS

The lower number of toll-free hotline calls from families, lost packages, and recommendations for changes to the 2010 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. Based on the reduced number of family calls and comments about the survey, continued psychometric consistency, and a desire to provide comparable data over time as the survey maintains a regular schedule we do not recommend further changes to the survey itself at this time.

However, it seems prudent to consider revisiting the concerns of residents and families in the near future. The Ohio Nursing Home Resident and Family Satisfaction Surveys were developed in 2001; they will be eight and nine years old at their next administration. Culture change activities were relatively unknown in 2001 while they are now being widely implemented. Tapping some of these new dimensions of care should be considered. Additionally, while our development work did not show significant differences between short- and long-stay residents, short-stay residents continue to increase in numbers and in the proportion of residents in many nursing homes. Ensuring that the concerns of short-stay residents and families continue to be addressed would also be an important activity for the future.

This report on the fourth family survey implementation provides guidance for further refinements to the family satisfaction survey process in future years. Ohio leads the nation in

providing the most comprehensive consumer satisfaction information about nursing homes. Since our first resident and family satisfaction surveys, other states such as Minnesota and Maryland have also begun to publicly report satisfaction information. The value of this information to the public, faced with the important decision of choosing a nursing home, cannot be underestimated.

REFERENCES

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

Ejaz, F.K., Straker, J.K., & Fox, K. (2005, June). Using information on quality to improve nursing home care. Final report submitted to *The Commonwealth Fund*.

Straker, J.K., Ejaz, F.K., McCarthy, C.A., & Jones, J. (2007). Developing and testing a satisfaction survey for nursing home residents: The Ohio experience. In F.Ejaz, N. Castle, & H. Menne (Eds.). Special issue on Consumer Satisfaction in Long-Term Care. *Journal of Aging and Social Policy*.

APPENDIX A. SURVEY MATERIALS

The background features a large, faint watermark of the Seal of the State of Ohio. The seal is circular and contains the text "State of Ohio" at the top and "Department of Public Health" at the bottom. In the center of the seal is a sun with rays emanating from it.

2008 Ohio Nursing Home Family Satisfaction Survey

Thank you for taking the time to complete the Ohio Nursing Home Family Satisfaction Survey. It is for family members and other people involved in the lives of Ohio's nursing home and hospital sub-acute unit residents. Please answer as many questions as you can. If a question does not apply to your resident, or you do not know about the service or care, please check the "Don't know/Does not apply to resident" box. If you still have questions or concerns after reading the letter that follows on page 2, please call the toll-free survey helpline at 1-888-894-0010 between 8:30 and 4:30, Monday through Friday. You may leave a message at other times and your call will be returned the next business day.

PLEASE DO NOT FOLD YOUR SURVEY.



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

Ted Strickland, Governor
Barbara E. Riley, Director

Dear family member or friend:

The Ohio Department of Aging has contracted with the Scripps Gerontology Center at Miami University to survey the family members and friends of residents of nursing homes or hospital sub-acute units to gather *your* opinions about the facility where your relative or friend is staying. We surveyed residents in 2007 and will do so again in 2009. But this year, we want to know what you think of the services your loved one receives.

The results of this Family Satisfaction Survey, compiled for each facility, will be posted on the Ohio Long-term Care Consumer Guide Web site (www.ltcoho.org) in January 2009. The Consumer Guide helps people select a nursing home by offering comparative information about facilities. The guide also helps facilities improve their services through the information gathered in this and other surveys.

You were **randomly chosen to participate** in this important statewide survey. Your participation is voluntary, but critical. More than 24,000 family members and friends participated in this survey in 2006, and we hope you will join them in offering your insight into the care provided by Ohio's nursing homes. If you participated in the 2006 survey, we thank you, and hope you will help us by participating again.

Please answer as many questions as you can. If you are unfamiliar with a service, or the resident does not use a service, just mark the box next to "don't know/doesn't apply to resident." If your family member has received care in several places, please base your responses on your knowledge of the facility that sent the survey to you (printed on the survey form). If you have additional comments not covered by the survey questions, please note them on a separate sheet of paper and return it with your survey. We ask that you indicate whether you would like your comments shared with the facility.

The information that you provide in this survey will remain anonymous. Nothing on the survey identifies you and the resident's name and your name appear only on the envelope mailed to you by the facility. Your participation will not directly affect the care your loved one receives. You will not return the survey to the facility. Use the enclosed envelope to anonymously submit your form to the researchers at Scripps.

If you would like to verify the information in this letter or have any questions about the survey, call the Family Satisfaction Survey toll-free helpline at **1-888-894-0010**. If you have a current concern about a nursing home, please call the Ohio Long-term Care Ombudsman at **1-800-282-1206** for assistance.

I hope you will help us by responding to this survey. Your participation can help make the services at the facility more responsive to the needs of its residents and will help others select the best facility for them and their loved ones. **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 black ink that reads "Barbara E. Riley".

Barbara E. Riley, Director
Ohio Department of Aging

Ohio Department of Aging Family Satisfaction Survey 2008



Marking Instructions

Use a dark-colored ink (ball-point, gel, roller-ball, felt-tip will all work well). Please do not use pencil.
If you make a mistake, cross out the incorrect answer and check the correct one.

Correct:

If you make a mistake:

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

Admissions

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, Never</i>	<i>Don't know /Doesn't apply to resident</i>
1. Did the staff provide you with adequate information about the different services in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the staff give you clear information about the cost of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall, were you satisfied with the admission process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social services

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
5. Does the social worker follow-up and respond quickly to your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the social worker treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, are you satisfied with the quality of the social workers in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
8. Does the resident have enough to do in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the facility activities things that the resident likes to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the resident satisfied with the spiritual activities in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the activities staff treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, are you satisfied with the activities in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Choices

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
13. Can the resident go to bed when he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can the resident choose the clothes that he/she wears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Can the resident bring in belongings that make his/her room feel homelike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the staff leave the resident alone if he/she doesn't want to do anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the staff let the resident do the things he/she wants to do for himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct Care and Nursing Staff

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
18. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. During the week, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. During the weekends, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are the nurse aides gentle when they take care of the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do the nurse aides treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do the nurse aides spend enough time taking care of the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Overall, are you satisfied with the nurse aides who care for the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapy

- | | <i>Yes,
always</i> | <i>Yes,
sometimes</i> | <i>No, hardly
ever</i> | <i>No,
never</i> | <i>Don't
know
/Doesn't
apply to
resident</i> |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 27. Does the physical therapist spend enough time with the resident? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Does the occupational therapist spend enough time with the resident? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Administration

- | | <i>Yes,
always</i> | <i>Yes,
sometimes</i> | <i>No, hardly
ever</i> | <i>No,
never</i> | <i>Don't
know
/Doesn't
apply to
resident</i> |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 29. Is the administration available to talk with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does the administration treat you with respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Overall, are you satisfied with the administration here? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Meals and Dining

- | | <i>Yes,
always</i> | <i>Yes,
sometimes</i> | <i>No, hardly
ever</i> | <i>No,
never</i> | <i>Don't
know
/Doesn't
apply to
resident</i> |
|---|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 32. Does the resident think that the food is tasty? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Are foods served at the right temperature (cold foods cold, hot foods hot)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Can the resident get the foods he/she likes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Does the resident get enough to eat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Overall, are you satisfied with the food in the facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Laundry

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
37. Does the resident get their clothes back from the laundry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does the resident's clothing come back from the laundry in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
39. Can the resident get outdoors when he/she wants to, either with help or on their own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Can you find places to talk with the resident in private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is the resident's room quiet enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Are you satisfied with the resident's room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Are the public areas (dining room, halls) quiet enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Does the facility seem homelike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Is the facility clean enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are the resident's belongings safe in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are you satisfied with the safety and security of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Questions

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
48. Are your telephone calls handled in an efficient manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do residents look well-groomed and cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is the staff here friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Do you get adequate information from the staff about the resident's medical condition and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Are you satisfied with the medical care in this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Would you recommend this facility to a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Overall, do you like this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background Information

1. How old is the resident (years)?

Example: 101

1	<input type="checkbox"/>	0	<input type="checkbox"/>
2	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	2	<input type="checkbox"/>
4	<input type="checkbox"/>	3	<input type="checkbox"/>
5	<input type="checkbox"/>	4	<input type="checkbox"/>
6	<input type="checkbox"/>	5	<input type="checkbox"/>
7	<input type="checkbox"/>	6	<input type="checkbox"/>
8	<input type="checkbox"/>	7	<input type="checkbox"/>
9	<input type="checkbox"/>	8	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

10

0

1

2

3

4

5

6

7

8

9

2. How old are you (years)?

Example: 85

	<input type="checkbox"/>	0	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

3. What is your race/ethnicity?

Asian/Pacific Islander	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	Native American/Indian	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>	Other	<input type="checkbox"/>

6. What is your educational level?

Less than high school	<input type="checkbox"/>	Completed college	<input type="checkbox"/>
High school completed	<input type="checkbox"/>	Master's or higher	<input type="checkbox"/>

4. Mark the gender for the resident

Male

Female

5. Mark the gender for you

Male

Female

7. Do you expect the resident's total stay in nursing home to be: (Please try to answer to the best of your ability. Select the category closest to your expectations.)

Less than 1 month

From 1 to 3 months.....

Greater than 3 months.....

8. On average, how often do you visit the resident?

Daily	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Few times a year	<input type="checkbox"/>

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

Help with:

	Always	Sometimes	Never
I. Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Grooming (combing hair, cutting nails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Going to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your relationship to the resident? I am their _____.

Spouse.....	<input type="checkbox"/>	Brother/sister.....	<input type="checkbox"/>
Child.....	<input type="checkbox"/>	Friend.....	<input type="checkbox"/>
Grandchild.....	<input type="checkbox"/>	Parent.....	<input type="checkbox"/>
Niece/Nephew.....	<input type="checkbox"/>	Guardian.....	<input type="checkbox"/>
Son/Daughter in law.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

11. Do you talk to the following staff?

	Always	Sometimes	Never
I. Nurse Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Administrators(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. 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.....

13. Does the resident know the current season?

	Always	Sometimes	Never
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Does the resident recognize you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

15. Does the resident know he/she is in a nursing home?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

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

Own home

Hospital.....

Another nursing home.....

Other.....

17. How much help does the resident need with the activities below? Please check the appropriate box.

17a. Eating

- Needs no assistance or supervision from another person.....*
- Needs some assistance or supervision from another person.....*
- Needs a great deal of assistance or supervision from another person.....*
- Resident is totally dependent.....*

17c. Dressing

- Needs no assistance or supervision from another person.....*
- Needs some assistance or supervision from another person.....*
- Needs a great deal of assistance or supervision from another person.....*
- Resident is totally dependent.....*

17b. Going to bathroom

- Needs no assistance or supervision from another person.....*
- Needs some assistance or supervision from another person.....*
- Needs a great deal of assistance or supervision from another person.....*
- Resident is totally dependent.....*

17d. Transferring (moving from or to a bed or chair)

- Needs no assistance or supervision from another person.....*
- Needs some assistance or supervision from another person.....*
- Needs a great deal of assistance or supervision from another person.....*
- Resident is totally dependent.....*

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 1-54. Place your completed survey in the business reply envelope and drop into the mail.

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

Return to:

**Scripps Gerontology Center
Miami University
Oxford, OH 45056**



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

Ted Strickland, Governor
Barbara E. Riley, Director

Dear Administrator:

It's time for Ohio's 2008 Nursing Home Family Satisfaction Survey!

As you know, the Ohio Department of Aging publishes 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 guide assists individuals and families in selecting a long-term care provider, but also provides facilities like yours with consumer feedback to assist in quality improvement. The guide currently includes results from prior family and resident satisfaction surveys, quality measures, Ohio Department of Health inspection reports and information you may have entered about your facility's special care services, staff, bed availability and more.

This package contains everything you need to participate in the Family Satisfaction Survey. It includes the survey packets ready to be addressed; the criteria to select the most involved family member, friend or interested party in the life of the resident; mailing instructions and reminder postcards. We appreciate any effort you can make to encourage family members — especially those of short-term residents — to complete and return the survey. Family satisfaction scores provide one element of the quality incentive in the Medicaid reimbursement formula, so it is especially important for families to return their surveys.

We guarantee the complete anonymity of family members' responses. Scripps Gerontology Center will not know who participated and can only track surveys by the facility name printed on each survey. Results will be displayed in aggregate form only. Our goal is to post the survey results on the consumer guide by January 2009. Should you have questions about the survey process, please call the toll-free Family Satisfaction Survey helpline at **1-888-894-0010**.

I hope that your facility will participate in this survey as mandated by Ohio Revised Code section 173.47 and thank you in advance for your efforts to make the survey a success. While you are at it, please make sure you have registered and entered data about your facility on the guide. If you are already registered, please verify that your information is current. For assistance in registering, contact us at consumerguide@age.state.oh.us or **(614) 466-1221**.

Sincerely,

A handwritten signature in black ink that reads "Barbara E. Riley". The signature is written in a cursive style with a large, sweeping flourish at the end.

Barbara E. Riley
Director
Ohio Department of Aging

Enclosures

**THE OHIO DEPARTMENT OF AGING
2008 NURSING HOME FAMILY SATISFACTION SURVEY**

Your Family Satisfaction Survey package contains the following:

1. Packets with Family Satisfaction Surveys and Business Reply Envelopes inside ready for you to affix \$1.17 in postage on each and address to the appropriate number of families from your facility.
2. Reminder Postcards ready for you to affix \$.27 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. Do NOT distribute this survey to a family member. The serial number on the survey will not identify your facility.
4. General instructions for sampling families of residents and mailing surveys with a letter from ODA Director Riley.
5. A list of Frequently Asked Questions and their answers.
6. A pink Survey Audit Form to be completed and returned in the pink Business Reply Envelope or faxed to the Scripps Gerontology Center.
7. A pink Business Reply Envelope for you to mail your Survey Audit Form to the Scripps Gerontology Center.

Important Dates to Remember:

- | | |
|---|---|
| ✓ Survey forms mailed to families: | No later than June 30, 2008 |
| ✓ Follow-up postcards sent to families: | Two weeks after mailing initial survey |
| ✓ Audit form returned to Scripps: | Two weeks after follow-up postcards
(no later than August 1, 2008) |

PLEASE READ THESE MATERIALS CAREFULLY

If you have any questions after reading the information in this packet, please call the Ohio Department of Aging Family Satisfaction Survey Toll-Free Helpline, Monday through Friday, 8:30-4:30:

1-888-894-0010

THANK YOU FOR YOUR PARTICIPATION

SURVEY INSTRUCTIONS

Selecting Survey Recipients:

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 other licensed beds (such as adult group home or residential care beds).**

1. Set aside a day in the next week to mail out surveys. 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. Make sure that **no discharged or deceased residents** are on the list.
2. Review the *Selection Criteria for Person Designated to Respond to the Ohio Nursing Home Family Satisfaction Survey* located on page 4 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, described below.
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 53 or fewer residents, you will not have to do random sampling. Mail a survey for every resident in your facility, choosing only one involved family member or friend per resident.*

<i>Number of Residents with a Most Involved Person</i>	<i>Number of Surveys to Mail</i>
53 or fewer residents	One for each resident's family
54-55	53 (use random sampling)
56	55 (use random sampling)
57-58	56 (use random sampling)
59-67	58 (use random sampling)
68-80	60 (use random sampling)
81-86	63 (use random sampling)
87-91	65 (use random sampling)
92-111	68 (use random sampling)
112-134	70 (use random sampling)
135-155	73 (use random sampling)
156-177	75 (use random sampling)
178-238	78 (use random sampling)
239-307	80 (use random sampling)
308 and over	83 (use random sampling)

We made assumptions about the number of survey packets your facility will need. If you do not have enough survey packets please call 1-888-894-0010 and we will mail more to you. If you have extras, please keep them; you may need to select other family members and 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 (excluding those without a ‘most involved’ person), place them in a container, and draw names until you have drawn the required number of residents needed for your facility based on the table above.

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 for your facility based on the table above.

6. Use the "*Selection Criteria for Person Designated to Respond to the Ohio Department of Aging Family Satisfaction Survey*," (page 4) to determine who should receive a survey for each resident chosen. Even though the survey is called the Family Satisfaction Survey, it is very important that you select the family member, friend, guardian, or other interested party who is 'most involved' in the care of the resident by following the criteria.
7. Once you have identified the appropriate person to receive the survey, check your records for up-to-date address information and make a list of the names and addresses of those individuals. **In no case should any family member/guardian 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.

Sending the Survey Packets:

You are now ready to address and mail the individual survey packets to the selected families. Each envelope includes:

- i. Survey form with a cover letter to families from Director Barbara Riley at ODA
 - ii. Postage paid return envelope addressed to the Scripps Gerontology Center
8. Affix or meter \$1.17 postage on each envelope.

9. Each of the selected family members should receive one of the survey packets. **Please check that the address for the most involved person is up-to-date and that you are not sending a survey to the family of a deceased or discharged resident.** Write the address or affix a label to the envelope.

Address the envelopes this way:

The diagram shows a rectangular envelope layout. At the top left, there is a box labeled "Your facility's address in this window". To its right is a postage meter box labeled "\$1.17". Below these two boxes, centered, is the text "Most Involved Person's Name & Address". The entire layout is enclosed in a dashed-line border.

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. If you cannot find a current address, randomly select another resident. **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.**

10. Document the number and date surveys were sent as well as the number of *returned undeliverable* surveys on the pink audit form included in your survey kit. **It is 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 for the survey.

Mail all surveys no later than June 30, 2008.

Reminder Postcard:

11. The reminder postcard should be addressed to the same person you sent the survey to and addressed in the same manner as the survey envelope. Postage for a postcard is twenty-seven cents (\$.27). **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.** Do not mail a reminder postcard to a family whose survey was undeliverable.

Completing the Audit Form:

The audit form will be used to determine whether enough surveys for your facility have been returned for a valid sample. **The form MUST be completed and returned for your facility to receive valid survey results.** Incomplete or unreturned forms will result in an inaccurate response rate for your facility and an increased likelihood that your results will not meet the necessary margin of error for reporting or a quality payment.

12. After you mail the reminder postcards, complete the pink 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 August 1, 2008.**

13. **After August 15, 2008 please shred any leftover surveys.**

If families call with questions regarding the survey, please refer to the following "Frequently Asked Questions" to give appropriate responses. If family members have additional questions that you are not comfortable addressing, please refer them to The Ohio Department of Aging Family Satisfaction Survey Helpline at: **1-888-894-0010 until September 30.** They may call the number any time and leave a message and their call will be returned. Phones will be answered during regular business hours, 8:30-4:30, Monday through Friday.

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.

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, families 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 the survey for that resident. Count the number of residents who do not have an involved family member and record this on the audit form.

NOTE: 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). Ohio Revised Code Sec. 173.45-173.49, enacted by the Ohio legislature in state budget bill, H.B. 66 of the 126th General Assembly, forms the legal basis for the Guide. To visit the guide, see www.ltcoho.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 nursing facilities?*

Nursing homes provide information about special services, policies, beds and rates and more through secured access to the site. After registering on the site, nursing facility staff can update information about their facility, provide pictures, and address inspection reports as needed. For registration instructions, email consumerguide@oda.state.oh.us.

Regulatory performance data is provided by the Ohio Department of Health and CMS. 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?*

Consumer Choice: The Long-Term Care Consumer Guide receives an average of 10,000 visitors each month, evidence that choosing a nursing home is a difficult decision and consumers want more information about their options. The more information people have about every nursing home, the better decisions they can make. Consumers have shared a negative response to data missing from the website. This is likely to impact their impression of a nursing home.

Quality Improvement: Nursing homes are provided reports of their survey results and may use that information for quality improvement purposes, newsletters, or marketing materials. By participating in the satisfaction surveys and providing other information on the Consumer Guide, a facility can convey commitment to quality and reach out to new customers.

Legal Requirement: In state budget bill H.B. 66 of the 126th General Assembly, the Ohio legislature included a requirement that facilities participate in the consumer satisfaction surveys conducted by the Ohio Department of Aging. This includes all licensed facilities, not just those certified for Medicaid.

Financial Incentive: Performance on the consumer satisfaction surveys is used as a measure of quality in Ohio's Medicaid reimbursement formula. Your overall satisfaction score—the average of all scores on all items — is used to determine whether your facility qualifies for the consumer satisfaction incentive payment.

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

Scripps Gerontology Center, located at Miami University in Oxford, Ohio has a contract with the Ohio Department of Aging to conduct the family satisfaction survey. Scripps will scan the returned surveys, compile the results, and provide a summary of responses for every facility. They will also answer questions from facilities and families on the toll-free helpline.

7. ***Who are the members of the LTC Consumer Guide Advisory Council?***

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 Ohio Assisted Living Association, the American Association of Retired Persons, and the Ohio Departments of Aging, Health and Job and Family Services.

8. ***How many nursing homes are likely to participate in the family satisfaction survey?***

As participation is required, we anticipate receiving results from all Ohio nursing homes and sub-acute hospital units.

9. ***What will happen if a facility does not participate in the family satisfaction survey?***

House Bill 66 of the 126th General Assembly requires facilities to participate. However, if a facility does not participate in the satisfaction surveys the statement *Refused to Participate* will appear next to a facility's listing on the Consumer Guide.

Performance on the Family Satisfaction Surveys is also part of Ohio's Medicaid reimbursement formula for nursing homes. A lack of family satisfaction data may negatively impact the amount of reimbursement available to your facility.

10. ***What if my facility doesn't meet the margin of error?*** Overall satisfaction scores for your facility will not be calculated so no Medicaid reimbursement quality payment can be awarded. **Make sure to return your audit form so that the response rate can be calculated accurately.** Encourage families to complete and return their surveys by using posters, flyers, articles in your newsletter or other communications. Unfortunately, we cannot know if the margin of error has been met until scanning of over 20,000 surveys is completed.

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

Nursing homes 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 family surveys and resident surveys to each be completed biannually. Resident satisfaction surveys are completed in odd-numbered years and family satisfaction surveys are completed in even-numbered years.

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 53 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. Thus, even though the survey is called the Family Satisfaction Survey, 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 pages identifies the nursing home where the resident lives. You mail your survey back to the Scripps Gerontology Center to conduct the analyses. They do not know who received surveys or who responded to the survey. When a facility receives the results from the survey they will receive only aggregate data; i.e., data that is averaged for their facility. They will not know individual answers or responses.

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 implement the survey. This system protects the anonymity of all the families who are participating in the survey.

5. ***Are residents completing a satisfaction survey?***

Residents completed a satisfaction survey in summer 2007. 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. 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.

6. ***Why is there a number on 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 number does not identify you in any way since Scripps does 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. The name of the facility that you should report about is printed on the front of the survey. 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. Mark "duplicate" on the extra survey and return it in its business reply envelope. 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 for the same nursing home.**

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

Please call The Ohio Department of Aging Ohio Family Satisfaction Survey Toll-Free Helpline at 1-888-894-0010. The Scripps Gerontology Center is staffing the toll-free number. You may call the number any time and leave a message and your call will be returned the next business day. Calls will be answered from 8:30-4:30 Monday through Friday until September 30.

APPENDIX B. SURVEY CALCULATION DOCUMENT

Ohio Nursing Home Family Satisfaction Survey Calculation and Reporting Decisions

FACILITY REPORTS

1. Facility names are to be taken from the audit form data file provided by Scripps. These are updated from name changes provided on returned audit forms and are more up-to-date than the file from ODH.
2. Overall facility satisfaction score is calculated as an average of all item scores. If the facility does not have enough returned surveys to meet the number needed to be within a +/-10% margin of error, no overall satisfaction score is calculated.
3. Statewide facility satisfaction scores are calculated as an average of all overall facility satisfaction scores. Only those facilities that had enough returned surveys are included in the statewide facility satisfaction scores.
4. Number of respondents statewide is the total of all surveys returned.
5. Statewide response rate is the average of each facility's response rate, including those facilities for whom a response rate was calculated without audit information. (See Item 15 below.)
6. Average age of respondent is the average of all reported respondent ages.
7. Average age of resident is the average of all reported resident ages.
8. Race/ethnicity is the proportion of respondents reporting each answer out all those who answered the question, i.e. provided a valid response.
9. Relationship to resident is the proportion of respondents reporting each answer out of all those who answered the question.
10. Gender of respondent is the proportion of respondents reporting each answer out of all those who answered the question.
11. Frequency of visit is the proportion of respondents reporting each answer out of all those who answered the question.
12. Resident's stay is the proportion of respondents reporting each answer out of all those who answered the question.
13. Number of Residents with Family/Friends is based on the audit form; (facility reported census-number of residents without family/friends). If their audit form is not returned, i.e. census is missing, we report "Not Available".

14. Number of Respondents from this facility is the number of returned surveys. There is no standard for how many items must have valid answers to be counted as a returned survey.
15. Facility Response rate is calculated as (number of returned surveys ÷ (number of mailed surveys-returned undeliverable)). There is no existing standard for how many items must have valid answers to be counted as a returned survey. If facilities do not return their audit forms, the calculation is (number of returned surveys ÷ number of surveys provided [SAMPSIZE]). The number of surveys provided is based on a 10% occupancy increase since 2003 and an estimated 40% response rate. We are assuming that they mailed all surveys we provided if they do not report the number of surveys mailed on their audit form.
16. Frequency of visit is the proportion of respondents reporting each answer out of all those who answered the question.
17. Facility met Margin of Error is calculated for the survey as a whole. The number of surveys returned is compared to the number of surveys needed for surveyable populations of different sizes. (The number of residents with family/friends, or the number of licensed beds in the absence of audit data.) A “Yes” or “No” is reported. There is no standard for how many items must have valid answers to be counted as a returned survey.
18. Each item is scored as 1=always, 2 =sometimes, 3=hardly ever 4 =never and 5=DK/Does not apply. Each item (except for laundry) is rescored as Always=100, Sometimes=67, Hardly Ever=33 and Never =0. Laundry Items are reverse scored, i.e. Never =100.
19. A facility’s average for each item is based on the average of those who answered, excluding “don’t know/doesn’t apply to resident”.
20. Facility domain scores are calculated as an average from all respondents who answered at least all but 2 of the items. For example, when a domain has 5 items, respondents must provide a valid answer to at least 3 to be included in the domain calculation. Three respondents must have enough items to calculate a domain score in a facility.
21. Statewide item averages are calculated as an average of all facility averages for that item. All facilities with at least 3 responses on the item are included in the statewide average. There is no requirement that the item had to meet the facility sample size needed to be included in statewide item averages.
22. Statewide domain averages are calculated as an average of all facility averages for that domain. All facilities with a calculated domain score are included in the statewide domain average.

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23. Statewide highs and lows are taken from facilities that met margin of error. An individual facility that does not meet margin of error may show a score lower or higher than the reported statewide scores.

24. Item averages are reported for every item. A “yes” or “no” is returned for each item based on whether enough valid answers were recorded to meet the +/-10% margin of error. The variable COMPNEEF in the syntax file indicates the number of surveys needed for a facility of a particular size.